

# LESBIAN, BISEXUAL & QUEER WOMEN'S HEALTH

June 2019

TRAINING  
MANUAL



The Los Angeles County  
Lesbian, Bisexual & Queer  
Women's Health Collaborative



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# Introduction

The “Train the Trainer” workshop will prepare you to train your staff and community partners in caring for lesbian and bisexual women.

## Learning Objectives

- Address substance abuse and mental health issues
- Reduce barriers to accessing programs and services
- Create safe and welcoming spaces
- Increase cultural competency
- Develop inclusive policies and programs

## Implicit Bias

Implicit biases are internal biases, which influence your unconscious facial expressions, behaviors, thoughts, and conversations. They also may result in diminished quality of care for certain groups of patients, such as those whom are lesbian or bisexual.

The National LGBT Health Education Center (2018) has identified useful questions, which can make you aware of your own implicit biases. These biases may be negatively affecting those you serve and others you interact with on and off the job. To view case scenarios from the National LGBT Health Education center, go to [bit.ly/implicitbiasguide](https://bit.ly/implicitbiasguide).

- How do my current beliefs serve me?
- What might I lose if I change my beliefs?
- What are the costs of maintaining my current perspective?
- How might it benefit me to change?

It is vital to understand your implicit biases to provide your patients and clients with the best care. To learn more about your own implicit biases, you can take the Implicit Assessment Test (IAT) at [implicit.harvard.edu](https://implicit.harvard.edu). The IAT can help you recognize your implicit associations with sexuality, mental health, and more.

# Tips for Trainers

## At the beginning of the training:

- Review the workshop objectives
- Outline ground rules:
  - Encourage participants to keep an open mind and positive outlook
  - State if questions are encouraged throughout presentation or should wait until the end

## During the training:

- Determine what activities are necessary and/or appropriate for the training
- Encourage discussion so participants interact with each other
- Use group work in the middle or at the end of the training
  - Share discussion points from small break-out groups in feedback session
- Post-it notes or colored note cards are great additions to activities
- Use models for demonstrations
- Distribute supporting materials after the presentation
  - Includes resources and additional information

## Tackling tough topics:

- Warn attendees prior to showing explicit material or difficult images
- Adjust images for sensitive issues, especially when presenting to children, adolescents, etc.
- Be prepared to discuss sensitive information and/or questions
- Practice discussing difficult topics prior to the training
- Always use scientific terms, rather than slang

# Icebreakers

To make participants feel more comfortable discussing a topic they may not have much previous knowledge or experience with, you can conduct a quick icebreaker at the beginning of the training. This will establish a sense of unity and trust within the training group.

## **Imagine How You'd Feel ([bit.ly/imaginehow](http://bit.ly/imaginehow)): 10 minutes**

One such icebreaker is the “Imagine How You’d Feel” activity, created by Cornell University and M. Rochlin (2013), adapted by USC’s LGBT Resource Center. This is a 10-minute activity which will help training participants empathize with people in the LGBTQ community to gain insight into the discrimination they face due to their sexual orientation. The effects of these challenges can be alleviated through positive interactions with their healthcare providers.

## **Guided Imagery on Heterosexuality as a Minority Status (6 minutes)**

Script: We’re going to do a guided scenario now that gives you a chance to feel what it’s like to be hated and excluded because of your sexual orientation. The scenario assumes that you, the listener, are heterosexual. Even if you happen to be gay, lesbian, bisexual, or questioning, concentrate on the feelings it touches in you.

I would like you now to concentrate on my voice and how you feel... not what you think. Don’t rationalize or intellectualize, simply feel. Ask yourself what emotions are affecting you.

Find a comfortable position and close your eyes. Let your body relax. Notice your breathing, in and out, in and out. Relax all the muscles in your body.

I’m going to ask you to imagine a world that’s very different from one you currently live in. Because it’s different, it requires you to stretch your experience. Let yourself experience and imagine as fully as you can. Rather than judging yourself for what comes up, just notice and record in your mind without editing. If you feel pressure to edit, simply notice that you have the feeling. If you become distracted at any point, just notice that and return to the process. The more you can be with your experience, the more you will get out of this exercise.

Imagine for a while that you live in a society in which the majority of people are lesbian or gay. The entire society is set up for homosexuality – it’s the way things are. By the way, having children is no problem: adoption, artificial insemination



and other methods are used. Children are raised by parents who are both of the same sex. So, your parents are the same sex, your peers are all lesbian or gay, and everyone you've ever met is gay... but you are heterosexual.

How do you feel having your sexual orientation be in the minority?

How does it feel having to make a decision about admitting your heterosexuality to yourself? To others?

What's the difference between flaunting your heterosexuality and asserting your identity?

How does it feel to hear "straight" jokes from your family and friends?

How does it feel to have religious authorities – perhaps even your own pastor or rabbi – saying your feelings are wicked or sinful?

How does it feel when you can't understand why you have certain desires, desires that involve fantasies about the other sex, that no one around you seems to share?

How does it feel when you turn on the TV or open a magazine and all the ads are for people unlike you? Always those ads about what toothpaste men should use to attract the best men, about the perfect wine for two women in love. Never anything for people of different sexes who are attracted to each other. Nothing for heterosexuals.

How does it feel to think you are the only one attracted to the other sex – no one else in the world is like you? Who do you talk to about it? Who can you risk telling your secret to?

If you are a woman, how does it feel to be asked each time you call home, "When are you bringing your girlfriend home to us?" Or if you are a man, "Where's your boyfriend? Why, I must have dated dozens of boys when I was your age."

How does it feel when everyone always assumes you are gay or lesbian, never allowing for the possibility that you are straight?

How does it feel when not only do you have to hide the fact that you may want a sexual relationship with the other sex, but you have to pretend that you want one with someone of the same sex?

How does it feel to know that you can never raise children because society tells you that you are harmful to children and awards them only to lesbian and gay couples?

How does it feel to know you might lose your job or your apartment or your health insurance just because someone suspects you're heterosexual... and to have no protection from the law?

How does it feel to be assaulted by a hetero-basher, but to not be able to go to the police about it?

How does it feel to be always, always, aware of what you say, of how you act? Aware of things you have to do in order to be considered homosexual? Aware of the things you would never dare do, because you might be suspected of being heterosexual?

### **Questions on Heterosexuality Status**

What does it feel like to be asked and have to answer questions like these:

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were heterosexual?
3. Is it possible your heterosexuality is just a phase you might grow out of?
4. Isn't it possible that all you need is a good gay or lesbian lover?
5. If you have never slept with a person of the same sex, how do you know you wouldn't prefer that?
6. Your heterosexuality doesn't offend me as long as you don't try to force it on me.
7. Why do you people feel compelled to seduce others into your sexual orientation?
8. If you chose to nurture children, would you want them to be heterosexual knowing the problems they would face?
9. The great majority of child molesters are heterosexual. Do you really consider it safe to expose your children to heterosexual teachers?
10. Why do you insist on being so obvious, making a public spectacle of your heterosexuality? Can't you just be what you are and keep it quiet?

11. Why do heterosexuals place so much emphasis on sex? Why are heterosexuals so promiscuous?
12. There seem to be very few happy heterosexuals. Techniques have been developed to help you change if you really want to. Have you considered aversion therapy?

Script: Okay. Now open your eyes.

**Discussion (4 minutes)**

How did that feel? Any comments or questions you would like to share?

Wait for response.

This exercise invariably stimulates a lot of discussion. If you have time, you might want to finish with a role play activity to help participants feel firsthand what it's like to be invisible. This could be a child coming out to parents or a worker coming out on the job.

## **Stand-Up Sit-Down ([bit.ly/standupsitdown](http://bit.ly/standupsitdown)): 10 minutes**

Another icebreaker is the “Stand-Up Sit-Down Ice Breaker Game with LGBTIQQ Emphasis 2011”, developed by Joseph A. Santiago at the University of Rhode Island. This icebreaker takes about 10-minutes to complete and will help participants understand the various forms of discrimination members of the LGBTQ community encounter.

### **Note to facilitator:**

Ask everyone to stand. When a statement is read that refers to them, ask them to sit and remain seated for the rest of the activity. Ask them to be honest. All items do not have to be read or read in this order. You can pick and choose statements to read based on the type of audience you are speaking to.

- You are a man and sit with your legs crossed.
- You are a woman and have ever worn a baseball cap.
- You are a woman and you play sports aggressively.
- You are a man and you wear jewelry (rings, bracelets, necklaces, anklets...)
- You are a man and you have your ears pierced.
- You identify as a feminist.
- You are a woman and you do not shave your legs or under your arms.
- You are a man and you enjoy musicals.
- You are a woman and you are not wearing any makeup today.
- You are a man and you do not play sports.
- You are a woman with short hair (chin length or shorter).
- You are a man with long hair (chin length or longer).
- You have not dated anyone of the opposite sex in the past six months.
- You are friends with someone who is LGBT.
- You have a family member who is LGBT.
- You are a man and you have been told that you are sensitive.
- You are a woman with a low voice.
- Majority of your friends are the same gender as you.
- You are a romantic man.
- You are a man and you polish your toenails or fingernails.
- You are a man and you have received professional massages.
- You verbally support LGBT issues.
- You are a woman and you shop in the men’s section in stores.
- You are a man and you color or perm your hair.
- You are a woman and you stand up for yourself.

- You are a man and you have often been complimented on your sense of style.
- You are a man and enjoy female music groups.
- You are a man and you show affection to other men.
- You are a man and you have spoken out against sexist jokes and comments.

### **Why'd we do that?**

Everyone who is now sitting down could be a target for LGBT hate crimes. All the statements we have read off were actual items perpetrators used to target LGBT people. This exercise shows that hate crimes do not have rationales behind them. The reasons people have given to discriminate against the LGBT population are often very arbitrary.

For those of you still standing, we have only named a few things people have given to target the LGBT population. It is possible that you may be sitting down if we read additional statements. It is also possible that you have recognized these as reasons people target the LGBT population and have either intentionally or unintentionally avoided behaving according to these statements. This is just some food for thought for you to consider.

## **Tell Me About Your Weekend: 10 minutes**

This icebreaker will provide participants with a deeper understanding of what it is like to conceal a part of their lives from others. People within the LGBTQ community may intentionally not disclose their sexual orientation or gender identity to others to avoid judgement. Doing so, however, can negatively impact the LGBTQ individual as they are not able to share their whole self with others.

### **Instructions for facilitator:**

Have everyone find a partner and ask them to share what they did during the past weekend or what plans they have for the upcoming weekend. Instruct them to do so without mentioning who they did these activities with (do not include their names or relationships to them).

### **Discuss:**

Bring participants back together to discuss how this activity made them feel and how this relates to the topics to be discussed during the training.

### Example questions:

- What emotions arose during this activity?
- Was it challenging to share these details of your life without sharing whom specifically you were with?
- Because you were unable to mention the names and relationships of those you interacted with over the weekend, what else did this cause you to hide or leave out?
- How do you think this relates to what we will be discussing today?

# Training Forms


Completed training forms can be scanned and sent to [jafriedman@mednet.ucla](mailto:jafriedman@mednet.ucla), or mailed to the following address:

Julie Friedman  
 1100 Glendon Ave., Suite 1820  
 Los Angeles, CA 90024

## Training Evaluation

Training evaluations should be completed after the training is over and collected to be returned to Julie Friedman.

