Cultural Humility: Effective Approaches to Healthcare for the Lesbian/Bisexual/AFAB community

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Howard Brown Health
INTRODUCTIONS

Howard Brown Health (HBH)
15,000 patients, 33,000 visits

Progressive LGBTQ Healthcare
<table>
<thead>
<tr>
<th>Constructs of Cultural Competence</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Cultural awareness</td>
<td>Self-examination and in-depth exploration of one’s own cultural and professional background</td>
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<td>Cultural knowledge</td>
<td>Process of seeking and obtaining a sound educational foundation about diverse cultural and ethnic groups</td>
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<td>Cultural skill</td>
<td>Ability to collect relevant cultural data regarding the client’s problem as well as accurately performing a culturally based physical assessment - to determine explicit needs and intervention practices within the context of the people being served</td>
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<tr>
<td>Cultural humility</td>
<td>ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]</td>
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<td>Cultural desire</td>
<td>Motivation of the health care provider to want to, rather than have to, engage in the process of being culturally aware</td>
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<td>Contextual Assumptions of Cultural Competence</td>
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</tr>
<tr>
<td>1</td>
<td>Cultural competence is a process, not an event.</td>
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<td>2</td>
<td>Cultural competence consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.</td>
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<td>3</td>
<td>There is more variation within ethnic groups than across ethnic groups (intra-ethnic variation).</td>
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<td>4</td>
<td>There is a direct relationship between the level of competence of health care providers and their ability to provide culturally responsive health care services.</td>
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<td>5</td>
<td>Cultural competence is an essential component in rendering effective and culturally responsive services to culturally and ethnically diverse clients.</td>
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How many LGBTQ people in US?

- LGB = 8 Million (3.7%)
- Bisexual 1.8% compared to LG 1.9%
- More women identify as bisexual
- T = 700,000 (1.5%)
- TOTAL approx. 9 Million = population of New Jersey
- Same-sex sexual encounters = 19 Million (8.2%)
- Same-sex attraction = 25.6 Million (11%)
- (Gates, 2011)
How many LGBTQ people in US?

• Statistics are under-reported and questionable
• US Census 1.6% (“partner” no real question), NHIS/CDC 1.6% (poor question), Gallup 3.6%, Kinsey 10%, Others 25%, 33%

By Comparison
• Asian-Americans = 5.6%
• Native-Americans = 2%

For example, # Intersex people = Natal redheads!
• Significant numbers of people omitted from RESEARCH
### 2013 National Health Interview Survey (NHIS) Data Collected

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Straight/Heterosexual</td>
<td>96.6%</td>
</tr>
<tr>
<td>Lesbian/Gay</td>
<td>1.6%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0.7%</td>
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<tr>
<td>Transgender/Gender Non-Conforming</td>
<td>*</td>
</tr>
<tr>
<td>&quot;Something else,&quot; &quot;I don't know the answer,&quot;</td>
<td>1.1%</td>
</tr>
<tr>
<td>Refused to provide an answer</td>
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* Data Not Collected
How Many? Data varies…

- Women:
  - Lesbian/Gay: 1,359,801 (1.1%)
  - Bisexual: 2,648,033 (2.2%)
  - Total: 4,007,834 (3.4%)

- Men:
  - Lesbian/Gay: 2,491,034 (2.2%)
  - Bisexual: 1,539,912 (1.4%)
  - Total: 4,030,946 (3.6%)

- Transgender:
  - Total: 697,529 (0.3%)

Data source: UCLA, The Williams Institute 2011 Data
Prescription for Change
Lesbian and bisexual women’s health check 2008
2008 Stonewall survey

- 6,000 bisexual/lesbian women participated
“L” by the numbers

• 1-5% of general population
• Estimates for the US 1.4 - 5 million
• 321,177 households headed by female same sex couples
• Data incomplete

Lesbian Health-History

• 1950’s-60’s
  – Daughter’s of Bilitis-
  – the first social and political organization for lesbians
  – Social support/assimilation

– 1970’s
  – Homosexuality removed from DSM in 1973
  – feminism, women’s reproductive health, sexuality (Our Bodies Ourselves) self help movement
  – Community health activism (response to lack of education about gay and lesbian health)
  – Rubyfruit jungle-Rita Mae Brown
GAY in the 80s
From fighting for our rights to fighting for our lives

--The era of HIV
– Reagan denials
--Clinical trials activism (wswn)
– Women’s AIDS Network, San Francisco
– Women’s Caucus of ACT-UP
Lesbian Health-History

- 1990’s to present
  - Increasing number of women/lesbian practitioners
  - Connections between social determinants of health and access to medical care
  - Healthy People 2010 and 2020 (Sexual Minority Women)
  - NIH Sexual and Gender Minority Research Office
Bisexual History

- Zorita—famous Burlesque queen in the 50’s
- Kate Brown—first openly bisexual person to lead a state and first openly LGBT member to be governor
- Josephine Baker—1st African American woman to star in a major motion picture
Bisexual History

Bisexuals have been part of the modern Lesbian and Gay Civil Rights and Liberation Movement since at least the mid-1960s. For a variety of reasons bisexuals have also organized separately while continuing to be active in gay, lesbian and other progressive movements.

