LGBTQ Cultural Competence in Healthcare: A Community Engagement Perspective

2016 Combined Sections Meeting

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LGBTQ Cultural Competence in Healthcare: A Community Engagement Perspective

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Learning objectives
By the end of this session, learners will be able to:

• Use common terms when providing care to patients who may identify as a sexual and gender minority
• Identify specific health disparities for our LGBTQ patients and understand the need to screen our patients appropriately for best practice health care delivery
• Identify interprofessional resources for LGBTQ cultural competent healthcare and be able to discuss a community engagement perspective applicable to all
• Know how to provide best practices when giving care

Background
Our profession dictates that we “should work toward eliminating disparities in the health status of people of diverse cultural backgrounds, respond to current and projected demographic changes in the US, improve the quality of health services and outcomes, and meet legislative, regulatory, and accreditation standards”.

Meeting that standard should include our LGBTQ patients. However, cultural competency in health care education inclusive of our LGBTQ patients has been absent and insufficient.

Background and Purpose
We have evolved our clinical practice to root in evidence-based literature and research, and I would argue this should include our cultural competency practices from classroom to bedside

Purpose:
• To provide an example of LGBTQ health cultural competency education from the community engagement and interprofessional perspective with threads in DPT entry level education
Barriers To Inclusion of LGBTQ Health Education in the Mainstream (STFM, 2013)

- Lack of leaders/champions
- Generational and cultural differences
- Time
- Training requirements are vague
- Tendency is to piece meal and just add boxes to hit requirements without full appreciation or understanding
- “mandatory” training or forced tolerance
- “sensationalization” of sexuality/gender
- Apathy
- Don’t ask/don’t tell culture

One of the biggest challenges lies in the lack of available resources, research efforts, and champions for bringing LGBTQ health to the forefront

- Only one-half of 1 percent of studies funded by the National Institutes of Health (NIH) between 1989 and 2011 concerned the health of lesbian, gay, bisexual and transgender (LGBT) people, contributing to the perpetuation of health inequities, according to a University of Pittsburgh Graduate School of Public Health-led analysis.

Language

Equitable care begins with appropriate terminology

- As a basis for this presentation: LGBTQ:
  - Lesbian, gay, bisexual, transgender, queer and/or questioning
  - Umbrella term often used to describe all sexual and gender minorities
- Intersectionality within each group:
  - Race and ethnicity
  - Socioeconomic status
  - Geographic location
  - Age
  - Disability
  - Etc.

Cultural Competency Defined

- “Cultural competence is a set of behaviors, attitudes, and policies that come together in a continuum to enable a health care system, agency, or individual rehabilitation practitioner to function effectively in trans-cultural interactions. In practice, cultural competence acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, the need to be aware of the dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.” (Cross, Barron, Dennis, and Isaac, 1998).
The Basics of Competency (Cross et al., 1989; Leavitt, 1999)

1. Acknowledge the immense influence of culture
2. Assess cross-cultural relations and be vigilant concerning the dynamics that result from cultural differences
3. Expand our cultural knowledge and incorporate this knowledge into our everyday practice
4. Adapt to diversity

Continuum of Cultural Competence (Cross et al., 1989)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cultural destructiveness</td>
<td>People are treated in a dehumanizing manner and are denied services on purpose</td>
</tr>
<tr>
<td>2</td>
<td>Cultural incapacity</td>
<td>Health care systems are unable to effectively work with patients from other cultures; bias, paternalism, and stereotypes exist</td>
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<tr>
<td>3</td>
<td>Cultural blindness</td>
<td>The presumption is that all people are the same and that no bias exists; policies and practice do not recognize the need for culturally specific approaches to problem-solving; services are ethnocentric and encourage assimilation; patients are blamed for their problems</td>
</tr>
<tr>
<td>4</td>
<td>Cultural pre-competence</td>
<td>Health care system is committed to using appropriate response to cultural differences; weaknesses are acknowledged and alternatives are sought</td>
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<tr>
<td>5</td>
<td>Cultural competence</td>
<td>Cultural differences are accepted and respected; continuous expansion of cultural knowledge and resources and continuous adaptation of services occur; continuous self-assessment about culture and vigilance toward the dynamics of cultural differences exist</td>
</tr>
<tr>
<td>6</td>
<td>Cultural proficiency</td>
<td>Cultural differences are highly regarded; the need for research on cultural differences and the development of new approaches to enhance culturally competent practices are recognized</td>
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Advocating a Change

Using the intersectional framework brings in the ignored social locations to the conversation on, ultimately, how all the intersections affect health

Why should we care about the focus of LGBTQ Health?

