Training manual developed by:

**Sierra Moon, B.A.**
Program Coordinator
Iris Cantor-UCLA Women’s Health Education & Research Center

*With Editorial Assistance From*
*Lesbian, Bisexual, & Queer Women’s Health Collaborative Members:*

Alison Cerezo, Ph.D.
Assistant Professor, Department of Counseling, Clinical & School Psychology
University of California, Santa Barbara

Allison Diamant, M.D., M.S.H.S.
Professor
David Geffen School of Medicine at UCLA

Bobbie Emetu, Ph.D., M.L.S., M.P.H.
Assistant Professor of Public Health Education
California State University, Northridge

Julie Friedman, M.P.H., C.H.E.S.
Director
Iris Cantor-UCLA Women’s Health Education & Research Center

Janet Pregler, M.D.
Professor of Clinical Medicine, David Geffen School of Medicine at UCLA
Director, Iris Cantor-UCLA Women’s Health Education & Research Center
# Table of Contents

**Introduction** ................................................................................................................ 5  
Learning Objectives ....................................................................................................... 5  
Implicit Bias ...................................................................................................................... 5  
Tips for Trainers ............................................................................................................... 6  
Ice Breakers ..................................................................................................................... 7  
  Imagine How You’d Feel ................................................................................... 7  
  Stand-Up Sit-Down .......................................................................................... 11  
  Tell Me About Your Weekend ......................................................................... 13  
Training Forms ................................................................................................................ 14  
**Presentations** ........................................................................................................... 16  
  Clinicians ............................................................................................................. 16  
  Social Service Providers ....................................................................................... 40  
  Administrators ..................................................................................................... 60  
**Notes** .......................................................................................................................... 81  
**Educational Materials** .............................................................................................. 84
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.

− 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. 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): 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): 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, 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.

Sign-In

Ensure all participants sign in when attending the trainings.
Slide 1

Introduction

The Los Angeles County Lesbian, Bisexual, and Queer Women's Health Collaborative (LBQWHC):

- Addresses health disparities for lesbian, bisexual, and queer women in Los Angeles County
- Members represent:
  - Healthcare providers
  - Health care facilities
  - Government agencies
  - Community organizations
  - Academic institutions
  - Community advocates

Slide 3

Objectives

- Describe issues that may prevent lesbian, bisexual, and queer women from seeking care
- Identify action steps to promote inclusive care for lesbian, bisexual, and queer women
- Articulate best practices in caring for lesbian, bisexual, and queer women
- Understand why incorporating cultural competencies is important in improving patient care outcomes
- Discuss mental health and substance abuse screening for lesbian, bisexual, and queer women
Why do we care specifically about this population?

"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."

Case 1

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 it clear that she is not, she will receive worse 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 learned that she may be at increased risk for particular medical conditions and she wants a doctor she can talk to about her concerns.

Questions to Consider:

- What types of challenges might lesbian, bisexual, and queer women face when seeking health care?
- How might systemic barriers to accessing and receiving good care be reduced?
- What is your role in addressing these challenges?
Questions to Consider: Communication

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

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?

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Sexual Orientation

Gay or Lesbian: Emotional, romantic, and/or sexual attraction to individuals of the same gender.

Bisexual: Sexual, emotional, and/or romantic attraction or behavior directed towards members of more than one gender, though not necessarily simultaneously, in the same way or to the same degree.

Queer: A term people may use to express being different from or out of the mainstream of the sexual orientation community and culture.

Pansexual: Describes someone who has the potential to experience, romantic, and/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 a sexual identity label for their sexual orientation.
Gender Identity & Expression

- **Gender Identity**: A person's deeply held internal sense of being male, female, or some other gender(s), even if it does not conform to traditional societal expectations.
- **Gender Expression**: Refers to all of a person's external characteristics and behaviors that express their gender identity to others.

- **Gender Identity**: A person's deeply held internal sense of being male, female, or some other gender(s), even if it does not conform to traditional societal expectations.
- **Gender Expression**: Refers to all of a person's external characteristics and behaviors that express their gender identity to others.

1. Name
2. Pronouns
3. Clothing
4. Grooming
5. Mannerisms
6. Speech patterns
7. Social interactions

Gender Identity

- **Cisgender**: The term used to describe people whose gender identity or expression aligns with those typically associated with the sex they were assigned at birth.
- **Transgender**: An umbrella term for people whose gender identity or expression is different from cultural expectations based on the sex they were assigned at birth.
- **Non-binary or gender expansive**: An identity that does not strictly align with the masculine or feminine gender binary.

