

Colorado Women's Health Conference

Wonder Woman 2015

Breckenridge, CO

"FIRST, DO NO HARM"

Practicing Cultural Competencies in Your LGBTQ Communities

I. Factors Creating Health disparities in our LGBTQ populations

- 8% of lesbian and gay people in Colorado were unemployed vs. 4% of heterosexual people.
- LGBT Coloradans reported being smokers twice as frequently as heterosexuals (34% of lesbians and gays and 28% of bisexuals vs. 16% of heterosexuals).
- 25% of lesbian and gay respondents and 28% of bisexual respondents reported binge drinking compared to only 16% of heterosexuals.
- LGB Coloradans reported having asthma nearly twice as often as heterosexuals.
- Bisexual Coloradans appear to be the most at risk for negative health outcomes. Of those sampled, 31% were living without health insurance, 45% were at or below 200% of the FPL, 21% were obese, and they reported stress, depression, or emotional problems for a greater number of days in the preceding month than heterosexuals, lesbians, and gays. Bisexual women reported the highest number of such days.
- 21% of LGBT Coloradans report health-care providers refusing services to LGBT people.
- 55% of LGBT Coloradans feared denial of services if their health-care provider found out they were LGBT.
- 28% of LGB participants reported that their sexual orientation has kept them from seeking physical health or mental health services.
- Anal cancer is up to 34 times as prevalent in gay males as the general population. 90 plus percent of anal cancers have HPV DNA in the cancer cells.
- Gay males have higher rates of mouth and throat cancers than the general population. Again HPV DNA is almost always present in the cancer cells..

- 28% of transgender people reported postponing necessary health care when sick or injured.
- 33% of transgender people had delayed or had not sought preventative care because of experiences of health-care discrimination based upon their transgender or gender non-conforming status.

II. Reaching your local GLBTQ Populations

- Passive outreach through advertising will not bring them to you. Their fear of repeated discrimination and disrespect will be difficult to over-come.
- Seek them out through local LGBT organizations, churches, Meet-up groups, etc.
- It is important that you make the leaders of those organizations your ally. The LGBTQ communities will trust them – not you. You will have to win their trust.
- If possible, take your services to a location where the patients are comfortable coming, i.e. local LGBT office, church, etc. If not try to arrange a specific time where your clinic will only see LGBT patients. Making the event an LGBT community activity will not only increase the number of patients, they will also be more relaxed, cooperative, and comfortable.

III. Language Will Be a Minefield For You

- The language of the LGBTQ communities is ever shifting and there are always controversies about what language is acceptable. Use of the term “queer” exemplifies the issue. Elder LGBT people object to the word as it had been used as a term of derision in their youths. But many young LGBTQ people take pride in identifying as “queer”. Even within my office there is a discussion as to whether the Q in LGBTQ stands for queer or questioning.
- Avoid language which can be considered judgmental.
- I try to avoid using the word “screenings” as it carries a heavily sexual connotation in the LGBTQ communities. The term “screenings” has historically been connected with HIV and STD “screenings” and thus, sexual activity – much of it promiscuous. Much of the LGBTQ community today frowns on sexual promiscuity and “screenings” therefore has unattractive connotations. The phrases “health check” or “checkup” can suffice as substitutes.
- Avoid any discussion of issues not relevant to the individual’s health check or treatment. Idle chit-chat, such as “Do you have children”, could be interpreted by a lesbian woman as a comment on her sexual orientation.

