

# Health Care Without Compromise: Caring for Our LGBTQ Patients & Families

UW Health LGBTQ Task Force Members

Betsy Bazur-Leidy, RN, BSN, CPN

Deanna Blanchard, MSN, RN-BC

2018



=



# Objectives

- Describe health disparities and barriers to care for LGBTQ patients
- Discuss concept of unconscious bias
- Discuss what you can do to optimize care for LGBTQ patients and their families
- Encourage a paradigm shift from special population to inclusion

# Gender identity and sexual orientation



# Added to the dictionary...

- The word, “cisgender” in use since at least 1994, describes a person whose gender identity corresponds to their sex at birth.
- Other additions include “genderqueer” — an individual with a gender identity that does not cleanly qualify as male or female — and “Mx.,” a gender-neutral honorific.

# Pronouns are important

- People may use a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).



# Practice with pronouns

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is sitting I listened to her The hat is hers
He	Him	His	Himself	He is walking I watched him The hat is his
They	Them	Theirs	Themselves	They are here I saw them The hat is theirs
Ze	Hir/zir	Hirs/zirs	Hirself/zirself	Ze is sitting I listened to zir The hat is zirs

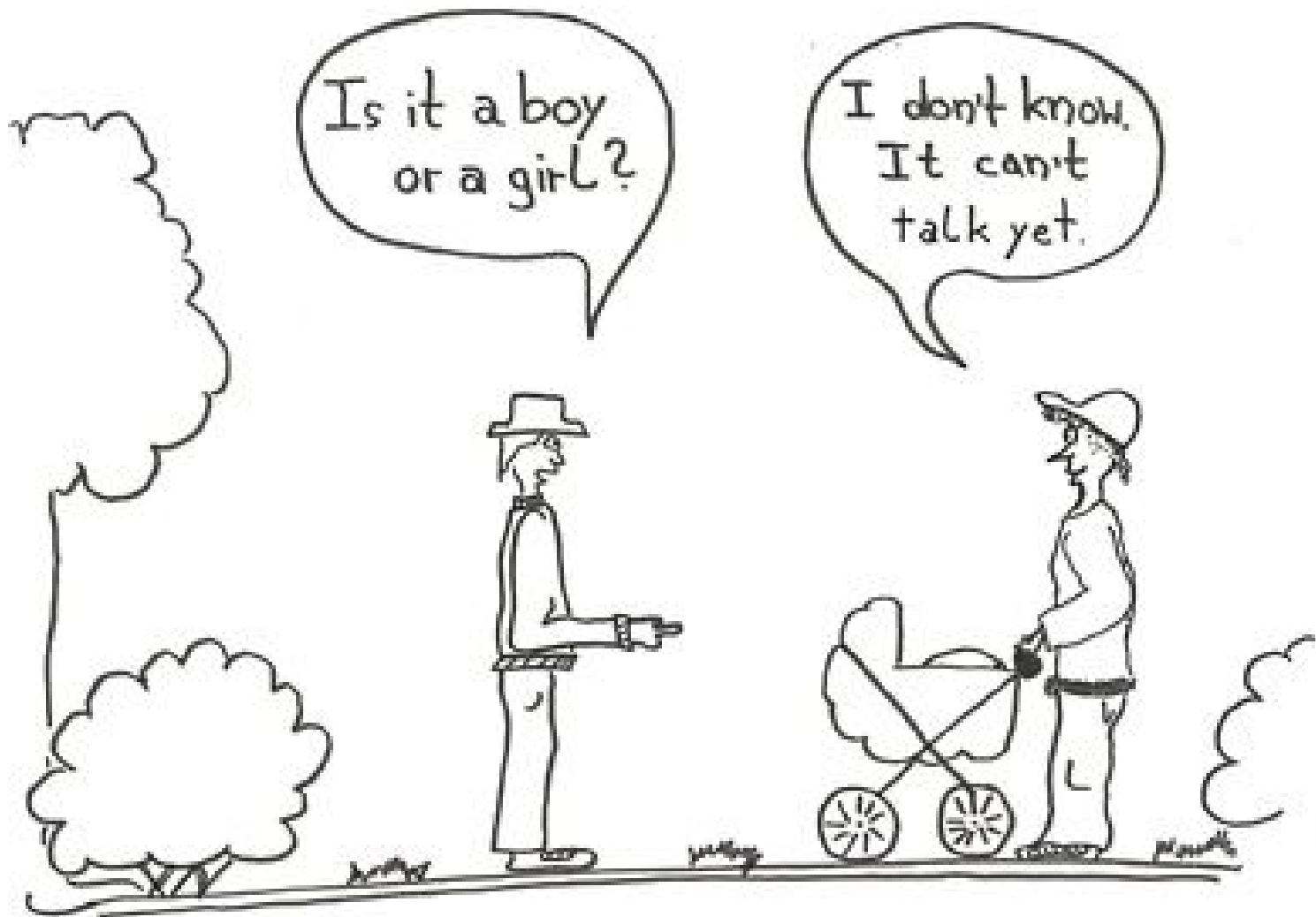
# Clarifying meaning

- **Sexual orientation**

Describes a person's sexual attractions and activity

- **Gender identity**

A personal conception of oneself as masculine or feminine (or both or neither), *which may be independent of sex assigned at birth*



Is it a boy  
or a girl?

I don't know.  
It can't  
talk yet.



# Transgender

- When a person's gender identity differs from the social expectations for the physical sex they were assigned at birth
