

# LGBT CULTURAL COMPETENCY

How to support better access to care to the lesbian, gay, bisexual and transgender (LGBT) communities through cultural competency

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# LGBT CULTURAL COMPETENCY

- What is cultural competency?

Well, might not be as difficult  
as we think



# LGBT CULTURAL COMPETENCY

Cultural Competence refers to a combination of knowledge, skills and awareness pertaining to cultural differences and different interpretations across groups

It includes the awareness of and respect for differences, without making assumptions that everyone from a particular background holds the same beliefs and practices.

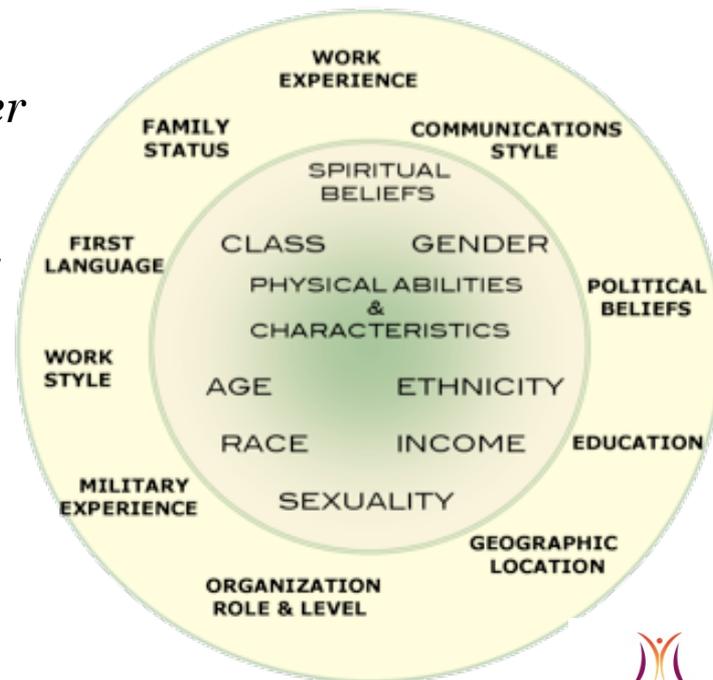
It recognizes diversity



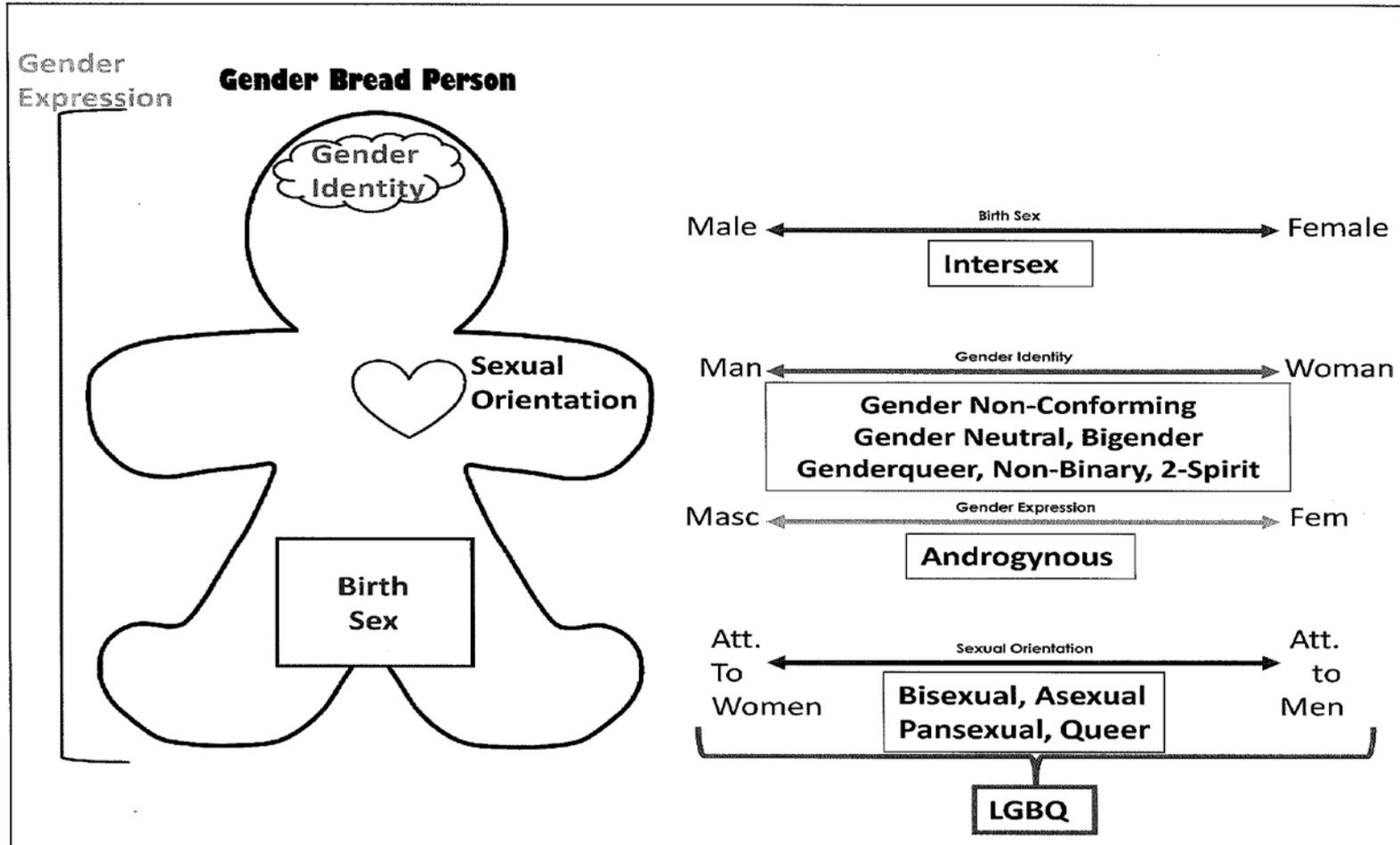
# LGBT CULTURAL COMPETENCY

- Diversity – that which makes us unique:

