Providing Equitable Care for LGBTQ+ Patients

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Megan Mueller (she/her), director of education and prevention, Rainbow Health

Megan Mueller is director of education and prevention for Rainbow Health, where she oversees professional education and community education programs. Mueller is passionate about teaching professionals with hopes that the education they receive trickles down to enhance care for the community we love and serve. She also thrives in empowering communities with the resources that allow people to make their own decisions through a risk-reduction, sex-positive lens. Mueller has her master’s in public health from BRAC University in Bangladesh, where she lived, studied and worked with an infectious disease research hospital in the capital, Dhaka.
LGBTQ+ Equity and Inclusion

Megan Mueller
she/her/hers
Director of Education & Prevention
Who is Rainbow Health?

• We recently changed our name from JustUs Health to Rainbow Health to better align with our mission and values.

• Our mission: work for equitable health care access and outcomes for people who experience injustice at the intersection of health status and identity.

• We achieve this by drawing on experience gained from more than four decades of fighting HIV as the MN AIDS Project and advancing LGBTQ Health as Rainbow Health Initiative.
Who is Rainbow Health?

We are the first and largest AIDS Service Organization in Minnesota

• 20+ Programs and Services
  • Case Management
  • Linkage to Care
  • Transportation
  • Emergency Financial Assistance
  • Education
  • Testing, Outreach, and Syringe Exchange
  • Support Groups
  • Insurance Benefit Counseling
  • Much more
Objectives

1. Describe the differences between sex, sexuality, and gender
2. Discuss the importance of pronouns and how to use them
3. Basic Do’s and Don’t when working with the LGBTQ+ Community
4. Health Disparities for the LGBTQ+ population
5. Steps hospitals and health systems can take to improve competency and inclusion
Setting the Stage
Barriers to Accessing Care

- Fear of being outed
- Fear of homophobic responses
- Having to educate service professionals
- Internalized stigma
- Heterosexual and/or cisgender focused environment
- Low family support
- Denial of care
LGBTQ+ Health Care Experiences

- Lack of awareness of specific health needs
- Denial of care
- Use of harsh and/or discriminatory language
- Blaming the patient’s sexual orientation or gender identity as the cause for an illness
- Refusal to use the patient’s correct name
- Lack of sensitive approach to transgender health needs
Disparities

• LGB people have higher rates of asthma, allergies, osteoarthritis, and gastrointestinal disorders, have a higher prevalence of debilitating disabilities, and a heightened risk and diagnosis of cardiovascular disease

• Bisexual women = higher risk of breast and cervical cancers

• LGB youth are twice as likely to attempt suicide

• Gay and bisexual men account for more than 2/3 of new HIV infections

• Black trans women have the highest percentage of HIV+ test results
  • 44% of black transgender women tested positive for HIV, compared to 26% of Hispanic/Latina transgender women, and 7% of white transgender women
Sex, Gender, and Sexuality
Sex: a label (male or female) assigned to people at birth based on a variety of physical and biological characteristics

Components:
- Chromosomes
- Genitals
- Hormones
- Reproductive Organs
- Secondary Sex Characteristics (appear during puberty)
Intersex

**Intersex:** a person who is born with sexual anatomy, reproductive organs, and/or chromosome patterns that do not fit the typical definition of male or female

- 0.5%-1% of births are intersex
- Genital surgery can be done at birth, later in life, or not at all
- Someone born intersex with be assigned male or female at birth
- In the United States, intersex activists are fighting to ban non-medically necessary surgery on minors
Gender

3 Components of gender
- Gender Roles
- Gender Identity
- Gender Expression
Gender: The complex interrelationship between one’s physical traits and one’s internal sense of self as male, female, both, or neither as well as one’s outward presentations and behaviors related to that perception.

- Gender is culturally-specific, time-dependent, socially-constructed, fluid, multidimensional, and changes over time.
Gender Roles: Behavior you display, based on your gender, determined by prevailing cultural norms.