Evaluations will measure participants' knowledge before and after the training, as well as provide information on how future trainings can be adapted to better meet the participants' needs and suggestions.

  
 The Los Angeles County  
 Lesbian, Bisexual & Queer  
 Women's Health Collaborative

**Lesbian, Bisexual & Queer Women's Health Training Evaluation**

Program Date:	
Program Location:	
Program Facilitator:	
Home Zip Code:	

Please check the area(s) that you work in. (Please all that apply.)

Mental health  
 Social Services  
 Legal Services  
 Public health  
 Clinical care  
 Other: \_\_\_\_\_

**1. Please circle the number that best represents your knowledge before AND after this event**

1 - No knowledge    3 - Some knowledge    5 - Extensive knowledge

BEFORE EVENT		SELF-ASSESSMENT					AFTER EVENT				
1	2	3	4	5	Knowledge regarding lesbian, bisexual and queer women's health	1	2	3	4	5	
1	2	3	4	5	Cultural competency in lesbian, bisexual and queer women's health	1	2	3	4	5	
1	2	3	4	5	Knowledge of effective communication techniques	1	2	3	4	5	
1	2	3	4	5	Knowledge of mental health amongst lesbian, bisexual and queer women	1	2	3	4	5	
1	2	3	4	5	Knowledge of substance abuse amongst lesbian, bisexual and queer women	1	2	3	4	5	

**2. I am MOTIVATED to adopt culturally competent practices and policies in addressing lesbian and bisexual women's health care. (please circle)**

1 - Strongly Disagree    2 - Disagree    3 - Neutral    4 - Agree    5 - Strongly Agree

Please Turn Over →

**3. How do you think this training might help you better serve lesbian, bisexual and queer female patients or clients?**

Build stronger rapport with patients to facilitate disclosure  
 Identify risk factors for substance abuse  
 Reframe questions without making assumptions  
 Address mental health concerns  
 Other: \_\_\_\_\_

**4. What can we do better in future trainings?**

\_\_\_\_\_

\_\_\_\_\_

**5. What topic did we leave out that you would like to know more about?**

\_\_\_\_\_

\_\_\_\_\_

**6. Did today's event meet your expectations? Yes  No**

If not, please elaborate:

\_\_\_\_\_

\_\_\_\_\_

Thank you for your comments.  
 Please return your completed form to the trainer or scan and email to:  
 Julie Friedman at [jafriedman@mednet.ucla.edu](mailto:jafriedman@mednet.ucla.edu)



## Sign-In

Ensure all participants sign in when attending the trainings.



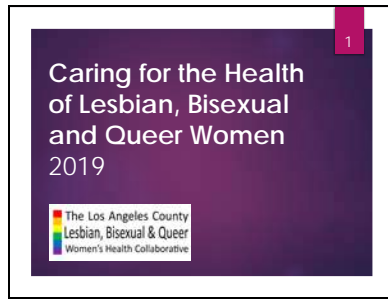


# Lesbian, Bisexual & Queer Women's Health

## Training for Clinicians



Slide 1



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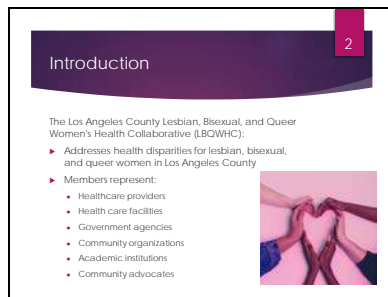
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Slide 2



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Slide 3



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Slide 4

Why do we care specifically about this population? 4

"It is forgotten that we are part of the LGBT acronym... Women in general are invisible and then add the attracted to women piece and we are doubly invisible."



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Slide 5

Case 1 5

Rachel is seeing a doctor for the first time in years. She worries that the doctor will assume that she is heterosexual, but also that if she makes clear that she is not, she will receive lesser care.

She wants a doctor she can trust. The last doctor she saw was verbally intolerant and even abusive in her opinion, she is fearful this will happen again.

She has read that she may be at increased risk for particular medical conditions and she wants a doctor she can talk to about her concerns.

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Slide 6

Questions to Consider: Barriers & Challenges 6

What types of challenges might lesbian, bisexual, and queer women face when seeking health care?

How might systematic barriers to accessing and receiving good care be reduced?

What is your role in addressing these challenges?

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Slide 7

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### Questions to Consider: Communication

In your own practice, what specific measures can you take to promote comfort and open communication?

Why might it be difficult to discuss sexual orientation and sexual behavior at a medical visit?

How might bringing up sexual orientation to a care provider impact lesbian, bisexual, and queer women's stress levels during a visit?

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Slide 8

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### Sexual Orientation

- ▶ **Gay or Lesbian:** Emotional, romantic, and/or sexual attraction to individuals of one's own gender
- ▶ **Bisexual:** Sexual, emotional, and/ or romantic attraction or behavior directed towards some members of more than one gender, though not necessarily simultaneously, in the same way or to the same degree



Human Rights Campaign (HRC) Cultural Competency Training 2017

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Slide 9

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### Sexual Orientation

- ▶ **Queer:** A term people may use to express fluid identities and orientations. Sometimes used interchangeably with "LGBTQ."
- ▶ **Pansexual:** Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.
- ▶ **No identity label:** Many women forgo using any identity label to describe their sexual orientation



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Slide 10

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### Gender Identity & Expression

- ▶ **Gender Identity:** A person's deeply held internal sense of being male or female or somewhere else on or outside the gendered continuum.
- ▶ **Gender Expression:** Refers to all of a person's external characteristics and behaviors that represent or express one's gender identity to others, such as:
  - Name
  - Pronouns
  - Clothing
  - Grooming
  - Mannerisms
  - Speech patterns
  - Social interactions



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Slide 11

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### Gender Identity

- ▶ **Cisgender:** The term used to describe people whose gender identity or expression aligns with those typically associated with the sex assigned to them at birth.
- ▶ **Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
- ▶ **Non-binary or gender expansive:** An identity classifying an individual as neither man nor woman.

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Slide 12

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### Behavior May Not Match Identity

- ▶ **Sexual behavior:** who one is intimate with – may not be congruent with sexual orientation or gender identity
- ▶ Important to ask about sexual BEHAVIOR
  - ▶ Ask in a non-judgemental manner
- ▶ **Do not assume** parameters of sexual behavior based on knowledge of relationship status & identity

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Slide 13

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### Sex, Gender, & Orientation

**Sex, Gender, & Orientation Continuum**

male Sex assigned at birth woman

man Gender Identity woman

Sexual attraction

Sexual orientation

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Slide 14

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### Translations of LGBT Terms

- ▶ Important to consider how to communicate lesbian and bisexual identification with patients who do not speak English
- ▶ National LGBT Health Education Center Report provides resources to ensure proper translation is used for terms
  - ▶ Spanish and Chinese translations for sexual orientation and gender identity are available on their website
  - ▶ Translations should be reviewed with community members first to ensure they are appropriate and non-offensive.

Reilly, Sel. Gd. Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity, January 2018. The National LGBT Health Education Center

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Slide 15

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### Communication with Lesbian, Bisexual and Queer Patients

Provider should use the identifying terms preferred by the individual.

- ▶ Call them by the name and/or pronouns they prefer
- ▶ Use the terms to describe the patient that they use to describe themselves.
  - ▶ e.g. If someone identifies themselves as "lesbian", use the same word to describe them, rather than "homosexual"

PROVIDING INCLUSIVE SERVICES AND CARE FOR LGBT PEOPLE: A Guide for Healthcare Staff, National LGBT Health Education Center

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Slide 16

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## Who are lesbian, bisexual and queer women?



- ▶ Women who have emotional, romantic, sexual attraction to women.
- ▶ Some transgender people identify as lesbian, bisexual, or queer
- ▶ Lesbian, bisexual and queer women are in:
  - All racial/ethnic groups
  - All socioeconomic status and religions
  - All education levels and ages
  - All physical abilities, professions, and housing status
  - All types of appearance

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Slide 17

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## Importance of Considering Intersectionality

The Institute of Medicine (2011) stated that the medical community needs more data on the health needs and risks of LGBT persons of color.

**What the data show:**

- ▶ LGBT racial and ethnic minorities are at elevated risk for stigma and discrimination.
- ▶ In a recent study, Black LB women reported high lifetime prevalence rates of discrimination related to race (84%), gender (52%), and sexual orientation (67%).
- ▶ Higher rates of suicide and substance abuse

Institute of Medicine 2011  
Winters, B.D., Chao, C., Mills, S. A. (2011). Brief report: The relationship between multiple forms of oppression and subjective health among Black lesbian and bisexual women. Journal of Gender Studies, 30, 32-36

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Slide 18

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## Unique Experiences of Lesbian, Bisexual & Queer Women of Color

There are important cultural factors to consider for LGBT women of color.

- ▶ Report experiencing invisibility in LGBTQ spaces
- ▶ For many, family and community are central to their social needs related to race and ethnicity
  - Losing family support can be especially detrimental
- ▶ Importance of religion and spirituality as integral to women's mental health

Oliva, S. & Greenworth, C. (2012). Race Relations and Racism in the LGBTQ Community of Toronto: Perceptions of Gay and Queer Social Service Providers of Color. Cultural Horizons, 16, 159-185.  
Lounsbury, D. R. (1988). Gay identity issues among Black Americans: Factors, homophobia, and the need for validation. Journal of Counseling and Development, 66, 21-25.  
Winters, B. D. (2008). Lesbian women of color: Social identity. Journal of Gender Studies, 3, 193-202. <http://dx.doi.org/10.1080/15581200802443246>

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Slide 19



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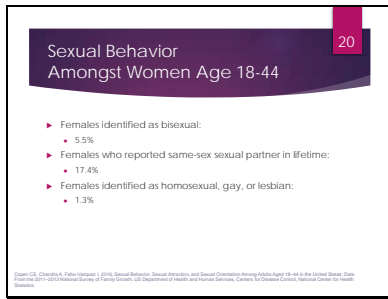
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Slide 20



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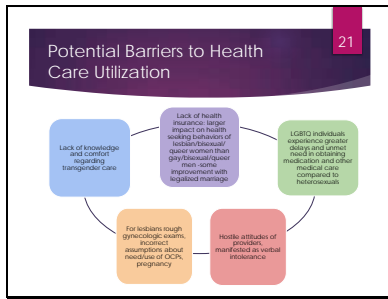
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Slide 21



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Slide 22

### Impact of Discrimination 22

Lesbians & bisexual women are less likely to:

- Report receiving LGB affirmative mental health services
- Less likely to present for healthcare at times when needed
- Among bisexuals specifically, be out to their healthcare provider
- Have a usual source of health care

Those disclosing their sexual orientation to their health care providers are more likely to seek health care than those who do not.

48% of lesbian & bisexual women experienced discrimination in healthcare.

© Institute of Medicine. From Institute of Medicine, Race, Ethnicity, and Language Use: People, 2011.  
© Institute of Medicine. From Institute of Medicine, The State of the Science of Behavioral Change: From Theory to Practice and Beyond, 2010.  
© Institute of Medicine. From Institute of Medicine, Health Equity: Closing the Gaps, 2012.  
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© Institute of Medicine. From Institute of Medicine, The Future of Public Health: Promoting Health, Preventing Disease, and Addressing Health Disparities, 2010.  
© Institute of Medicine. From Institute of Medicine, The Future of Health Care: Preparing the Workforce for an Aging and Changing Population, 2008.  
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© Institute of Medicine. From Institute of Medicine, The Future of Health Care: Preparing the Workforce for an Aging and Changing Population, 2008.

