

A photograph of two hands held palm-up, holding colorful clay letters that spell out 'LGBTQ+'. The letters are: L (red), G (orange), B (yellow), T (green), and Q (purple). The background is a dark, solid color.

DECEMBER
2021

LGBTQ+ 201

Best Practices to Address Implicit Bias and Advance Health Equity

Christian Port, MPA

Pronouns: he/him/his

Housekeeping

2021

Things to keep in mind as we get started.

- We invite you to keep your video on during the presentation so that we can see each other.
- Please keep your microphone muted except during breakout sessions.
- We encourage you to participate by sharing your questions, comments and feedback in the chat.
- Slides, materials, and a recording will be shared with you via email following the presentation.
- Please remember to complete the evaluation for today's training, especially if you would like to receive CEUs.

Disclaimer Statement

- I have no actual or potential conflict of interest, financial or otherwise, in relation to the content in this presentation.
- I am not a medical doctor. The information provided in this presentation is for educational and informational purposes only. It does not substitute for professional medical advice.
- Please use information in this presentation responsibly. I am not liable for risks or issues associated with acting upon any information in this presentation.

Organizational Affiliations

- Health Consortium of Greater San Gabriel Valley
- Planned Parenthood Pasadena and San Gabriel Valley
- San Gabriel Valley LGBTQ Center

OUR PARTNER ORGANIZATIONS



- Offers over a dozen monthly support groups, webinars, and social activities to the LGBTQ+ community and allies.
- All programming is being offered virtually during the pandemic.
- Visit us at sgvlgbtq.org and sign up for our mailing list.



- Offers sexual and reproductive health care, wellness exams, immunizations, and preventive screenings to the LGBTQ+ community.
- Provides hormone therapy through our TransCare program.
- Visit us at pppsgv.org to learn more and make appointments through our online scheduling system.

HOUSEKEEPING

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Community Agreements

Allow For
Complexity

Engage In
Learning

Respect
And Listen

Embrace
Compassion

Training Objectives

Our goals for today.

1. Discuss the challenges that LGBTQ+ people experience in accessing health care and social services through a trauma-informed lens.
2. Identify tools and best practices for addressing implicit bias and privilege in order to provide a more inclusive experience for LGBTQ+ people.
3. Explore using a whole person care approach to address the full spectrum of LGBTQ+ patient needs and reduce stigma.



Understanding the Challenges

Using a trauma-informed lens to understand the challenges that LGBTQ+ people experience in accessing health care and social services.

LGBTQ+ 201: Best Practices to Address Implicit Bias and Advance Health Equity

A Brief History of LGBTQ+ Health

LGBTQ+ identities were outlawed, marginalized, censored, and erased throughout most of American history.

Scientific and medical research did not begin to differentiate between sexual and gender diversity until the mid-20th century.

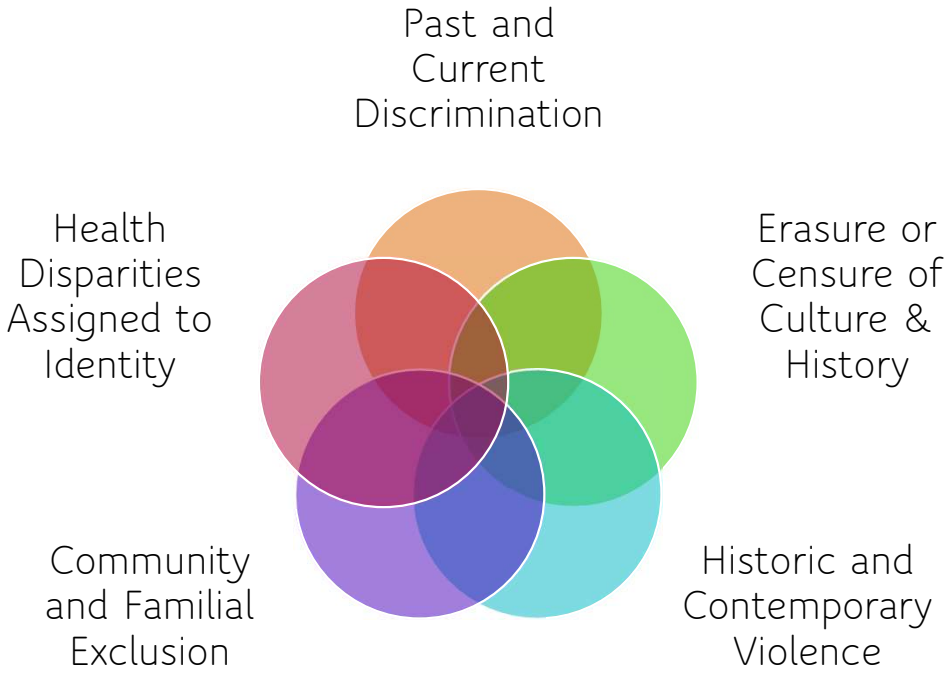
The American Psychological Association (APA) pathologized sexual and gender diversity in the DSM.

