
Vermont Health Care Innovation Project Core Competency Training Series

Culturally Safe LGBTQ Health

November 18th, 2016

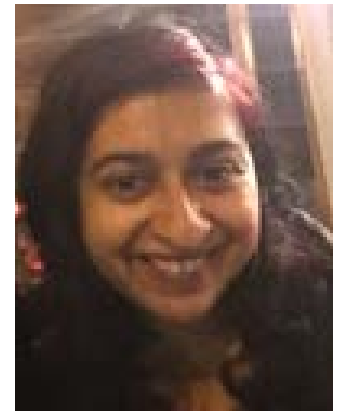
Speakers

- Host: Erin Flynn, MPA

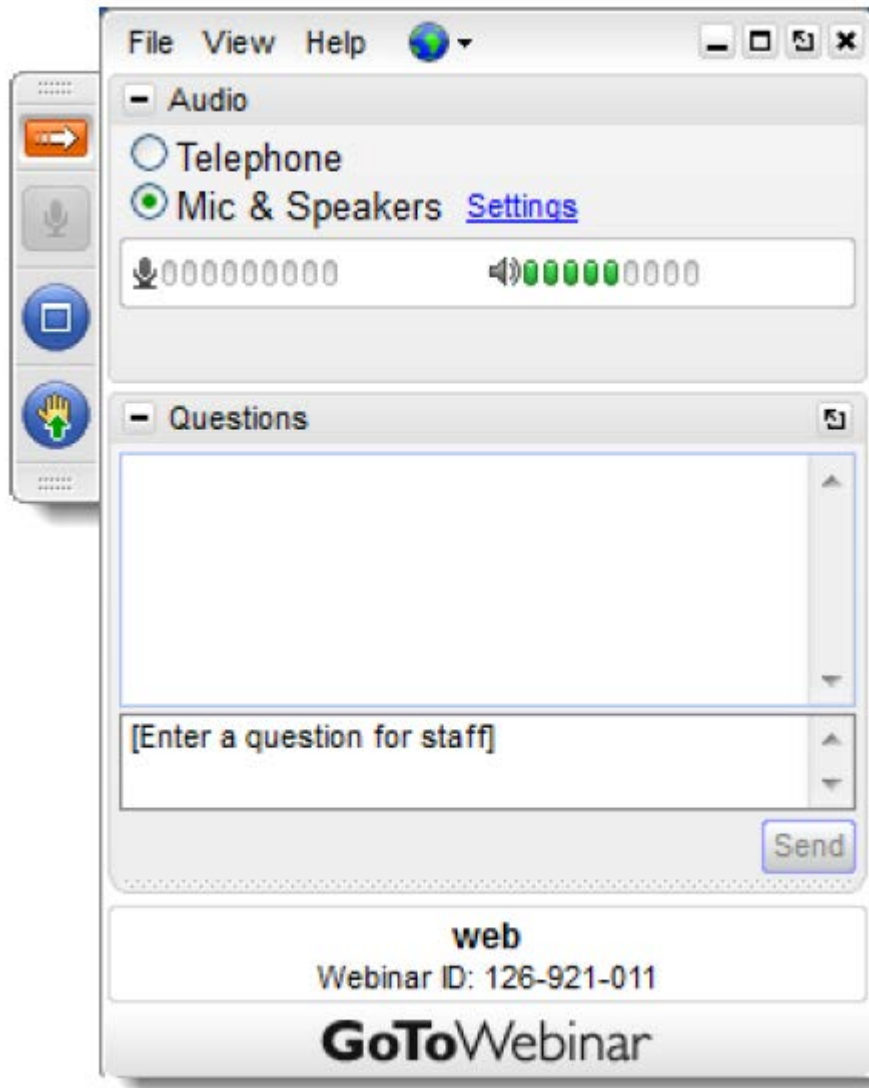
ACO and Practice Transformation Director,
Department of Vermont Health Access



- Presenter: Ronica Mukerjee DNP(c), MSN, MsA, FNP, LAc
Primary Care Development Corporation