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Slide 23

### Implicit and Explicit Biases 23

- Healthcare providers often have explicit and implicit biases that may induce a "felt-stigma" among lesbian and bisexual patients
  - Causes them to disclose less information to their provider
  - 34% of LGB physicians reported observing discriminatory care of an LGBT patient
- Heterosexual providers carry a moderate to strong implicit preference for straight patients versus lesbian and bisexual patients



If you can reflect on your own biases, you can do a better job.

© 2014 by 2014, American Journal of Public Health

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Slide 24

### Common Pitfalls in the Care of Lesbian, Bisexual and Queer Women 24

- Heterosexuality is assumed by health care providers.
- Same-sex partners or nontraditional family members are not included in decision making.
- Sexual behaviors or identity are not commonly addressed.
- The importance of the relationship between sexuality and community is not appreciated.
- PITFALLS (don't do it)**
- Risk is assessed based on sexual orientation, not behavior.
- Confidentiality may not be addressed.
- Under or over-assumption of risk (e.g. Cervical CA, HIV)
- It is assumed that LGBQ individuals are not having or planning for children.

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Slide 25

Experiences with Health Care Providers 25

"The eyebrow goes up, and it feels like a judgment when I tell them I am attracted to women."  
"They look confused when I say I am attracted to women."  
"I don't really want to tell a person with a needle in my arm that I am attracted to girls. It is none of their business."  
Source: Group Work, 2017, at Colorado Hospital, LA Center for Young Women

"If you can't be open, how can you trust your provider to help make decisions with you? I think there needs to be trust with my provider - and knowing about all of me, including my sexual orientation, helps build trust." - Phyllis S., Age 78  
Source: In: National Commission on Lesbian, Gay, Bisexual, and Transgender Health Care, 2015

"Often providers aren't culturally responsive, so your care can be really horrible. Because you're really trusting in this intimate way. You're probably at a vulnerable point if you're there and there is a power differential." - 25-year-old lesbian, in: *Triguna: Transnational Women's Health and Activist Study of Queer Latin and Black Women*, Garcia, 2016

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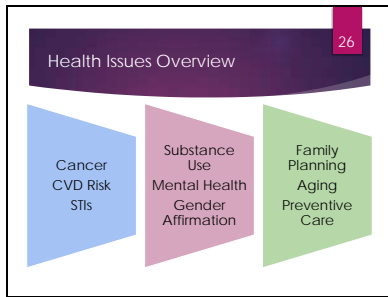
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Slide 26



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Slide 27

Case 2 27

Marianne is a 45 year old African American female who is recently divorced from her husband of more than 20 years. She has 3 children and is seeing you for her physical and follow-up of her medical conditions, including hypertension and hypercholesterolemia.

She tells you that she was referred by a friend. She previously smoked, but quit 15 years ago and does not drink. She is slightly overweight and trying to be more active.

When you ask about her sexual activity, she blushes and pauses for a while and then hesitantly tells you that she has recently met someone and that they are not yet sexually active. Then she asks you whether you know anything about the risk of STIs among lesbians.

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Slide 28

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### Obesity

- ▶ Higher rates of obesity among lesbian (34%) compared to heterosexual women (25%)
- ▶ Lower rates among bisexual women (22%)

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Slide 29

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### Cancer and Cancer Screening

- ▶ Lower rates of screening for breast cancer, esp. for women of color and low-income women
- ▶ Increased risk of breast and ovarian cancers due to higher prevalence of proven risk factors:
  - Nulliparity/ later childbearing
  - Smoking
  - Alcohol use
  - Obesity
  - Lower OCP use
- ▶ Screening rates for colorectal cancer:
  - Heterosexual women (68%), lesbians (74%), bisexual women (66%)
- ▶ Higher smoking rates among lesbian and bisexual women
  - Smoking is responsible for 87% of all lung cancer deaths

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Slide 30

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### Heart Disease

- ▶ Higher smoking rates among L/BW
- ▶ Lesbians have slightly higher BMI and waist to hip ratio
- ▶ Similar levels of physical activity and fruit and vegetable consumption
- ▶ Decreased access to care
- ▶ In an NHANES study among adults 20 to 49, 60% of heterosexuals, 56% of bisexuals and 45% percent of the gay men or lesbians had intermediate or ideal cardiovascular health



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Slide 31

### Sexually Transmitted Infections (STIs) 31

- ▶ Lesbian and bisexual women are at risk for the same STIs as heterosexuals
- ▶ Recent sexual contact with a male partner is more common among younger women
- ▶ The most common STIs that can be passed between lesbian and bisexual women
- ▶ Besides penis-in-vagina sex, STIs can be transmitted through:
  - Skin-to-skin contact
  - Mucous contact
  - Vaginal fluids
  - Menstrual blood
  - Sharing sex toys
- Bacterial Vaginosis (BV)
- Human Papillomavirus (HPV)
- Trichomoniasis
- Herpes
- Chlamydia

Diogen et al., 2016. Sexual Behavior, Sexual Activity, and Sexual Orientation Among Adults Aged 18 and Over in the United States. Data from the 2011-2010 National Survey of Family Growth. DOI: 10.1093/aids/gaw111. Copyright © 2016 Elsevier B.V. All rights reserved. Reproduced from: <https://www.sciencedirect.com/science/article/pii/S0950268816300111>

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Slide 32

### Mental Health 32



- ▶ The experiences associated with the LGBT identification leads to higher risk of:
  - Internalized homophobia
  - Stigma and rejection
  - Experience or threats of violence
  - Mental health challenges, coupled with barriers to accessing LGBTQ affirmative care
  - Depression
  - General anxiety disorder
- ▶ When compared to heterosexual women:
  - Bisexual women are 1.8 times more likely to have reported experience of intimate partner violence (IPV)
  - Lesbian women are 1.3 times more likely to have reported experience of IPV

Waldner et al., 2016. Adult Psychological Health and Behavioral Outcomes: Screening, Diagnosis, and Treatment Guidelines. 2016. Copyright © 2016. The role of LGBT-affirmative therapy. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924279/>. Copyright © 2016. [https://doi.org/10.1007/978-94-007-8522-2\\_10](https://doi.org/10.1007/978-94-007-8522-2_10). Original Author: Waldner et al. 2016. Adapted from: Waldner et al. 2016. Adapted from: Waldner et al. 2016. Adapted from: Waldner et al. 2016. Adapted from: Waldner et al. 2016. Adapted from: Waldner et al. 2016.

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Slide 33

### Effects of Stigma & Rejection on Mental Health 33



- ▶ Leads to **minority stress**
  - External negative messages about and discriminatory treatment toward LGBT people
  - The internalization of negative messages and discriminatory treatment
- ▶ Contributes to physical, mental, or emotional pressure, strain, or tension
- ▶ Higher levels of minority stress increase the risk of depression and unhealthy behaviors, like alcohol use among LGBT women

Waldner et al., 2016. Adult Psychological Health and Behavioral Outcomes: Screening, Diagnosis, and Treatment Guidelines. 2016. Copyright © 2016. The role of LGBT-affirmative therapy. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924279/>. Copyright © 2016. [https://doi.org/10.1007/978-94-007-8522-2\\_10](https://doi.org/10.1007/978-94-007-8522-2_10). Original Author: Waldner et al. 2016. Adapted from: Waldner et al. 2016. Adapted from: Waldner et al. 2016. Adapted from: Waldner et al. 2016. Adapted from: Waldner et al. 2016.

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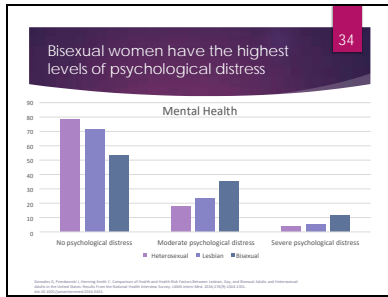
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Slide 34



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Slide 35

### LGBT Youth

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- National and state representative surveys consistently demonstrate higher rates of suicide, substance use and violence among LGBT youth when compared to non-LGBT youth
  - Rates of substance use are almost 3 times higher for LGBT youth
  - Violence by a family member was the most common type of violence reported
  - History of violence positively related to HIV risk
  - Ethnic identification and linguistic acculturation had a protective effect against HIV risk among homeless LGBT youth
  - Youth who disclosed their sexual identity to more people in their support networks were less likely to have high levels of sexual identity distress

Stangor, E.T., Watt, T., Wilkes, E., Gostrom, M., Morris, C. History of Violence as a Predictor of HIV Risk among Black, Latino, Urban Youth in the Southeast. *J HIV/AIDS Soc Sci.* 2018; 2(1):1-8  
 Institute of Medicine (IOM). Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Health Understanding.* Washington, DC: National Academies Press; 2011. 6. Childhood Adversity.

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Slide 36

### Substance Use

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- Lesbians (72%) and bisexual women (67%) have a higher rate of alcohol use than heterosexual women (55%), as well as binge drinking during the past month
  - With increasing age prevalence of alcohol use decreases among all women and is not higher among lesbians
- Lesbian and bisexual women have higher rates of current tobacco use than heterosexual women (25.1% vs 26.2% vs 14.7%)
- Alcohol is used to combat psychological distress associated with bias and discrimination women routinely face in relation to their sexual orientation (Hutzenbuecher, 2009; McNeil et al., 2016).


Hammen, C., et al. (2015). *Alcohol, Psychological Distress, and Risk of Suicide Among Older Adults.* *Journal of Geriatric Psychiatry and Neurology*, *28*(4), 241-247. doi:10.1177/0891913315580032

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Slide 37

**Parenting** 37

- ▶ Based on a survey of 1,197 nationally representative LGBT adults between 2014-2016:<sup>1</sup>
  - 72% of female same-sex couples had a biological child
  - 17% of female same-sex couples had an adopted child
- ▶ 35% of lesbians have given birth.<sup>2</sup>
- ▶ 41% of lesbians wish to have children in the future.<sup>2</sup>
- ▶ 48% of lesbians and bisexual women have considered adoption at some point.<sup>2</sup>
- ▶ 21% of same sex couples have adopted children.<sup>1</sup>
- ▶ 59% of bisexual women are parents.<sup>4</sup>
- ▶ 31% of lesbians are parents.<sup>4</sup>



1. Pew Research Center, "In Survey, 60 LGBT Americans, Marriage and Parenting" 2015.  
2. National Center on Transgender Issues, National Survey of Transgender Issues, www.governor.ny.gov/files/assets/nytransgenderreport-12-15-16.pdf, p. 40-41  
3. American Society on Aging, "LGBTQ+ Aging: A National Survey" 2016  
4. American Society on Aging, "LGBTQ+ Aging: A National Survey" 2016, p. 10

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Slide 38

**Healthy Aging** 38

"Older Lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples."



Reprinted with permission from Generation #2, Summer 2016. Copyright © 2016, American Society on Aging, San Francisco, California.

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Slide 39

**Human Rights Campaign Recommends: Advanced Healthcare Directives** 39

- ▶ Important protection for same-sex couples, regardless of marital status

Healthcare facilities should provide:

- ▶ Resources on advanced care planning
- ▶ Training modules to staff
  - Explicitly addressing the concerns of LGBTQ individuals



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Slide 40

**EHR, Forms, & Materials** 40



Use patient intake forms and EHR that have inclusive language about:

- ▶ Sexual orientation
- ▶ Sexual activity
- ▶ Relationship status
- ▶ Gender identity
- ▶ Sex assigned at birth

Educational materials should have inclusive images & language for all ages, genders, race, sexual orientations, and literacy levels.