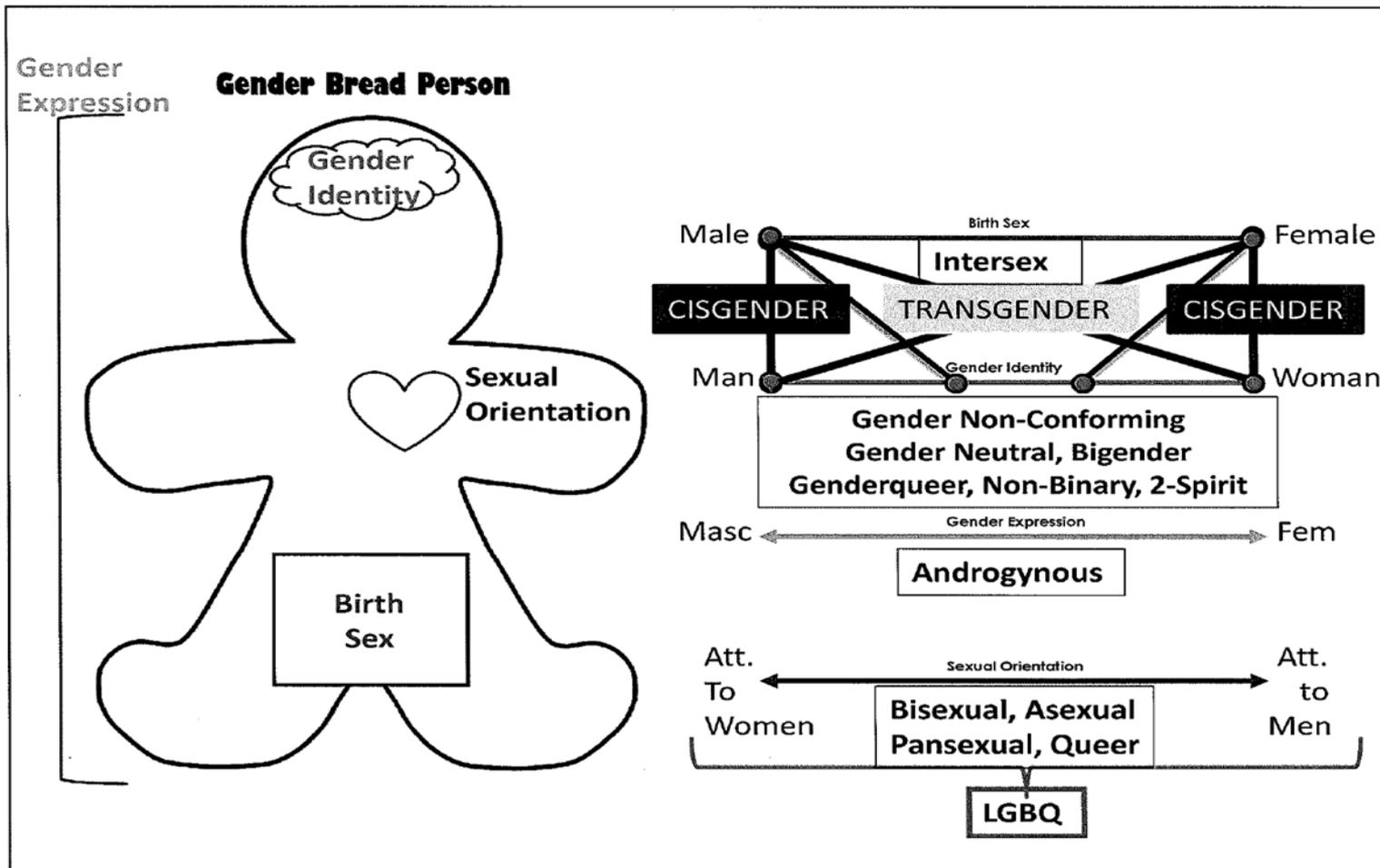
*race, color, gender, religion, national origin, age, disability, culture, sexual orientation, gender identity, parental status, educational background, socioeconomic status, intellectual perspective, organizational level, and more.*



# LGBT CULTURAL COMPETENCY



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- Transgender: A umbrella term describing the state of a person's gender identity which does not necessarily match the gender they were assigned at birth.
- Other words commonly used are female-to-male (FTM), male-to-female (MTF), cross-dresser, drag queen and king, androgynous, transwoman/transman, bi-gender, and genderqueer.
- Transgender people may or may not decide to alter their bodies hormonally and/or surgically.
  - **Note:** Being transgender does not imply any specific sexual orientation.



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- Why do we need to know all this?
  - The Williams Institute 2011 study suggests that 1.7% of American adults identify as lesbian and gay, and 1.8% of adults as bi-sexual.
  - That means over 8 million adults are lesbian, gay or bisexual comprising 3.5% of the adult population.



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We need to know because chances are you'll see us in your clinic, in your office, in your therapy group, in your home.



# LGBT CULTURAL COMPETENCY

- Bias against LGBT

LGBT people face injustice at every turn: in childhood homes, in school systems that promise to shelter and educate, in harsh and exclusionary workplaces, at the grocery store, the hotel front desk, in doctors' offices and emergency rooms, before judges and at the hands of landlords, police officers, health care workers and other service providers.