Throughout the 1970s while popular press articles focused on "bisexual chic" in the club scene and among celebrities such as Elton John, David Bowie and Patti Smith, bisexual groups formed in several large US cities signaling the birth of the modern Bisexual Civil Rights and Liberation Movement.

1972 - The Quaker Committee of Friends on Bisexuality issues the "Ithaca Statement on Bisexuality" which appears in The Advocate, a national gay and lesbian news magazine. The statement announces a new bisexual consciousness to gay readers. The Bisexual expression-1st newsletter is created.
Bisexual History

- In the 1980s, bisexual groups mushroomed around the country and the world. Throughout the 1980s bisexuals organized significantly in the US, Canada, Europe, New Zealand, and the UK. In addition to the various social and support groups arising locally across the nation, by the mid-1980s umbrella groups formed to consolidate resources and facilitate regional organizing.

- While the groups of the 1970s were often predominantly male, in the 1980s bisexual women took the organizational lead. Many of these women had been working in the Lesbian and Women's Movements and the groups they formed often reflected their feminist politics.

- 1984 - After a two year battle, BiPOL activist, AIDS educator, and therapist Dr. David Lourea persuades the San Francisco Department of Public Health to recognize bisexual men in their official AIDS statistics. This acknowledgment sets the standard for health departments nationwide which previously had recognized only gay men. This acknowledgment is significant because it forces health care providers to recognize the existence of bisexual men, their potential risk for contracting HIV, and their need to be targeted for HIV prevention education.
Bisexual History-90’s


- FALL 1990 - Susan Carlton offers the first academic course on bisexuality in the US at UC Berkeley
Bisexual ≠ broken
Confused

Just doesn’t want to “come out”

Lying

Can’t make up their mind

Untrustworthy

Promiscuous

Doing it for attention
Considerations for Bisexual Persons

Sexual behavior may not differ significantly from that of heterosexual or lesbian/gay people. They may:

– Be monogamous for a long time and still identify as bisexual
– Be in multiple relationships with the full knowledge and consent of their partners.
– Have been treated as confused, promiscuous, or even dangerous.
Attraction to the same gender

Attraction to different genders

All bisexual
Erasure of Bisexuality

- Bisexual erasure or bisexual invisibility is a pervasive problem in which the existence or legitimacy of bisexuality (either in general or in regard to an individual) is questioned or denied outright.
- For example, two married women might spend time in community spaces dominated by lesbians. Perhaps one of the women is bisexual and objects to the assumption that she is a lesbian (i.e., when others call the two women a “lesbian couple”). However, every time she mentions this, others insist that she can’t really be bisexual or that her orientation doesn’t matter (perhaps with the subtext that she shouldn’t talk about it) now that she is partnered.
WHAT CONTRIBUTES TO BI ERASURE?

AND what are YOU doing to promote BI VISIBILITY?

Mislabeling bi people as lesbian, gay or straight even when they are out as bi, i.e., Alan Cumming or Lady Gaga

Denying bisexuality exists

Calling bisexuals allies

Using non-inclusive language: gay marriage or gay/lesbian couples even when bi people are in the couple

Only considering a person either gay or straight, depending on the sex of the person's partner

Bi the Way, Our Health Matters Too!

Bisexual Resource Center
Bisexuals Face Severe Health Disparities

- Higher rates of anxiety, depression and other mood disorders, compared to heterosexuals, lesbians and gays.
- Higher rate of STI diagnoses, compared to heterosexuals.
- Higher rate of heart disease, compared to heterosexuals.
- Higher rate of cancer risk factors, compared to heterosexuals.
- Lower rate of cancer screening, compared to heterosexuals.
- Higher rate of tobacco use, compared to heterosexuals, lesbians and gays.

Best health in relation to sexual orientation

Heterosexuals  Gays & Lesbians  Bisexuals

Poorest health in relation to sexual orientation

Bi the Way, Our Health Matters Too!
Did you Know?

Figure 1: Bisexual People Are More Likely to Be Parents
Percent of People Who Are Parents, by Sexual Orientation

- Bisexual Women, 59%
- Bisexual Men, 32%
- Lesbians, 31%
- Gay Men, 16%

Employment

58% of bisexuals are exposed to biphobic jokes at work, and 31% have been sexually harassed on the job because of who they are. Many have even been denied job advancement or work opportunities because they are bisexual.

Almost half of bisexual people make less than $30,000 annually, compared to 28% of the general population.

Generational change?

