The Role of Cultural Competence & Cultural Humility in the LGBTQIA+ Population for Health Professionals

August 15th, 2024

Presenter: Anthony Dissen, EdD, MPH, MA, RDN, CPH

A little about me

Dr. Anthony Dissen (he/they) is a public and population health educator and researcher whose scholarly work focuses on the intersections between queer and gender-non-binary communities and the healthcare system, with particular focus and attention paid to the food and nutrition needs of LGBTQIA+ people.

Additionally, Dr. Dissen has a great passion and interest in studying how nutrition and health information is shared, understood, and utilized by consumers of health information, particularly through online and social media channels, and the public health consequences of health misinformation.

Today's Learning Objectives

1. **Be able to understand the ways in which discrimination, stigma, and bias impact the health and wellbeing of LGBTQ+ people across all dimensions of health**

2. **Be able to recognize the ways in which risks for chronic disease and illness are impacted by discrimination, stigma, and bias, as well as by a lack of trust and comfortability with the US healthcare system**

3. **Be able to express how cultural competence and cultural humility can be used by health professionals to advocate for and support the health of LGBTQIA+ populations**

Terminology Basics & Framework

SEX/GENDER (Assigned at Birth)

Female

Male

Intersex

GENDER (Identity)

Woman

Man

Trans

Non-Binary (NB/Enby)