- Avoid, to the extent possible, any language relating their sexual orientation to their risk of cancers. Lesbian women could well take offense at statements that their “lifestyle” (drinking, smoking, obesity, not having children) increases their risk of breast and cervical cancers. We are looking for possible cancers - we are not “lifestyle coaches”. A simple statement that “lesbians and bisexual women have a higher rate of breast and cervical cancers than the general female population” is sufficient to encourage them to regularly seek screenings. If they ask what factors increase their risk then you can discuss the without referring to their sexual orientation.
- Never ask a patient to explain why they are transgender or what being transgender “feels like”. Most transgender people just want to be allowed to be themselves. They should not be treated as a curiosity.
- Transgender patients should never be asked to disrobe further than necessary for the treatment, nor should persons, other than those essential for the procedure, be invited to observe the patient. If you treat a transgender woman as a “freak show”, you could easily find yourself and your employer defending a federal lawsuit under Title 7 of the Civil Rights Act of 1964.
- **A Guarantee – You Will Be Surprised!**
- Never, ever, think that you can know a person’s preferred gender by their appearance. Many transgender people look very androgynous during transition.
- Never assume that a transgender woman considers herself to be “homosexual”. The Institute of Medicine of the National Academy of Sciences considers “gender identity” and “sexual orientation” to be separate and distinguishable and notes that there is no consensus in research literature whether sexual orientation labels should be based upon the person’s sex at birth or their gender identity.
- Transgender persons who are transitioning take immense personal risks in doing so. Many lose their families, jobs, and children as a result of this decision.
- Consequently, being “misgendered” is a prime reason why transgender people avoid medical treatment. I personally experienced being repeatedly and intentionally misgendered in February, 2014 at a major medical center in Denver. And the experience deterred me from seeking my recommended medical care.

- A simple - “Good morning, how would you like me to address you?” will save you and your patient much embarrassment and will go a long way to making them comfortable.
- Always ask the patient “ what pronouns do you prefer?” Many of the “Q”s in the community object to the pronouns reserved for the male and female genders. Sometimes they ask to be referred to as “it” or “them”. Please don’t ask me to explain it. I don’t understand it but I can respect their preference.
- You will screw it up! Misgendering can readily happen - especially if the patient has an appearance which is decidedly opposite from their gender preference. Don’t freak out – just quietly apologize and correct yourself. If you have already shown respect by asking their gender and pronoun preference, the patient will probably not take offense at your mistake.

Conclusion

LGBTQ people are entitled to be treated with the same dignity and respect that other patients expect of their medical providers. Issues relating to their lifestyle, sexual orientation, and preferred gender have little relevance to the breast and cervical health checks provided in the WWC Program. You need not agree with, or even accept, their choices in life; but we should always respect and preserve their dignity.

I will be happy to serve as a resource for anyone interested in learning more about GLBTQ health disparities and barriers. Please contact me at:

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Definitions

Gay: The adjective used to describe people whose enduring physical, romantic, and/or emotional attractions are to people of the same sex (i.g. gay man, gay people). In contemporary contexts, lesbian (noun or adjective) is often the preferred term for women.

Gender Identity: A person's internal, deeply felt sense of being either male, female, or something else, or in between. It is important to understand that sexual orientation and gender identity are two different things.

Gender Expression: An individual's characteristics and behaviors such as appearance, dress, mannerisms, speech patterns, and social interactions that are perceived as masculine or feminine.

Gender Nonconforming: A person who is or is perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender nonconforming people may, or may not identify as lesbian, gay, bisexual, or transgender.

Sex: The gender assigned to a person, usually at birth, based upon the doctor's observation of the person's genitalia.

Sexual Orientation: A person's emotional and sexual attraction to other people based on the gender of the other person. People may identify their sexual orientation as heterosexual, lesbian, gay, or bisexual.

Transgender: Someone whose gender identity differs from the sex they were assigned at birth.

RESOURCES

Colorado Organizations

One Colorado

1490 Lafayette St.
Suite 304
Denver, CO 80218
303-396-6170

Leo Kattari
Health Policy Manager
303-396-6170 ext. 111

One Colorado Field Managers

Metro Denver – Daniel – danielr@onecolorado.org
Southern Colorado – Don – dond@one-colorado.org
Southwestern Colorado – Luke – lukem@one-colorado.org
Western Slope – Heidi – heidih@one-colorado.org

GLBT Center of Colorado

1301 E. Colfax Avenue
Denver, CO 80218
303-733-7743
glbtcolorado.org

Clayton Scherf
Health Care Enrollment Manager
303-733-7743 ext. 108

Courtney Gray
Transgender Program Manager
303-733-7743 ext. 121

Gender Identity Center of Colorado

1151 S. Huron Street
Denver, CO 80223
303-202-6466
gic-colorado.org
info@gic-colorado.org

PFLAG Denver Chapter
P.O. Box 18901
1290 Williams Street Ste 4
Denver, CO 80218-0901
303 573 5861
pflagden@tde.com