LGBTQ folks face the same health risks as the larger society we live in…

**HOWEVER:** effect of multiple additional factors change things = continues to shape health-seeking behavior and access to care = health disparities:

1. History of being LGBT in this country and world
2. Stigma
3. Laws and Policies
4. Barriers to patient-centered care
5. Demographic factors
Expanding education to include “LGBTQ”

Intersectional framework as a basis allows:

– Redefinition of health “to affirm identity and sexuality as important components of personhood” (Eckstrand, 2014)

– Allows context to be given to “not only sexual orientation and gender identity/expression, but also to HOW these constructs interact with other aspects of identity and culture across the lifespan.” (Eckstrand, 2014)

– The intersection of these identities is the very basis of the diversity in folks who are/may be LGBTQ and directly contributes to that individual’s health needs (Eckstrand, 2014).

Implementing Curricular and Institutional Climate Changes

We need inclusion of these social locations/statuses in our cultural competency education

The intersectional framework allows the educational infrastructure to be proactive in being inclusive of all social locations with best patient care as the ultimate aim

Multi-layer approach
– Education Curriculum
– Translating that to facility education on the clinical side
– Welcoming environments

Health Disparity & Health Equity

Health disparity:
• A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on racial or ethnic group; sexual orientation; gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion (US DH&HS)

Health equity:
• Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (US DH&HS)
Physical Health Disparities in the LGBT Community (AAMC, 2014)

Compared to heterosexual counterparts:

- LB women 2x risk of obesity
- LGB adults 1.5 x risk of asthma
- LGB adults >2x risk for cardiovascular disease
- B 2x risk of smoking
- Young GB men >2x biomarkers of cardiovascular disease
- LGB on average become disabled at significantly lower age
- LB 2x risk becoming disabled
- B 3x risk of becoming disabled
- G and T women (MTF) 2x risk of HIV/AIDS and other STIs
- T 2x uninsured rate and likely to postpone medical care than cisgender individuals (highest in FTM)
- G 2x risk anal cancer
- LGBT >2x lifetime risk of violent victimization and maltreatment

Beyond Cultural Competence: Cultural Proficiency

Ultimate aim is cultural proficiency, where we, as healthcare providers, recognize the need for research on cultural differences and the development of new approaches to enhance culturally competent practices are recognized.

Cultural proficiency means working collaboratively with community resources and clinical partners to develop these new approaches.

Community Engagement With Clinical Partners

FOCUS:
- taking core education concepts out of the classroom or clinic and applying in practicum and work experiences

COMMUNICATING:
- what is expected of our students during all patient interactions

DEMONSTRATING
- competency of culturally sensitive language and care

UNDERSTANDING:
- licensing or governing agencies who support and monitor cultural competency in health care
  - Joint Commission
  - Healthcare Equality Index

Community Partnership: United Way of Delaware

PRIDE
A UNITED WAY OF DELAWARE INITIATIVE
United Way of Delaware Path:

The journey began in 2011 with acknowledging the gap in LGBTQ programming and funding, with foundation of 3 key national studies and engaging in 3 community conversations.

The mission of the PRIDE Council is:
- To leverage community resources, from the corporate, education, health and government sectors to improve the lives of LGBTQ youth and adults in Delaware.

The goals are to:
- Improve the health of LGBTQ youth and adults in Delaware
- to improve the educational environments for LGBTQ youth and reduce the number of high school dropouts
- offer supports and resources to educators, professionals, parents, adults, youth and the community at large when addressing LGBTQ concerns

LGBTQ Health Equity Task Force

A joint effort with the Delaware Department of Health and Social Services focusing on health equity within the healthcare system in Delaware and issues of concern to LGBTQ Seniors.