Over 700,000 Americans have died due to HIV/AIDs since 1981, many of them LGBTQ+.

Today, federal protections against most types of discrimination still do not exist for LGBTQ+ individuals.

Unpacking Historical Trauma

How a history of exclusion and discrimination impacts LGBTQ+ health today.



Individual LGBTQ+ Trauma

Unique and adverse experiences of LGBTQ+ people today.



TRAUMA AND HEALTH DISPARITIES

Individual and collective trauma are at the root of many health disparities that LGBTQ+ identifying people experience.

Mental Health
(Anxiety,
Depression,
Suicide)

STIs & HIV

SUDs

Violence (DV, IPV,
Sexual Assault,
Hate Crimes)

Elder Isolation



BARRIERS TO CARE

The top 3 barriers to care for LGBTQ+ identifying individuals today.

Limited Access

- Less likely to have health insurance
- Less likely to have a usual source of care

Negative Experiences

- Discrimination
- Refusal or denial of care

Cultural Competency

- Lack of provider education
- Lack of specialty providers





Implicit Bias and Privilege

Identifying tools and best practices for providing a more inclusive experience to LGBTQ+ patients and clients.

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Implicit Bias

- Attitudes, beliefs, or cultural stereotypes that affect our understanding, behaviors, actions, and decisions in an unconscious manner.
- Result of mental associations that have been formed by accumulated direct and indirect messaging we receive (e.g. certain groups being identified by certain characteristics) over time.

Adapted from The Fenway Institute, 2021



Heteronormativity

Most of us were raised to assume the following:

- Heterosexuality is the “default,” “normal,” or “dominant” form of sexual orientation.
- Gender is a binary (cisgender male or female only) and correlates to sex assigned at birth.
- Your gender expression can only be masculine or feminine and is determined by your sex assigned at birth and corresponding gender.
- “Default mode” or “normal mode” of human behavior is to have sexual and/or marital relations with members of the opposite sex.
- Monogamy is the only acceptable form of sexual and/or marital relations (especially if you are a cisgender woman).

Heteronormative Model of Human Experience

Key Concept

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Adapted from "A Social Change Model for Leadership Development"
Higher Education Research Institute, UCLA

Identity and Privilege

- Normative identities are rooted in historic privilege and power.
- Dominant culture favors normative identities and targets non-dominant culture and identities.
- These power structures result in prejudice, exclusion, discrimination, marginalization, and oppression of non-dominant cultures and identities.

Identity	Agent/Privileged	Target/Disadvantaged
Race & Ethnicity	Whites/Euro-American	People of Color
Assigned Biological Sex	Assigned Male at Birth	Assigned Female at Birth, Intersex
Sexual Orientation	Heterosexuals	Lesbians, Gay men, Bisexuals, Queer-identified
Gender Identity	Cisgender people	Transgender people, Gender variant, Transsexuals, Gender non-conforming people
Religion/Spirituality/Beliefs	Christians	Jews, Muslims, and other religious minorities
Physical/Psychological/Developmental Ability	Able-bodied Persons	People with Disabilities
Class	Owning and Middle Class	Poor and Working Class
Occupation	White Collar	Blue Collar
Age	Middle/Adult	Young and Elderly
Family Structure	Nuclear (traditional)	Non-nuclear (Non-traditional)
Appearance	Hegemonic construction of beauty and the body	The reality of beauty and the body
Geographic Location	City Dwellers, Suburban	Rural, Inner-city
National Origin	Citizens	Undocumented

Cisgender and Heterosexual Privilege

"Privilege" refers to certain social advantages, benefits, or degrees of prestige and respect that an individual has by virtue of belonging to certain social identity groups.