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.
- Do not assume parameters of sexual behavior based on knowledge of relationship status & identity.
- Ask in a non-judgmental manner.
Slide 13

Sex, Gender, & Orientation Continuum

- Sex assigned at birth
  - male
  - female
- Gender identity
  - woman
  - man
- Sexual orientation
  - sexual behavior
  - sexual orientation

Slide 14

Translations of LGBT Terms

- It is important to consider how to communicate lesbian and bisexual identification with patients who do not speak English.
- The 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.

Slide 15

Communication with Lesbian, Bisexual, and Queer Patients

- Providers should use the identifying terms preferred by the individual.
  - Call them by the name and/or pronouns they prefer.
  - Use the terms they use themselves that they like.
  - E.g., Francisco identifies themselves as "bisexual" and he uses "himself" to describe him, rather than "herself".
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

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.

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 identities tied to race and ethnicity.
- Some family support can be explicitly detrimental.
- Importance of religion and spirituality as integral to women’s mental health.

References:
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.

Lack of health insurance: larger impact on health seeking behaviors of lesbian/bisexual/queer women than gay/bisexual/queer men - some improvement with legalized marriage. LGBTQ individuals experience greater delays and unmet need in obtaining medication and other medical care compared to heterosexuals.

Hostile attitudes of providers, manifested as verbal intolerance. For lesbians rough gynecologic exams, incorrect assumptions about need/use of OCPs, pregnancy...

Lack of knowledge and comfort regarding transgender care...

Potential Barriers to Health Care Utilization...


Durso LE, Meyer IH. Patterns and predictors of disclosure of sexual orientation to healthcare providers among lesbians, gay men, and bisexuals. Sexuality Research & Social Policy. 2013:10, 35–42.

Impact of Discrimination
Lesbians & bisexual women are less likely to:
▶ Report receiving LGB affirmative mental health services
▶ Less likely to present for healthcare at times when needed
▶ Have a usual source of health care
▶ Among bisexuals specifically, be out to their healthcare provider

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.

Implicit and Explicit Biases
Healthcare professionals have explicit and implicit biases that may vary based on their training, personal experiences, and culture.
▶ Can cause harm by the healthcare provider (e.g. lack of knowledge, ignorance, or deliberate discrimination)
▶ Internalized homophobia (e.g. beliefs that being gay is a choice, or a deviant behavior)

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.

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

- Same-sex partners or nontraditional family members are not included in decision making.
- Sexual behaviors or identity are not commonly addressed.
- Risk is assessed based on sexual orientation, not behavior.
- It is assumed that LGBTQ individuals are not having or planning for children.

PITFALLS

- Discrimination against LGBTQ individuals who are not heterosexual
- Failure to ask questions about discrimination and its impact
- Patient's confidentiality may not be maintained.
Slide 25

Experiences with Health Care Providers

“Tell me why you are sick, and I'll think it's judgment when I tell them I am gay.”

“They look confused when I say I am gay.”

“If you can’t be open, how can you trust your provider to help make decisions about your health with your medical chart?”

“Patient: I’d like to have a partner with whom I can plan a family. What can you do to help?”

If you can’t be open, how can you trust your provider to help make decisions about your health? 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

Attributed to “Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity.”

www.lgbtagingcenter.org

“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 going to have a nightmare if you’re there and there’s a power differential.”

– 35 y/o Mexican & Filipina Pansexual Woman

Stigma and Alcohol Study of Queer Latinx and Black Women, Cerezo, 2019.

Slide 26

Health Issues Overview

Cancer
CVD Risk
STIs
Mental Health
Gender Affirmation
Family Planning
Aging
Preventive Care

Slide 27

Case 2

Marianne is a 45 year old African American female who is recently divorced from her husband of more than 20 years. She has children and a grandmother. She had adopted a daughter who is now 16 years old. She is recently divorced and has high blood pressure and hypercholesterolemia.

She tells you that she was referred by a friend. She recently started, but quit 25 years ago and does not smoke. She is slightly overweight and trying to be more active.

She tells you that she was referred by a friend. She recently started, but quit 25 years ago and does not smoke. She is slightly overweight and trying to be more active.

You ask her about her sexual activity, and she is mildly surprised and happy to be asked. She has not had sex in a year and that they are not yet sexually active. Then she asks you whether you know anything about the risk of STIs among lesbians.

