

# Working with LGB Patients in Healthcare

Ben Gilbert, B.A. & Keri A. Frantell, PhD

April 28<sup>th</sup>, 2022



Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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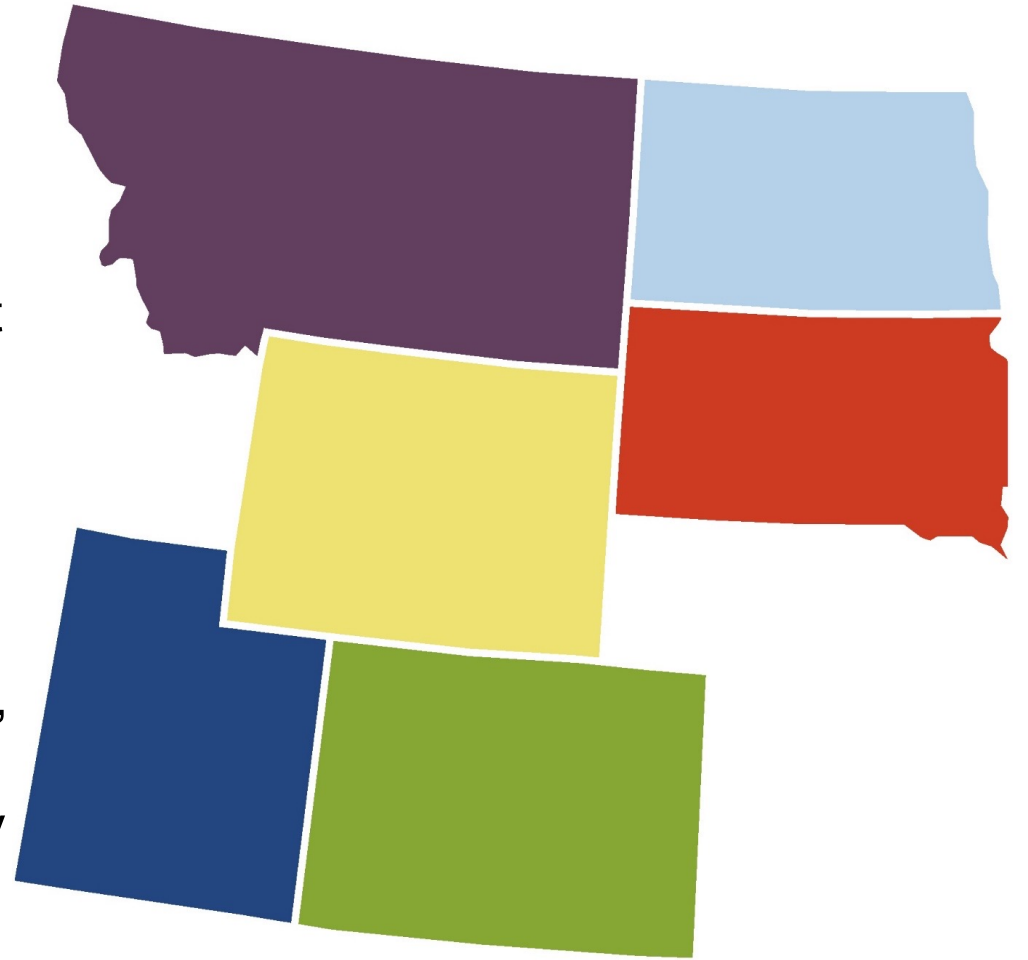
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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

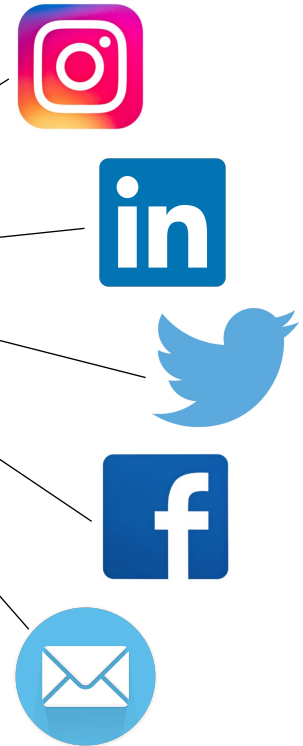
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

