LGBT Case Studies to Introduce the Topic of LGBT Health

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Personal Motivation for Topic

Culturally Competent Services
Why Is LGBT Health Relevant to the Primary Care World?

TRIVIA QUESTION

How many of you grew up in families and communities where being LGBT was seen and treated the same way as being heterosexual and gender conforming?
Entering the world of LGBT we need to check our bias, our preformed idea of what we think about patient presentations.

https://www.youtube.com/watch?v=3YGLP4xfupI
Why Is LGBT Health Relevant to the Primary Care World?

Goal: Establish trusting relationships with patients and provide equitable treatment

Reality:
A 2015 study based on data from the Sexuality Implicit Assessment Test (IAT) found that heterosexual physicians, nurses, and other health care providers implicitly favored heterosexual people over gay and lesbian people. Even people who identify as a sexual minority can internalize bias against their own group. In one IAT study, 38% of lesbian and gay men had implicit preferences for straight people.


- Physical Health
- Mental Health (Emotional/Spiritual, Social, Psychological)
Case Study-Lee

Lee presents to the health center for his annual checkup. The health center includes sexual orientation and gender identity questions on the registration forms.

Lee notes that he is “heterosexual/straight” on the intake form.

Later, during the exam, the primary care provider asks as part of the sexual history, “Are you using condoms, or comfortable with the idea of a partner getting pregnant?”

Lee, who has only had male partners for the past year, answers “I have been sleeping with men lately.”

The primary care provider then says, “Oh, it says here you are straight. You must have filled out the form incorrectly.” Lee responds, “No, I didn’t.”

What is your first reaction/thought to this case?

What assumption did Lee’s primary care provider make? Why was it incorrect?

What should Lee’s primary care provider have done instead?
Marley, who identifies as transmasculine, is being prepped for a gynecology exam by a medical assistant. The assistant says to Marley, “Please change into this robe, with the opening in the front. You need to remove your bra and panties because you are due for a breast exam and Pap smear.”

- What is your first reaction/thought to this case?
- What did the medical assistant say that might make Marley feel uneasy?
- What could the medical assistant have said instead?
LGBT+ Health

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No financial disclosures
Objectives

• Define key concepts that pertain to LGBT communities.

• Understand how the Minority Stress Model impacts the physical and mental health of LGBT individuals.

• Understand the importance of intersectionality in LGBT Healthcare and how health is impacted by sociocultural, political, historical aspects.

• Identify strategies that providers can use in delivering affirmative care toward LGBT communities.

• Identify at least two community resources that can aid providers in providing further care to LGBT identified individuals.
The Genderbread Person v3.3
by its pronouncedMEROsexual.com

Gender is one of those things everyone thinks they understand, but most people don’t. Like inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It’s okay if you’re hungry for more. In fact, that’s the idea.

Gender Identity
- Woman-ness
- Man-ness

Gender Expression
- Feminine
- Masculine

Biological Sex
- Female-ness
- Male-ness

Sex

Attraction

Expression

Identity

Sex

For a bigger bite, read more at http://bit.ly/genderbread

Plot a point on each continua to represent your identity. Combine all ingredients to form your Genderbread.

4 (or infinite) possible points and what combos

Sexually Attracted to
- Women/Females/Femininity
- Men/Males/Masculinity

Romantically Attracted to
- Women/Females/Femininity
- Men/Males/Masculinity

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.
Minority Stress Model

(a) Circumstances in the Environment

(b) Minority Status
   - sexual orientation
   - race/ethnicity
   - gender

(c) General Stressors

(d) Minority Stress Processes (distal)
   - prejudice events
     - discrimination, violence

(e) Minority Identity
   (gay, lesbian, bisexual)

(f) Minority Stress Processes (proximal)
   - expectations of rejection
   - concealment
   - internalized homophobia

(g) Characteristics of Minority Identity
   - prominence
   - valence
   - integration

(h) Coping and Social Support (community and individual)

(i) Mental Health Outcomes
   - negative
   - positive
<table>
<thead>
<tr>
<th>Stage</th>
<th>Age</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Labelling/Identity</td>
<td>2-3.5 y.o.</td>
<td>Label gender but only based on appearance.</td>
</tr>
<tr>
<td>Gender Stability</td>
<td>3.5-4.5 y.o.</td>
<td>Gender is consistent over time but cannot generalize this to others. Appearance is still a factor.</td>
</tr>
<tr>
<td>Gender Constancy/Consistency</td>
<td>6 y.o.</td>
<td>Gender is constant across time and situations. Gender appropriate behavior.</td>
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</tbody>
</table>
How many LGBT people are there?