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Slide 41

**Sexual Orientation and Gender Identity (SOGI)** 41



The screenshot shows a patient intake form with the following fields and options:

- Sexual Orientation:** Radio buttons for Gay, Lesbian, Bisexual, Transgender, Other (dropdown), and None.
- Gender Identity:** Radio buttons for Male, Female, Transgender, Other (dropdown), and None.
- Sex Assigned at Birth:** Radio buttons for Male, Female, Transgender, Other (dropdown), and None.

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Slide 42

**You are safe here** 42



**You are welcome here. We respect your religion, gender identity, race, color, sex, age, national origin, political affiliation, marital and familial status, source of income, ability and sexual orientation. We do not tolerate harassing or disparaging comments.**

Approved by Multnomah County Aging, Disability and Veterans Services

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Slide 43

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### General Tips for Communicating

- ▶ Use LGBT affirmative language
- ▶ Focus on actual behaviors & practices over your patient's sexual identity when discussing risk
- ▶ Positive, initial interaction is key to making a patient feel comfortable/open to discussion
- ▶ Remove distractions/ensure private location
- ▶ Check your body language
  - Maintain and emphasize confidentiality
  - Be respectful of the word choices of your patient
- ▶ Ask open-ended questions
- ▶ Provide clarification when needed

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Slide 44

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### Discussing Sexuality, Behaviors and Gender Identity

- ▶ To provide you with the best possible care, I need to ask you some questions about your sexual history.
- ▶ I am going to ask you a few questions about your sexual health and sexual practices. I understand these are very personal, but also important for your overall health.
- ▶ I ask these questions of all my adult patients. Like the rest of our visit, everything we discuss is confidential.
- ▶ I know these are sensitive issues and to learn more about what may be causing your symptoms, can you tell me if, in the past 12 months, you have been sexually active with anyone in any way?

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Slide 45

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### Example Questions

- ▶ Are you dating or in a relationship?
- ▶ Are you currently sexually active?
- ▶ What is the gender of your partner(s)? Can you tell me about your partner(s)?
- ▶ How are you intimate with your partner(s)? (specific sexual activities)

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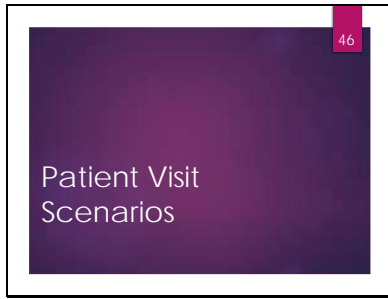
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Slide 46




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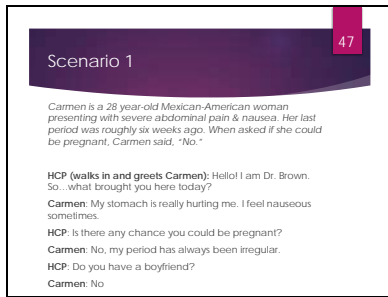
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Slide 47




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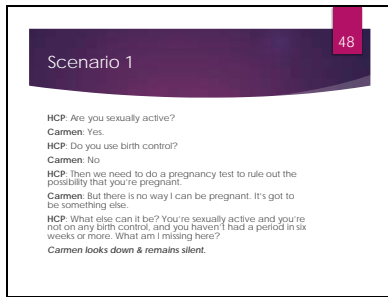
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Slide 48




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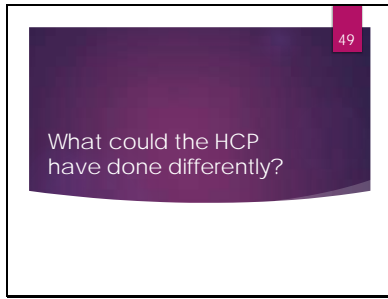
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Slide 49



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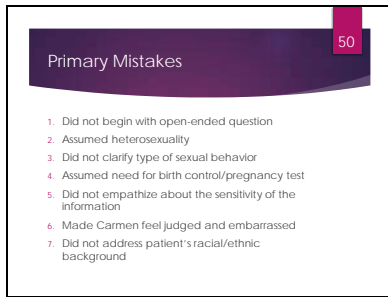
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Slide 50



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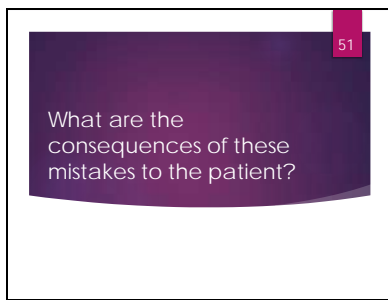
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Slide 51



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Slide 52

Scenario 2 52

**HCP (walks in and greets Carmen):** Hello! I am Dr. Brown, nice to meet you.  
So...what brought you here today?  
**Carmen:** My stomach is really hurting me. I feel nauseous sometimes.  
**HCP:** In order to provide you with the best possible treatment, I need to ask you some questions about your sexual history. Is there any chance you could be pregnant?  
**Carmen:** No, my period has always been irregular.  
**HCP:** Have you been sexual with anyone in any way in the past 12 months?  
**Carmen:** Yes.

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Slide 53

Scenario 2 53

**HCP:** I know these are sensitive issues and to learn more about what may be causing your symptoms, can you tell me more about him or her?  
**Carmen:** I'm dating someone and we're having sex.  
**HCP:** Is this person a man or woman or transgender individual?  
**Carmen:** A woman. Her name is Joanna.  
**HCP:** Ok, thank you for sharing that. It's very helpful information. I would love to hear more about how things are going with Joanna and you after we figure out what is causing your stomach pain & nausea. Have you been sexually active with anyone else in the past 12 months?

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Slide 54

Scenario 2 54

**Carmen:** No.  
**HCP:** Ok, from what you've told me, it sounds like you haven't been sexual with any men in the last 12 months. Is there anything else you would like to share, or do you have any questions, before we go on?

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Slide 55



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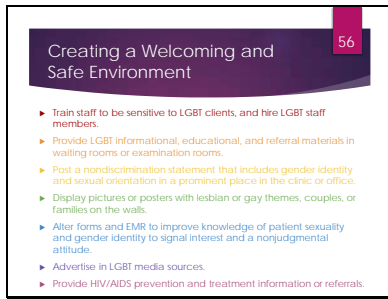
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Slide 56



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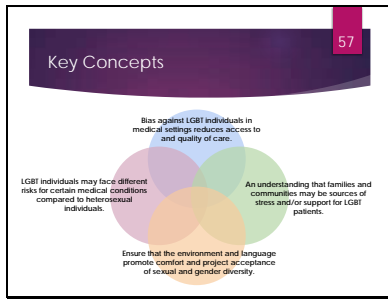
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Slide 57



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Slide 58

**Resources** 58

**The Joint Commission**

- Reviewing Your Hospital's Violation Policy ([includes Violation Requirements](#))
- Advancing Effective Communication: LGBT Field Guide (2011 LGBT Field Guide)

**National LGBT Health Education Center - The Fenway Institute**

- LGBT Health Education Center ([Website Home Page](#))
- A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings (<http://data.dohf.org/>)

**Institute of Medicine**

- Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records (2012 IOM Report, Collecting SOGI Data in HED)
- The Health of Lesbian, Gay, Bisexual, and Transgender People ([ICM 2011 Report](#))

**Human Rights Campaign - Healthcare Equality Index (HEI)**

- Publicizing Patient Non-discrimination and Equal Violation Policies (Non-discrimination Policies)
- Equal Violation Policies ([HEI Equal Violation](#))
- Employment Non-discrimination (HEI employment non-discrimination)
- Training in LGBT Patient-Centered Care ([HEI Training](#))
- Resources for Walk Facilities ([Walk Resources](#))
- 2016 Healthcare Equality Index Resource Guide ([HEI Resource Guide](#))

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Slide 59

**You can make an impact!** 59



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Slide 60

**Contact Information** 60



For more information, please contact:  
Julie Friedman, MPH, CHES  
Director  
8th Cantor-UCLA Women's Health Education & Research Center  
1100 Glendon Ave, Suite 1820  
Phone: 310-794-8062  
Email: [jafriedman@mednet.ucla.edu](mailto:jafriedman@mednet.ucla.edu)  
[womenshealth.ucla.edu](http://womenshealth.ucla.edu)

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Slide 61



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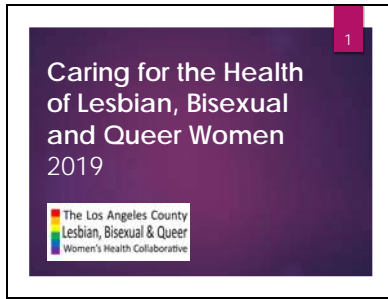


# Lesbian, Bisexual & Queer Women's Health

## Training for Social Service Providers



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Slide 2



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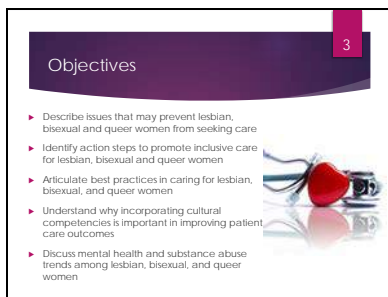
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Slide 3



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Slide 4

Why do we care specifically about this population? 4

"It is forgotten that we are part of the LGBT acronym... Women in general are invisible and then add the attracted to women piece and we are doubly invisible."



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Slide 5

Case 1 5

Rachel is seeing a new doctor for the first time in years. She worries that the doctor will assume that she is heterosexual, but also that if she makes clear that she is not, she will receive lesser care.

The last doctor she saw was verbally intolerant and even abusive in her opinion, she is fearful this will happen again.

She has read that she may be at increased risk for particular medical conditions and she wants a doctor she can talk to about her concerns.

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Slide 6

Questions to Consider: Barriers & Challenges 6

What types of challenges might lesbian, bisexual, and queer women face when seeking health care?

How might systematic barriers to accessing and receiving good care be reduced?

What is your role in addressing these challenges?

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Slide 7

7

### Questions to Consider: Communication

In your own practice, what specific measures can you take to promote comfort and open communication?

Why might it be difficult to discuss sexual orientation and sexual behavior at a medical visit?

How might bringing up sexual orientation to a care provider impact lesbian, bisexual and queer women's stress levels during a visit?

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Slide 8

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### Sexual Orientation

- ▶ **Gay or Lesbian:** Emotional, romantic, and/or sexual attraction to individuals of one's own gender
- ▶ **Bisexual:** Sexual, emotional, and/or romantic attraction or behavior directed towards some members of more than one gender, though not necessarily simultaneously, in the same way or to the same degree



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Slide 9

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### Sexual Orientation

- ▶ **Queer:** A term people may use to express fluid identities and orientations. Sometimes used interchangeably with "LGBTQ."
- ▶ **Pansexual:** Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.
- ▶ **No identity label:** Many women forgo using any identity label to describe their sexual orientation



Human Rights Campaign (HRC) Cultural Competency Training 2017

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Slide 10

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### Gender Identity & Expression

- ▶ **Gender Identity:** A person's deeply held internal sense of being male or female or somewhere else on or outside the gender continuum.
- ▶ **Gender Expression:** Refers to all of a person's external characteristics and behaviors that represent or express one's gender identity to others, such as:
  - Name
  - Pronouns
  - Clothing
  - Grooming
  - Mannerisms
  - Speech patterns
  - Social interactions



Human Rights Campaign (HRC) Cultural Competency Training 2017

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Slide 11

11

### Gender Identity

- ▶ **Cisgender:** The term used to describe people whose gender identity or expression aligns with those typically associated with the sex assigned to them at birth.
- ▶ **Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
- ▶ **Non-binary or gender expansive:** An identity classifying an individual as neither man nor woman.