GENDER EXPRESSION

Feminine

Masculine

Androgynous

WHO YOU GO TO BED AS

SEXUALITY

Gay

Lesbian

Bisexual

Asexual

Queer

Etc…

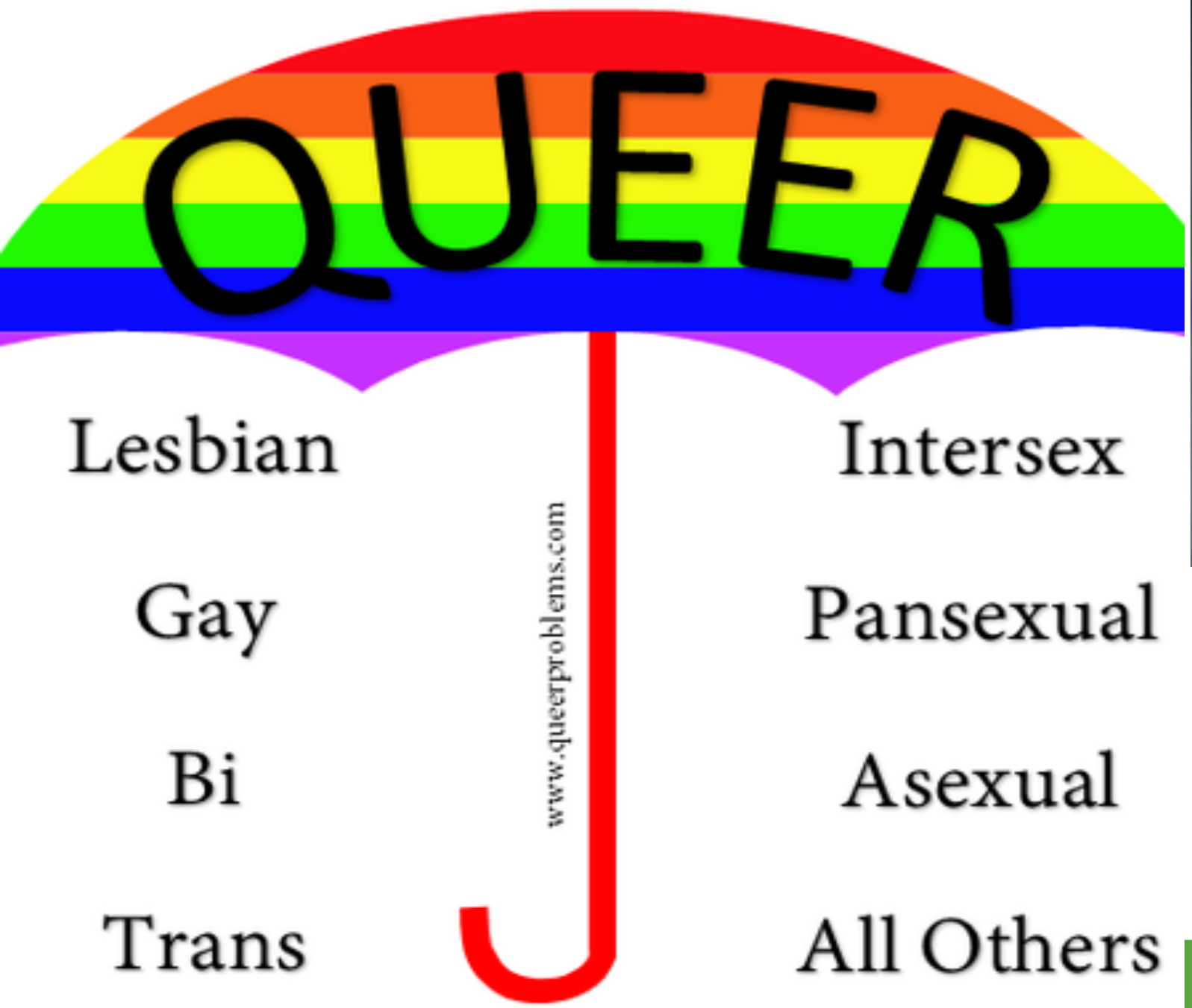
WHO YOU GO TO BED WITH

Terminology Basics & Framework

Transitioning: Social, Legal, and Medical

Important Frameworks:

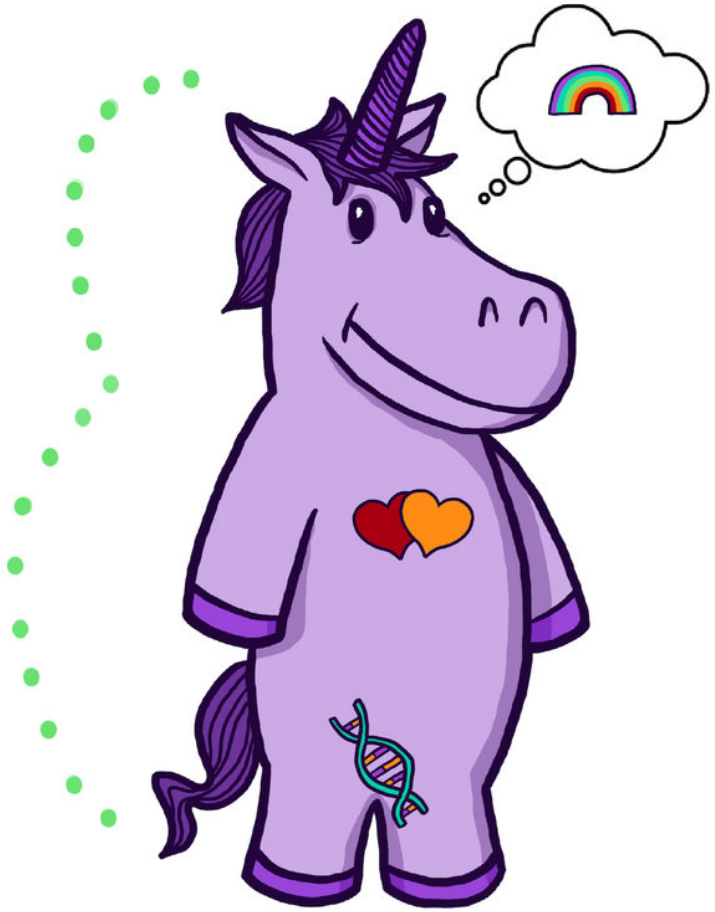
- Social Model of Disability Framework (Mike Oliver & Eli Clare)
- Intersectional Feminist Framework (Kimberlé Crenshaw)



Key Terminology

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

Female | Male | Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Some Brief History

1973: American Psychiatric Association removed the diagnosis of "homosexuality" from the second edition of its Diagnostic and Statistical Manual (DSM).

1990: World Health Organization removed homosexuality from the International Classification of Diseases (ICD-10).

"LGBTQ (people) are more likely to remain silent about important health issues they fear may lead to stigmatization."

Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behav Sci, 5*(4), 565-575.

Quinn, G. P., Sanchez, J. A., Sutton, S. K., Vadaparampil, S. T., Nguyen, G. T., Green, B. L., Kanetsky, P. A., & Schabath, M. B. (2015). Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. *CA: a cancer journal for clinicians*, *65*(5), 384–400.

Heteronormativity

Systematic discrimination is created through institutional practices that are rooted in the binary nature of heteronormativity

Non-heteronormative SOGI status (sexual orientation and gender identity) leads to:

- Prejudiced attitudes
- Discriminatory practices
- Mistreatment
- Further disenfranchisement

Harris, J., & White, V. (2018). A dictionary of social work and social care. Oxford, UK: Oxford University Press

Heteronormativity

Common heteronormative assumptions made in healthcare settings:

- One's partner is always of the opposite sex
- Disregarding bisexuality and bisexual identity
- Disregarding gender nonconforming and gender nonbinary identities
- Shaming discussions around sexual health, sexual practices, use of PrEP, etc.