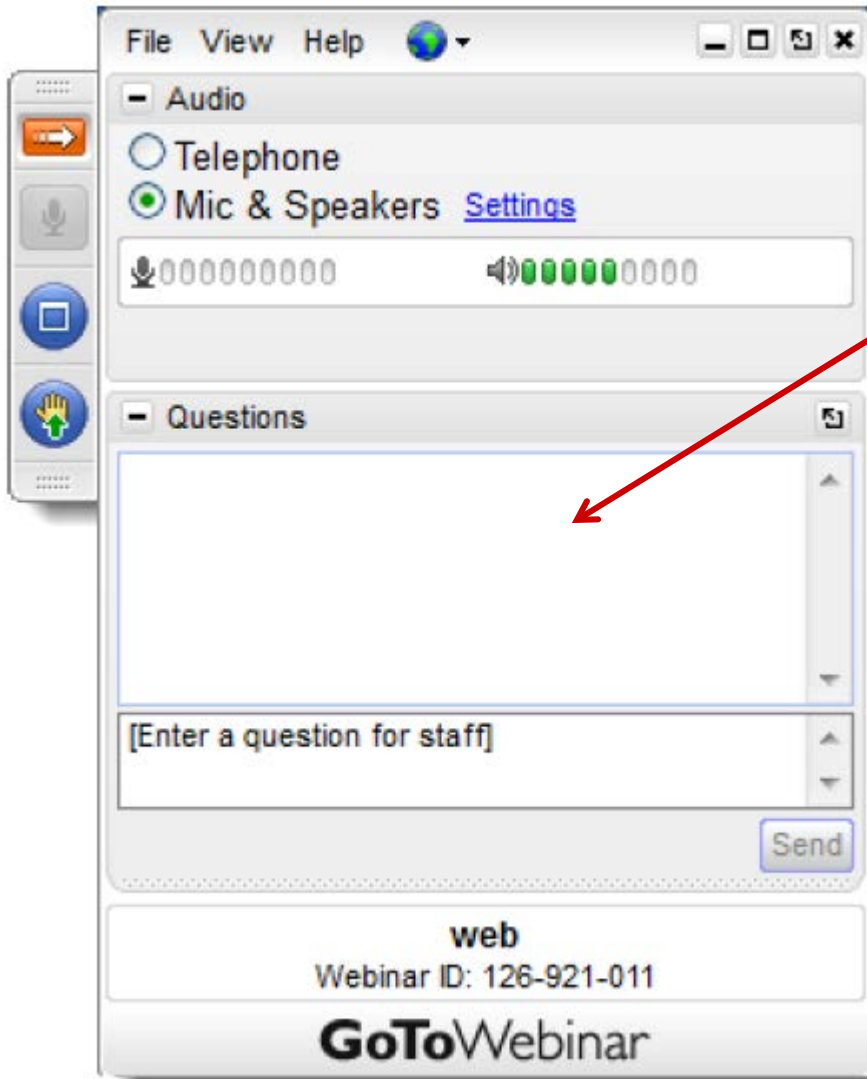


Before we get started...



- By default, webinar audio is through your computer speakers.
- If you prefer to call-in via telephone, click “Telephone” in the Audio pane of your control panel for dial-in information.

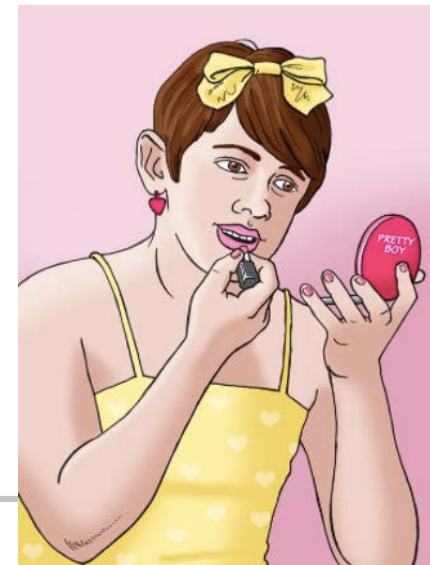
Questions?