- Cultural Competency
- Resource Guides
- Public Policy
- Healthcare Equality Index

DE LGBTQ Health Equity Task Force Membership

- United Way
- Christiana Care Health System
- University of Delaware College of Health Sciences
- Dept. of Health and Social Services, State of DE
- Hospital representation from around the state (including children hospital)
- Various Senior Center membership
- Aging in Place network membership
- Delaware State and Delaware Technical healthcare education membership
- Various city/county services for LGBTQ community membership
- Medical Society of DE

Task Force Milestones

- June 2014: Approval of contract for independent counselors
- June 2012: Retention of LGBTQ Health Care virtual training
- March 2013: Development of national standards
- November 2014: All Delaware based on survey participation in 2001 and 2017
- Healthcare Equality Index

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National Standards of Measurement and Benchmarking of Inclusive LGBTQ Health Care With our Clinical Partners

The Healthcare Equality Index (HEI)

- Human Rights Campaign (HRC) - The national LGBT benchmarking tool
  - Four foundational criteria:
    - Patient non-discrimination
    - Equal visitation
    - Training in LGBT Patient-Centered Care
    - Employment Non-Discrimination

- The Healthcare Equality Index (HEI) provides a road map for healthcare systems in measuring best practices for LGBT (lesbian, gay, bisexual and transgender) patient – and family centered care and for LGBT workforce inclusion.

Joint Commission Patient Centered Communication Standards

Examples of Requirements

- Staff Training on Cultural Sensitivity
- Accommodation of Patient’s Cultural and Personal Beliefs
- Accommodation of Patients’ Religious and Spiritual Practices
- Non-Discrimination in Care
American Association of Medical College

Publication: Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators (2014)

• "The challenges faced by individuals who are or may be LGBT, gender nonconforming, and/or born with DSD in accessing and receiving quality, personalized care commands the attention of ALL PROFESSIONS that are dedicated to human health".
• Provides evidence-and best practices-based recommendations for curricular and climate change with the aim of creating a welcoming and inclusive educational infrastructure within health care regardless of whether those individuals are patients, trainees, faculty, and/or administrators.

GLMA: Health Professions Advancing LGBT Equality

Publication: White Paper Recommendations for Enhancing the Climate for LGBT Students & Employees in Health Professional Schools (2014)

– Offers specific recommendations for initiatives that can be implemented
– Provides examples
– Includes best-practices and tips
– Contains a bibliography by topic area for LGBT health issues and LGBT health education

Transitioning From Classroom to Clinical Practice: Basics

• Intersectional Cultural Competence: the basis of the diversity for including LGBTQ and directly contributes to addressing the individual’s health needs
• Foundational knowledge gained through classroom instruction now gets a chance to be applied in practice under direct supervision of a culturally sensitive and knowledgeable supervisors
• Identify practicum sites that practice cultural competency as regulated by Joint Commission and Health Care Equality Index
• Prepare students for successful experience with culturally diverse populations through discussion; case examples; simulation; roleplaying; interactive problem-solving

Recommendations and Next Steps for Our Profession

We advocate:

• Cultural competency training of our DPT students include best-and evidence-based competency objectives specific to LGBTQ health understanding and cultural competency
• The national association provide leadership regarding resources and advocacy of inclusive healthcare for our patients who are/may be LGBTQ

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Recommendations and Next Steps for Our Profession

We advocate:

- Our professional practice colleagues include the best-practice demographic questions on health intake forms for all patients to better improve patient-centered health care.
- Our professional research efforts around public health should work to focus on this patient population as well to provide us a better idea of health disparity and physical rehabilitation outcomes.

Conclusion

All levels of commitment from health profession education is necessary in addressing the health care needs of all people, including people who are or may be LGBT and/or gender nonconforming.

Our professional education has been extremely scarce when it specifically comes to cultural competency with our LGBT and/or gender nonconforming patients. The recommendations coming out from numerous national institutes and associations implores all health care professionals to be inclusive of our LGBT and gender nonconforming patients, as well as to start collecting data to better inform population health in general.

Thank You! Questions?

References

- APTA Blueprint for Diversity, 2014
References

- AAMC: Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD. 2014.
- Eckstrand KL. Preface in AAMC: Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD. 2014.