LGB: 3.5%

Trans: .03%

9 million
LGBT Youth

Frequency of School Victimization Based on Sexual Orientation and Gender Expression Over Time
(Percentage of LGBTQ Students Reporting Event Often or Frequently, Based on Estimated Marginal Means)

GLSEN

Download the National School Climate Survey summary, full report, and infographics at glsen.org/nsccs
LGBT Youth

- Harassment & Assault in School
- Increased risk of suicide
- Increased risk of home insecurity
- Risk of dropping out from school
<table>
<thead>
<tr>
<th>LGBT Mental Health</th>
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<tbody>
<tr>
<td>PTSD</td>
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<tr>
<td>Mood Disorders</td>
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<td>SUD</td>
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<td>Suicide</td>
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<td>Providers:</td>
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<td>Biased</td>
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<td>Unknowing</td>
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<td>Untrustworthy</td>
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<td>Lower access</td>
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<td>and lower usage</td>
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<td>of services</td>
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<td>LGBT Physical Health</td>
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<tr>
<td>HIV/STI’s</td>
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<tr>
<td>Disabilities</td>
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<tr>
<td>Physical limitations</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Sexual Assault</td>
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<tr>
<td>Lesbian and bisexual women:</td>
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<tr>
<td>Obesity</td>
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<tr>
<td>Certain cancers</td>
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<tr>
<td>Cardiovascular</td>
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New HIV Diagnoses in the US and Dependent Areas for the Most Affected Subpopulations, 2017

- Male-to-Male Sexual Contact: 9,807
- Male-to-Male Sexual Contact: 7,436
- Female to Male: 6,982
- Black Women, Sexual Contact: 4,008
- Black Men, Sexual Contact: 1,717
- Latina Women, Sexual Contact: 1,058
- White Women, Sexual Contact: 999

Primary and Secondary Syphilis — Reported Cases* by Sex, Sexual Behavior, Race, and Hispanic Ethnicity, United States, 2017

* Of all reported cases of primary and secondary syphilis, 15.0% were among men without data on sex of sex partners, and 0.1% were cases with unknown sex; 5.7% of all cases had missing or unknown race/Hispanic ethnicity. Cases with missing or unknown race/Hispanic ethnicity are included in the “Other” category.

NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.
Intersectionality

Identities
- Gender
- Sexual
- Religious
- Geographic
- Lifespan/Age
- Class
- Race/Ethnicity
- Ability/Ableness

Factors to consider
- Power dynamics
- Privilege/Social locations
- Context
- Historical considerations
- Opression
- Politics
- Culture
- Laws
Healthy People 2020 – LGBT objectives

• LGBT-1: Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual, and transgender populations.

• LGBT-2: Increase the number of states, territories, and the District of Columbia that include questions that identify sexual orientation and gender identity on state level surveys or data systems.
Health Equity Promotion Model

Social Positions (intersectionality)

Multi-level context

Structural level
(social exclusion, social stigma, institutional heterosexism)

Individual level
(micro-aggressions, discrimination, victimization, abuse)

Health-Promoting and Adverse Pathways

Behavioral (exercise, diet, preventative care, sexual behavior, smoking)

Social and community (family structures, social support, network, LGBT community integration)

Psychological (identity management, coping, norms, expectations)

Biological (higher cortisol levels, allostatic load)

Health

Physical
(physical health-related quality of life, HIV, obesity, cancer, CVD, disability)

Mental
(mental health-related quality of life, anxiety, depression, suicidal ideation)

Life course
Sensibility

Hostile Treatment

Traditional Treatment

Ignorant Treatment

Tolerant Treatment

Sensitive Treatment

Affirmative Treatment
Ways to be sensitive

Create a comfortable environment:
Patients can look for signs in the office.

Don’t assume identity because appearance.

Ask in a sensitive way.

Ask about:
Orientation/Partner/Interpersonal Relationships /Sexuality/Previous services/Previous treatment
An affirming provider...

- Is trained in LGBT topics.
- Self evaluates their own stereotypes and prejudices.
- Takes into consideration their professions guidelines from national and international associations.
- Takes an affirmative posture toward LGBT work.
- Is aware of bio-psycho-social-spiritual dynamics that impact LGBT communities.
- Is committed to learn about the cultural dynamics and considerations of the LGBT community.
What is an LGBTQ+ Informed Primary Care ???
Goal: LGBT Informed Care

LGBT Informed Care (IC) is a system of health care delivery that understands how the experience of LGBT patients impacts their lives and their health care needs. It affirms LGBT patients’ and staff’s experience, and educates all staff and others involved with the system on LGBT health issues. It responds by fully integrating LGBT knowledge into policies, procedures, practices, and settings. LGBT IC settings re-evaluate practices and develop appropriate ones as needed.

Definition adapted from Trauma Informed Care definition by SAMHSA
Summary of case related answers

- Neither provider nor patient may be aware that physical complaints may be connected to LGBT experience.
- Some LGBT patients share relevant information to the intersection of their health and their LGBT identity, but others must be asked directly; otherwise, they will not disclose needed information.
- Questions must be asked in a safe, confidential, supportive, and affirming manner, or self-report through clinic intake form.
- Many LGBT patients have more trauma experiences than the general population, particularly harassment, exclusion, and violence.
Resources

- The National LGBT Health Education Center: www.lgbthealtheducation.org
- Health Equality Index from the Human Rights Campaign: www.hrc.org/hei
- Center of Excellence for Transgender Health: www.transhealth.ucsf.edu
- World Professional Association for Transgender Health: www.wpath.org
- Project Implicit: https://implicit.harvard.edu/implicit/
Financial Disclosure

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Relevant Financial Relationships

No Financial Relationships

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