- Versus “transsexual”
  - More outdated term
  - May be viewed as derogatory

# Confidentiality

- Ask if there are any significant individuals in their life who should not know about their sexual orientation or gender identity
- Consider all the places we might call the patient: home, work, and other settings

# Why is this important?

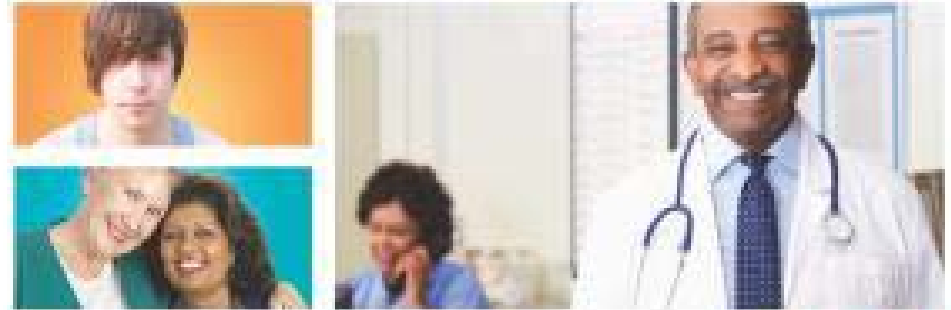
- Understanding the needs of our LGBTQ patients and eliminating health disparities are necessary to improve lives
- Reductions in disease transmission and progression
- Increased mental and physical health
- Reductions in health care cost

# Changes in gender identity diagnoses

- Until 1973 homosexuality was defined as a mental illness
- In 2013, introduction of gender dysphoria reflects a shift away from pathology

# To Treat Me You Have to Know Who I Am

<https://youtu.be/XqH6GU6Trzl>



## Do Ask, Do Tell



Let your provider know if you are LGBT.  
Your provider will welcome the conversation.

**Start today!**

# Health Disparities and Experiences in Health Care of LGBTQ Patients



# Health disparities



- Research continues to show us that higher incidence of physical and mental health challenges experienced by the LGBTQ population are due to **societal factors**; discrimination, marginalization, oppression, rejection, isolation.

# Health disparities

- 7-8% had been denied care outright
- 56% had experienced (1 or more):
  - being refused needed care;
  - health care professionals refusing to touch them or using excessive precautions;
  - health care professionals using harsh or abusive language;
  - being blamed for their health status; or
  - health care professionals being physically rough or abusive



