Culturally Sensitive Care in the LGBTQ Community:

A Panel Discussion

MAWS Conference, May 10, 2013

Facilitated by Teresa Evans ND,LM

Objectives:

1) Students will be familiar with common terminology and definitions used in the LGBT community.
2) Students will be familiar with the common health disparities and special health care needs of the LGBTQ community.
3) Students will be familiar with "Best Practices" for sensitive communication and clinical care for the LGBTQ community.

Outline:

1) Introductions
2) Terminology
3) Why have this panel?
    a. LGBTQ health disparities
    b. Midwifery standards of care: "to provide for … the cultural needs of each woman."
    c. Decreasing barriers to accessing care
4) Best Practices
    a. Communication
    b. Welcoming Environment
    c. Referrals
    d. Questions & learning, addressing curiosity
5) Birth Certificates
6) Exercises & Self-reflection
    a. Self-reflection questions
    b. Specific considerations for maternity care
7) Parents' Experiences
8) Questions
9) Resources

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1) Introductions

2) Terminology

Sexual Orientation versus Gender Identity
- they are not the same thing!

LGBTQA: Lesbian, Gay, Bisexual, Transgender, Queer, Allies

Queer: can refer to either sexual orientation, gender identity, or both. An all-inclusive term for sexual orientation and/or gender identity that people often use when they do not feel that one of the other labels fits them properly.
Bisexual—Individual with a sexual and affectional orientation toward people of both genders
Coming Out—Individual and personal process of accepting one's homosexual or bisexual orientation and transforming it from a negative to a positive attribute. This process involves healing from negative attitudes toward homosexuality and the view that only heterosexuals are "normal" and taking on a positive identity Individuals may share this process and its outcome or keep it private
Family of Choice—Persons an individual sees as significant in his or her life. It may include none, all, or some members of his or her family of origin, as well as significant others, partners, friends, and coworkers
Family of Origin—The birth or biological family or any family system instrumental or significant in a client's early development
Heterosexism—Value and belief that heterosexuality is the only "natural" sexuality and is inherently healthier than or superior to other types of sexuality
Heterosexual—Individual with a primary sexual and affectional orientation toward persons of the opposite Gender. Heterosexuals are often referred to as "straight"
Homosexual—Individual with a primary sexual and affectional orientation toward persons of the same gender
Lesbian and Gay: Male homosexuals are often referred to as gay men; female homosexuals are referred to as lesbians
Sexual Identity or Orientation—The physical and emotional attraction to members of one's own gender, the opposite gender, or both genders and one's conscious or subconscious decision to define and label this affinity and attraction

Gender Terminology

Gender Identity: A person's internal sense of being a man, woman, both, or neither. Gender identityusually develops at a young age.
Gender Expression/Role: The way a person acts, dresses, speaks and behaves in order to show theirgender as feminine, masculine, both, or neither.
Birth Sex: The sex (male or female) assigned a child at birth, based on a child's genitalia.
Transgender: People whose gender identity is not the same as the sex they were assigned at birth.
Gender Non-Conforming: People who express their gender differently than what is culturally expected of them. A gender non-conforming person is not necessarily transgender (for example, a woman who dresses in a masculine style but who identifies as female; a boy who likes to play with girl dolls but identifies himself as a boy, etc.).