- **Please submit questions at any time** via the Questions pane in webinar control panel.
- **This webinar is being recorded.** Slides and recording will be used for training purposes.

Topics

- Introduction to culturally safe healthcare
- Defining the population
- Health risks of our population
- Unique issues of LGBTQ clients
- Ensuring good quality care



What is cultural safety?

- Maori nursing scholar, Irihapeti Ramsden → social status of oppressed populations is missing from healthcare info
- **Cultural safety is an outcome** → **LGBTQ historical/personal narratives are *recognized and valued***
- Focus is patient's safety in the clinical environment → All care team members are tools to ↓ barriers in and out of clinic



Partnerships

**Personal
Knowledge/
Experience**

**Cultural
Safety**

Protocols

**Positive
Purpose**

Process

Terms we will use today: LGBTQ updated

- **Lesbian:** woman (including trans women) who identify with primarily having sex with women
- **Gay:** generally refers to men (including trans men) who are primarily attracted to men
- **Bisexual:** people who are attracted to more than one gender
- **Trans:** people who express incongruence with their birth assigned gender, includes gender non binary people. Not a sexual preference
- **Queer:** Non-heterosexual sexual identity; can be fluid and can be a political identity

Video

- <https://youtu.be/S3eDKf3PFRo>

Video Discussion

- Perfect Video?
- Places we can make an impact
 - Encouraging our agencies to have posted nondiscrimination policies
 - Negotiating the front desk process (insurance does not need to be a barrier)
 - Not assuming sexual activity, family structures, surgical need, or support systems



LGBTQ Invisibility in Healthcare

(answer these questions to yourself)

- When you were last seen for primary care, were you asked to discuss your sexual history or health?
- Has a clinician asked about your sexual orientation or gender identity?
- Do you feel that you work in a setting that is welcoming for LGBTQ staff and patients?



Importance of awareness of LGBTQ individuals

- Visibility can be difficult → This is why assuming sexual or gender identity is detrimental
- Good medical services decrease harm in individuals' lives → care coordinators are instrumental to this
- Acknowledgment of sexuality can be, for many people, the first time in their lives they can talk about this
- Yes, there is growing acceptance

Public Discrimination and Bias



- Mike Pence: “Congress should oppose any effort to recognize homosexuals as a ‘discreet and insular minority’ entitled to the protection of anti-discrimination laws similar to those extended to women and ethnic minorities.”



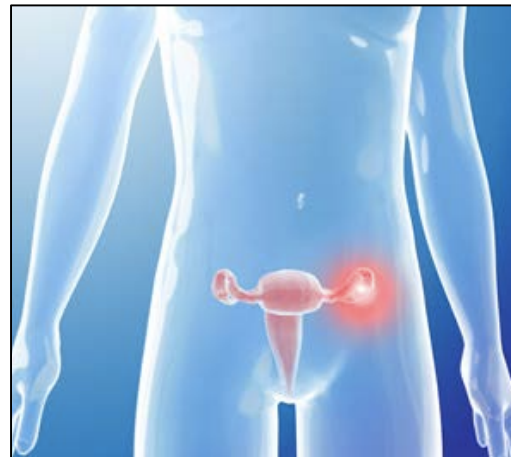
- Ken Blackwell: “Well, the fact is, you can choose to restrain that compulsion. And so I think in fact you don’t have to give in to the compulsion to be homosexual. I think that’s been proven in case after case after case...I believe homosexuality is a compulsion that can be contained, repressed or changed...[T]hat is what I’m saying in the clearest of terms.”