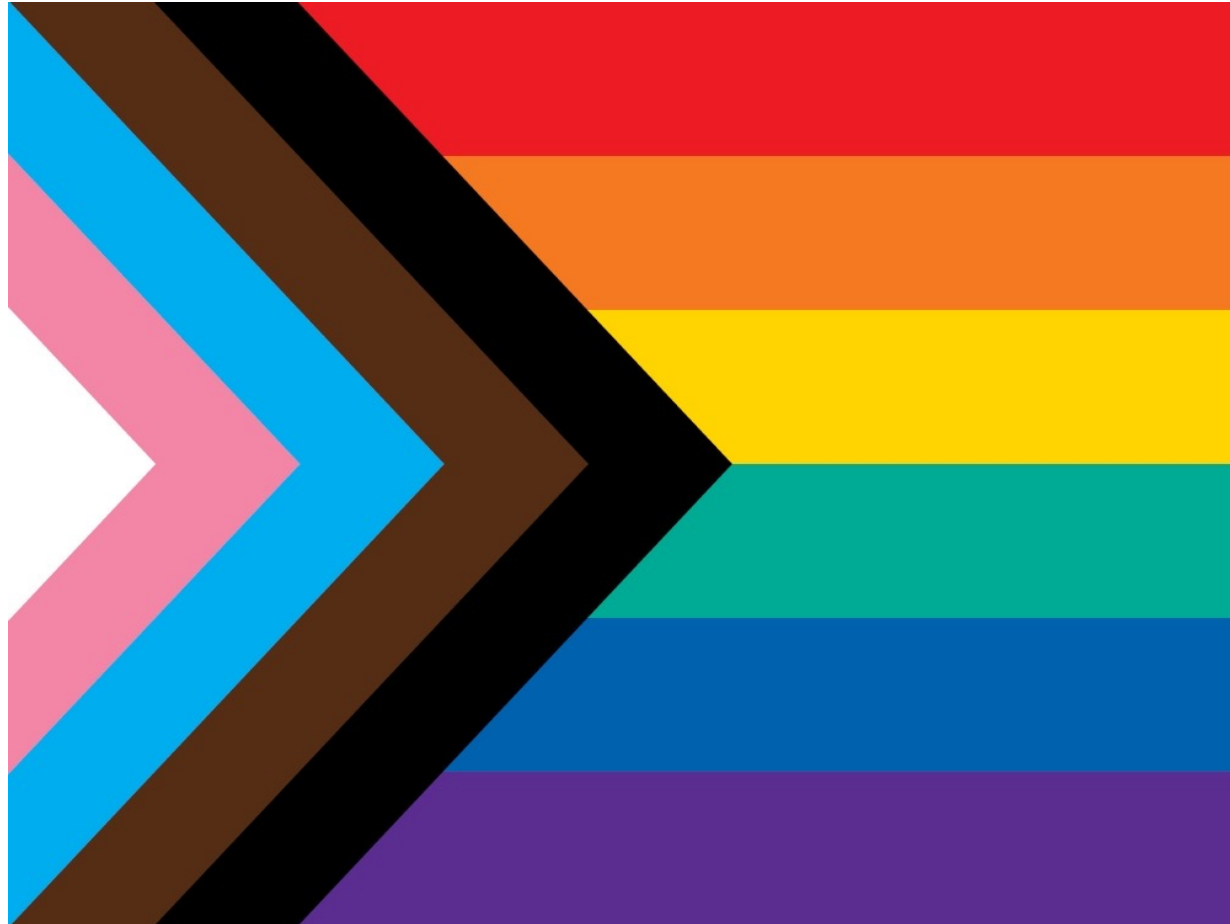
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# WORKING WITH LGB PATIENTS IN HEALTHCARE

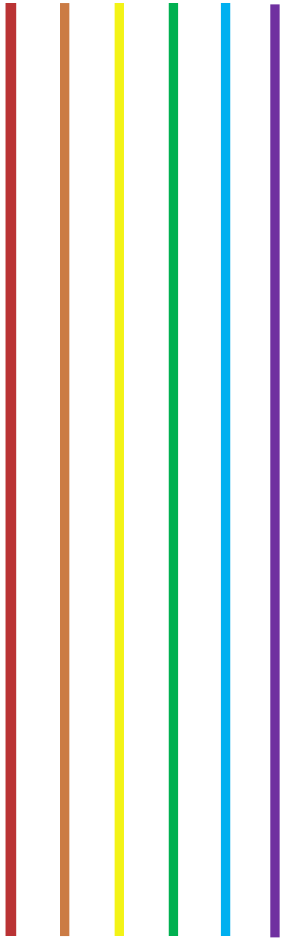
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# OUTLINE



## Discussion Topic

Ground Assumptions

Background and Orientation

What About Healthcare Spaces Feel Unsafe?

Making Healthcare Spaces Safe: Before Appointments

Making Healthcare Spaces Safe: During Appointments

LGB Specific Considerations

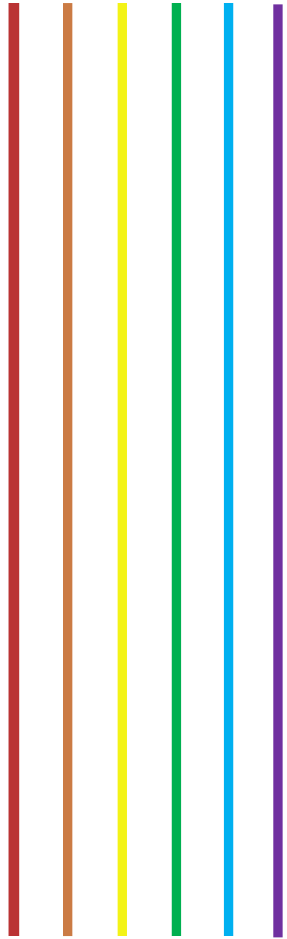
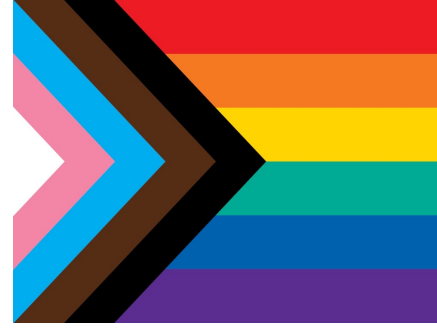
Considering and Addressing Patient Attrition

Where Do We Go From Here?

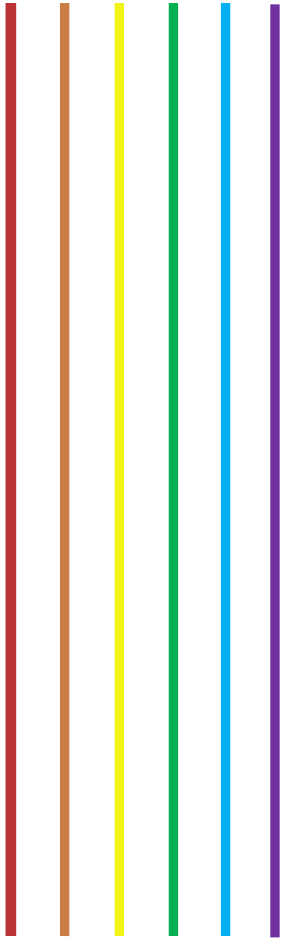
Questions?