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Transition/Gender Affirmation Process: For transgender people, this refers to the process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions. This process is often called **gender affirmation**, because it allows people to affirm their gender identity by making outward changes. Gender affirmation/transition can greatly improve a transgender person's mental health and general well-being.
Female-to-Male (FTM) or Transgender Man: A person born with female genitalia at birth who feels they are male/a man and lives as male/a man. Some will just use the term male.
Male-to-Female (MTF) or Transgender Woman: A person born with male genitalia who feels they are female/a woman and lives as female/a woman. Some will just use the term female.
Genderqueer: A relatively new term, genderqueer is used by some individuals who do not identify as either male or female; or identify as both male and female.
Trans: Abbreviation for transgender.
Sexual Orientation: Sexual orientation is about how people identify their physical and emotional attraction to others. It is not related to gender identity. Transgender people can be any sexual orientation (gay, lesbian, bisexual, heterosexual/straight, no label at all, or some other self-described label).
Transgender—A broad term that applies to people who live all or substantial portions of their lives expressing an innate sense of gender other than their birth sex. This includes transsexuals, cross-dressers, and people who feel that their biological sex fails to reflect their true gender
Transsexual—A. A person whose innate sense of gender conflicts with his or her anatomical sex
Some, but not all, transsexual people undergo medical treatments, such as hormone therapy or surgeries, to change their physical sex so that it is in harmony with their gender identity. B. A term used to describe a subset of transgender individuals who have transitioned to the opposite sex, often but not always through a combination of hormonal therapy and sexual reassignment surgery.
T: abbreviation for testosterone
Queer: an all-inclusive term for sexual orientation and/or gender identity that people often use when they do not feel that one of the other labels fits them properly.
Transvestite/Cross-Dresser/Drag Queen/Drag King – this refers to gender reversal in clothing or in stage performance and is often not associated with one's gender identity.
Intersex: The genetic/biological condition of being intermediate between male and female reproductive organs; hermaphroditism.
Two-Spirit: A native belief of having 2 strong gender spirits in one body, this person is considered blessed and gifted spiritually.

Terms to Avoid!: The following terms are considered offensive by most and should not be used: she-male, he-she, it, tranny, "real" woman or "real" man.

3) Why Have this Panel?

- **Health Care Equality**:
  - All people deserve quality health care, this is a basic human right according to the Universal Declaration of Human Rights (by The United Nations).

MAWS: Standards for the Practice of Midwifery (bold and underlined are added for emphasis)

1.4 Foster the delivery of safe, satisfying **and accessible** maternity services and may provide gynecology, family planning, and well baby care, according to individual licensure.

4.6 **Affirm the client's right to self-determination** while acknowledging that the midwife has a duty to use her professional judgment and skills to provide safe and competent care that is within her scope of practice and written guidelines. The midwife may decline to provide care but shall make appropriate arrangements for referral and/or the timely transfer of care.

4.1 Is an autonomous profession. Midwives work interdependently with each other and other health care providers **to promote the optimal health and well-being of women and babies**.

4.2 Thrives within a community context in which collaboration with other professionals **fosters clients' physical, psycho-social, spiritual, economic, cultural and family well-being.**

Standard One: The NACPM member works in partnership with each woman she serves.
The NACPM member:
• **Offers her experience, care, respect, counsel and support to each woman she serves**
• ……
• **Provides for the social, psychological, physical, emotional, spiritual and cultural needs of each woman**
• **Does not impose her value system on the woman**
• ……

Health Disparities & Minority Stress:

LGBT people have specific health care needs and concerns. **These include higher rates of depression, suicide, homelessness, substance abuse, smoking, HIV infection, hepatitis B, and other sexually transmitted diseases**. (Fenway Institue, emphasis added)

See electronic pdf document entitled "LGBTFamiliesHealthandWellnessBriefFinal03222012.pdf" and the name of the article is: "Obstacles and Opportunities: Ensuring Health and Wellness for LGBT Families." It is in the resource list of this document.

A 1994 survey of the membership of the American Association of Physicians for Human Rights (now called the Gay and Lesbian Medical Association) (1994) found that, of 711 members, 52 percent had observed the denial of care or the provision of suboptimal care to lesbian and gay clients. Eighty-eight percent heard colleagues make disparaging remarks about their lesbian and gay clients. However, 64 percent of the members stated that it is important for clients to reveal their sexual orientation but also noted they risk receiving substandard care when doing so. Transgender individuals are even more marginalized and are often denied care, and LGBT individuals of color may experience racial bias in addition to homophobia. Thus, sensing these prejudices, many LGBT persons have not used the health care system adequately.

Their hesitation to seek health care may result in later diagnoses of illnesses, which results in poorer treatment outcomes. ("A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals," Substance Abuse and Mental Health Services Administration, p. 109) These later diagnoses are especially problematic with breast cancer, cervical cancer, and HIV. → **We must remove barriers to care and make care more accessible.**

Minority Stress: micro stressors and major stressors (and discriminations) that minority groups experience in everyday life. These stressors have a cumulative effect that significantly contributes to health disparities.