A History of Bias in Healthcare

- In a national survey 2007:
 - 30.4% of gen pop would change providers upon finding out their provider was gay/lesbian (Lee et al., 2008)
 - 35% would change practices if found out that gay/lesbian providers worked there
 - *Lack of safety for staff who are LGBTQ*
- In a 2015 survey of OBGYN providers:
 - only ~30% felt comfortable taking care of trans patients (Obedin-Maliver, 2016)

Health Risks of the Population

- Pride Center of Vermont
 - 33% of LGBTQ population smokes (68% higher than rest of population)
 - Higher rates of depression, anxiety, and suicidal ideation (multiple studies)
 - Low rates of PAP smears for Lesbian and Bisexual identified women



Health Risks of the Population

- Higher rates of HIV acquisition (MSM: 15% HIV+, Trans women: 33% HIV+, all rates higher in African Americans)
- Unintended pregnancy in lesbian and bisexual identified women higher than heterosexual counterparts → speaks to unmet prevention need



Unique issues of LGBTQ clients

- Family support systems may vary
- Individuals may be “out” in some settings but not in others
- Finding culturally safe fertility care
- Mental health care needs should be assessed with care
- PEP/PrEP/HIV care needs—competent providers
- STI screening—advising clients to be screened everywhere they have sex

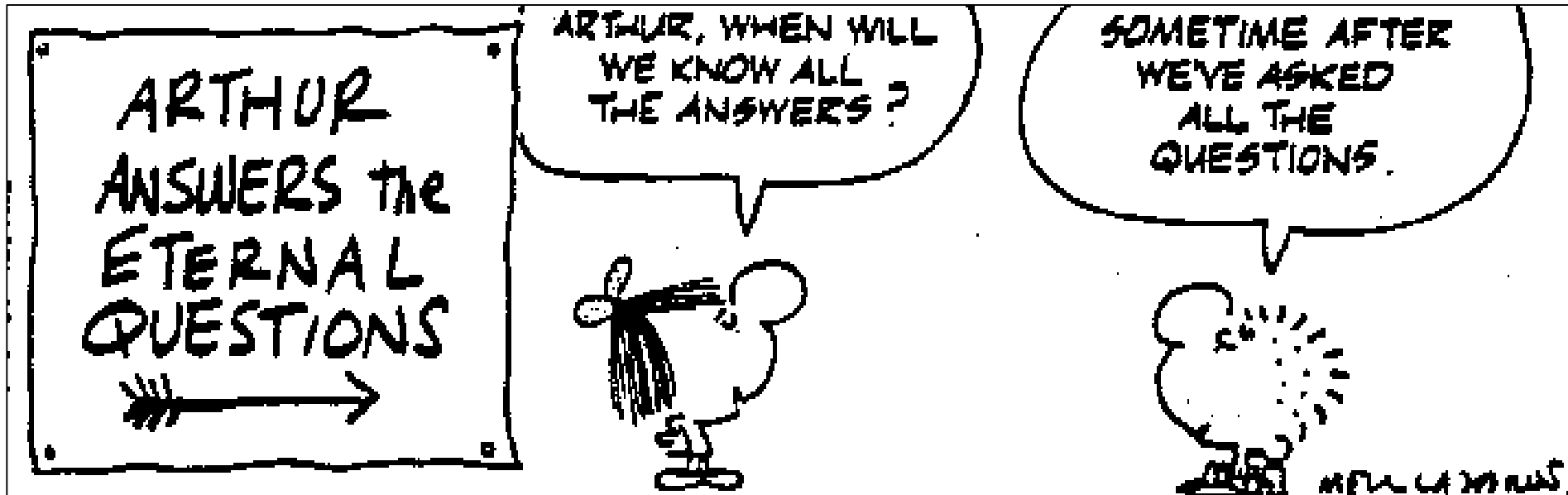
Case Study: *Dominica*

- 40 year trans woman (assigned male at birth, identifies as a woman)
- Patient has taken various forms of estrogen from her friend for the last 20 years, sometimes takes a testosterone-blocker
- Has a trans male partner x 6 months, having unprotected penetrative sex with that partner
- Wants to explore fertility options
- What are your next steps?
- How do you increase cultural safety?