26

27
Slide 28

Obesity

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

Slide 29

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 cancer due to higher prevalence of proven risk factors:
  - Nulliparity/ later childbearing
  - 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

Slide 30

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 69, 51% of heterosexual, 36% of bisexual, and 42% among gay men or lesbians had visited a doctor or received medical care in the last year.
Sexually Transmitted Infections (STIs):

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

Mental Health:

- The experiences associated with the LGBT identification lead 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

Effects of Stigma & Rejection on Mental Health:

- Leads to minority stress:
  - Internalization of negative messages and discriminatory treatment shared by people
  - The intersection of negative messages and discrimination based on race/ethnicity, gender, and religion
- Contributed by physical, mental, or emotional pressure, stress, or tension
- Higher levels of minority stress increase the risk of mental health and substance use disorders, like depression and anxiety disorders.
Bisexual women have the highest levels of psychological distress.

Mental Health

- Psychological distress
  - Moderate psychological distress
  - Severe psychological distress

Lesbian
Gay
Bisexual


LGBT Youth

- National and state representative surveys consistently demonstrate higher rates of suicide, substance use, and violence among LGBT youth 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.


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, the 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; McNair et al., 2016).
Slide 37

Parenting

- Based on a survey of 1,197 nationally representative LGBT adults conducted 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

Slide 38

Healthy Aging

“Older lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples.”

Slide 39

Human Rights Campaign Recommends
Advanced Healthcare Directives

Important protections for same-sex couples, regardless of marital status:
- Healthcare facilities should provide:
  - Resources and assistance in care planning
  - Training modules to staff
  - Rapidly identifying the concerns of LGBTQ individuals
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.

**Slide 41**

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

**Slide 42**

*You are safe here*

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We respect your religion, gender identity, race, color, sex, age, national origin, political affiliation, marital and familial status, sexual orientation, ability and sexual orientation.

We do not tolerate teasing or disparaging comments.
General Tips for Communicating

▶ Use LGBT affirming language
▶ Focus on actual behaviors & your clinician's sexual identity when discussing risk
▶ Positive, initial open conversation by 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 words chosen by your patient
▶ Ask open-ended questions
▶ Provide clarification when needed

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?

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 do you intimate with your partner(s)? (specify: sexual activities)
Scenario 1

Carmen is a 28-year-old Mexican-American woman presenting with severe abdominal pain & nausea. Her last period was roughly six weeks ago. When asked if she could be pregnant, Carmen said, "No."

HCP: "Hello! I am Dr. Brown. So... what brought you here today?"
Carmen: "My stomach is really hurting me. I feel nauseous sometimes.
HCP: "Is there any chance you could be pregnant?"
Carmen: "No, my period is always irregular."
HCP: "Do you have a boyfriend?"
Carmen: "No.

HCP: "Are you sexually active?"
Carmen: "Yes."
HCP: "Do you use any birth control?"
Carmen: "No."
HCP: "Then we need to do a pregnancy test to rule out the possibility that you’re pregnant."
Carmen: "But there is no way I could be pregnant. I’m not."
HCP: "What else could it be? You’re sexually active and you’ve never used any birth control. What else could be causing your symptoms?"
Carmen: "A bad diet or stress might be affecting me.

Scenario 1

HCP: "Are you sexually active?"
Carmen: "Yes."
HCP: "Do you use any birth control?"
Carmen: "No."
HCP: "Then we need to do a pregnancy test to rule out the possibility that you’re pregnant."
Carmen: "But there is no way I could be pregnant. I’m not."
HCP: "What else could it be? You’re sexually active and you’ve never used any birth control. What else could be causing your symptoms?"
Carmen: "A bad diet or stress might be affecting me."
Slide 49

What could the HCP have done differently?

Slide 50

Primary Mistakes

1. Did not begin with open-ended question
2. Assumed heterosexuality
3. Did not clarify type of sexual behavior
4. Assumed need for birth control/pregnancy test
5. Did not empathize about the sensitivity of the information
6. Made Carmen feel judged and embarrassed
7. Did not address patient’s racial/ethnic background

Slide 51

What are the consequences of these mistakes to the patient?
Scenario 2

HCP (Introduces and greets Carmen): Hello! I am Dr. Brown, nice to meet you.

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.

HCP: I know these are sensitive issues and to learn more about what may be causing your symptoms, can you tell me more about this person?

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: Okay, 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. Would you like to figure out what is causing your pain and nausea. Have you been sexually active with anyone else in the past 12 months?

Carmen: No.

HCP: Okay, 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 ask me before we go on?
Slide 55

What improvements did the clinician make?