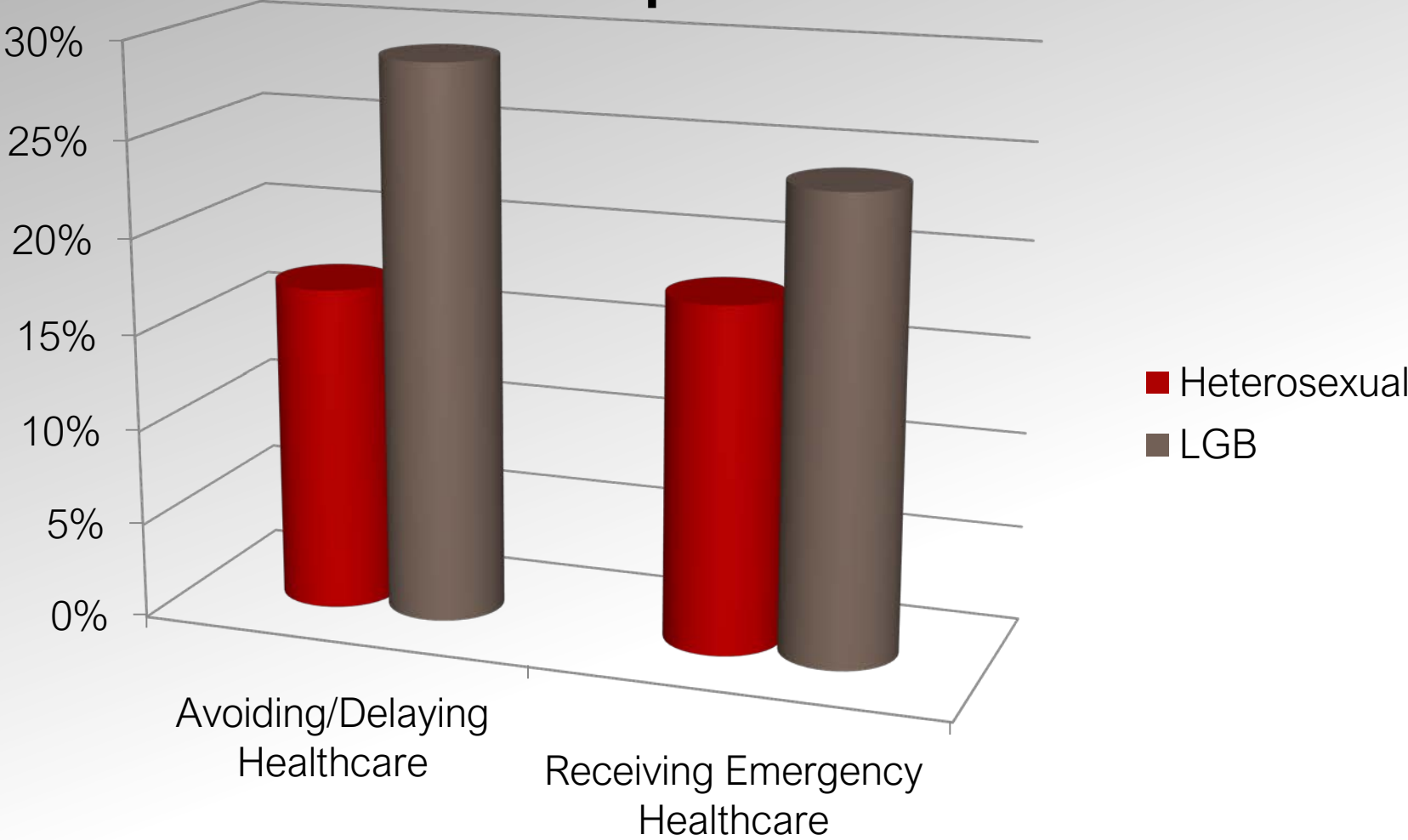
# Health disparities

- Highest rates of tobacco, alcohol and other drug use
- Higher rates of suicidal thoughts and attempts
- Lesbians are less likely to get preventive services for cancer
- Gay men are at higher risk for HIV/STIs
- Higher obesity rates in women
- High rate of victimization, mental health issues and suicide
- Less likely to have health insurance
- Elderly LGBT people face additional barriers

# Stressors

- Heterosexism-assumption that all patients are heterosexual
- Perceived need to hide their sexual identity in public
- Talking about mental health may be unwelcome even in LGBT groups
- Perception that care providers don't understand or even like them
- Overt derogatory comments or physical assaults

# Health Disparities



# Social disparities affecting health

- LGBT youth are more likely to be homeless
- Legal discrimination in access to health insurance, employment, housing, marriage, adoption and retirement benefits
- Lack of laws preventing bullying in schools
- “Bathroom” laws
- Lack of social programs for LGBTQ youth, adults and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health