# LGBT CULTURAL COMPETENCY

- What can and should we do?
  - Create a welcoming environment
  - Data collection in clinical setting
    - Medical history
    - Sexual orientation
    - Gender identity
  - Confidentiality
  - Specific issues for LGBT patients
  - language



# LGBT CULTURAL COMPETENCY

## Welcoming Environment -

- Post rainbow flag, pink triangle, unisex bathroom signs, or other LGBT-friendly symbols or stickers.
- Exhibit posters showing racially and ethnically diverse same-sex couples or transgender people. Or posters from non-profit LGBT or HIV/AIDS organizations.
- Display brochures (multilingual when possible and appropriate) about LGBT health concerns, such as breast cancer, safe sex, hormone therapy, mental health, substance use, and sexually transmitted diseases (STDs—also called sexually transmitted infections or STIs such as HIV/AIDS, syphilis, and Hepatitis).
- Disseminate or visibly post a non-discrimination statement stating that equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, or gender identity/expression.
- Display LGBT-specific media, including local or national magazines or newsletters about and for LGBT and HIV-positive individuals.
- A universal gender inclusive restroom



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## Data collection –

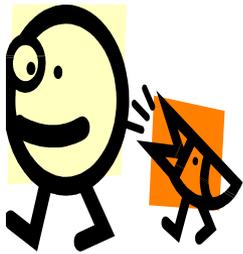
- Intake forms should reflect LGBT sensitivity – “relationship” “partnered” “spouse”; include “transgender” option
- Medical history – use gender neutral language such a “partner(s)”; significant other(s); ask about legal name and preferred name; give options – many people do not define themselves through a sexual orientation label, yet may have sex with persons of their same sex or gender, or with more than one sex; be non-judgmental
- Transgender – do not make assumptions about behavior or bodies based on presentation; use open-ended questions; assure patient of confidentiality; given and chosen name; preferred pronoun; use MTF or M2F FTM or F2M; apologize when making a mistake;
- Inappropriate terms – Tranny; She-male; He-she; transvestite; Hermaphrodite;

NEVER OUT SOMEONE



# LGBT CULTURAL COMPETENCY

- Confidentiality – patient-provider discussion is confidential. Specify what information will remain confidential and what will be retained in medical records.
- Written confidentiality statement – key elements
  - The information covered
  - Who has access to the medical record
  - How test results remain confidential
  - Policy on sharing information with insurance companies
  - When maintaining confidentiality is not possible



# LGBT CULTURAL COMPETENCY

- Specific issues for LGBT patients –
  - Explore the extent to which patient is “out” (decreased risk and improves mental health);
  - Social stress (homophobia; biphobia; transphobia; discrimination; harassment) – may result in increased use of tobacco/alcohol/drugs;
  - Safer sex discussion
  - Do not assume sexual behavior based on identity (lesbian = never had male partners, no pregnancy, little risk for STD)

## Risk Factors –

- Lesbians/Bi Women
  - Underutilization of medical care
  - Lack of health insurance
  - Overweight or obesity
  - Smoking and substance abuse
  - Lower rates of pregnancy
  - Mental health



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## Risk Factors –

- Gay/Bi Men
  - Lack of health insurance
  - Anal cancer
  - HIV/AIDS
  - STD
  - Hepatitis
  - Substance abuse and alcohol use
  - Tobacco use
  - Fitness (diet and exercise) eating disorders
  - Depression/anxiety



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## Risk Factors –

- Transgender –
  - Stigma/social discrimination/violence
  - Lack and/or interrupted medical care and insurance
  - Hormone monitoring (silicone/black market hormones)
  - Substance abuse
  - Mental health
  - HIV/AIDS
  - Hepatitis
  - STD

**HOMOPHOBIA IN MEDICAL PRACTICE IS A REALITY**



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## Reasons to develop cultural and linguistic competency

- Respond to current and projected demographic changes
  - Eliminate health disparities
- Improve the quality of services and health outcomes
- Meet legislative, regulatory and accreditation mandates
  - Gain a competitive edge in the market place
  - Decrease the likelihood of liability claims

and it's just GOOD PRACTICE



# THANK YOU

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