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Slide 56

Creating a Welcoming and Safe Environment

- Train staff to be sensitive to LGBT clients, and hire LGBT staff members.
- Provide LGBT informational, educational, and referral materials in waiting areas or examination rooms.
- Post a nondiscrimination statement that includes gender identity and sexual orientation in a prominent place in the clinic or office.
- Display art featuring patients 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.
- Provide HIV/AIDS prevention and treatment information and referrals.

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Slide 57

Key Concepts

- Bias against LGBT individuals in medical settings reduces access to and quality of care.
- Ensure that the environment and language promotes comfort and project acceptance of sexual and gender diversity.
- Understanding that families and communities may be sources of stress and support for LGBT patients.
- LGBT individuals may face different risks for certain medical conditions compared to heterosexual individuals.

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Slide 58

Resources

The Joint Commission
Revisiting Your Hospital’s Visitation Policy (Inclusive Visitation Requirements)
National LGBT Health Education Center - The Fenway Institute
LGBT Health Education Center (Website Homepage)
A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings (http://doaskdotell.org)
Institute of Medicine
Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records (2012 IOM Report: Collecting SOGI Data in HER)
The Health of Lesbian, Gay, Bisexual, and Transgender People (IOM 2011 Report)
Human Rights Campaign
Publicizing Patient Non-discrimination and Equal Visitation Policies (Nondiscrimination Policies)
Equal Visitation Policies (HEI Equal Visitation)
Employment Non-discrimination (HEI employment non-discrimination)
Training in LGBT Patient-centered Care (HEI Training)
Resources for VHA Facilities (VHA Resources)

Slide 59

You can make an impact!

Slide 60

Contact Information

For more information, please contact:
Julie Friedman, MPH, CHES
Director
Iris Cantor – UCLA Women’s Health Education & Research Center
1100 Glendon Ave, Suite 1820
Phone: 310-794-8062
Email: jafriedman@mednet.ucla.edu
womenshealth.ucla.edu
Thank you to our funders.
Lesbian, Bisexual & Queer
Women’s Health

Training for Social Service Providers
Slide 1

Caring for the Health of Lesbian, Bisexual and Queer Women 2019

Slide 2

Introduction

The Los Angeles County Lesbian, Bisexual and Queer Women's Health Collaborative (LBQWHC):
- Addresses health disparities for lesbian, bisexual, and queer women in Los Angeles County.
- Members represent:
  - Health care providers
  - Health care facilities
  - Government agencies
  - Community organizations
  - Academic institutions
  - Community advocates

Slide 3

Objectives

- Describe issues that may prevent lesbian, bisexual, and queer women from seeking care
- Identify action steps to promote inclusive care for lesbian, bisexual, and queer women
- Articulate best practices in caring for lesbian, bisexual, and queer women
- Understand why incorporating cultural competencies is important in improving patient care outcomes
- Discuss mental health and substance abuse treatment among lesbian, bisexual, and queer women
Focus Group Study 2012 at CHLA Center for Young Women

Why do we care specifically about this population?

"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."

Case 1

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 afraid 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.

Questions to Consider: Barriers & Challenges

What specific challenges might lesbian, bisexual, and queer women face when accessing health care?

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

What is your role in addressing these challenges?
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?

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?

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 through not necessarily simultaneously, in the same way or to the same degree

Queer: A term people may use to express fluid identities or orientations

Pansexual: Describes someone who has the potential for emotional, romantic, or sexual attractions to people of any gender through not necessarily simultaneously, in the same way or to the same degree

No identity label: Many women forget using any identity labels to describe their sexual orientation

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 through not necessarily simultaneously, in the same way or to the same degree

Queer: A term people may use to express fluid identities or orientations

Pansexual: Describes someone who has the potential for emotional, romantic, or sexual attractions to people of any gender through not necessarily simultaneously, in the same way or to the same degree

No identity label: Many women forget using any identity labels to describe their sexual orientation
Gender Identity & Expression

- Gender Identity: A person's deeply held internal sense of being male, female, or somewhere in between.
- Gender Expression: Refers to all of a person's external characteristics and behaviors that communicate their gender identity to others, i.e.:
  - Name
  - Pronouns
  - Clothing
  - Hairstyle
  - Makeup
  - Speech patterns
  - Social interactions

Slide 11

Gender Identity

- Cisgender: The term used to describe people whose gender identity or expression align with those typically associated with the sex they were assigned 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 describing an individual as neither male nor female.