References

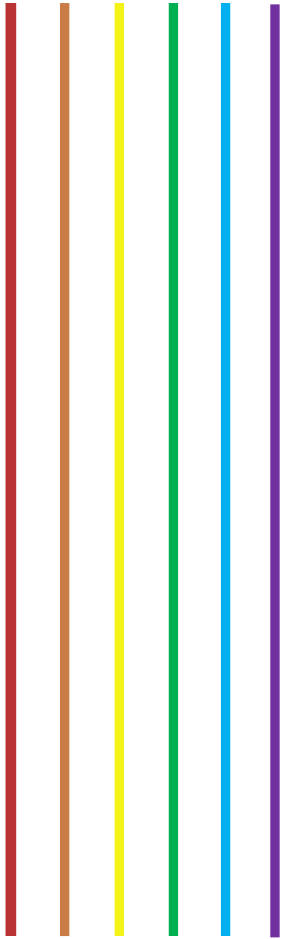




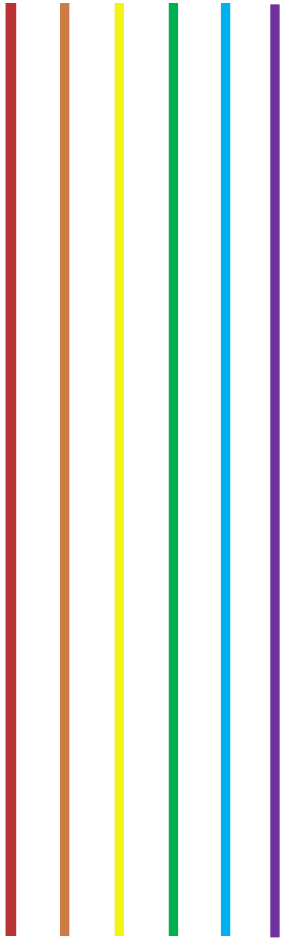
# **GROUND ASSUMPTIONS**



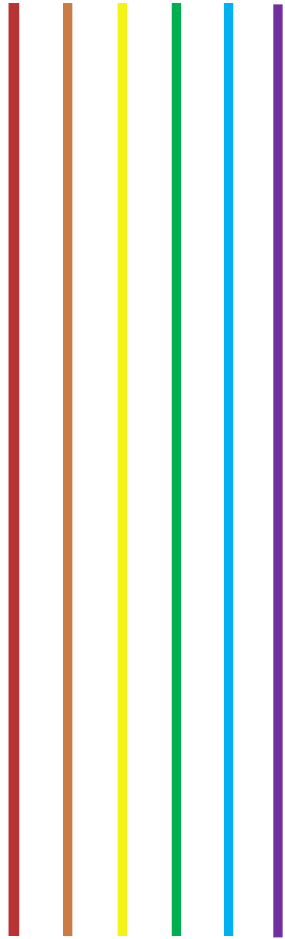
- All individuals deserve inclusive, accurate, and accessible healthcare.
- As healthcare providers, we should be constantly thinking about ways to make our practice and services more accessible and removing barriers to care.
- Being LGB is not a pathology, and the diversity of identities should be celebrated.
- There are multiple modalities and means of healing and caring. For us to begin to embody inclusivity, we must accept these modalities as valid and meaningful, and put them in conversation with one another.



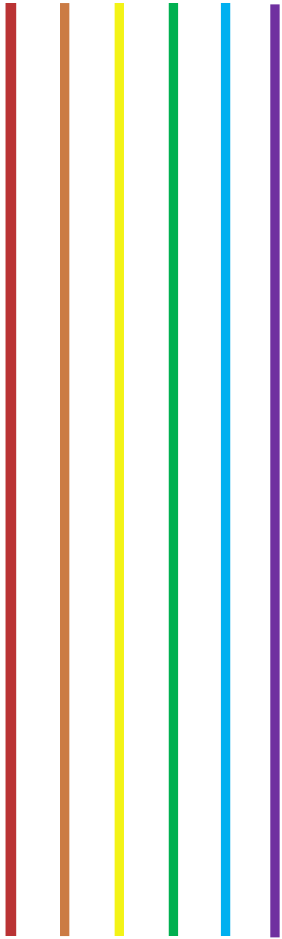
# **BACKGROUND AND ORIENTATION**



- Healthcare avoidance is disproportionately high in the LGB community (Baptise-Roberts, 2017; Buchmueller & Carpenter, 2010; Dean et al., 2016, IOM, 2011; Operario et al., 2015; Whitehead et al., 2016)
- LGB individuals are less likely to:
  - Attend 12-month routine check-ups (Baptise-Roberts, 2017; Buchmueller & Carpenter, 2010; IOM, 2011)
  - Utilize emergency room services (Baptise-Roberts, 2017; Buchmueller & Carpenter, 2010; IOM, 2011)
  - Seek medical attention for cold, flu, or other common illnesses (IOM, 2011)

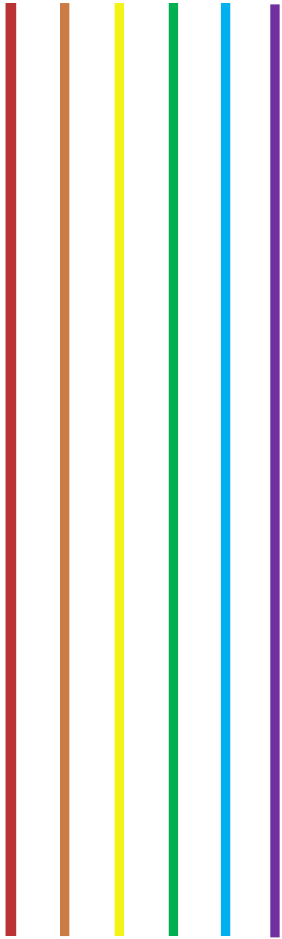


- Healthcare avoidance leads to (IOD, 2011):
  - Worsening of current symptoms
  - Poorer long-term health outcomes
  - Reduced life-expectancy
- Healthcare avoidance is informed by:
  - Belief that healthcare spaces will be unwelcoming/unaccepting (Eliason et al., 2010; Johnson & Nemeth, 2014)
  - Past negative/traumatic experiences in healthcare (Dean et al., 2016, Whitehead et al., 2016)
  - Uninsured/underinsured status (Buchmueller & Carpenter, 2010; Operario et al., 2015)