PFLAG Evergreen/Mountain Area
P.O. Box 265
Evergreen, CO 80437-0265
303-674-7951
dbc_pml@msn.com

Metropolitan Community Churches in Colorado

Metropolitan Community Church of the Rockies
980 Clarkson Street
Denver, CO 80218
303-860-1819
mccrockies.org

Pikes Peak Metropolitan Community Church
1102 South 21st Street
Colorado Springs, CO 80904
719-634-3771
ppmcc.org

MCC Family in Christ
4223 S. Mason Street #C
Fort Collins, CO 80525
970-221-0811
mccfic.org

MCC Pueblo
3939 W. Pueblo Blvd.
Pueblo, CO 81005
719-543-6460
mccpueblo.org

A comprehensive list of Christian churches in Colorado which welcome and affirm the LGBTQ community can be found at www.gaychurch.org. Just click to see a list of congregations in the USA and then search by Colorado. There are about 140 churches listed for Colorado.

The United Church of Christ is known for welcoming the LGBTQ community. There are over 70 UCC Churches in Colorado. A list of those churches, and their contact information, can be found at UCC's Rocky Mountain Conference website at rmcucc.org.

Unitarian Churches are also welcoming to the LGBTQ community. There are at least 21 Unitarian Churches in Colorado and you can find those at coloradouu.org.

Many Jewish congregations are also welcoming. The Jewish Reconstructionist Communities are particularly well-known as affirming of the LGBTQ community. There are at least two Reconstructionist temples in Colorado. You can locate those at jewishrecon.org.

Publications Relating to Cultural Competence with the LGBTQ Communities

Creating Equal Access to Quality Health Care for Transgender Patients: Transgender Affirming Hospital Policies; New York City Bar, Lambda Legal, and the Human Rights Campaign. A PDF of this report can be downloaded without cost at: www.hrc.org/resources/entry/transgender-affirming-hospital-policies.

Advancing Effective Communication, Cultural Competence, and Patient-Family Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide; The Joint Commission. A PDF of this White Paper can be downloaded without cost at: http://www.jointcommission.org/topics/monographs_and_white_papers.aspx

Invisible: The State of LGBT Health in Colorado; One Colorado Education Fund, 2011. A PDF of this report can be downloaded without cost here: www.one-colorado.org/wp-content/uploads/2012/01/OneColorado_HealthSurveyResults.pdf

Becoming Visible: Working with Colorado Physicians to Improve LGBT Health; One Colorado Education Fund, The Colorado Medical Society, Denver Medical Society, 2013. A PDF of this report can be downloaded at: http://www.one-colorado.org/wp-content/uploads/2013/12/OC_BecomingVisible_Web.pdf

Publication Relating to the Legal Consequences of the Affordable Care Act and Implementing Regulations for the LGBTQ Community

Open Doors for All – Sexual Orientation and Gender Identity Protections in Health Care.

Center for American Progress, 2015. A PDF of this report can be downloaded without cost at: cdn.americanprogress.org/wp-content/uploads/2015/04/nondiscrimACA-brief-4.30.pdf

Publication Relating to Cancers in LGBT Patients.

LGBT Patient-Centered Outcomes – Cancer Survivors Teach us How to Improve Care For All

National LGBT Cancer Network, . A PDF of this report can be downloaded without cost at: <http://www.cancer-network.org/downloads/lgbt-patient-centered-outcomes.pdf>

Other Sources of Information on the Web

Gay and Lesbian Medical Association

www.glma.org

World Professional Association for Transgender Health

www.wpath.org

National LGBT Cancer Network

www.cancer-network.org

American Cancer Society

www.cancer.org

The American Cancer Society has at least two pamphlets relating to the GLBTQ communities. *Cancer Facts for Lesbian and Bisexual Women* and *Cancer Facts for Gay and Bisexual Men*. You can obtain copies of these by contacting:

American Cancer Society
Great West Division
2255 South Oneida Street
Denver, CO 80224-2590
720-524-5493

Living Beyond Breast Cancer

www.lbbc.org

Living Beyond Breast Cancer has a good pamphlet for lesbians diagnosed with breast cancer: *Breast Cancer inFocus: Getting the Care You Need as a Lesbian, Gay, or Bisexual Person*. You can order copies online.

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