Slide 12

Behavior May Not Match Identity

- Sexual behavior who are intimate with may not be congruent with sexual orientation or gender identity.
- Important to ask about sexual behavior:
  - In a non-judgmental way.
  - Do not assume parameters of sexual behavior based on knowledge of relationship status & identity.
Slide 13

Sex, Gender, & Orientation

<table>
<thead>
<tr>
<th>Sex Assigned at Birth</th>
<th>Gender Identity</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Man</td>
<td>Sexual attraction</td>
</tr>
<tr>
<td>Female</td>
<td>Woman</td>
<td>Sexual behavior</td>
</tr>
<tr>
<td></td>
<td>Gender Identity</td>
<td>Sexual orientation</td>
</tr>
</tbody>
</table>

Slide 14

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 not offensive.

“Ready, Set, Go: Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity, January 2008. The National LGBT Health Education Center

Slide 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 that the patient prefers that they use to describe themselves
  - e.g. “Francisco identifies themselves as ‘franco’; use the term used to describe them, either ‘franco’ or ‘francisco’.

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

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.

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 identity, which is linked to race and ethnicity.
- Homophobia can be especially detrimental.
- Importance of religion and spirituality as integral to women's mental health.

References:

Studies have found that mental health providers sometimes frame 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.

Discrimination and Stigma in Patient Care


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%

Potential Barriers to Health Care Utilization

Lack of health insurance: larger impact on health-seeking behaviors of lesbian/bisexual/queer women than gay/bisexual/queer men. LGBTQ individuals experience greater delays and unmet need in obtaining medication and other medical care compared to heterosexuals. Hostile attitudes of providers, manifested as verbal intolerance. History of LGBQ identity as a mental disorder in the DSM. Reparative Therapy is still an ongoing practice. Lack of knowledge and comfort regarding transgender care.
Impact of Discrimination

Lesbians & bisexual women are less likely to:
- Report receiving LGB affirmative mental health services
- Consider being present for healthcare at times when needed
- Access healthcare services, especially as they deal with their health conditions
- Have a usual source of healthcare

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

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

Implicit and Explicit Biases

Healthcare providers often have explicit and implicit biases that may cause a "felt-stigma" among lesbian & bisexual patients:
- Disclosure 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 over lesbian & bisexual patients.

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

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

- Same-sex partners or nontraditional family members are not included in decision-making
- Sexual behaviors or identity are not commonly addressed
- Sexual orientation is assumed by healthcare providers
- Healthcare providers may not appreciate the importance of the relationship between sexuality and community
- Mental health challenges are assumed to be because of LGBQ identity
- Lack of knowledge about the risks for heavy drinking
- It is assumed that LGBTQ individuals are not having or planning for children
- Risk is assessed based on sexual orientation, not behavior
- It is assumed that LGBTQ individuals are not having or planning for children.

PITFALLS

- Same-sex partners or nontraditional family members
- Sexual behaviors or identity
- Sexual orientation assumed
- Healthcare providers may not appreciate
- Mental health challenges
- Lack of knowledge about risks
- Risk assessed based on sexual orientation
- It is assumed that LGBTQ individuals are not having or planning for children.
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.”

Focus Group Study 2012 at Children’s Hospital LA Center for Young Women

“If you can’t be open, how can you trust your provider to help make decisions with you? It is important for them to know about your sexual orientation and knowing about all of me, including my sexual orientation, helps build trust.”

– Phyllis S., Age 78

Attributed to “Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity.”

www.lgbtagingcenter.org

“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.”

- 35 y/o Mexican & Filipina Pansexual Woman

Stigma and Alcohol Study of Queer Latinx and Black Women, Cerezo, 2019.

Mental Health & Substance Use

Family Planning

Aging

Preventive Care

EHR/Forms:

Sexual Orientation & Gender Affirmation

The experiences associated with the LGBT identity 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

Institute of Medicine 2011; Kaiser Permanente, Adult and Adolescent Depression Screening, Diagnosis, and Treatment Guideline, 2017.


Slide 28

Effects of Stigma & Rejection on Mental Health

- Leads to minority stress:
  - Internalization of negative messages and discriminatory treatment
  - External negative messages and discriminatory treatment
  - Minority stress contributes to physical, mental, or emotional pressure

- 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 LGB women.


Slide 29

Bisexual women have the highest levels of psychological distress:

- Mental Health


Slide 30

LGBT Youth

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

- Rates of substance use are almost 3 times higher for LGBT youth.

- Violence by a family member is the most common type of violence experienced.

- Youth who have been violently attacked are more likely to experience high levels of sexual identity distress.

Slide 31

Substance Use

- Lesbian/LGBT and bisexual women have higher rates of alcohol use than heterosexual women.
- Higher rates of binge drinking among women who identify as lesbian or bisexual.
- Lesbian and bisexual women have higher rates of tobacco use than heterosexual women.
- Alcohol is used to combat psychological distress associated with bias and discrimination.