LGBTQ Families:

In addition to marriage, many LGBT individuals raise children or have a desire to do so. In the 2002 National Survey of Family Growth, **52% of gay men and 41% of lesbian women expressed a desire to have children (Gates 2007). Approximately 19% of gay and bisexual men and 49% of lesbian and bisexual women report having had a child** (Family 2011). The pathways to child-rearing for lesbian and gay couples vary. In many cases, children being raised by same-sex couples are the products of previous, opposite-sex relationships (Family 2011). Otherwise, adoption provides a pathway to child-rearing, although a few states explicitly ban same-sex couples or gay or lesbian single individuals from becoming adoptive parents. Even in the absence of explicit laws or policies, individual adoption agencies vary in their willingness to place children in the homes of LGBT persons. International adoption is rarely an option due to other countries' bans on LGBT adoption (Adoption 2012). Donor insemination and surrogacy are other options for building families, although these may be prohibitively expensive for many. (UNDERSTANDING AND ELIMINATING HEALTH DISPARITIES, Fenway Institute, p. 5., bolded emphasis added)

4) Best Practices

Best Practices for a Transgender-Affirming & LGBTQ-Affirming Environment

(Some questions below are excerpted from "Affirmative Care for Transgender and Gender Non-Conforming People" by the Fenway Institute.**)**

Follow your patients' lead (how do they describe themselves? their partners?)

If in doubt, ask patients what terms they prefer. Be curious without worrying about offending patients.

If you "slip up," apologize and ask the patient what they prefer. Patients will appreciate your sincerity and good intentions!

When addressing patients, avoid using gender terms like "sir" or "ma'am."
Try: "How may I help you today?"

When talking about patients, avoid pronouns and other gender terms.
Or, use gender neutral words such as "they." *Never* refer to someone as "it".
Try: "Your patient is here in the waiting room." Or "They are here for their 3 o'clock appointment,"

Politely ask if you are unsure about a patient's preferred name.
Try: "What name would you like us to use?" Or "I would like to be respectful—how would you like to be addressed?"

Ask respectfully about names if they do not match in your records.
Try: "Could your chart be under another name?" Or "What is the name on your insurance?"

Did you goof? Politely apologize. "I apologize for using the wrong pronoun. I did not mean to disrespect you."

Only ask information that is required. Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

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Only discuss someone's gender identity or sexual orientation specifics with another health care provider if it is clinically relevant to the health care discussion. i.e. the method by which your patient conceived may be completely irrelevant to the clinical case discussion and therefore should not be mentioned.

Rather than asking a patient: "Are you married?" or "Do you have a boy/girlfriend?," Consider asking "Do you have a partner?" or "Are you in a relationship?" and "What do you call your partner?"

Learn from friends and colleagues, not from patients, for information above and beyond the above questions or clinically relevant questions.

Practice your new language use with friends and colleagues to become more comfortable with different pronouns and terms.

Don't label your clients. For example, when a client says she is in a long-term relationship with another woman, do not say, "Oh, then you must be lesbian." It is for the client to label himself or herself.

Avoiding Assumptions
Don't Assume:
-all patients are heterosexual
-all patients use traditional labels
-sexual orientation based on appearance
-sexual identity based on behavior (or partner's gender)
-sexual behavior based on sexual identity
-sexual behavior or identity haven't changed since last visit
-bisexual identity is only a phase
-transgender patients are gay, bisexual, or lesbian

Considerations specific to conception, pregnancy, labor, and birth?