Cisgender Privilege

- The unearned benefits that result from your gender identity matching your sex assigned at birth (as opposed to being transgender).
- Can also refer to particular advantages that result from being society's normative gender.

Heterosexual Privilege

- The unearned benefits that result from being attracted to the opposite sex.
- The act of preferring male–female relationships and sexuality over same-sex relationships.
- Related concepts are heterosexism and heterosexual assumption.

Examples of Cis and Hetero Privilege

Living openly with your partner without fear of discrimination

Not being questioned about what restroom you should use

Knowing that people aren't going to talk about your sexuality or gender behind your back

Not being denied access to health care

Belonging to a religion of your choice without fear of judgment or persecution

Not fearing violence because of your gender expression

Expecting your children's textbooks to showcase your type of family unit

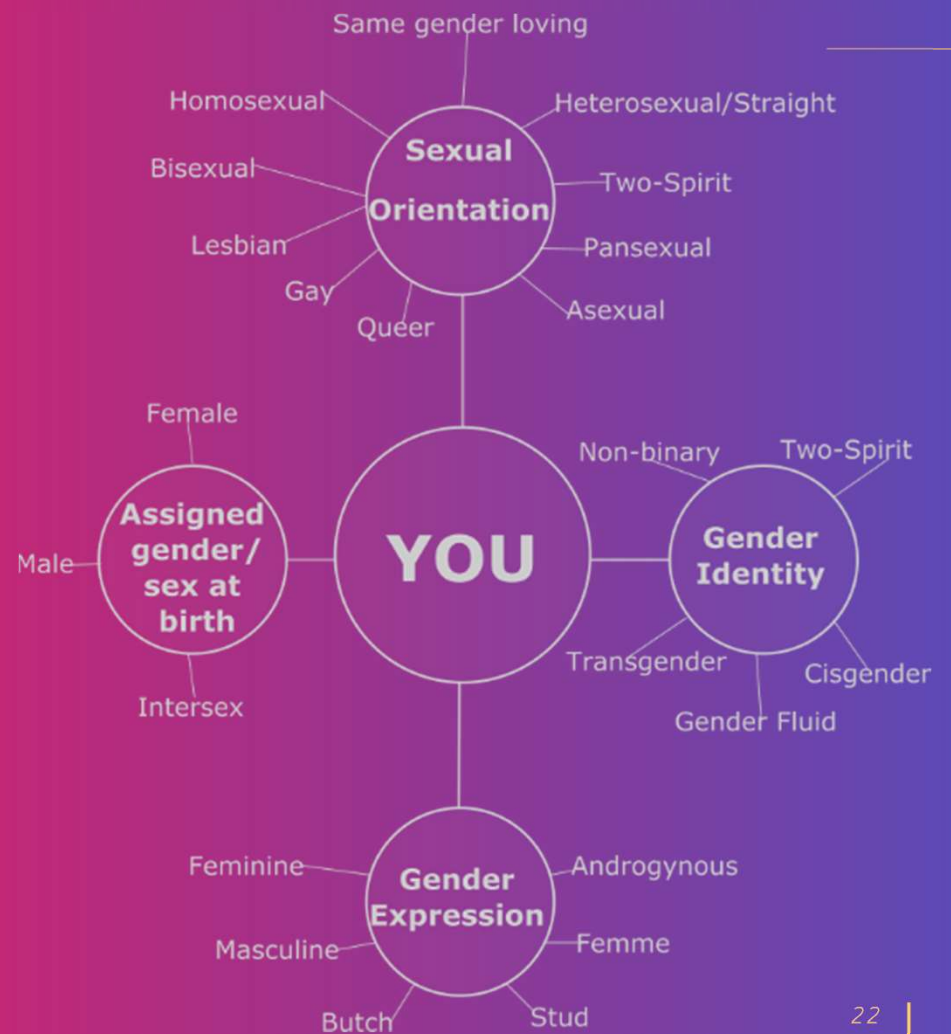
Not being fired on the basis of your gender identity or sexual orientation

Being able to travel around the world freely

Not being misgendered when spoken about

Model of Multiple Identities

The reality of the human experience is much more diverse and complex than a heteronormative, dominant culture will lead you to believe.