# Mental health symptom disparities

Substance abuse disorder 1.5-2.4 times more likely

Anxiety disorder 1.3-1.8 x more likely

Mood disorder 1.7-2 times more likely

Suicidal thoughts 2-2.4 times more likely

Suicide attempts 1.5-2.4 times more likely

# Suicide attempt disparities

- *Having mental health concerns:*
  - *41% of transgender respondents reported having attempted suicide*
- *In contrast...*
- 0.3% of U.S. adults over age 18 attempted suicide
- 2.7% of students in grades 9-12 attempted suicide

*Lambda Legal, 2010;*  
*Grant et al. 2010*  
*CDC.Gov, 2013*

# Goals of care exercise

- Find a partner
- Person #1: you are an LGBTQ patient with chest pain who is going to call 911
- Person #2: you are the EMS care provider
- Without conversing, each of you write 3 top priorities for your care
- Discuss each of your lists with each other

# Advance directives

- DPOA Health Care, Living Will, Financial POA
- DNR order
- Funeral directive
- Disposition of remains
- Property ownership
- Do you have an advance directive?



# How do we aim for health care without compromise?



C

- Clear purpose

A

- Attitude

M

- Mitigation plan

P

- Patient preferred pronouns, name

E

- Emotions

R

- Reactions

S

- Strategy

# What is unconscious bias?

Simply put...

The way that we continually make decisions in favor of one group, to the detriment of other groups, without even realizing we're doing it.

# Self-awareness

- Everyone has biases
- Self-reflection is essential
- Think about your assumptions

Harvard implicit bias study-Project Implicit®

<https://implicit.harvard.edu/implicit/research/>

# Power imbalance

- Right to self-determination
- Vulnerability

# Lack of information

- Nurses and providers often lack information about LGBT sexual practices
- Language of printed materials often assumes marriage and heterosexuality
- Environments of care are often geared towards heterosexuality
- Older LGBTQ adults often will hide their identity from health care providers

# What can we do?

- Provide opportunities for disclosure
- Respond appropriately and respectfully
- Gently question what is the relationship between the patient and the support person with them
- Nurses and health care providers have repeated interactions with patients and support persons

# Create a Welcoming Environment



Prominently post  
Patient Non-  
Discrimination  
Policy or Bill of  
Rights



Waiting rooms  
and common  
areas should  
reflect and be  
inclusive of LGBT  
patients and  
families



Forms should have  
inclusive, gender-  
neutral language  
and allow for  
patient self-id



Provide access to  
gender-neutral  
restrooms



# Relevant vs. intrusive questions

Relevant and necessary for care	Intrusive/curious questions
How has your pain interfered with your desire for sex?	How many sexual partners have you had in your lifetime?
Have you had any surgeries other than the ones we've discussed? Were there any complications?	Do you still have your penis?
What other drugs or hormones are you taking?	Are your breasts real?
What sex were you assigned at birth? What gender do you identify as now?	When did you know you were lesbian/gay/bisexual/transgender?
What word or words would you use to describe your sexual orientation?	If you only had sex with men, how do you know you are bisexual?

Acquaviva, 2017



=



# Respectful language

- What name do you use?
- What sex were you assigned at birth?
- What gender do you identify as now?
- What pronouns do you use?
- Whom do you consider to be your family?
- What do you know about your diagnosis? Your prognosis
- What are your goals for your life? Your care?

# Inclusive approaches

- Language used matters-verbal and written
- Be aware of subtle signals you send
- Welcome and normalize discussions of sexuality and gender identity in all patients
- Include any support persons the patient values in their care
- Avoid over- or under-pathologizing
- Be comfortable with your own sexuality
- Discuss safety concerns and health maintenance in a supportive manner