Culture in the US operates on a gender binary: Men or women.
Gender Identity: One’s innermost concept of self as masculine, feminine, both, or neither.

- How individuals perceive themselves and what they call themselves
- Not dependent on sex assigned at birth
- Individuals are conscious of gender identity between ages 18 months and 3 years
Gender Expression: How you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.
Gender Expression

• Everyone’s gender expression changes over time and in different situations.

• Different cultures, races, classes, etc. have different expectations about how to express gender.

Take a moment to think about how you act and how you present yourself in these different situations:

• At home with your family
• At work
• When you were in high school versus now
• At the beach
• Attending a wedding, or at your own wedding
While gender role, identity, and expression are related...

Someone’s gender expression doesn’t dictate their gender identity.
Gender Terminology

**Transgender**: when gender identity does not align with sex assigned at birth

**Cisgender**: when gender identity aligns with sex assigned at birth

**Gender Dysphoria**: a conflict between a person’s physical or assigned gender and their gender identity. Could involve discomfort with assigned gender, their body, and/or expected gender roles
<table>
<thead>
<tr>
<th>Gender Terminology</th>
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</thead>
<tbody>
<tr>
<td><strong>Agender</strong>: does <strong>not</strong> identify with any gender</td>
</tr>
<tr>
<td><strong>Nonbinary</strong>: does identify within the men/women gender binary</td>
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<td><strong>Gender fluid</strong>: not having a fixed gender</td>
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</table>
How to talk about trans identities

- **Transgender** is an umbrella term
- Always use the descriptive term used by the individual

<table>
<thead>
<tr>
<th>Better to use:</th>
<th>Words to avoid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans person</td>
<td>Transvestite, Tranny, Transgendered, Transsexual</td>
</tr>
<tr>
<td>AFAB/AMAB (assigned female/male at birth)</td>
<td>“Used to be a <em><strong>” “wants to be a</strong></em>” “was born a ___”</td>
</tr>
</tbody>
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Medical Gender Affirmation

- **Transgender** people may or may not medically transition through hormones or surgery.
  - A transgender identity is not dependent upon medical procedures.

- **Cisgender** people also use medications, hormones, or surgery to make their body align their gender.
  - Cisgender men with low testosterone levels may take testosterone.
  - Cisgender women who feel that their flat chest looks too masculine may have breast augmentation surgery.
Social Gender Affirmation

• Going by a different name
• Using different pronouns
• Coming out to friends, family, school, and work
• Dressing in ways that align with their gender identity
• Packing, tucking, binding, using prostheses
• Changing legal documents to reflect name and gender
Gender Affirmation

Transgender people sometimes change their name, pronouns, take hormones, and/or surgically alter their bodies...

... but none of these are required to be transgender.
Pronouns are how we refer to someone when we aren’t using their name.

Pronouns often denote gender. Using someone’s correct pronouns is a way to affirm their identity.

• Some pronouns are:
  • She/her/hers
  • He/him/his
  • They/them/theirs
  • Ze/zir/zirs
You can’t determine someone’s pronouns by how they look or what their name is.

So, ask!

• “My name is Megan and I use she/her pronouns. What pronouns do you use?”
• Denotes you as a safe person
• Puts the power in the hands of the other person
Strategy:
Share your own pronouns even if you don’t feel comfortable asking for someone else’s.

Add your pronouns to your...
- Video call name
- Email signature
- Name badge
- Office door
- Voicemail
- Greetings

...anywhere you share your name!
Some Guidelines

- Use gender neutral pronouns (they/them) or someone's name when you don’t know their pronouns
- Don’t say “Preferred Pronouns” – that implies a choice
- Keep the question simple and don’t overthink it!
- Don’t over apologize after a mistake
- Be open to change
Misgendering someone causes harm.
How to recover from mistakes

“I’m sorry for misgendering you! Thanks for letting me know.”