Care Coordinators are crucial to good care

- Create a referral network
 - Vermont Pride Center Referral List
 - Vermont Diversity Health Project (referrals list)
 - You probably know better!
- Treat trans clients with respect including gender pronouns → advocate that others do, too
- Discuss specialized needs—STI screening, reproductive health, hormonal care, etc.
- Understand that clients can be wary of healthcare systems!
- Process with clients after their visits for care

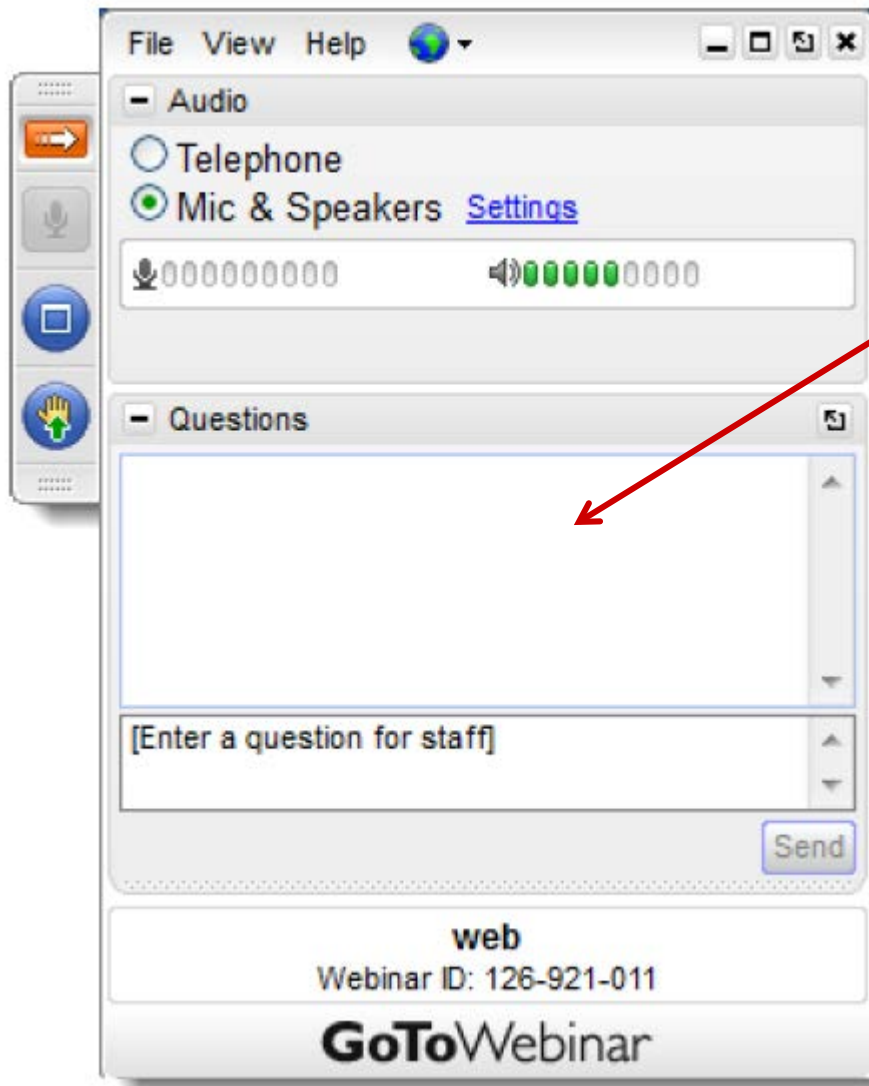
Questions



References

- <https://www.cdc.gov/hiv/group/msm/>
- www.fenwayinstitute.org
- http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBHealtharticle_v3_07-09-12.pdf Accessed 12/12/14
- <http://www.reuters.com/article/us-pregnancy-teen-lgbt-idUSKBN0NZ2AT20150514>

Questions?



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Stay tuned!

Final webinar in the Core Competency Training Series:

“Trauma Informed Care”

Wednesday December 7th, 12:00 – 1:00PM

Please Register at:

<https://attendee.gotowebinar.com/register/2597887968799817988>

Please contact erin.Flynn@Vermont.gov with any questions

Thank you!