How Do We Begin to Address Implicit Bias?

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Steps you can begin to take to challenge your implicit bias and make LGBTQ+ patients and clients feel safe, welcome and seen.



Deeper Implicit Bias Practices

Two Key Practices to Reduce Implicit Bias as a Provider

Individuating

- Making an effort to focus on specific information about an individual
- “How can I set my assumptions aside so I can get to know this person as this person is?”

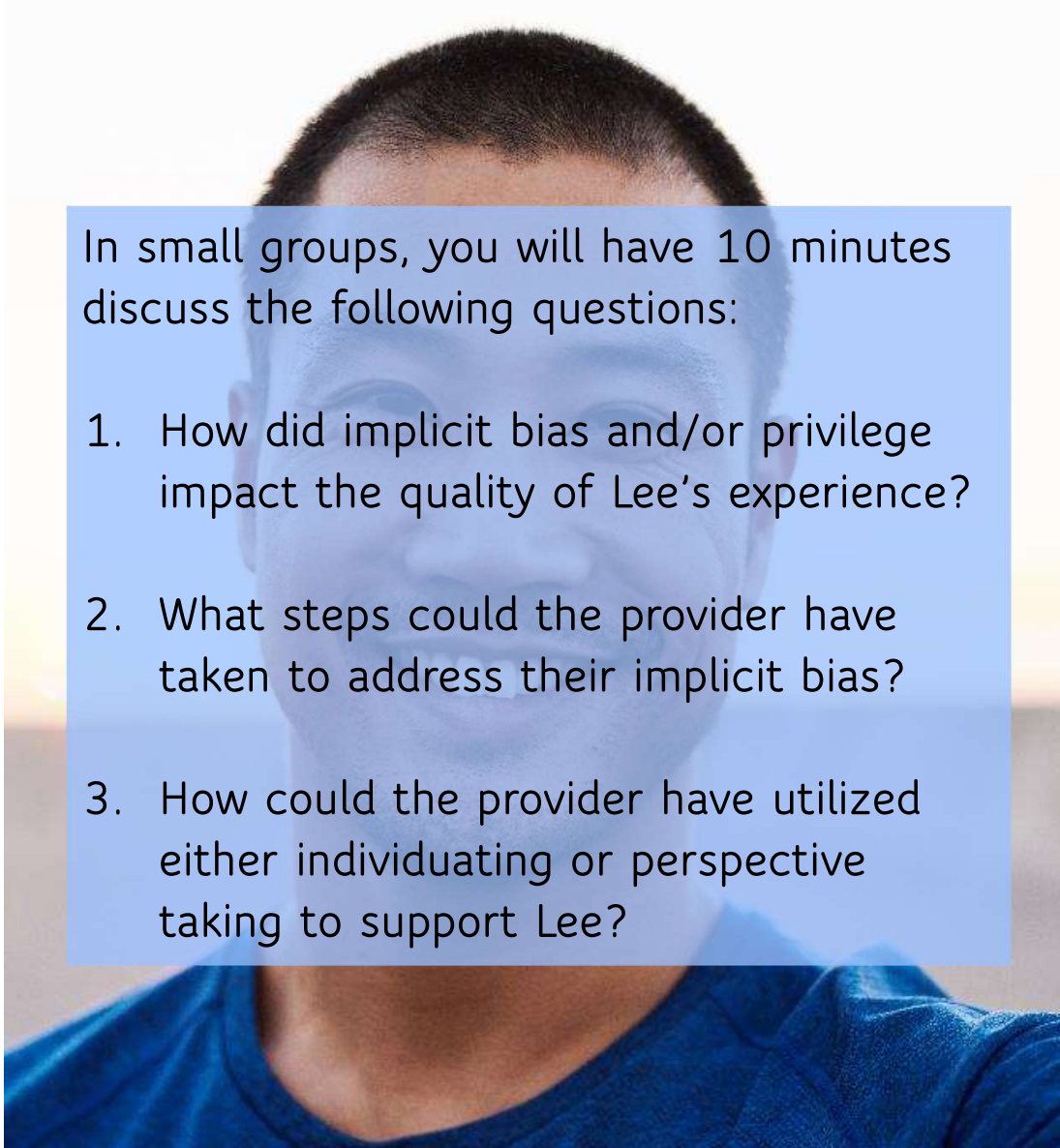
Perspective Taking

- Taking another person’s viewpoint intentionally
- What might it feel like to be a LGBTQ+ person coming to see a new clinician for the first time?