Human Rights Campaign (HRC) Cultural Competency Training 2017

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Slide 12

12

### Behavior May Not Match Identity

- ▶ **Sexual behavior:** who one is intimate with – may not be congruent with sexual orientation or gender identity
- ▶ **Important to ask about sexual BEHAVIOR**
  - Ask in a non-judgemental way
- ▶ **Do not assume** parameters of sexual behavior based on knowledge of relationship status & identity

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Slide 13

13

### Sex, Gender, & Orientation

**Sex, Gender, & Orientation Continuum**

male Sex assigned at birth woman

man Gender Identity woman

Sexual attraction

Sexual behavior

Sexual orientation

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Slide 14

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### Translations of LGBT Terms

- ▶ Important to consider how to communicate lesbian and bisexual identification with patients who do not speak English
- ▶ National LGBT Health Education Center Report provides resources to ensure proper translation is used for terms
  - ▶ Spanish and Chinese translations for sexual orientation and gender identity are available on their website
  - ▶ Translations should be reviewed with community members first to ensure they are appropriate and non-offensive.

Ready, Set, Go! Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity, January 2018. The National LGBT Health Education Center

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Slide 15

15

### Communication with Lesbian, Bisexual and Queer Patients

Provider should use the identifying terms preferred by the individual.

- ▶ Call them by the name and/or pronouns they prefer
- ▶ Use the terms to describe the patient that they use to describe themselves.
  - ▶ e.g. If someone identifies themselves as "lesbian", use the same word to describe them, rather than "homosexual"

PROVIDING INCLUSIVE SERVICES AND CARE FOR LGBT PEOPLE: A Guide for Healthcare Staff, National LGBT Health Education Center

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Slide 16

Who are lesbian, bisexual and queer women? 16



- ▶ Women who have emotional, romantic, sexual attraction to women.
- ▶ Some transgender people identify as lesbian, bisexual or queer
- ▶ Lesbian, bisexual and queer women are in:
  - All racial/ethnic groups
  - All socioeconomic status and religions
  - All education levels and ages
  - All physical abilities, professions, and housing status
  - All types of appearance

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Slide 17

Importance of Considering Intersectionality 17

The Institute of Medicine (2011) stated that the medical community needs more data on the health needs and risks of LGBT persons of color.

**What the data show:**

- ▶ LGBT racial and ethnic minorities are at elevated risk for stigma and discrimination.
- ▶ In a recent study, Black LB women reported high lifetime prevalence rates of discrimination related to race (84%), gender (52%), and sexual orientation (67%).
- ▶ Higher rates of suicide and substance abuse

Institute of Medicine 2011  
Wilson, B.D., Chao, C., Mills, S.A. (2011). Brief report: The relationship between multiple forms of oppression and subjective health among Black lesbian and bisexual women. *Journal of Gender Studies*, 10, 52-54

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Slide 18

Unique Experiences of Lesbian, Bisexual & Queer Women of Color 18

There are important cultural factors to consider for LGBT women of color.

- ▶ Report experiencing invisibility in LGBTQ spaces
- ▶ For many, family and community are central to their social needs related to race and ethnicity
  - Losing family support can be especially detrimental
- ▶ Importance of religion and spirituality as integral to women's mental health

Oliver, S. & Greenblatt, C. (2012). Race Relations and Racism in the LGBTQ Community of Transgender People of Color. *Social Identities*, 18, 149-162.  
Lombardi, D. K. (1988). Gay identity issues among Black Americans: Factors, homophobia, and threat for violence. *Journal of Counseling and Development*, 66, 21-25.  
Wilson, B.D. (2008). Lesbian women of color: Their identity. *Journal of Gender Studies*, 7, 103-107. <http://dx.doi.org/10.1080/17445010802000000>

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Slide 19

### Discrimination and Stigma in Patient Care

19

Studies have found that mental health providers sometimes blame a client's sexual orientation as a pathology or as the cause of their distress.

Reparative therapies—interventions intended to change one's sexual orientation to heterosexual—are still widely offered.

Many LGB people report reluctance to access providers because of fear providers will respond negatively to their orientation.

Stinson, D., Steele, L. S., Anderson, S., & Ryan, L. E. (2010). Reduced satisfaction with mental health services in the military. *Sex, Gender, and Gender-Related Contributions to Overall Combat-Associated Health Care. Canadian Journal of Psychiatry, 55*, 22–44.

Smith, J., Cochran, S., Berlin, T. M., & Hershoff, D. B. (2006). Health care-related stigma experiences of LGBT youth. *Psychology of Women Quarterly, 30*, 1–11.

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Slide 20

### Sexual Behavior Amongst Women Age 18-44

20

- ▶ Females identified as bisexual:
  - 5.5%
- ▶ Females who reported same-sex sexual partner in lifetime:
  - 17.4%
- ▶ Females identified as homosexual, gay, or lesbian:
  - 1.3%

Cohan, C.E., Chertoff, A., & Pater-Nelson, J. (2015). Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18–44 in the United States. *Data Summary, 2013–2014 National Survey of Family Growth*. CDC Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

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Slide 21

### Potential Barriers to Health Care Utilization

21

Lack of health insurance, larger impact on health seeking behavior of lesbian/bisexual/queer women than gay/transsexual/queer men

LGBIQ individuals experience greater delays and unmet needs in obtaining medication and other medical care compared to heterosexuals

History of LGBIQ identity as a mental disorder in the DSM. Reparative therapy is still an ongoing practice.

Hostile attitudes of providers, manifested as verbal intolerance

Lack of knowledge and comfort regarding transgender care

Developed by: Melissa Decker, MD, Professor, David Geffen School of Medicine at UCLA & Harbor-UCLA, PhD, MPH, Professor, The Gender School at UCSB

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Slide 22

**Impact of Discrimination** 22

Lesbians & bisexual women are less likely to:

- Report receiving LGB affirmative mental health services
- Less likely to present for healthcare at times when needed
- Among bisexuals specifically, be out to their healthcare provider
- Have a usual source of health care

Those disclosing their sexual orientation to their health care providers are more likely to seek health care than those who do not.

48% of lesbian & bisexual women experienced discrimination in healthcare.

© Institute of Medicine. From Health and Disability: Risk, Burden, and Unmet Need. 2011.  
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© Institute of Medicine. From Health and Disability: Risk, Burden, and Unmet Need. 2011.

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Slide 23

**Implicit and Explicit Biases** 23

- Healthcare providers often have explicit and implicit biases that may induce a "felt stigma" among lesbian and bisexual patients
  - Causes them to disclose less information to their provider
  - 34% of LGB physicians reported observing discriminatory care of an LGBT patient
- Heterosexual providers carry a moderate to strong implicit preference for straight patients versus lesbian and bisexual patients



If you can reflect on your own biases, you can do a better job.

© Bohn et al. 2013. American Journal of Public Health.

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Slide 24

**Common Pitfalls in the Care of Lesbian, Bisexual and Queer Women** 24

Heterosexuality is assumed by health care providers.	Same-sex partners or nontraditional family members are not included in decision making.	Sexual behaviors or identity are not commonly addressed.
The importance of the relationship between sexuality and community is not appreciated.	<b>PITFALLS (don't do it)</b>	Risk is assessed based on sexual orientation, not behavior.
Assumption that mental health challenges are because of LGBQ identity.	Lack of knowledge about the risks for heavy drinking.	It is assumed that LGBQ individuals are not having or planning for children.

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Slide 25

Experiences with Health Care Providers
25

“The eyebrow goes up, and it feels like a judgment when I tell them I am attracted to women.”  
 “They look confused when I say I am attracted to women.”  
 “I don’t really want to tell a person with a needle in my arm that I am attracted to girls. It is none of their business.”

Phyllis S. Study, 2017. In *Outreach: Health Care for Young Women*

“If you can’t be open, how can you trust your provider to help make decisions with you? I think there needs to be trust with my provider – and knowing about all of me, including my sexual orientation, helps build trust.” – Phyllis S., Age 78

Phyllis S. Study, 2017. In *Outreach: Health Care for Young Women*

“Often providers aren’t culturally responsive, so your care can be really horrible. Because you’re really trusting in this intimate way. You’re probably at a vulnerable point if you’re there and there is a power differential.” – 25-year-old lesbian & transgender person of color

Phyllis S. Study, 2017. In *Outreach: Health Care for Young Women*

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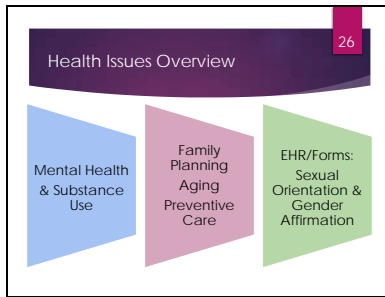
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Slide 26




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Slide 27

Mental Health
27



- ▶ The experiences associated with the LGBT identification leads to higher risk of:
  - Internalized homophobia
  - Stigma and rejection
  - Experience or threats of violence
  - Mental health challenges, coupled with barriers to accessing LGBTQ affirmative care
  - Depression
  - General anxiety disorder
- ▶ When compared to heterosexual women:
  - Bisexual women are 1.8 times more likely to have reported experience of intimate partner violence (IPV)
  - Lesbian women are 1.3 times more likely to have reported experience of IPV

Phyllis S. Study, 2017. In *Outreach: Health Care for Young Women*

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Slide 28

28

### Effects of Stigma & Rejection on Mental Health

- ▶ Leads to **minority stress**
  - External negative messages about and discriminatory treatment toward LGBT people
  - The internalization of negative messages and discriminatory treatment
- ▶ Minority stress contributes to physical, mental, or emotional pressure, strain, or tension.
- ▶ Decades of research support that higher levels of minority stress increase the risk of depression and unhealthy behaviors, like alcohol use among LGBT women.



Wong, P. (2010). Physical, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations. *Congressional Health and Research Institute, Psychological Bulletin, 136*, 43-62. doi: 10.1037/a0018725

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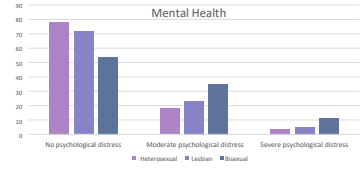
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Slide 29

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### Bisexual women have the highest levels of psychological distress

Mental Health



Distress Level	Heterosexual	Lesbian	Bisexual
No psychological distress	~80	~75	~60
Moderate psychological distress	~20	~25	~35
Severe psychological distress	~5	~10	~15

Wong, P. (2010). Physical, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations. *Congressional Health and Research Institute, Psychological Bulletin, 136*, 43-62. doi: 10.1037/a0018725

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Slide 30

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### LGBT Youth

- ▶ National and state representative surveys consistently demonstrate higher rates of suicide, substance use and violence among LGBT youth when compared to non-LGBT youth
  - Rates of substance use are almost 3 times higher for LGBT youth
  - Violence by a family member was the most common type of violence reported
  - Youth who disclosed their sexual identity to more people in their support networks were less likely to have high levels of sexual identity distress



Institute of Medicine (IOM). Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (IOM); 2011. A. C18344-1. doi:10.17189/11240

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Slide 31

**Substance Use** 31

- ▶ Lesbians (72%) and bisexual women (67%) have a higher rate of alcohol use than heterosexual women (55%), as well as binge drinking during the past month
  - With increasing age prevalence of alcohol use decreases among all women and is not higher among lesbians
- ▶ Lesbian and bisexual women have higher rates of current tobacco use than heterosexual women (25.1% vs 26.2% vs 14.7%)
- ▶ Alcohol is used to combat psychological distress associated with bias and discrimination women routinely face in relation to their sexual orientation (Hatzenbuehler, 2009; Michal et al., 2016).