Utamsingh, P. D., Richman, L. S., Martin, J. L., Lattanner, M. R., & Chaikind, J. R. (2016). Heteronormativity and practitioner–patient interaction. *Health Communication*, *31*(5), 566–574.

Harris, J., & White, V. (2018). A dictionary of social work and social care. Oxford, UK: Oxford University Press

Heteronormativity

Stigma Consciousness

- The extent to which those who are targets of stereotypes and stigma are aware of them and expect to be stigmatized and stereotyped
- Higher levels of stigma consciousness are related to depressive symptoms and overall reduction in mental health and wellbeing
- Will avoid stereotyping situations

Utamsingh, P. D., Richman, L. S., Martin, J. L., Lattanner, M. R., & Chaikind, J. R. (2016). Heteronormativity and practitioner–patient interaction. *Health Communication*, *31*(5), 566–574.

Understanding Microaggressions

Microaggressions - an action, behavior, statement, or thought that is a subtle, indirect, and often unconscious moment of discrimination against members of marginalized or discriminated groups

Microassaults

- Rude speech
- Moving away
- Laughing/Giggling
- Negative/Predatory representations
- Erasure
- Objects for jokes/punchlines/ridicule

Understanding Microaggressions

Microaggressions - an action, behavior, statement, or thought that is a subtle, indirect, and often unconscious moment of discrimination against members of marginalized or discriminated groups

Microinsults

- Which one of you is the man?
- You don’t look/sound/seem gay?
- Assuming sexual positions/preferences
- Assuming prior history of sexual abuse
- Your life must be so hard

Understanding Microaggressions

Microaggressions - an action, behavior, statement, or thought that is a subtle, indirect, and often unconscious moment of discrimination against members of marginalized or discriminated groups