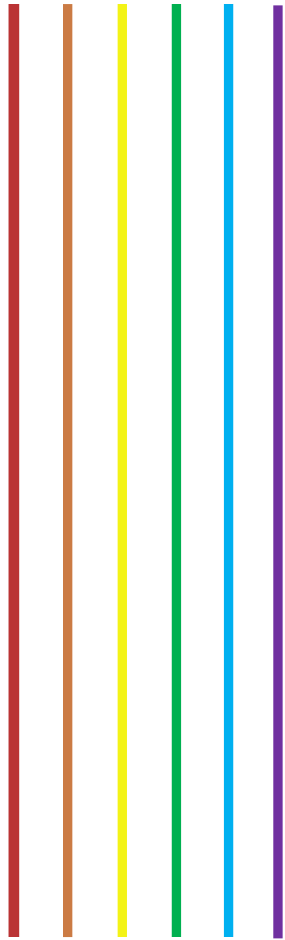
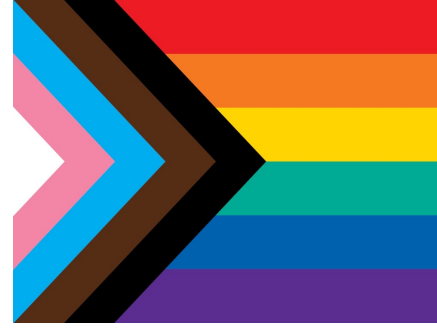
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# **WHAT ABOUT HEALTHCARE SPACES FEEL UNSAFE?**

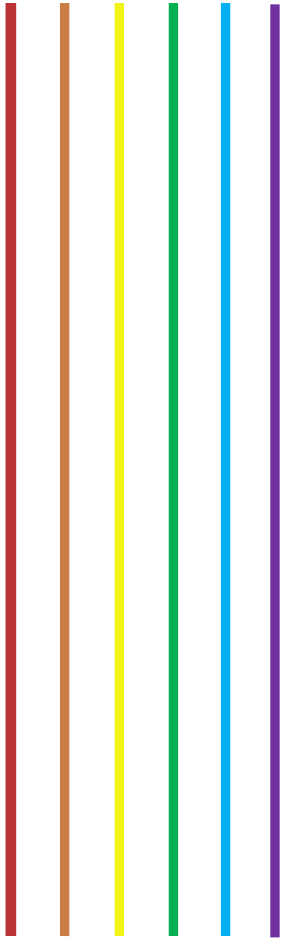


- Substantial and significant history of medical systems being unwelcoming to the LGBTQ+ community (Neville & Hendrickson, 2006)
  - Reparative/conversion therapy
  - HIV/AIDS crisis
  - Denial of healthcare based on identity
  - Denial of visitation in emergency rooms/hospitals settings for same-sex partners of patients (Smith and Turell, 2017)

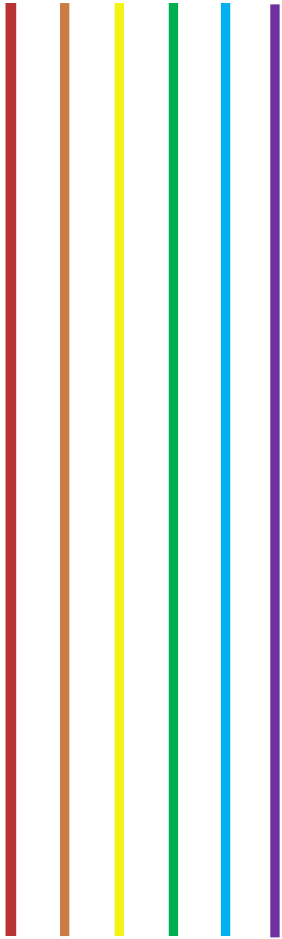




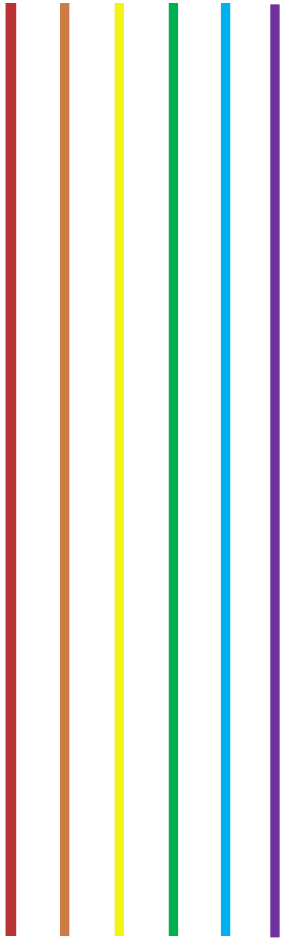
- Personal past traumatic experiences of healthcare spaces (Dean et al., 2016, IOD, 2011; Whitehead et al., 2016)
  - LGB individuals are significantly more likely to personally experience discrimination, physical abuse, and sexual abuse in healthcare



- Many healthcare spaces are founded or funded by religious organizations
  - Might be an “alarm bell” for some potential LGB patients
- **Un/underinsured status** (Baptise-Roberts, 2017; Buchmueller & Carpenter, 2010; Operario et al., 2015)
  - Healthcare might be inaccessible to some LGB individuals
  - Higher incidence of un/underinsured status in LGB community is informed by multiple factors