McLellan, P. (2016). (2016). Prescription & Prescription Misuse in Cultures of Consumption. 2012. December 12. In: JAMA Internal Medicine, 156(24), 2247-2251. doi:10.1093/iatm/nkx016. URL: <https://doi.org/10.1093/iatm/nkx016>

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Slide 32

**Parenting** 32

- ▶ Based on a survey of 1,197 nationally representative LGBT adults between 2014-2016:
  - 72% of female same-sex couples had a biological child
  - 17% of female same-sex couples had an adopted child
- ▶ 35% of lesbians have given birth?
- ▶ 41% of lesbians wish to have children in the future?
- ▶ 46% of lesbians and bisexual women have considered adoption at some point?
- ▶ 21% of same sex couples have adopted children?
- ▶ 59% of bisexual women are parents?
- ▶ 31% of lesbians are parents?



1. Pew Research Center. (2017). LGBT Americans: Marriage and Parenting. 2017. URL: <https://www.pewresearch.org/2017/07/12/gay-lesbian-bisexual-americans-who-wish-to-have-children/>

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Slide 33

**Healthy Aging** 33

\*Older Lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples.\*



Reprinted with permission from Generations 40.2, Summer 2016. Copyright © 2016, American Society on Aging, San Francisco, California.

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Slide 34

**EHR, Forms, & Materials** 34



Use patient intake forms and EHR that have inclusive language about:

- ▶ Sexual orientation
- ▶ Sexual activity
- ▶ Relationship status
- ▶ Gender identity
- ▶ Sex assigned at birth

Educational materials should have inclusive images & language for all ages, genders, race, sexual orientations, and literacy levels.

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Slide 35

**You are safe here**



You are welcome here. We respect your religion, gender identity, race, color, sex, age, national origin, political affiliation, marital and familial status, source of income, ability and sexual orientation. We do not tolerate harassing or disparaging comments.

Copyright © 2014, Westborough County, Aging, Disability and Rehabilitation Services

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Slide 36

**General Tips for Communicating** 36

- ▶ Use LGBT affirmative language
- ▶ Focus on actual behaviors & practices over your patient's **sexual identity when discussing risk**
- ▶ Positive, initial interaction is key to making a patient feel comfortable/open to discussion
- ▶ Remove distractions/ensure private location
- ▶ Check your body language
  - Maintain and emphasize confidentiality
  - Be respectful of the word choices of your patient
- ▶ Ask open-ended questions
- ▶ Provide clarification when needed

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Slide 37

37

### Example Questions

- ▶ To provide you with the best possible care, I need to ask you some questions about your sexual history.
- ▶ I am going to ask you a few questions about your sexual health and sexual practices. I understand these are very personal, but also important for your overall health.
- ▶ I ask these questions of all my adult patients. Like the rest of our visit, everything we discuss is confidential.
- ▶ I know these are sensitive issues and to learn more about what may be causing your symptoms, can you tell me if, in the past 12 months, you have been sexually active with anyone in any way?

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Slide 38

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### Patient Visit Scenarios

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Slide 39

39

### Scenario 1

*Carmen is a 28 year-old female client who presents to her physician with an eye injury. There has been concern for intimate partner violence, so a social worker is brought in to speak with her.*

**Social worker (walks in and greets Carmen):** Hello I am Ms. Brown. So... what brought you here today?

**Carmen:** I fell and hurt my eye.

**Social worker:** I see your eye has a bruise. This injury looks like you might have been hurt. Is that possible?

**Carmen:** Um...maybe.

**Social worker:** Do you have a boyfriend?

**Carmen:** No

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Slide 40

Scenario 1 40

**Social worker:** Is there a man who might have hurt you?  
**Carmen:** No.  
*Carmen looks down & remains silent.*

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Slide 41

What could the social worker have done differently? 41

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Slide 42

Primary Mistakes 42

1. Did not begin with open-ended question
2. Assumed heterosexuality
3. Did not empathize about the sensitivity of the information
4. Made Carmen feel judged and embarrassed

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Slide 43

43

What are the consequences of these mistakes to the patient?

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Slide 44

44

Scenario 2

**Social worker (walks in and greets Carmen):** Hello! I am Ms. Brown. So...what brought you here today?

**Carmen:** I fell and hurt my eye.

**Social worker:** In order to provide you with the best possible treatment, I need to ask you something. I see your eye has a bruise. This injury looks like you might have been hurt. Is that possible?

**Carmen:** Um...maybe.

**Social worker:** Are you in a relationship?

**Carmen:** Yes.

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Slide 45

45

Scenario 2

**Social worker:** I know these are sensitive issues. Can you tell me more about him or her?

**Carmen:** I'm dating someone and we're having sex.

**Social worker:** Is this person a man or woman or transgender individual?

**Carmen:** A woman. Her name is Joanna.

**Social worker:** Ok, thank you for sharing that. Do you feel safe in your current relationship?

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Slide 46

Scenario 2 46

**Carmen:** My girlfriend sometimes gets jealous.  
**HCP:** Let's talk a little more about your current relationship. I want to be sure you are safe.

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Slide 47

What improvements did the clinician make? 47

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Slide 48

Creating a Welcoming and Safe Environment 48

- ▶ Train staff to be sensitive to LGBT clients, and hire LGBT staff members.
- ▶ Provide LGBT informational, educational, and referral materials in waiting rooms or examination rooms.
- ▶ Post a nondiscrimination statement that includes gender identity and sexual orientation in a prominent place in the clinic or office.
- ▶ Display pictures or posters with lesbian or gay themes, couples, or families on the walls.
- ▶ Alter forms and EMR to improve knowledge of patient sexuality and gender identity to signal interest and a nonjudgmental attitude.
- ▶ Advertise in LGBT media sources.

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Slide 49

### 49

## Key Concepts

Bias against LGBT individuals in medical settings reduces access to and quality of care.

LGBT individuals may face different risks for certain medical conditions compared to heterosexual individuals.

An understanding that families and communities may be sources of stress and/or support for LGBT patients.

Ensure that the environment and language promote comfort and project acceptance of sexual and gender diversity.

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Slide 50

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## Resources

**The Joint Commission**

- [Revisiting Your Hospital's Visitation Policy](#) ([Inclusive Visitation Requirements](#))
- [Advancing Effective Communication: LGBT Field Guide](#) ([2013 LGBT Field Guide](#))

**National LGBT Health Education Center - The Fenway Institute**

- [LGBT Health Education Center](#) ([Website Home page](#))
- [A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings](#) (<http://don@stollie.org>)

**Institute of Medicine**

- [Understanding Sexual Orientation and Gender Identity Data in Electronic Health Records \(2012 IOM Report: Collecting SOGI Data in HES\)](#)
- [The Health of Lesbian, Gay, Bisexual, and Transgender People \(2011 IOM Report\)](#)

**Human Rights Campaign - Healthcare Equality Index (HEI)**

- [Publicizing Patients Non-discrimination and Equal Visitation Policies](#) ([Non-discrimination Policies](#))
- [Equal Visitation Policies](#) ([HEI Equal Visitation](#))
- [Employment Non-discrimination](#) ([HEI Employment Non-discrimination](#))
- [Training in LGBT Patient-Centered Care](#) ([HEI Training](#))
- [Resources for Wk Facilities](#) ([Wk Resources](#))
- [2016 Healthcare Equality Index Resource Guide](#) ([HEI Resource Guide](#))

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Slide 51

### 51

## You can make an impact!

YOU CAN MAKE AN IMPACT!

YOU CAN MAKE AN IMPACT!

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Slide 52

52

### Contact Information



For more information, please contact:  
Julie Friedman, MPH, CHES  
Director  
i/s Cantor-UCLA Women's Health Education & Research Center  
1100 Glendon Ave, Suite 1820  
Phone: 310-794-8062  
Email: [juliefriedman@mednet.ucla.edu](mailto:juliefriedman@mednet.ucla.edu)  
[womenhealth.ucla.edu](http://womenhealth.ucla.edu)

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Slide 53

53

### Thank you to our funders.



County of Los Angeles  
**Public Health**

Executive Advisory Board of the  
CANTOR-UCLA  
WOMEN'S HEALTH  
EDUCATION  
& RESEARCH CENTER

City of West Hollywood  
California 1987

**LOS ANGELES  
LGBT CENTER**

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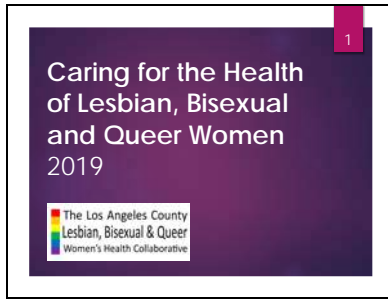
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# Lesbian, Bisexual & Queer Women's Health

## Training for Healthcare Administrators



Slide 1



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Slide 2



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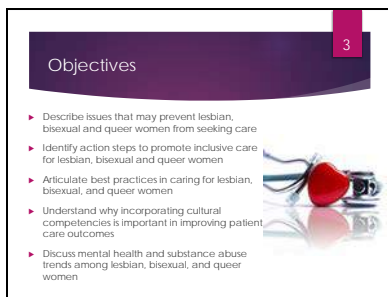
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Slide 3



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Slide 4

Why do we care specifically about this population? 4

"It is forgotten that we are part of the LGBT acronym... Women in general are invisible and then add the attracted to women piece and we are doubly invisible."



© 2014 Grand Rapids 2012 by D&A Center for Family Values

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Slide 5

Case 1 5

Rachel is seeing a new doctor for the first time in years. She worries that the doctor will assume that she is heterosexual, but also that if she makes clear that she is not, she will receive lesser care.

She wants a doctor she can trust. The last doctor she saw was verbally intolerant and even abusive in her opinion, she is fearful this will happen again.

She has read that she may be at increased risk for particular medical conditions and she wants a doctor she can talk to about her concerns.

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Slide 6

Questions to Consider: Barriers & Challenges 6

What types of challenges might lesbian, bisexual, and queer women face when seeking health care?

How might systematic barriers to accessing and receiving good care be reduced?

What is your role in addressing these challenges?

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Slide 7

7

### Questions to Consider: Communication

What specific measures can be taken to promote comfort and open communication?

Why might it be difficult to discuss sexual orientation and sexual behavior at a medical visit?

How might bringing up sexual orientation to a care provider impact lesbian and bisexual women's stress levels during a visit?