Create a welcoming environment: see document entitled "Addressing the Needs of LGBT People in Community Health Centers What the Governing Board Needs to Know" by Fenway Institute. (electronic document title is "LGBTHealthforBoards-Final.pdf"

- Safe Space
- Self education
- Waiting Room: Nonverbal welcoming items
- Forms
- Staff
- Policies
- Language
- Exam
- Cultural Humility
- Clinic visit
- HIPPA

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Culturally Competent Forms:

1. What is your current gender identity? (Check an/or circle ALL that apply)
o Male
o Female
o Transgender Male/Trans Man/FTM
o Transgender Female/Trans Woman/MTF
o Genderqueer
o Additional category (please specify): _____
o Decline to answer

2. What sex were you assigned at birth? (Check one)
o Male
o Female
o Decline to answer

3. Preferred Gender Pronoun(s)? _____

4. What gender(s) are you sexually active with? _____

5. Legal name: _____

6. Preferred name: _____

7. "Reproductive organs" versus "Male" or "Female" under health history questions.

5) Birth Certificates & Legal Documentation

Steps for LGBTQ Families:

1. Document the intended parents in the medical chart (in all areas: prenatal, labor/birth, and postpartum).
2. Put the intended parents' names on the birth certificate (no matter what their genders are and no matter whether or not they are the biological parents).
3. Recommend that the intended parents meet with a lawyer who specializes in LGBTQ Family Law at around 7 months of pregnancy to draw up legal documents. The parents will be given 2 options that they will have to choose between for legal documents and legal action to ensure that the non-biological parent has full legal parental rights. The lawyer will explain these options in detail for them.

   Option 1: "Parentage Action Paperwork"

   Option 2: "Co-parent Adoption"

4. After the birth: the parents will file the above legal papers with the guidance of their lawyer.
5. Done! It is a simple process if you follow the above steps and guidelines.

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6) Exercises and Self-Reflection

Everyone is influenced by societal and cultural attitudes about sexuality and gender roles
It is helpful to acknowledge and then question your own personal biases and attitudes in a safe space

Questions for self-reflection:

How do you react (internally and externally) when you learn someone is gay? lesbian? bisexual?

How do you react (internally and externally) when someone expresses their gender in a non-traditional manner?

Considerations specific to conception, pregnancy, labor, and birth?

7) Parents' Experiences

8) Questions

9) Resources

Fenway Patient Handouts & Publications: http://www.lgbthealtheducation.org/publications/top/

Breast Cancer Risk and Screening Download PDF

Take Charge of Your Health!: Early Pregnancy Download PDF

Take Charge of Your Health!: Exercise Download PDF

Take Charge of Your Health!: Nutrition Download PDF

Take Charge of Your Health!: Sexual Health Download PDF

Take Charge of Your Health!: Smoking Download PDF

And More

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Discrimination in Health Care (from Fenway website)

Agency for Healthcare Research and Quality. **National Healthcare Disparities Report 2011.**

When Health Care Isn't Caring. Results from Lambda Legal's Health Care Fairness Survey. Lamda Legal, 2009.

Grant JM, Mottet LA, Tanis J. **Injustice at Every Turn: A Report of the National Transgender Discrimination Survey**. National Center for Transgender Equality and the National Gay and Lesbian Task Force, 2011.

Hotlines (from Fenway website)

Gay, Lesbian, Bisexual and Transgender Helpline (888) 340-4528

Peer Listening Line (800) 399-PEER

Trevor Helpline Crisis Intervention for LGBTQ Youth (800) 850-8078

Fenway Suggested Resources: http://www.lgbthealtheducation.org/publications/lgbt-health-resources/

A Quick Guide for Administrators: http://www.attcnetwork.org/lgbt/Administrators_GLBTQG.pdf

Obstacles and Opportunities: Ensuring Health and Wellness for LGBT Families:
http://action.familyequality.org/site/DocServer/LGBTFamiliesHealthandWellnessBriefFinal03222012.pdf?docID=2801
(National Coalition for LGBT Health)

Guiding Principles for Lesbian, Gay, Bisexual, and Transgender Inclusion in Health Care
http://lgbthealth.webolutionary.com/sites/default/files/LGBT%20Health%20Manifesto.pdf
(National Coalition for LGBT Health)

All of the Above: LGBT People of Color (National Coalition for LGBT Health)
http://lgbthealth.webolutionary.com/sites/default/files/LGBT%20POC.pdf

Ending Invisibility: Better Care for LGBT Populations http://www.lgbthealtheducation.org/wp-content/uploads/Module-1-Ending-Invisibility.pdf (Fenway)

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