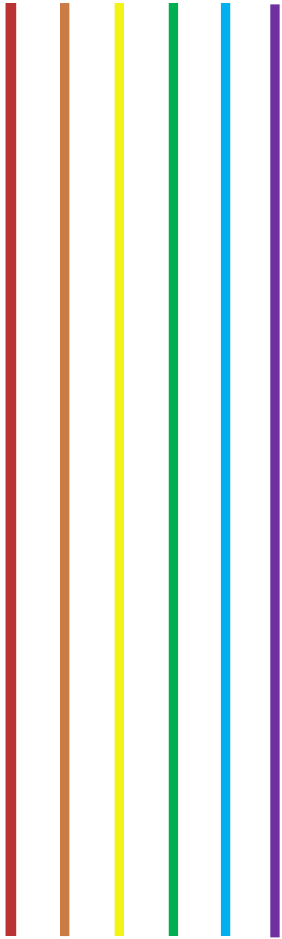


- Privacy and Data Keeping
  - Fear of identifying oneself as LGBTQ+ in healthcare spaces because of unknowns regarding where and who has access to this information (Neville & Hendrickson, 2006; Smith and Turell, 2017)

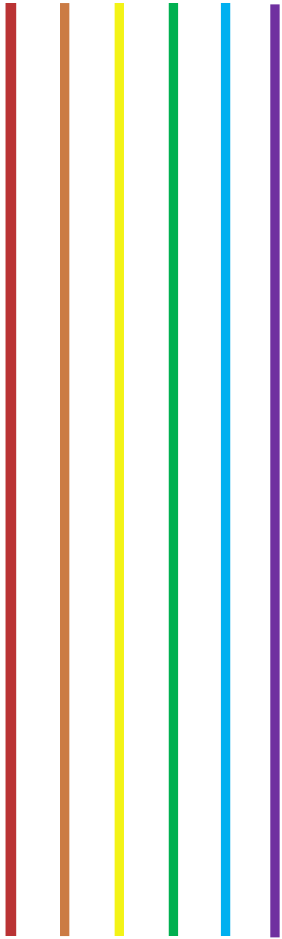


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# **MAKING HEALTHCARE SPACES SAFE: BEFORE APPOINTMENTS**



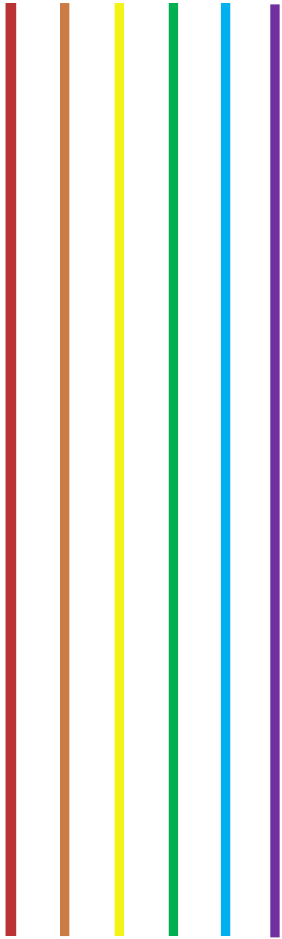
- Include an inclusivity statement that explicitly includes the LGBTQ+ community on your website
- In your personal biographies, consider including your pronouns to model inclusivity
- If your practice has social media, consider posting LGBTQ+ relevant content
  - Pride Month (June)
  - National Coming Out Day (October 11)



# **MAKING HEALTHCARE SPACES SAFE: DURING APPOINTMENTS**

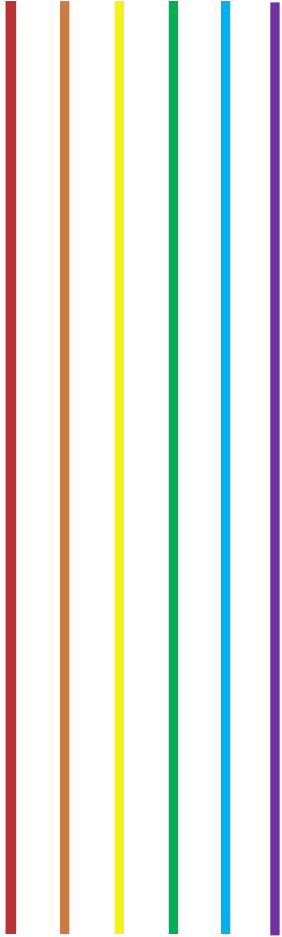
***THINGS WE SHOULD DO***

(BAPTISE-ROBERTS, 2017; MCNAMARA & NG, 2016)

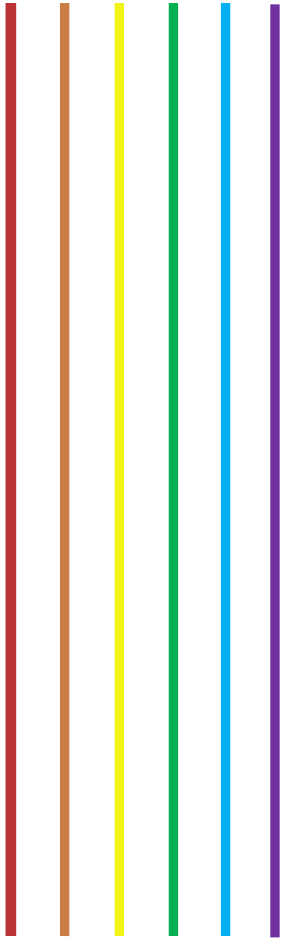


- Discuss past experiences of healthcare
  - What have your past experiences with healthcare looked like?
  - What really worked for you with your last physician? What kind of things did they do that we can replicate here?
  - Are there things that your past physician(s) did that we want to avoid here?

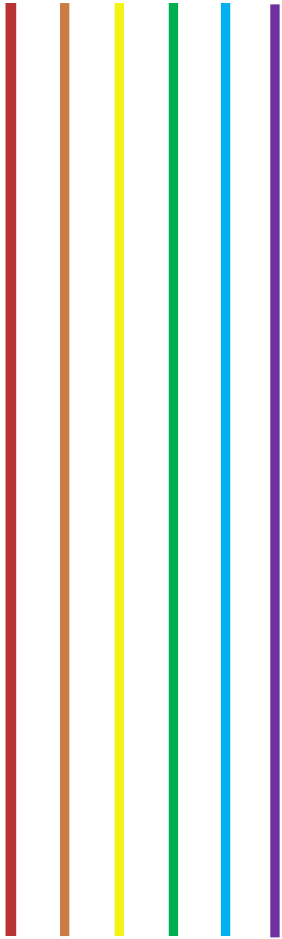




- Discuss fears surrounding seeking healthcare
  - What are some of the things you were worried about when making an appointment with me?
  - Are there any concerns for what us working together will look like in the future?
  - I know that healthcare can sometimes be an unaccepting environment for LGB people, and I want to thank you for taking a step that might have been difficult, I care about you and your health, and I want to make this space welcoming and accepting for you.