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Slide 8

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### Sexual Orientation

- ▶ **Gay or Lesbian:** Emotional, romantic, and/or sexual attraction to individuals of one's own gender
- ▶ **Bisexual:** Sexual, emotional, and/or romantic attraction or behavior directed towards some members of more than one gender, though not necessarily simultaneously, in the same way or to the same degree



Human Rights Campaign (HRC) Cultural Competency Training 2017

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Slide 9

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### Sexual Orientation

- ▶ **Queer:** A term people may use to express fluid identities and orientations. Sometimes used interchangeably with "LGBTQ."
- ▶ **Pansexual:** Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.
- ▶ **No identity label:** Many women forgo using any identity label to describe their sexual orientation



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Slide 10

10

### Gender Identity & Expression

- ▶ **Gender Identity:** A person's deeply held internal sense of being male or female or somewhere else on or outside the gender continuum.
- ▶ **Gender Expression:** Refers to all of a person's external characteristics and behaviors that represent or express one's gender identity to others, such as:
  - Name
  - Pronouns
  - Clothing
  - Grooming
  - Mannerisms
  - Speech patterns
  - Social interactions



Human Rights Campaign (HRC) Cultural Competency Training 2017

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Slide 11

11

### Gender Identity

- ▶ **Cisgender:** The term used to describe people whose gender identity or expression aligns with those typically associated with the sex assigned to them at birth.
- ▶ **Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
- ▶ **Non-binary or gender expansive:** An identity classifying an individual as neither man nor woman.

Human Rights Campaign (HRC) Cultural Competency Training 2017

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Slide 12

12

### Translations of LGBT Terms

- ▶ Important to consider how to communicate lesbian and bisexual identification with patients who do not speak English
- ▶ National LGBT Health Education Center Report provides resources to ensure proper translation is used for terms
  - ▶ Spanish and Chinese translations for sexual orientation and gender identity are available on their website
  - ▶ Translations should be reviewed with community members first to ensure they are appropriate and non-offensive.



Ready, Set, Go! Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity, January 2016. The National LGBT Health Education Center

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Slide 13

13

### Communication with Lesbian, Bisexual and Queer Patients

Provider should use the identifying terms preferred by the individual.

- ▶ Call them by the name and/or pronouns they prefer
- ▶ Use the terms to describe the patient that they use to describe themselves.
  - ▶ E.g. if someone identifies themselves as "lesbian", use the same word to describe them, rather than "homosexual"



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Slide 14

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### Behavior May Not Match Identity

- ▶ Sexual behavior: who one is intimate with – may not be congruent with sexual orientation or gender identity
- ▶ Important to ask about sexual BEHAVIOR
  - ▶ Ask in a non-judgemental way
  - ▶ Do not assume parameters of sexual behavior based on knowledge of relationship status & identity

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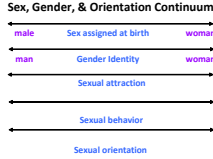
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Slide 15

15

### Sex, Gender, & Orientation

**Sex, Gender, & Orientation Continuum**



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Slide 16

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### Staff Accountability and Respect

- ▶ In addition to individual care and respect for lesbian and bisexual patients, it is also essential to create an, "Environment of Accountability" in your workspace.
- ▶ Even though it may feel uncomfortable, it is important to politely correct colleagues if they express an attitude of insensitivity, use incorrect names or terms, or make a patient feel uncomfortable in any way.
- ▶ The entire staff must work together and hold each other responsible to promote respectful communication.

PROVIDING INCLUSIVE SERVICES AND CARE FOR LGBT PEOPLE: A Guide for Healthcare staff National LGBT Health Education Center

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Slide 17

17

### Who are lesbian, bisexual, and queer women?



- ▶ Women who have emotional, romantic, sexual attraction to women.
- ▶ Some transgender people identify as lesbian, bisexual, or queer.
- ▶ Lesbian, bisexual and queer women are in:
  - All racial/ethnic groups
  - All socioeconomic status and religions
  - All education levels and ages
  - All physical abilities, professions, and housing status
  - All types of appearance

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Slide 18

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### Importance of Considering Intersectionality

The Institute of Medicine (2011) stated that the medical community needs more data on the health needs and risks of LGBT persons of color.

**What the data show:**

- ▶ LGBT racial and ethnic minorities are at elevated risk for stigma and discrimination.
- ▶ In a recent study, Black LB women reported high lifetime prevalence rates of discrimination related to race (84%), gender (52%), and sexual orientation (47%).
- ▶ Higher rates of suicide and substance abuse

Institute of Medicine (2011)  
Wilson, S.D., Chao, C., Mills, S.A. (2011). Brief report: The relationship between multiple forms of oppression and subject-to health among Black lesbian and bisexual women. *Journal of Lesbian Studies*, 15, 17-26.

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Slide 19

19

### Unique Experiences of Lesbian, Bisexual & Queer Women of Color

There are important cultural factors to consider for LGB women of color.

- ▶ Report experiencing invisibility in LGBTQ spaces
- ▶ For many, family and community are central to their social needs related to race and ethnicity
  - Losing family support can be especially detrimental
- ▶ Importance of religion and spirituality as integral to women's mental health

Starks, S., & Conroy-Bechtel, C. (2013). Race-Related Experiences and Resilience in the LGBTQ Community of Trans: Perceptions of Gay and Queer Social Service Providers of Color. *Journal of Counseling & Development*, 91, 148-155.

Conroy-Bechtel, C. (2016). Queer Identity Issues among Black American Transgender People: Implications for Health Care. *Journal of Counseling and Development*, 94, 21-26.

Starks, S. L. (2013). African American Women: Transcending Race and Gender Binaries. *Journal of Counseling & Development*, 91, 142-149.

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Slide 20

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### Discrimination and Stigma in Medical Care

- Disclosure rates are not only low because of patient reluctance.
- Studies have found that even patients who wished to discuss their sexuality with MDs did not feel comfortable or were not given the opportunity to do so.
- Many opportunities are missed to test, treat, educate and advocate regarding medical and social problems.

Institute of Medicine (2011)

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Slide 21

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### Sexual Behavior Amongst Women Age 18-44

- ▶ Females identified as bisexual:
  - 5.5%
- ▶ Females who reported same-sex sexual partner in lifetime:
  - 17.4%
- ▶ Females identified as homosexual, gay, or lesbian:
  - 1.3%

Open CDS, Chen, A., & Veltinger, J. (2016). Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Age 18-44 in the United States. Data from the 2011-2013 National Survey of Family Growth. US Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics.

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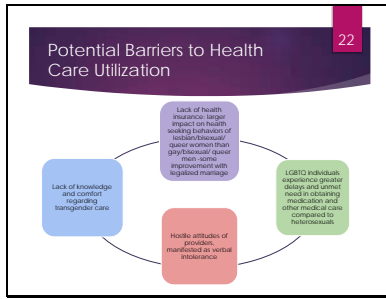
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Slide 23

### Impact of Discrimination

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Lesbians & bisexual women are less likely to:

- Report receiving LGBT affirmative mental health services
- Less likely to present for healthcare at times when needed
- Among bisexuals specifically, be out to their healthcare provider
- Have a usual source of health care

Those disclosing their sexual orientation to their health care providers are more likely to seek health care than those who do not.

48% of lesbian & bisexual women experienced discrimination in healthcare.

1. Cohan et al. 2010. "The Health of Lesbian, Gay, Bisexual, and Transgender People." 2010.  
2. Bauer et al. 2010. "Mental Health and Substance Use in the Lesbian, Gay, Bisexual, and Transgender Community." 2010.  
3. Gaile et al. 2010. "The Impact of Health Care Provider Attitudes on LGBT Health." 2010.  
4. Green et al. 2010. "The Impact of Health Care Provider Attitudes on LGBT Health." 2010.  
5. Green et al. 2010. "The Impact of Health Care Provider Attitudes on LGBT Health." 2010.  
6. Green et al. 2010. "The Impact of Health Care Provider Attitudes on LGBT Health." 2010.

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Slide 24

### Implicit and Explicit Biases

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- Healthcare providers often have explicit and implicit biases that may induce a "felt stigma" among lesbian and bisexual patients
  - Causes them to disclose less information to their provider
  - 34% of LGBT physicians reported observing discriminatory care of an LGBT patient
- Heterosexual providers carry a moderate to strong implicit preference for straight patients versus lesbian and bisexual patients



**If you can reflect on your own biases, you can do a better job.**

Copyright © 2010, American Journal of Public Health.

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Slide 25

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### Common Pitfalls in the Care of Lesbian, Bisexual, and Queer Women

Heterosexuality is assumed by health care providers.

Same-sex partners or nontraditional family members are not included in decision making.

Sexual behaviors or identity are not commonly addressed.

The importance of the relationship between sexuality and community is not appreciated.

**PITFALLS (don't do it)**

Risk is assessed based on sexual orientation, not behavior.

Assumption that mental health challenges are because of LGBTQ identity.

Lack of knowledge about the risks for heavy drinking.

It is assumed that LGBTQ individuals are not having or planning for children.

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Slide 26

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### Experiences with Health Care Providers

"The eyebrow goes up, and it feels like a judgment when I tell them I am attracted to women."

"They look confused when I say I am attracted to women."

"I don't really want to tell a person with a needle in my arm that I am attracted to girls. It is none of their business."

Source: Center for Disease Control and Prevention. (2015). *Sexual Orientation and Gender Identity: A Practical Guide to Creating Safe and Sound Environments and Services*. Atlanta, GA: U.S. Department of Health and Human Services.

"If you can't be open, how can you trust your provider to help make decisions with you? I think there needs to be trust with my provider -- and knowing about all of me, including my sexual orientation, helps build trust." - Phyllis S., Age 78

Reprinted by permission of the author. A Practical Guide to Creating Safe and Sound Environments and Services. (2015). Atlanta, GA: U.S. Department of Health and Human Services.

"Often providers aren't culturally responsive, so your care can be really horrible, because you're really trusting in this intimate way. You're probably at a vulnerable point if you're there and there is a power differential!" - 25-year-old Mexican & Filipino Transsexual Woman

Reprinted by permission of the author. A Practical Guide to Creating Safe and Sound Environments and Services. (2015). Atlanta, GA: U.S. Department of Health and Human Services.

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Slide 27

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### HEI - Healthcare Equality Index

- ▶ National LGBTQ survey and report intended to guide Healthcare facilities to practice better, equitable care for their LGBTQ patients
- Assesses how well health systems follow policies and practice providing an inclusive environment for protect LGBTQ patients, visitors and employees
- Improves access and quality of care for LGBTQ patients
- Provides a checklist of the "best policies and practices in LGBTQ health"



**HUMAN RIGHTS CAMPAIGN FUNDING**

Human Rights Campaign. (2015). *Equity Index*. Atlanta, GA: U.S. Department of Health and Human Services.

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Slide 28

**Human Rights Campaign**  
**Recommends:**  
**Advanced Healthcare Directives** 28

- ▶ Important protection for same-sex couples, regardless of marital status

Healthcare facilities should provide:

- ▶ Resources on advanced care planning
- ▶ Training modules to staff
  - Explicitly addressing the concerns of LGBTQ individuals



Human Rights Campaign/Healthcare Equality Index, Hospital Visitation Guide for LGBTQ Patients

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Slide 29

**Hospital Visitation Policy** 29

- ▶ Federal Regulations require hospitals participating in Medicare and Medicaid to:
  - Inform patients of their rights to receive visitors whom they designate, including a domestic partner
  - Do not restrict or limit visitation rights based on sexual orientation and gender identity



Human Rights Campaign/Healthcare Equality Index, Hospital Visitation Guide for LGBTQ Patients

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Slide 30

**Gender Neutral Restrooms** 30

The availability of gender neutral restrooms in the healthcare setting is an important sign of acceptance and follows the guidelines of the Health Equality Index to promote inclusivity.