Slide 32

Parenting

- 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.

Slide 33

Healthy Aging

“Older lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples.”
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 identities, and literacy levels.

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General Tips for Communicating

- Use LGBT affirmative language
- Focus on actual behaviors & avoid pronoun/sexual identity when discussing risk
- Positive, initial interview is key to making a patient feel comfortable to disclose
- Remove distractions: ensure private location
- Check your body language
- Maintain and emphasize confidentiality
- Be respectful of the words chosen by the patient
- Ask open-ended questions
- Provide clarification when needed
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?

---

Carmen is a 28-year-old female and was considering visiting the clinic for an eye injury. Her husband is concerned about intimate partner violence, so a social worker is brought in to speak with her.

Social worker (enters and greets Carmen): Hi Carmen, I’m 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.
Slide 40

Scenario 1

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

Slide 41

What could the social worker have done differently?

Slide 42

Primary Mistakes

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
Slide 43

What are the consequences of these mistakes to the patient?

Slide 44

Scenario 2

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

Carmen: I fell and hurt my eye.

Social worker: To provide you with the best care possible, I need to ask you something. I see that your eye has a bruise. Does that look like you might have been hurt?

Carmen: Um... maybe.

Social worker: Do you have a relationship?

Carmen: Yes.

Slide 45

Scenario 2

Social worker: Are there any sensitive issues? Can you tell me more about the bruise?

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

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

Carmen: It's a woman. Her name is Joanna.

Social worker: Oh, thank you for sharing that. Do you feel safe in your current relationship?
Slide 46

Scenario 2

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.

Slide 47

What improvements did the clinician make?

Slide 48

Creating a Welcoming and Safe Environment

- Train staff to be sensitive to LGBT clients, and hire LGBT staff members.
- Ensure LGBT information, education, and referral materials in waiting rooms or examination rooms.
- Place a visible innovation statement that includes gender identity and sexual orientation in a prominent place in the clinic or office.
- Display pictures or posters with for girls 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.
Key Concepts

- Bias against LGBT individuals in medical settings reduces access to and quality of care.
- Ensure that the environment and language promote comfort and project acceptance of sexual and gender diversity.
- An understanding that families and communities may be sources of stress and/or support for LGBT patients.
- LGBT individuals may face different risks for certain medical conditions compared to heterosexual individuals.

Resources

- The Joint Commission
  - Revisiting Your Hospital’s Visitation Policy
  - Advancing Effective Communication LGBT Field Guide
- National LGBT Health Education Center - The Fenway Institute
  - LGBT Health Education Center (Website Homepage)
  - A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings
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You can make an impact!
Contact Information

For more information, please contact:

Julie Friedman, MPH, CHES
Director
Iris Cantor - UCLA Women's Health Education & Research Center
1100 Glendon Ave, Suite 1820
Phone: 310-794-8062
Email: jafriedman@mednet.ucla.edu
www.uclawomenshealth.org

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Lesbian, Bisexual & Queer Women’s Health

Training for Healthcare Administrators
Slide 1

Caring for the Health of Lesbian, Bisexual and Queer Women 2019

The Los Angeles County Lesbian, Bisexual and Queer Women's Health Collaborative (LBQWHC)

Addresses health disparities for lesbian, bisexual, and queer women in Los Angeles County

Members represent:
  - Healthcare providers
  - Health care facilities
  - Government agencies
  - Community organizations
  - Academic institutions
  - Community advocates

Introduction

The Los Angeles County Lesbian, Bisexual and Queer Women's Health Collaborative (LBQWHC)
  - Addresses health disparities for lesbian, bisexual, and queer women in Los Angeles County
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Objectives

- Describe issues that may prevent lesbian, bisexual, and queer women from seeking care
- Identify action steps to promote inclusive care for lesbian, bisexual, and queer women
- Articulate best practices in caring for lesbian, bisexual, and queer women
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- Discuss mental health and substance abuse for lesbian, bisexual, and queer women
Focus Group Study 2012 at CHLA Center for Young Women

Why do we care specifically about this population?

“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.”

Case 1

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 it 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 frightened it 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.

Questions to Consider:

- What types of challenges might lesbian, bisexual, and queer women face when seeking health care?
- How might systemic barriers to accessing and receiving good care be reduced?
- What is your role in addressing these challenges?
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?

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?