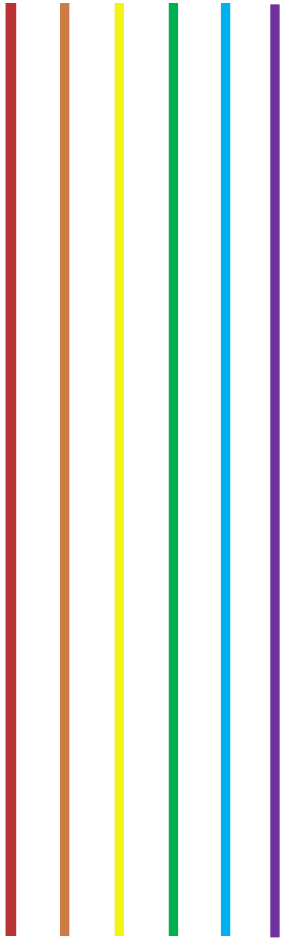


- Include questions regarding language, labels, and identities in intake forms
  - Intake forms may include a place to disclose identity, labels that individuals use, and any language that patients may want to use to refer to themselves regarding anatomy, sexuality, and romantic history
- Use client-led language and labels
  - Model the way that they refer to themselves, their sexual/romantic partners, and their presenting concerns
- Address data keeping and respect patients' desires
  - Ask about how patients would like data regarding their identities kept, and with whom they are comfortable sharing their identities

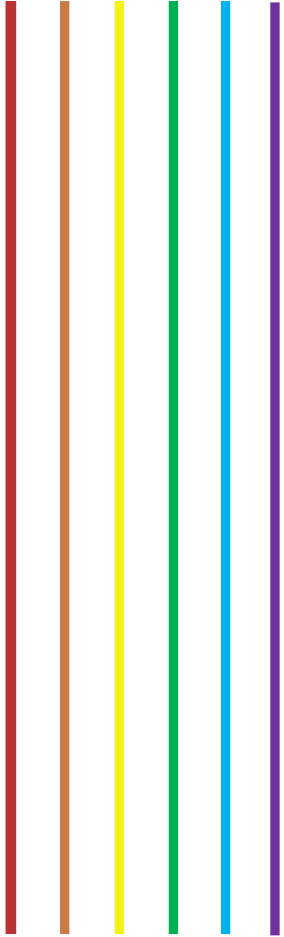


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**MAKING HEALTHCARE SPACES SAFE:  
DURING APPOINTMENTS**  
*THINGS WE SHOULD NOT DO*

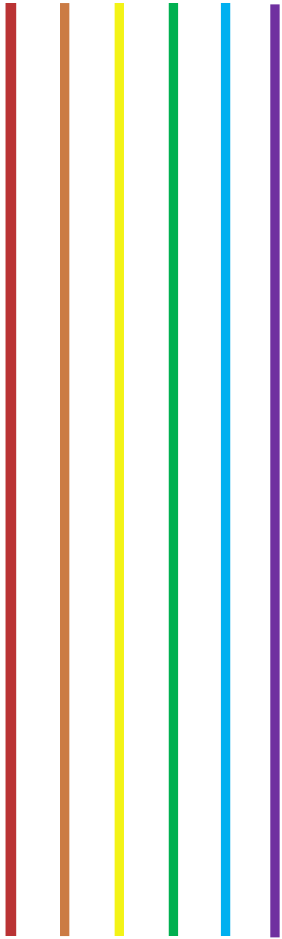


- Make assumptions
  - LGB patients often report feeling stereotyped in healthcare settings
    - Hypersexuality
    - Pregnancy and birth control
    - Assumed HIV+ status
    - Assumed drug use
- Use the appointment for our own education
  - Focus on creating a safe environment for the patient
  - Education can (and should) occur elsewhere

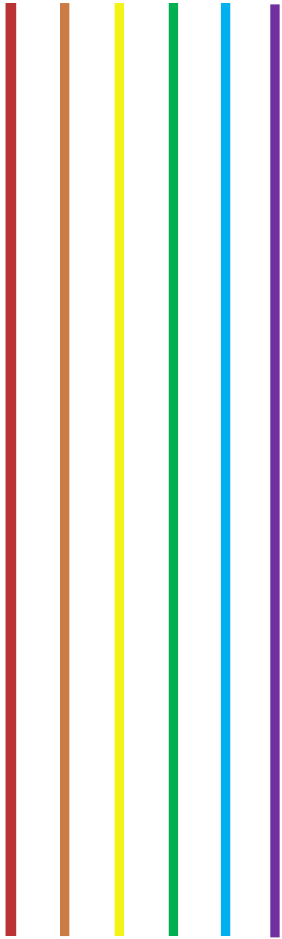


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# **LGB HEALTH CONSIDERATIONS**