Human Rights Campaign/Healthcare Equality Index, Transgender Restrooms: Addressing Special Considerations, Cultural Competency, and Patient and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT)

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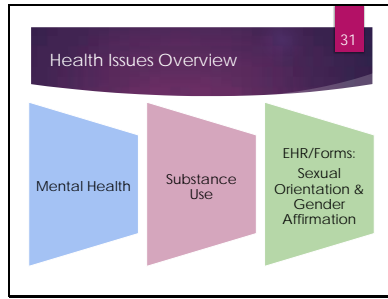
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Slide 32

Mental Health

32

- ▶ The experiences associated with the LGBT identification leads to higher risk of:
  - Internalized homophobia
  - Stigma and rejection
  - Experience or threats of violence
  - Mental health challenges, coupled with barriers to accessing LGBTQ affirmative care
  - Depression
  - General anxiety disorder
- ▶ When compared to heterosexual women:
  - Bisexual women are 1.8 times more likely to have reported experience of intimate partner violence (IPV)
  - Lesbian women are 1.3 times more likely to have reported experience of IPV

Journal of Behavioral Health and Addiction Research, Screening, Diagnosis, and Treatment Guidelines, 2017  
Chen, J., et al., 2018. The Role of LGBT Affirmative Therapy in Addressing Health Disparities. Psychology of Sexual Orientation and Gender Diversity, 4(1), 1-10.  
Kleinman, M., et al., 2018. Minority Stress, Trauma, and Social Support Among LGBTQ People. The Psychologist.

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Slide 33

Effects of Stigma & Rejection on Mental Health

33

- ▶ Leads to **minority stress**
  - External negative messages about and discriminatory treatment toward LGBT people
  - The internalization of negative messages and discriminatory treatment
- ▶ Minority stress contributes to physical, mental, or emotional pressure, strain, or tension.
- ▶ Decades of research support that higher levels of minority stress increase the risk of depression and unhealthy behaviors, like alcohol use among LGBT women.

Wong, J., et al., 2017. Minority Stress, Health Disparities, and Mental Health in Lesbian, Gay, and Bisexual Populations. Current Directions in Psychological Science, 26(4), 307-314. doi:10.1177/1948532117708189

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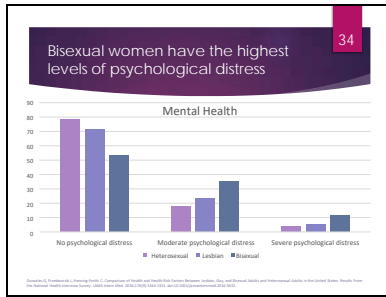
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### LGBT Youth

▶ National and state representative surveys consistently demonstrate higher rates of suicide, substance use and violence among LGBT youth when compared to non-LGBT youth

- Rates of substance use are almost 3 times higher for LGBT youth
- Violence by a family member was the most common type of violence reported
- Youth who disclosed their sexual identity to more people in their support networks were less likely to have high levels of sexual identity distress

Institute of Medicine (IOM) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press (IAC), 2011. 4. Distressful Experiences.

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Slide 36

### Substance Use

- ▶ Lesbians (72%) and bisexual women (67%) have a higher rate of alcohol use than heterosexual women (55%), as well as binge drinking during the past month
  - With increasing age prevalence of alcohol use decreases among all women and is not higher among lesbians.
- ▶ Lesbian and bisexual women have higher rates of current tobacco use than heterosexual women (25.1% vs 26.2% vs 14.7%)
- ▶ Alcohol is used to combat psychological distress associated with bias and discrimination women routinely face in relation to their sexual orientation. (Hesterbeucher, 2009; McNear et al., 2016).



Institute of Medicine 2011. Alcohol Problems: A Provider's Handbook on Culturally Competent Care. 2012. Secorin G. et al. JAMA Internal Medicine, 2016. Bauman, et al. JGIM. Oct 2012. American College of Health Services Survey. Hesterbeucher (2009). How does sexual identity relate to gender role? Psychological Medicine. 2008.

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### Parenting 37

- Based on a survey of 1,197 nationally representative LGBTI adults between 2014-2016:<sup>1</sup>
  - 72% of female same-sex couples had a biological child
  - 17% of female same-sex couples had an adopted child
- 35% of lesbians have given birth.<sup>2</sup>
- 41% of lesbians wish to have children in the future.<sup>3</sup>
- 48% of lesbians and bisexual women have considered adoption at some point.<sup>3</sup>
- 21% of same sex couples have adopted children.<sup>1</sup>
- 59% of bisexual women are parents.<sup>4</sup>
- 31% of lesbians are parents.<sup>4</sup>



1. Pew Research Center, "LGBT Americans, Marriage and Parenting" 2015.  
2. National Center on Transgender Equality, National Survey of Transgender Youth, 2015.  
3. National Center on Transgender Equality, National Survey of Transgender Youth, 2015.  
4. National Center on Transgender Equality, National Survey of Transgender Youth, 2015.

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Slide 38

### Healthy Aging 38

"Older Lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples."



Reprinted with permission from Generation KIDS, Summer 2016. Copyright © 2016, American Society on Aging, San Francisco, California.

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Slide 39

### EHR, Forms, & Materials 39



Use patient intake forms and EHR that have inclusive language about:

- Sexual orientation
- Sexual activity
- Relationship status
- Gender identity
- Sex assigned at birth

Educational materials should have inclusive images & language for all ages, genders, race, sexual orientations, and literacy levels.

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Slide 41



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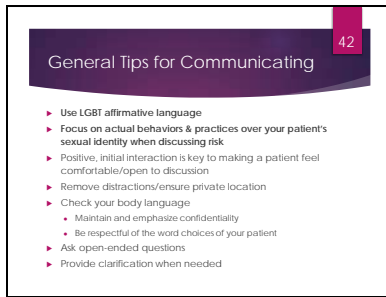
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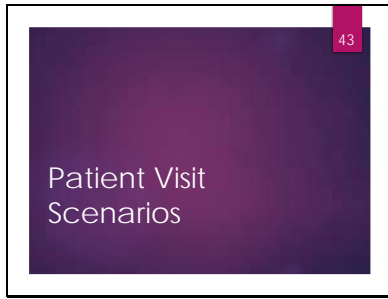
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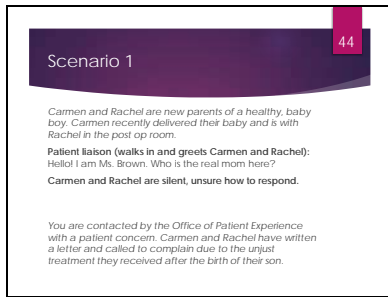
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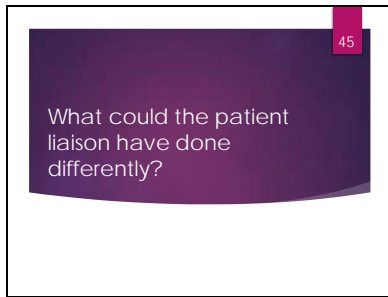
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### Primary Mistakes

1. Did not begin with open-ended question
2. Did not communicate in a sensitive and inclusive manner
3. Made them feel judged and embarrassed
4. EHR did not allow for parental relationship to be properly documented

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Slide 47

47

### What are the consequences of these mistakes to the patient?

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Slide 48

48

### Scenario 2

*Carmen and Rachel are new parents of a healthy, baby boy. Carmen recently delivered their baby and is with Rachel in the post-op room.*

**Patient liaison (walks in and greets Carmen):** Hello! I am Ms. Brown. Who are the parents of this healthy, little boy?

**Carmen:** Hello, I'm Carmen, and this is my wife, Rachel.

**Patient liaison:** Congratulations to you both. I am here to make your stay here as comfortable and positive as possible. How can I be of assistance to you today?

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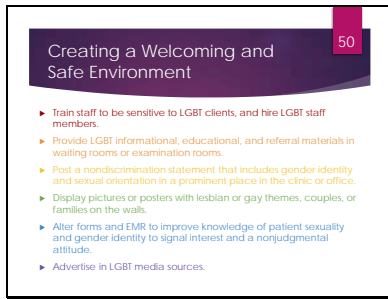
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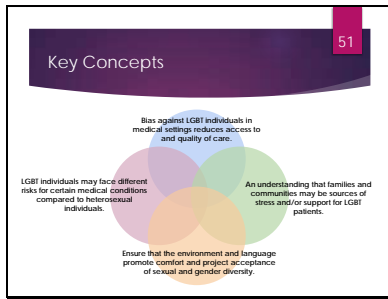
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**Resources** 52

**The Joint Commission**

- [Revising Your Hospital's Violation Policy \(includes Violation Specifications\)](#)
- [Advancing Effective Communication: LGBT Field Guide \(2011 LGBT Field Guide\)](#)

**National LGBT Health Education Center - The Fenway Institute**

- [LGBT Health Education Center \(Website Homepages\)](#)
- [A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings \(http://dan.kdojell.org\)](#)

**Institute of Medicine**

- [Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records \(2012 IOM Report: Collecting SOGI Data in EHR\)](#)
- [The Health of Lesbian, Gay, Bisexual, and Transgender People \(IOM 2011 Report\)](#)

**Human Rights Campaign - Healthcare Equality Index (HEI)**

- [Publishing Patient Non-discrimination and Equal Violation Policies \(Non-discrimination Policies\)](#)
- [Equal Violation Policies \(EIV Equal Violation\)](#)
- [Employment Non-discrimination \(EIN employment non-discrimination\)](#)
- [Training in LGBT Patient-Centered Care \(LH Training\)](#)
- [Resources for Walk Facilities \(Walk Resources\)](#)
- [2016 Healthcare Equality Index Resource Guide \(HEI Resource Guide\)](#)

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Slide 53

**You can make an impact!** 53



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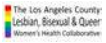

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**Contact Information** 54

For more information, please contact:  
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Director

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1100 Glendon Ave, Suite 1620  
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Email: [jfriedman@mednet.ucla.edu](mailto:jfriedman@mednet.ucla.edu)  
[womenshealth.ucla.edu](http://womenshealth.ucla.edu)

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## Educational Materials

Organization	Resource	Link
American Cancer Society	Cancer Facts for Lesbians and Bisexual Women	<a href="http://bit.ly/LBcancer">Bit.ly/LBcancer</a>
Avert	HIV & Women Who Have Sex with Women	<a href="http://bit.ly/HIVwomen">Bit.ly/HIVwomen</a>
Bisexual Resource Center	Mental Health in the Bi+ Community	<a href="http://bit.ly/bimentalhealth">Bit.ly/bimentalhealth</a>
Gay & Lesbian Medical Association	Ten Things Bisexuals Should Discuss with Their Healthcare Provider	<a href="http://bit.ly/10lesbianhealth">Bit.ly/10lesbianhealth</a>
	Ten Things Lesbians Should Discuss with Their Healthcare Provider	<a href="http://bit.ly/10bisexualhealth">Bit.ly/10bisexualhealth</a>

For more information, please contact:

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(310) 794-8062

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