Providing Culturally Humble Care to the LGBTQ Community
Check in question

Why does talking about this population matter to the work you are doing?
Objectives

1. Explain the difference between sexual orientation and gender identity.

2. Describe health disparities experienced by LGBTQ community and their relationship to social determinants of health.

3. Share tips for providing culturally competent care to the LGBTQ community.
The Genderbread Person v3.2 by its pronounced METROsexual

Gender Identity
- Woman-ness
- Man-ness

Gender Expression
- Feminine
- Masculine

Biological Sex
- Female-ness
- Male-ness

Sexually Attracted to
- Nobody
- (Women/Females/Femininity)
- (Men/Males/Masculinity)

Romantically Attracted to
- Nobody
- (Women/Females/Femininity)
- (Men/Males/Masculinity)
Decoding the LGBTQ

- Sexual Orientation
  - Homosexuality
  - Heterosexuality
  - Bisexuality
- Gender Identity (Sex vs. Gender)
  - Cisgender
  - Transgender
- Fluidity: Queer/Questioning

http://www.transstudent.org/gender
Cisgender

- Cis people have a perfect or near-perfect overlap between their gender identity and their sex assigned at birth.
Transgender

- Trans people are those who have little-to-no overlap between their gender identity and their sex assigned at birth (this applies to binary and non-binary identities.)
Social Norms

- Heteronormativity
- Cisnormativity
- Heterosexism
- Homophobia
  - Homo-negativity
- Transphobia
Cultural Competency

• Cultural Competency
  – the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients
  – builds knowledge, awareness, skills and capacity to identify, understand, and respect the unique beliefs, values, customs, languages, abilities and traditions of all people in order to provide effective programs and services.
  – Enables effective work in cross-cultural situations
  – Includes mandates, laws, policies, rules, standards, practices, and attitudes
Moving from Cultural Competency to Cultural Humility

- Cultural competency assumes one can learn or know enough or reach a full understanding of a culture to which they do not belong.
- Cultural humility incorporates a lifelong commitment to self-evaluation, self-critique, learning and reflection.
  - Also includes recognizing and addressing power dynamics in relationships.
  - Involves working in partnerships.
- Cultural humility is a process, not a goal.
Why Cultural Competence/Cultural Humility?

- Important tool for tackling larger issues of Health Inequity/Health Disparity
  - Health inequity
    - Differences in health which are unnecessary and avoidable but, in addition, are also considered unfair and unjust.
Health Inequity explained

• **Systematic:** Inequities and their consequences are not ‘random’ but follow a ‘pattern.’

• **Socially produced:** The ‘patterns’ produced by inequities can be traced back to the social determinants of health (neighborhood, education, social norms, access to care, food security, etc.) In this case homophobia, heterosexism, transphobia.

• **Unfair:** Inequity has an ethical and moral connotation, which is embodied in a sense of ‘injustice.’

• While marginalized communities have shown incredible resiliency, these avoidable and correctable inequities lead to negative life outcomes.
Equality vs Equity
Striving for Health Equity

• Health Equity is:
  – Fairness in the distribution of resources between groups with differing levels of social advantage
  – Creating an environment where everyone has a good chance to be healthy
Health Disparities Experienced by LGBTQ Community

- Suicide (LGBT youth 2-3 more times likely to attempt)
- Homelessness (40% youth homeless are LGBTQ)
- Breast and Cervical Cancer
- HIV (65% MSM)
- Obesity
- Alcoholism, tobacco use (WSW smoke 200% more)
- Mental Health challenges (response to trauma/stigma)
- Increased numbers of all for trans community (for example, 56% of black trans women are HIV+, 17% of white trans women and 16% of Hispanic trans women are HIV+)

“Report on Lesbian, Gay, Bisexual and Transgender Health,” Healthy People.gov
2009 Lambda Legal Survey*: Discrimination and Barriers to Care in LGBT Community

56% LGB and 70% Trans and GNC report at least one experience of:

• Being refused care
• Health care professionals refusing to touch patient or using excessive precautions
• Health care professionals using harsh or abusive language
• Being blamed for their health status
• Health care professionals being physically rough or abusive

Intersectionality

• In the Lambda Legal survey, all of these discriminatory behaviors were worse among LGBT respondents of color and/or low-income.

• These health care refusals further exacerbate stigma and discrimination already experienced by a vulnerable population.

• Fear of discrimination prevents LGBTQ people from seeking needed medical care.
Providing Structurally and Culturally Competent Services

- Recognize one’s own bias.
- Refrain from making assumptions.
- Use inclusive language.
- Consider pronouns.
- Make forms inclusive.
- Know community resources.
- Identify oneself as an ally.
- Place your nondiscrimination policy (inclusive of SOGI) on display.
Impact of Providing Culturally Competent Services

- Closing health disparities.
- Achieving health equity.
- Improving health outcomes.
- Increasing “community trust” of health care establishments.
- Creating safe spaces
- Decrease in ability of stigma to function as a barrier to care.
Questions?

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