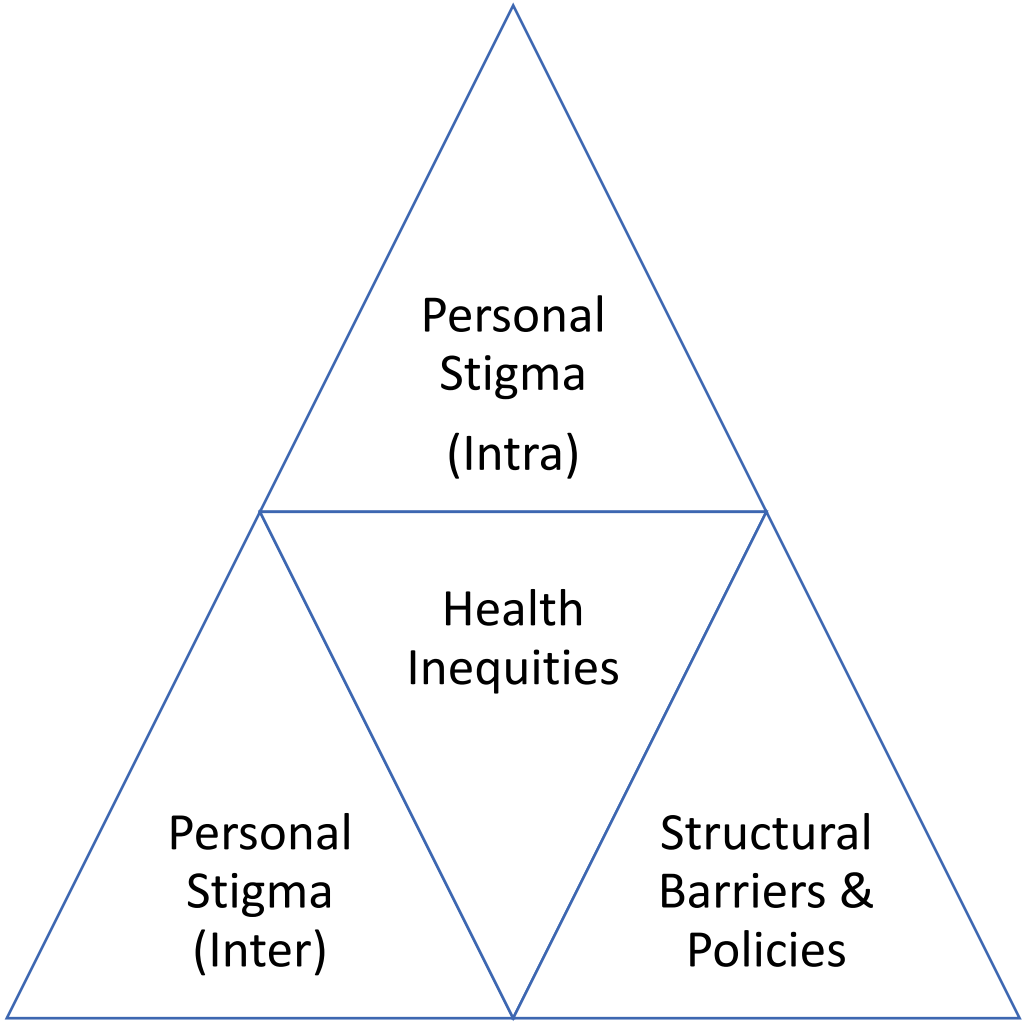
Microinvalidations

- Don’t be so sensitive
- Confused/Phase
- Not a “real” man/woman
- Do you have to be so obvious?
- Butch it up
- Hate the sin, love the sinner
- Are you really gay?

"LGBTQ patients are more likely to remain silent about important health issues they fear may lead to stigmatization."

Quinn GP, et al. *CA Cancer J Clin*. 2015;65(5):384-400. doi:10.3322/caac.21288

Stigma & Health



Hatzenbuehler, ML, Link, BG. (2014). Introduction to the special issue on structural stigma and health. Soc Sci Med, 103:1-6.

Understanding Barriers to Care

Discrimination

- Associated with healthcare utilization
- Delayed care

Lack of awareness by providers

- Having to teach providers
- Perceived clinician knowledge

Health insurance

- Uninsured
- Underemployed

Health care policies

- Gender specific forms of care
- Cost of care for and access to gender-affirming treatments

PrEP Stigma

Those patients who have sought PrEP have been highly denigrated by medical professionals

The term “Turvada Whore” came to popularity in an opinion piece published in 2012

This kind of sentiment continues to disincentivize patients and providers from exploring PrEP as a highly effective clinical and public health tool

Additionally, it continues to pathologize queer sexual experience and places a disease model over sexual pleasure

Calabrese, S. K., & Underhill, K. (2015). How Stigma Surrounding the Use of HIV Preexposure Prophylaxis Undermines Prevention and Pleasure: A Call to Destigmatize "Truvada Whores". *American journal of public health*, *105*(10), 1960–1964.

Disordered Eating & Body Dysmorphia

Gay & bisexual Men:

- Significantly more likely to undergo extreme fasting or purging behaviors to control weight within any given 30-day period
- 10x more likely to present with symptoms related to disordered eating

Lesbian & Bisexual Women:

- Significantly more likely to experience lower levels of body satisfaction
- More socially engage queer-identifying women experience a greater sense of body image satisfaction

<u>All of these are higher in Queer people of color</u>

Strong SM, Williamson DA, Netemeyer RG, Geer JG. Eating disorder symptoms and concerns about body differ as a function of gender and sexual orientation.
J Soc Clin Psychol, 2000; 19:240-255.

Feldman MB & Meyer IH. Eating disorders in diverse lesbian, gay, and bisexual populations. *Int J Eating Disord.* 2007;40(3):218-226

Differences in CVD

Transgender women, relative to cisgender women:

- 34% higher risk of **overweight**
    - Also true in transgender men (AOR 1.54)
- 54% higher risk of **diabetes**
- 90% higher risk of **angina/coronary heart disease**
- 88% higher risk of **stroke**
- 3X risk of **MI**

Transgender women: 38% higher rate of reporting any CVD compared to cisgender men

CV effects of minority stressors, gender affirming therapy?

Caceres BA, et al. *J Behav Med*. 2020 Apr;43(2):329-338. doi: 10.1007/s10865-019-00102-8.

Homelessness & Insecurity

LGBTQIA youth more likely to be homeless/home insecure

- 42% of homeless youth → LGBTQIA
- 33% of LGBTQIA homeless/social services youth experience violent assault when coming out

Elder LGBTQIA individuals & isolation

- SageUSA.org

Consequences

Fear of stigma/discrimination/bias

Limited role models

Stereotype threat

Lack of clinical research on LGBTQIA health issues

Lack of education/training of healthcare professionals

Cultural Competence Practice (CCP) Model

Cultural Competence Practice (CCP) Model

Cultural Awareness

Cultural Values

Knowledge Acquisition

Skill Development

Inductive Learning

Lum, 2011; Fong, 2001

Cultural Awareness

Developing cultural awareness through self exploration and cultural other awareness.

Lum, 2011; Fong, 2001

Cultural Values

Understanding and identification of critical cultural values important to the client system and to themselves.