Sexual Orientation

- Gay or Lesbian: Emotional, romantic, and/or sexual attraction to individuals of own gender
- Bisexual: Sexual, emotional, and/or romantic attraction or behavior directed towards people of more than one gender, though not necessarily simultaneously, in the same way or to the same degree
- Queer: A term people may use to express non-normative sexual orientation and/or gender identity. Sometimes used interchangeably with "LGBTQ."
- Pansexual: Describes someone who has the potential to experience, express, and/or be attracted to people of any gender through emotional, romantic, and/or sexual attraction, in the same way or to the same degree
- No identity label: Many women forgo using any identity labels to describe their sexual orientation.
**Slide 10**

Gender Identity & Expression

- **Gender Identity**: A person’s deeply held internal sense of oneself as male, female, or somewhere in between.

- **Gender Expression**: Refers to all of a person’s external characteristics and behaviors that represent one’s gender identity to others, such as:
  - Name
  - Pronouns
  - Clothing
  - Jewelry
  - Makeup
  - Speech patterns
  - Social interactions

**Slide 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.

**Slide 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 provides recommendations on language and proper translation is used for terms.

- The National LGBT Health Education Center offers a translation and gender identity worksheet on their website.

- Translators should be involved with community members and respect their preferences on how to use keywords.
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 they use to describe themselves
  - E.g. If someone identifies as "lesbian", use that word to describe them, rather than "homosexual"

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-judgmental way
  - Do not assume parameters of sexual behavior based on knowledge of relationship status & identity

Sex, Gender, & Orientation

Sex, Gender, & Orientation Continuum

- Sex
- Assigned at birth
- Gender
- Identity
- Sexual orientation
- Sexual behavior
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.

Who are lesbian, bisexual, and queer women?

- Women who have emotional, intimate, 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 types of appearance
  - All sexual orientations, gender identities, and family statuses
  - All gender expressions

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.

- 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 the DSM-IV criteria for depression (50%), lifetime suicide attempts (39%), and alcohol and substance abuse.
- Higher rates of suicidal ideation, suicide attempts, and suicide.
Slide 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
  - Importance of religion and spirituality as integral to women’s mental health

Slide 20

Discrimination and Stigma in Medical Care

- 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.

Slide 21

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%
Lack of health insurance: larger impact on health seeking behaviors of lesbian/bisexual/queer women than gay/bisexual/queer men—some improvement with legalized marriage.

LGBTQ individuals experience greater delays and unmet need in obtaining medication and other medical care compared to heterosexuals.

Hostile attitudes of providers, manifested as verbal intolerance.

Lack of knowledge and comfort regarding transgender care.

Potential Barriers to Health Care Utilization

Impact of Discrimination

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.

Implicit and Explicit Biases

Healthcare providers often have explicit and implicit biases that may induce a "felt-stigma" among lesbian and bisexual patients:

- Causing 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.
Slide 25

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

- **PITFALLS**
  - Same-sex partners or nontraditional family members are not included in decision making.
  - Sexual behaviors or identity are not commonly addressed.
  - Risk is assessed based on sexual orientation, not behavior.
  - It is assumed that LGBTQ individuals are not having or planning for children.

**Experiences with Health Care Providers**

- "If you can't be open, how can you build trust with your provider to help make decisions with you? I don't think you're going to feel safe with your provider knowing about all of me, including my sexual orientation, helps build trust." - Phyllis S., Age 78
- "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." - 35 y/o Mexican & Filipina Pansexual Woman

Slide 26

**HEI - Healthcare Equality Index**

- National LGBTQ survey and report intended to guide health care facilities to provide better, equitable care for their LGBTQ patients.
- Improves access and quality of care for LGBTQ patients, employees, and visitors.
- Promotes a culture of the "best policies and practices for LGBTQ health."
Slide 28

Human Rights Campaign Recommends Advanced Healthcare Directives

- 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, Advanced Healthcare Directives

Slide 29

Hospital Visitation Policy

- Federal regulations require hospitals participating in Medicare and Medicaid to:
  - Inform patients of their rights to receive visitors when 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 families

Slide 30

Gender Neutral Restrooms

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.

The experiences associated with the LGBT identity 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


Slide 34

Bisexual women have the highest levels of psychological distress.

<table>
<thead>
<tr>
<th>Mental Health</th>
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<tbody>
<tr>
<td>&quot;Extreme psychological distress&quot;</td>
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<tr>
<td>&quot;Transgender&quot;</td>
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</tbody>
</table>

Slide 35

LGBT Youth

- National and state representation surveys consistently demonstrate higher rates of suicide, substance use, and violence among LGBT youth compared to non-LGBT youth.
- Rates of substance use are almost 3 times higher for LGBT youth.
- Violence by a family member is the most common type of violence reported.
- Youth who also identified as genderqueer were more likely to have high levels of mental distress.