“I am so so sorry. I can’t believe I did that – I’ve even been practicing! I will do better next time, I promise. Wow, I suck.”
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Sexual Orientation
Sexual Orientation

3 Components of Sexual Orientation
• Attraction
• Identity
• Behavior
Attraction

- **Attraction**: Who someone is attracted to.
- Physical, spiritual and emotional attraction can be different.
Identity

- **Identity**: Words people use to describe their sexual orientation, based on attraction, behavior, both or neither.
- There is no way to know someone's sexual orientation identity without them sharing it.
**Behavior**

**Behavior:** Romantic or sexual activities an individual engages in.

May be informed but not dictated by attraction or identity.

There is no way to know a person's sexual or romantic behaviors if you only know their identity.
Sexuality Recap

**Attraction:** Who someone is physically, spiritually and emotionally attracted to.

**Identity:** how a person self-defines their sexual orientation.

**Behavior:** Romantic or sexual activities an individual engages in.
Sexual Orientation Identities

Traditional sexual orientation identities are described as your attraction to gender(s) in relation to your own gender.

- Attracted to different gender(s): Heterosexual/straight
- Attracted to same gender: Gay/Lesbian
- Attracted to multiple or all genders: Bisexual/Pansexual
- Attracted to none: Asexual/Aromantic
Heteronormativity: the attitude that heterosexuality is the only normal and natural expression of sexuality.

• This "norm" perpetuates stigma and discrimination towards LGBTQ+ people and erases anyone outside the binary.

• Effects on LGBTQ+ folks:
  • Must "come out" to make it known that they don't fit the "norm"
  • Expected to explain their attraction and behaviors
  • Seen as a "threat" in gendered spaces
  • Harder to get care when providers assumes they have the same needs as a straight person

• Being socialized to assume heterosexual attraction, identity, and behavior can affect one's sexual orientation.
Potential effects of Heteronormativity

**Attraction:** No opportunity to explore non-hetero attraction

**Identity:** Fear of negative reactive to non-hetero identity  =  not coming out

**Behavior:** Shame around non-hetero behaviors  =  only performing hetero behaviors
LGBTQ+

Sexuality

Lesbian, Gay, Bisexual

Gender

Trans

Queer

asexual, agender, intersex, two-spirit, questioning...

Sex/Sexuality/Gender
What can we do?
• Correct others when they misgender someone
• Find creative ways to refer to people in groups
• Ask people if it’s safe to use their name and pronouns with everyone you interact with. Disclosing that someone is in the LGBTQ+ community can put them at risk.
• Keep up to date on LGBTQ+ terms, culture, and issues
• Advocate for inclusive policies and practices
• Keep learning, growing, and challenging yourself
Don’t

• Ask a trans person about their genitals. More than likely it is not relevant.
• Ask a trans person what their “real name” is. Their real name is what they use.
• Continue to use someone’s incorrect name or pronouns. This is extremely hurtful, disrespectful, and harmful.
• Assume someone’s gender, sexuality, marital or relationship status.
• Over apologize after a mistake.
Assessment Services
Standards of Inclusion

• Create and sustain an inclusive environment for LGBTQ+ people
• Recruit and retain LGBTQ+ employees
• LGBTQ+ culturally responsive education for care providers and support staff
• Develop policies, procedures, and care provisions that are intersectional
• Implement an equitable and inclusive LGBTQ+ patient experience from in-take through completion of care
What we do

• Staff surveys
• Client surveys
• Environment Assessment
• Marketing Analysis
• Policy Review
• Clinical Observation
• Any combination of the above
  • We can customize this!
How we do it

• A diverse team of professionals with varying backgrounds
  • LADCs
  • Therapists
  • Lawyers
  • Benefits Specialists
  • Research and data specialists
  • Educators
  • Public Health specialists
Let’s connect
Send me an e-mail:
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Thank you!

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