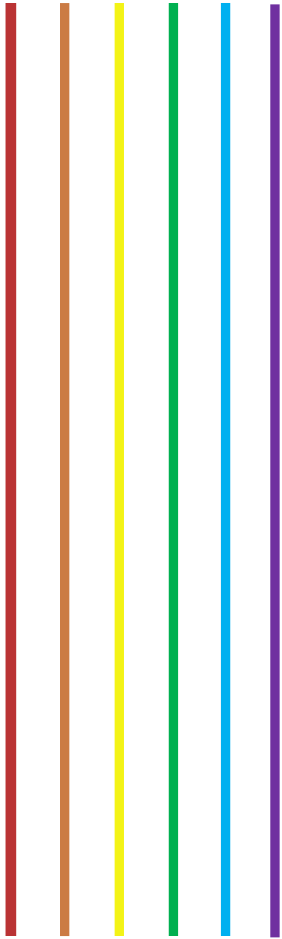
- **Mental Health**
  - Higher incidence of depression, anxiety, self-harm, and suicidality in LGB populations (King et al., 2008; Operario et al., 2015)
- **Substance Use**
  - Higher incidence of substance use in LGB populations (Drabble et al., 2005; Operario et al., 2015)
- **Nicotine Use**
  - LGB populations are more likely smoke, and to start smoking earlier than heterosexual individuals (Fallin et al., 2015; Operario et al., 2015)
- **Cervical and Breast Cancer**
  - LB women are less likely to get pap smears and/or mammograms (LGB Center, 2019)
  - Higher mortality rate from cervical and breast cancer than heterosexual women (LGB Center, 2019)



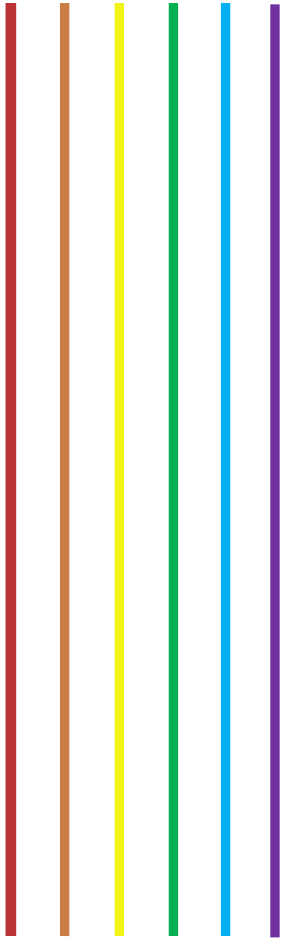
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# **LGB HEALTH CONSIDERATIONS: *WHAT WE CAN DO***



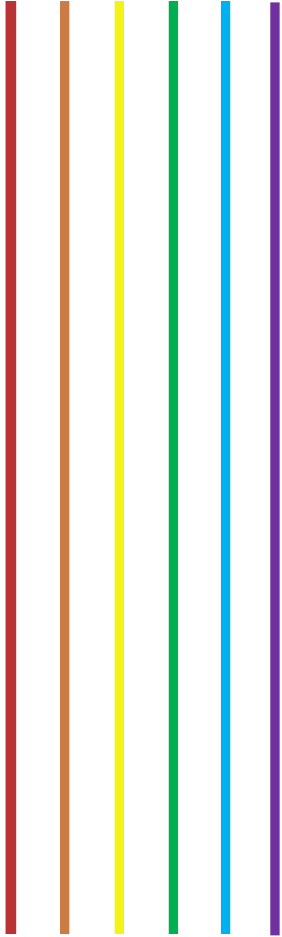


- Include screeners for mental health, substance use, and nicotine use at all appointments
  - Not just appointments with LGBTQ+ patients
- Compile a list of LGBTQ+ affirming professionals for referral
  - Be aware of psychologists, psychiatrists, and physical health specialists in your area who are LGBTQ+ affirming
- Approach conversations in a non-assuming and non-pathologizing way
  - Mental health is stigmatized and often avoided in conversation in and out of physical healthcare spaces

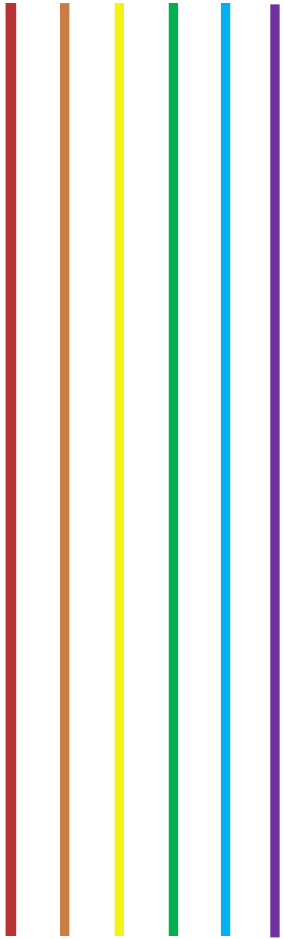


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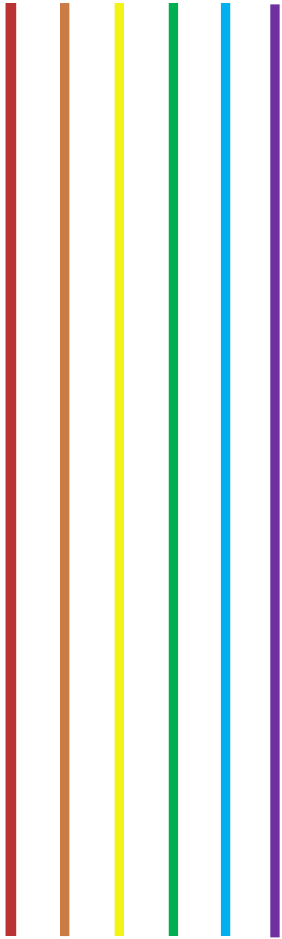
# **RECOMMENDATIONS FOR INCREASING PATIENT ATTRITION**