Scenario 2: Meet Lee

- Lee arrives at the health center. Sexual orientation and gender identity questions are on the registration forms. Lee notes that he is “heterosexual/straight” on the form.
- Later, during the exam, the primary care provider asks as part of the sexual history, “Are you using condoms, or comfortable with the idea of a partner getting pregnant?”
- Lee, who has only had male partners for the past year, answers “I have been sleeping with men lately.” The primary care provider then says, “Oh, it says here you are straight. You must have filled out the form incorrectly.” Lee responds, “No, I didn’t.”

Adapted from The Fenway Institute, 2021



In small groups, you will have 10 minutes discuss the following questions:

1. How did implicit bias and/or privilege impact the quality of Lee’s experience?
2. What steps could the provider have taken to address their implicit bias?
3. How could the provider have utilized either individuating or perspective taking to support Lee?

Additional Resource: Harvard's Implicit Association Test (IAT)

- The IAT measures attitudes and beliefs that people may be unwilling or unable to report.
- The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about.



A Whole Person Care Approach

Best practices to address the full spectrum of LGBTQ+ patient or client needs and reduce stigma.

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LGBTQ+ AFFIRMING CARE

Whole Person Care is the patient-centered use of health care resources to deliver physical, behavioral, emotional, and social services required to improve care coordination, well-being, and health outcomes while respecting patients' treatment choices.

The provider's role is to promote a patient's wellness by observing, discussing, and addressing all dimensions of a patient's health.



Best Practices for Intake

Language for creating an inclusive experience for patients and clients.

Best Practice	Examples
When addressing patients, avoid using terms like sir or mam.	"Hello, my name is ___ and my pronouns are __/__/___. How may I help you today?"
Avoid gendered language when talking about patients. Use gender neutral words such as <i>they</i> .	"Your patient is here in the waiting room." "They are here for their appointment."
Politely asked if you are unsure about a patient's preferred name or pronouns.	"What name would you like us to use?" "I would like to be respectful – how would you like to be addressed."
Ask respectfully about names if they do not match your records.	"Could your chart be under another name?" "What is the name on your health insurance?"
Apologize if you make a mistake and move on.	"I apologize for using the wrong pronoun. I did not mean to disrespect you."
Only ask for information that is required.	Ask yourself what you need to know. How can you ask in a sensitive way?

Collecting Sexual Orientation and Gender Identity Data at Intake

Why Sexual Orientation and Gender Identity Data (SOGI)?

- Empowers providers to better understand the needs and concerns of their patients and clients
- Helps providers offer culturally responsive services
- Allows health centers and even communities to measure the quality of care provided to people of all sexual orientations and gender identities

Best Practices for SOGI Data Collection and Usage

- Be sure forms are inclusive of SOGI (see example)
- The more comfortable the provider is with asking about SOGI, the more comfortable the patients will be.
- In communities with higher levels of LGBTQ+ stigma, having providers ask open-ended questions about patients' behaviors and desires can provide a better platform for patients to describe their identities and needs in their own words.

EXAMPLE

Do you think of yourself as (Check one):

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Something else (e.g., queer, pansexual, asexual.) Please specify: _____
- Don't know
- Choose not to disclose

What is your current gender identity? (Check one):

- Female
- Male
- Transgender Woman/Transgender Female
- Transgender Man/Transgender Male
- Other* (e.g., non-binary, genderqueer, gender-diverse, or gender fluid)
Please specify: _____
- Choose not to disclose

What sex were you assigned at birth? (Check one):

- Female
- Male

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Five Steps to Conduct a LGBTQ+ Inclusive Comprehensive Health History

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Key Components of a LGBTQ+ Inclusive Comprehensive Medical History

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Type of Sexual Partners (Men, Women, Both, Non-binary/Other, None)

Type of Sex (Oral, Vaginal, Insertive and Receptive Anal Sex)

HIV Risk and Prevention

STIs (HPV, Chlamydia, Gonorrhea, Syphilis, Trichomonas)

Hepatitis B and C

Behavioral Health Concerns (PHQ or GAD)