Lum, 2011; Fong, 2001

Knowledge Acquisition

Understanding of how these cultural values function as strengths in the client's system.

Lum, 2011; Fong, 2001

Skill Development

Ability to match services that support the identified cultural values and then incorporate them in the appropriate interventions.

Lum, 2011; Fong, 2001

Inductive Learning

Continued quest to seek solutions, which includes finding other indigenous interventions and matching cultural values to Western interventions.

Lum, 2011; Fong, 2001; 2006

Cross Model for Cultural Competence

Cultural Destructiveness – policies, practices, and attitudes that are destructive to a culture

Genocide; Forms Only Available in English

Cultural Incapacity – individuals or organizations do not seek to be destructive, but also lack the ability or capacity to be of help

Staff/Employees/Administrators do not reflect the diversity of the community being served

Cultural Blindness – expressed philosophy of being unbiased, but function with the belief that the culture of those being served makes no difference to the services being offered

I treat everyone the same…I don't care about a person's sexuality or gender….

Cross Model for Cultural Competence

Pre-Competence– Awareness/attempt to improve some aspect of services being offered

Pride Month Events

Competence– Acceptance and respect for the differences and diversity of population being served; Use of cultural knowledge to adapt and adjust behaviors

Representation; Adaptation in Procedures/Policies

Multicultural Proficiency – Culture is held in high esteem, clinicians champion cultural competence in practice by training others in cultural competence, recruiting personnel from diverse cultures, and conducting research that adds to the knowledge base

Cultural Humility

Being open to discussions, dialogues, and other forms of communication that genuinely and purposeful work to understand a person's identities (race, ethnicity, biologic sex, gender identity and expression, sexual orientation, SES, education, social status, etc.)

Key Principles of Cultural Humility

- Commitment to an ongoing process of engaging in self-reflection and self-awareness building and inquiry
- Remaining open and receptive to teaching and new information and points of view
- Awareness of how social structures shape our reality and the reality of others

Cultural Humility

Cultural humility requires:

- Flexibility
- Awareness of Personal Bias
- Lifelong Process of Learning and Unlearning
- Role of Power in Health Care Interactions

Cultural Humility

At its base, cultural humility means opening up a conversation in a way that genuinely attempts to understand a person's identities related to race and ethnicity, gender, sexual orientation, socioeconomic status, education, social needs, and others. An awareness of the self is central to the notion of cultural humility — who a person is informs how they see another.

Awareness may stem from self-reflective questions such as:

Which parts of my identity am I aware of? Which are most salient?

Which parts of my identity are privileged and/or marginalized?

How does my sense of identity shift based on context and settings?

What are the parts onto which people project? And which parts are received well, by whom?

What might be my own blind spots and biases?

What Aspects of Your Identity Do You…

- Think the most about
- Think the least about
- Feel was emphasized the most when you were growing up
- Wish you knew more about
- Think are most misunderstood by others
- Think are the most difficult for you to discuss with others

Sexuality

Gender Identity

Biological Sex

Race/Ethnicity

Socioeconomic Status

Religion/Faith Tradition

Ability Status

Family Status/Structure

Nationality

Salutogenic Model of Public Health Practice

Coined by Aaron Antonovsky in 1979

Salutogenesis – Understanding and exploring those factors that contribute to the promotion and sustenance of wellbeing (rather than disease) with special emphasis on the coping mechanisms necessary to preserve health in spite of stressful conditions and environments

Supportive Factors

- Asset-Driven
- Gratitude
- Locus of Control
- Empathy
- Belonging
- Quality of Life
- Post-Traumatic Personal Growth

Summary

Public Health Professionals benefit from ongoing and greater education and training regarding LBGTQIA+ health

Use intersectional and social model frameworks to work in solidarity with trans and non-binary people

Recognize the people you work with as experts of their own experience

Utilize resources that already exist to reflect on how your workplace is or is not inclusive of LGBTQIA+ people

Trauma-Informed Care for Trans & Gender-Diverse Individuals by Jenner Potter

Agency Self-Assessment Tool from Forge-Forward

Summary

- Inclusivity Requires Personal Reflection & Honest Growth
- Inclusivity Requires Visibility
- Quality Interventions Can Build Trust and Provide Care to Improve Health & Wellbeing

Helpful Resources

National LGBTQIA+ Health Education Center

Equality Federation - State-Based LGBTQ+ Advocacy

SAGE USA - Advocating for LGBT Seniors

PFLAG

The Trevor Project

The Velvet Rage – Alan Downs

Looking Queer: Body Image and Identity in Lesbian, Bisexual, Gay, and Transgender Communities – Dawn Atkins