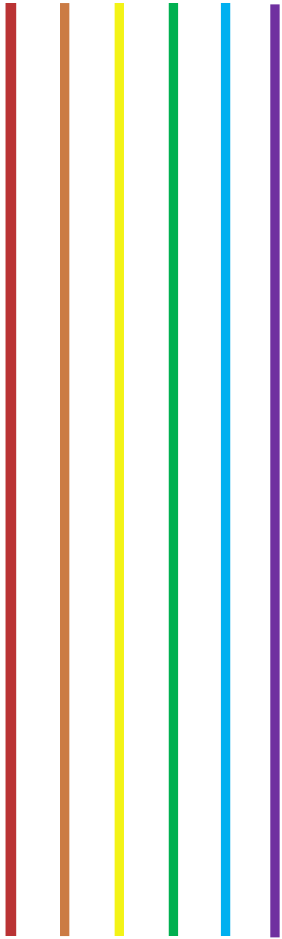
- Partner with communities
  - Become involved in the LGBTQ+ community through advocacy work, attending events, and engaging in conversation
- Listen to and incorporate feedback from LGB patients
- Begin conversations with LGB specific institutions about how you can meet the needs of the community
  - The Fenway Institute
  - National Coalition of LGBT Health



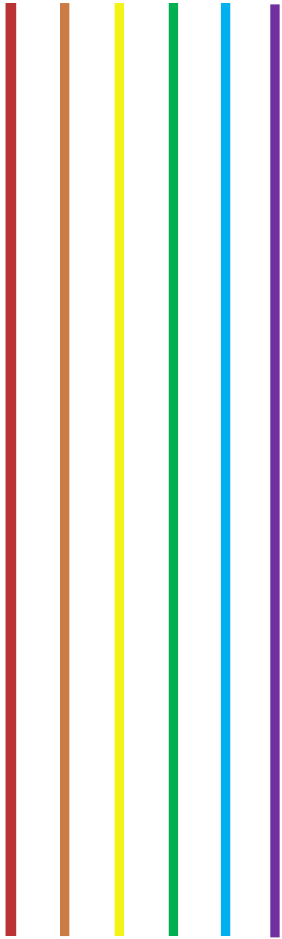
**WHERE DO WE GO FROM HERE?**



- Engage in your own continued education
  - Needs, hopes, and concerns of communities are constantly evolving, we need to actively continue education
- Reflect
  - There isn't necessarily an "end point" or a threshold of inclusivity that we are reaching towards – rather we should continually consider the ways that we can do better

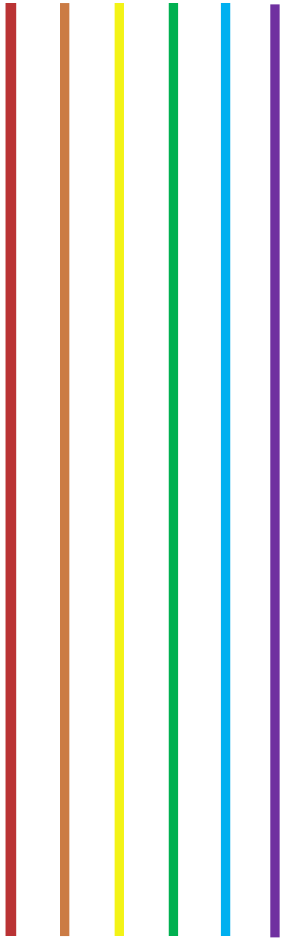


- Educate others and engage in learning together
  - All members of your practice, not just those at the training today, should be engaged in continued education and willing to reflect on the ways that they can make your practice more inclusive



- Advocate for inclusive healthcare outside of your practice
  - Encourage other healthcare providers and professionals to consider points discussed today
  - Consider how other providers you come in contact with might be excluding or harming LGB patients, and be willing to address it with them
  - Advocate for more affordable and accessible medical practices across the nation



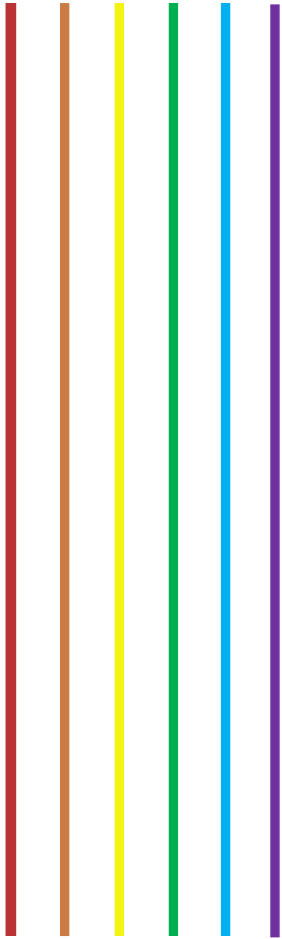


**QUESTIONS?**

# REFERENCES



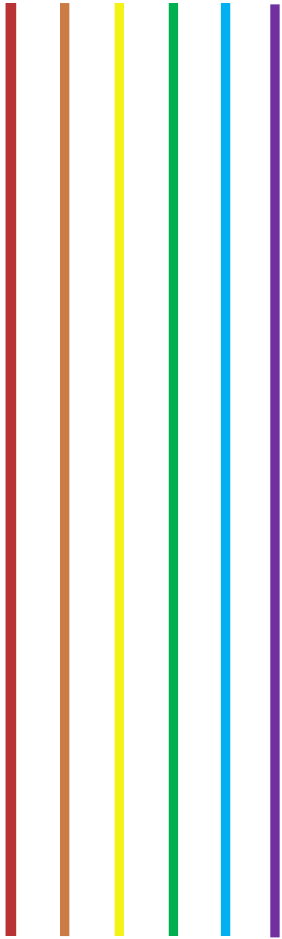
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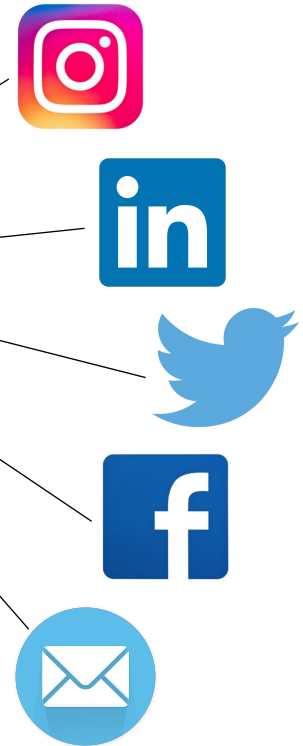
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