Slide 36

Substance Use

- Lesbian (72%) and bisexual women (67%) have a higher rate of alcohol use than heterosexual women (55%), with binge drinking among the past year.
- With increasing age, prevalence of alcohol use decreases, 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; McNair et al., 2016).

Slide 37

Parenting

- Based on a survey of 1,197 nationally representative LGBT adults in the United States, 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

Slide 38

Healthy Aging

“Older lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples.”

Slide 39

EHR, Forms, & Materials

Use patient intake forms and EHR that have inclusive language about:
- Sexuality
- Sexual activity
- Relationship status
- Gender identity
- Sex assigned at birth

Educational materials should have inclusive images and language for all ages, genders, races, sexual orientations, and ability levels.
General Tips for Communicating

- Use LGBT affirmative language
- Focus on actual behaviors & prevent over your patient's sexual identity when discussing facts
- Positive, initial interaction is key to making a patient feel comfortable and safe
- 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
Scenario 1

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

Patient liaison (walks in and greets Carmen and Rachel): 
Hello! Who is the real mom here?

Carmen and Rachel are silent, unsure how to respond.

You are contacted by the Office of Patient Experience with a patient concern. Carmen and Rachel have written a letter and called to complain due to the unjust treatment they received after the birth of their son.

What could the patient liaison have done differently?
Slide 46

**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

Slide 47

What are the consequences of these mistakes to the patient?

Slide 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! You both are here to make your stay here as comfortable and positive as possible. How can I be of assistance to you today?
What improvements did the patient liaison make?

Creating a Welcoming and Safe Environment

- 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 art/quality patient with lesbian, gay, bisexual, and transgender individuals.
- Alleviate pain and EMR to improve knowledge of patient sexuality and gender identity and respect patients and a nonjudgmental attitude.
- Advertise in LGBT media sources.

Key Concepts

- Bias against LGBT individuals in medical settings reduces access to and quality of care.
- Ensure that the environment and language promote comfort and project acceptance of sexual and gender diversity.
- An understanding that different stressors and different medical needs exist for LGBT individuals.
- Show that the environment and language reflect the cultural and social diversity of a sexual and gender identity.
Slide 52

Resources

The Joint Commission
- Revisiting Your Hospital’s Visitation Policy (Inclusive Visitation Requirements)

National LGBT Health Education Center – The Fenway Institute
- A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings
- LGBT Health Education Center (Website Homepage)
- Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records (2012 IOM Report: Collecting SOGI Data in HER)
- The Health of Lesbian, Gay, Bisexual, and Transgender People (IOM 2011 Report)

Human Rights Campaign - Healthcare Equality Index (HEI)
- Publicizing Patient Non-discrimination and Equal Visitation Policies (Nondiscrimination Policies)
- Equal Visitation Policies (HEI Equal Visitation)
- Employment Non-discrimination (HEI employment non-discrimination)
- Training in LGBT Patient-centered Care (HEI Training)
- Resources for VHA Facilities (VHA Resources)

Slide 53

You can make an impact!

Contact Information

For more information, please contact:
Julie Friedman, MPH, CHES
Director
Iris Cantor - UCLA Women’s Health Education & Research Center
1100 Glendon Ave, Suite 1820
Phone: 310-794-8062
Email: jafriedman@mednet.ucla.edu
womenshealth.ucla.edu
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## Educational Materials

<table>
<thead>
<tr>
<th>Organization</th>
<th>Resource</th>
<th>Link</th>
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<tbody>
<tr>
<td>American Cancer Society</td>
<td>Cancer Facts for Lesbians and Bisexual Women</td>
<td>Bit.ly/LBcancer</td>
</tr>
<tr>
<td>Avert</td>
<td>HIV &amp; Women Who Have Sex with Women</td>
<td>Bit.ly/HIVwomen</td>
</tr>
<tr>
<td>Bisexual Resource Center</td>
<td>Mental Health in the Bi+ Community</td>
<td>Bit.ly/bimentalhealth</td>
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<tr>
<td>Gay &amp; Lesbian Medical Association</td>
<td>Ten Things Bisexuals Should Discuss with Their Healthcare Provider</td>
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Director
Iris Cantor-UCLA Women’s Health Education & Research Center
1100 Glendon Ave, Suite 1820
Los Angeles, CA 90024
jafriedman@mednet.ucla.edu
(310) 794-8062

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