# Resources for LGBT patients with mental health concerns

National Alliance on Mental Illness

<https://www.nami.org/Find-Support/LGBTQ>

Substance Abuse and Mental Health Services Administration

Top Health Issues for LGBT Populations Resource Kit

<https://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf>

National LGBT Health Education Center-The Fenway Institute

<https://www.lgbthealtheducation.org/>

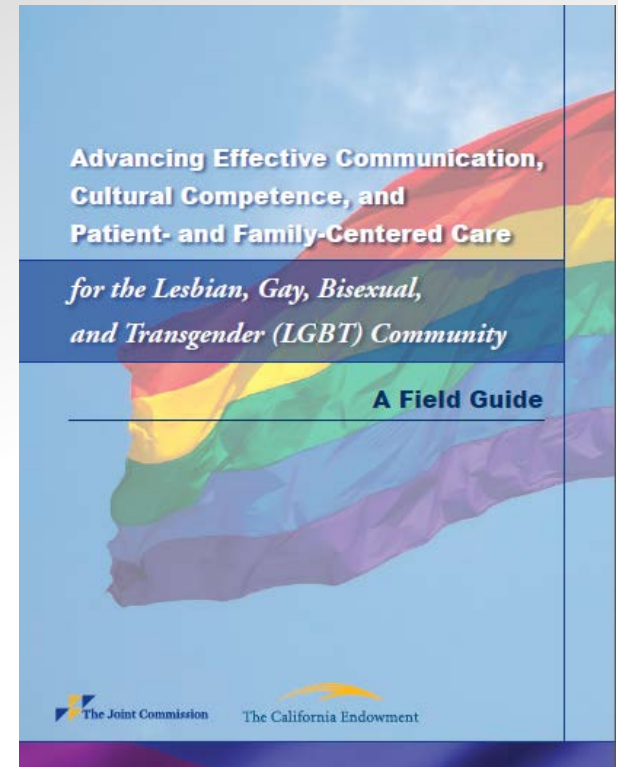


=



# Get more information

- [Human Rights Campaign Health Equality Index](#)
- [UCSF Center for Excellence in Transgender Health](#)
- [The Joint Commission LGBT Field Guide](#)



# Other resources

- Advance directives

<https://www.dhs.wisconsin.gov/forms/advdirectives/adformspoa.htm>

- Lambda Legal In Your State Information

<http://www.lambdalegal.org/in-your-state>

- Communication-Online modules

Fenway Institute -

<https://www.lgbthealtheducation.org/>

# Questions & Contacts

- For questions, concerns, or ideas, you can also contact UW Health LGBTQ Task Force

- Diane Heatley, MD

[heatley@surgey.wisc.edu](mailto:heatley@surgey.wisc.edu)

- Shiva Bidar-Sielaff

[SBidar-Sielaff@uwhealth.org](mailto:SBidar-Sielaff@uwhealth.org)

- Deanna Blanchard, MSN, RN-BC

[dblanchard@uwhealth.org](mailto:dblanchard@uwhealth.org)

- Betsy Bazur-Leidy, RN, BSN, CPN

[Bbazur-leidy@uwhealth.org](mailto:Bbazur-leidy@uwhealth.org)





# References

- Acquaviva, K.D. (2017). *LGBTQ-inclusive hospice and palliative care: a practical guide to transforming professional practice*. Harrington Park Press, New York.
- California Health Interview Survey (CHIS). Retrieved from <http://healthpolicy.ucla.edu/chis/Pages/default.aspx> May 30, 2017
- Center for Disease Control and Prevention (CDC). Suicide facts at a glance. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf> May 30, 2017
- Grant JM, et al. National transgender discrimination survey report on health and health care. Findings of a study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force. Washington, DC: National Center for Transgender Equality; National Gay and Lesbian Task Force; 2010 Oct. [http://transequality.org/PDFs/NTDSReportonHealth\\_final.pdf](http://transequality.org/PDFs/NTDSReportonHealth_final.pdf).
- Human Rights Campaign, <http://www.hrc.org/topics/transgender> and <http://www.hrc.org/hei>
- Huygen C. Understanding the needs of lesbian, gay, bisexual, and transgender people living with mental illness. *Medscape General Medicine*, 2006. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1785208/?report=printable> May 14, 2017
- Leible A. Why LGBT treatment? Pride Institute. Retrieved from <http://pride-institute.com/about/why-lgbt-treatment> May 14, 2017
- US Department of Health and Human Services. Health People 2020. Lesbian, gay, Bisexual and Transgender Health. Retrieved May 14, 2017 from <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
- *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV* (New York: Lambda Legal, 2010). Available at [www.lambdalegal.org/health-care-report](http://www.lambdalegal.org/health-care-report)
- WHO. "Gender, women, and health." <http://www.who.int/gender/whatisgender/en/>
- Zucker KJ. The DSM-5 diagnostic criteria for gender dysphoria. In: Trombetta C, Liguori G, Bertolotto M, editors. *Management of Gender Dysphoria: A Multidisciplinary Approach*. Springer; Milan: 2014. pp. 33–37.