Alcohol, Tobacco, and Drug Use

Intimate Partner Violence, Domestic Violence or Sexual Assault

Prevention and Screening Guidelines

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HIV Prevention (PrEP)

- Men who have sex with men (MSM); LGBTQ+ People of Color; Women of Color

HIV Treatment

STI Screening

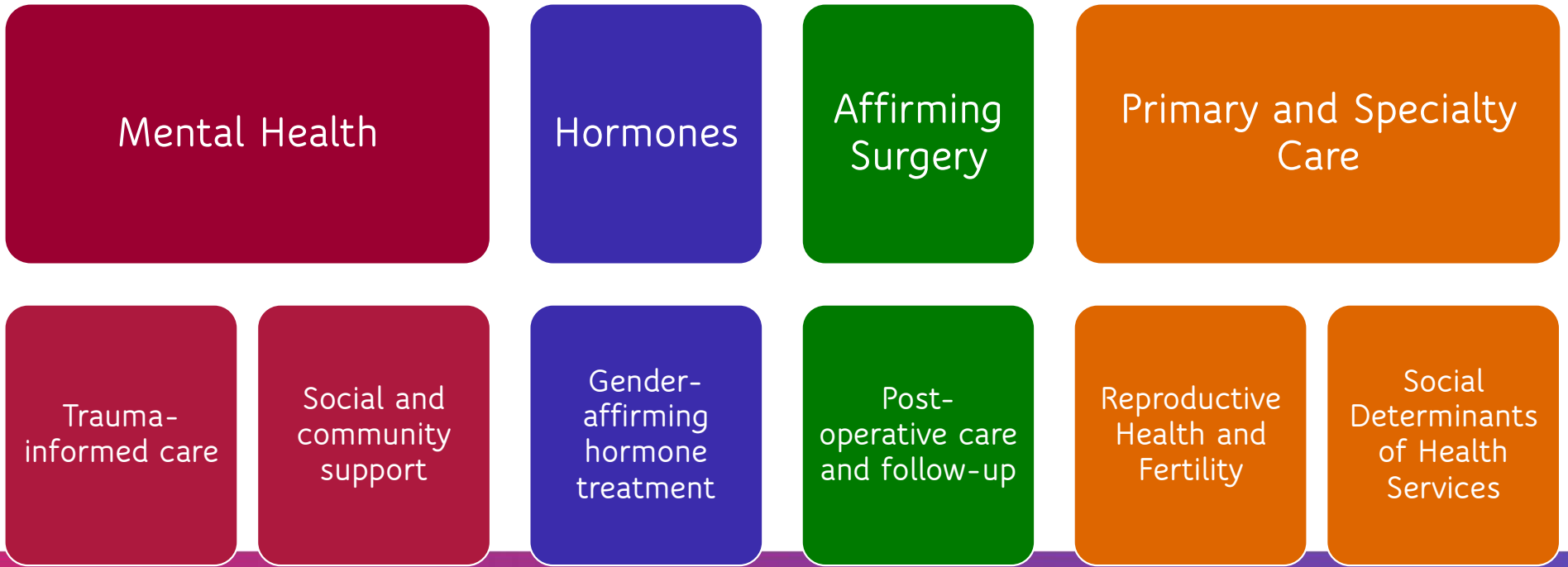
Immunization

- HPV
- Hep A and B
- Meningitis

Cancer Screening

- Cervical
- Breast Tissue
- Colorectal / Prostate

Gender Affirming Care



Family Planning and Reproductive Health

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Reproduction
Methods

Adoption

Contraception
Methods

Sperm / Egg
Banking

Fertility
Treatments

Abortion



Behavioral Health

Individual Counseling

Support Groups

Suicide Prevention

Urgent Mental Health Care

Medication Assisted Treatment

Violence Prevention and Response Programs

Trauma-Informed Care



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Additional Learning

Tools, Resources and Q&A

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References

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[AMA: LGBTQ+ Screening and Care Guidelines](#)

[APA](#)

[APLA Health](#)

[Center for American Progress](#)

[Equality California](#)

[Fenway Institute](#)

[GLSEN](#)

[Human Rights Campaign](#)

[Kaiser Family Foundation](#)

[LA LGBT Center](#)

[National LGBT Health Education Center](#)

[National LGBTQ Task Force](#)

[Planned Parenthood Federation of America](#)

[SAGE](#)

[San Gabriel Valley LGBTQ Center](#)

[Trevor Project](#)

[True Colors United](#)

[UCLA Williams Institute](#)

[USC Rossier School of Education](#)

A Quick Guide to Language

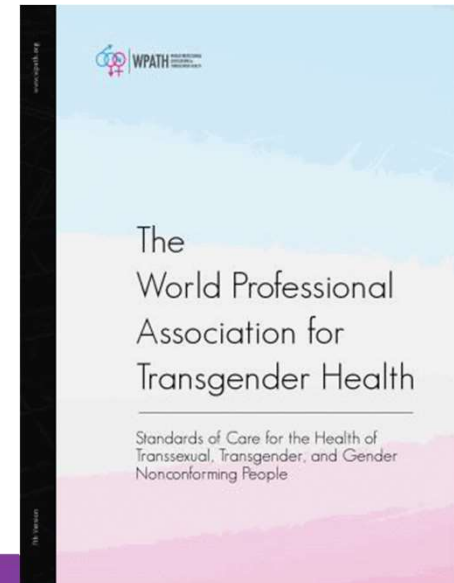
Do's and Don'ts in the Health Care and Social Service Setting

Outdated or Insensitive Term	Recommended Term
Sexual preference / lifestyle	Sexual Orientation
"Transgendered" or Transsexual	Transgender
Homosexual	Gay, Lesbian, etc.
"Preferred pronouns" or "Preferred name"	Just say, "pronouns," or "name," "name used," "chosen name" etc.
Hormone replacement therapy (HRT)	Gender-affirming hormones or hormone therapy
Female-to-male (FTM) or Male-to-female (MTF)	Transgender man or transgender woman
Hermaphrodite / ambiguous genitalia	Intersex
Sex change / sex reassignment surgery	Gender-affirming surgery
Legal name	Administrative name or "name on legal documents"

World Professional Association for Transgender Health (WPATH)

The World Professional Association for Transgender Health (WPATH), formerly known as the (Harry Benjamin International Gender Dysphoria Association (HBIGDA), is a 501(c)(3) non-profit, interdisciplinary professional and educational organization devoted to transgender health.

- [Standards of Care \(SOC\) Manual](#)
- [Conferences](#)
- [Additional Information](#)



LGBTQ+ Birth Control Methodology

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From Reproductive Health
Access Program (RHAP)

Website:

www.reproductiveaccess.org

[Birth Control Options](#)

BIRTH CONTROL ACROSS THE GENDER SPECTRUM

CAN YOU GET PREGNANT?

If you have a uterus and ovaries, you can get pregnant. This is true even if you take testosterone. Although it may stop your monthly bleeding, testosterone does not keep you from getting pregnant.

CAN YOU GET SOMEONE PREGNANT?

If you have a penis and testes, you can get someone pregnant. This is true even if you take estrogen. Estrogen may lower your sperm count, but it does not keep you from getting someone pregnant.

BIRTH CONTROL FOR PEOPLE TAKING TESTOSTERONE

People who have a uterus and ovaries and who take testosterone can use any birth control method. The progestin pill, implant, IUD, and shot may help decrease monthly bleeding. Some people use one of these methods just to control bleeding, even if they don't need birth control. Progestin does not interact with testosterone. Many people want to avoid methods with estrogen (pill/patch/ring). It is unclear if estrogen interacts with testosterone. The copper IUD prevents pregnancy and contains no hormones. Condoms prevent pregnancy and sexually transmitted infections (STIs).

BIRTH CONTROL FOR PEOPLE TAKING ESTROGEN

People who have a penis and testes and who take estrogen can use condoms. Their partners can choose any birth control method.

PERMANENT OPTIONS

Permanent methods are great for people who don't ever want to get pregnant. These include tubal ligation, hysterectomy, orchiectomy, and vasectomy.

DON'T FORGET ABOUT SEXUALLY TRANSMITTED INFECTIONS!

Condoms can prevent human immunodeficiency virus (HIV) and other STIs. There are two types of condoms, internal and external. Both types help to prevent pregnancy and infections.



Please contact me for:

- Organizational Consulting
- Staff Training
- Retreats & Events
- Speaking Engagements
- Branding and Marketing

THANK YOU!

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