- Around a quarter to one third of Millennials and Generation X are neither completely straight nor gay

Intimate Partner Violence

Figure 11: Bisexual People Experience High Rates of Intimate Partner Violence
Percent of Respondents Experiencing Intimate Partner Violence, by Sexual Orientation

- Bisexual Women: 61%
- Lesbian Women: 44%
- Heterosexual Women: 35%
- Bisexual Men: 37%
- Gay Men: 26%
- Heterosexual Men: 29%

Prevalence of Lifetime DSM-IV Disorders by Sexual Identity, Women*

<table>
<thead>
<tr>
<th></th>
<th>Percentage meeting criteria</th>
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<tbody>
<tr>
<td></td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Any mood disorder</td>
<td>30.5</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>31.3</td>
</tr>
<tr>
<td>Major depression</td>
<td>27.3</td>
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39% of bisexual men
33% of bisexual women
13% of gay men
10% of lesbians

REPORTED NOT DISCLOSING THEIR SEXUAL ORIENTATION TO ANY MEDICAL PROVIDER
What is a Health Disparity?

Gaps in quality of care received or population-specific differences in the presence of disease, health outcomes, or access to health care.
What is a Health Disparity?

Let’s discuss...

Why do we make distinctions based on race and ethnicity?

Do we do the same for LGBTQ folks?
Health Disparities and Risk

Minority Stress: Health disparities are *not* caused by physiological or biological differences

- Use of unhealthy stress management techniques
- LGB people who had experienced prejudice-related major life events were about 3x more likely to have suffered a serious physical health problem over a 1 yr. follow-up period than those who had not
- Micro-aggressions
- Compound Disparities – Race, undocumented status, people experiencing homelessness, age (young or old)
Health Disparities and Risk

Minority Stress? What is this?

What do you do when you have stress?
What is a Barrier To Care?

Obstacles within our health care system that prevent vulnerable patient populations from getting needed health care.

- **Personal**
  - Fear
  - Past Experiences

- **Societal**
  - Homophobia
  - Transphobia
  - Biphobia
  - Heterosexism

- **Financial**
  - Lifetime discrimination
  - Myth of affluence

- **Health Care Industry**
  - Lack of Provider cultural humility
  - Until recently, limited access
  - Restrictive approval for services
Barriers to Care

- Minority stress leads to worse health outcomes
- Lack of disclosure leads to later screening, diagnosis and treatment
Barriers to Care

- EMR and SOGI data collection
- Lack of affirmative providers/specialist referrals
- Cost and insurance access
- Violence, PTSD, trauma
- Well placed mistrust of providers and systems, patient fear of disclosure
Health Statistics

Heart Disease - #1 killer of women in the US
- higher rates of obesity, smoking, and stress

Cancer - most common breast, lung, colon, uterine, and ovarian
- less likely to have a full term pregnancy
- less likely to get routine screenings

Depression/Anxiety

PCOS
Factors

- Fitness
- Smoking
- Alcohol and drug use
- Intimate Partner Violence
“I don’t think there are sufficient spaces for lesbians and bisexual women. Most of the scene is oriented towards men. Also, I’m kind of sick of the emphasis on bars and pubs. Something different would be nice. I’m not much of a clubber and would much prefer a new way of meeting other women. I work with lesbian, gay, bisexual and trans young people as a youth worker and find that many young lesbians feel they have to go out and get hammered every weekend.”

“Lesbians, as sexually active/proactive people, are invisible. Awareness needs to be raised to let the mainstream public services know that gay women don’t just sit in bed stroking kittens and drinking camomile tea.”
“I was taken off the list for regular cervical smear tests when I came out to a Practice Nurse. It took me 10 years to do something about it, but I have been for a test in the last year – my first one. The Practice Nurse initially asked me if I’d ever had sex with a man when I explained why I hadn’t had a test before. When I said no, she said, ‘Do you know what the test is for?’ as if it only had relevance for women who are sexually active with men. Her attitude changed immediately, and she became quite supportive once I told her research showed there were other causes of cervical cancer and all women should be tested. It did feel like I was educating her, though. I sometimes get tired of being a learning experience.”

“Mastectomy support groups inevitably get around to discussing intimacy with partners – I have no idea how women with female partners cope with such groups. During that period, that concerned my body so intimately, I would have liked to have had the chance to attend a gay-friendly women’s group.”
STI’s

-often not thought about
-proper sexual history taking is key
-can be transmitted skin to skin, mucosa, sharing of sex toys, menstrual blood, vaginal fluids
-some more common than others (BV vs HIV)
-bisexual women may be more likely to get infected with STI’s due to past or current sexual experiences with men
-30.6% of lesbian women experienced intimate partner physical violence
-11.6% of respondents reported they had experienced severe violence
-29 percent of women reported experiencing harassment or physical violence from family members on the basis of their sexual orientation
Mental Health

- Sexual orientation influenced the probability of experiencing emotional stress.
- Whether a bisexual woman or lesbian had disclosed her sexual orientation (was "out") impacted the likelihood of having or having had mental health problems.
- Bisexual women and lesbians experienced more emotional stress as teenagers than did heterosexual women.
- Lesbians who were not “out” and bisexual women who were “out” were 2.0 to 2.5 times more likely to experience suicidal ideation in the past 12 months.
- Lesbians used psychotherapy for depression more commonly than did heterosexual or bisexual women.
Opportunities

-Lesbian and bisexual women may avoid primary care, and those that do attend may not reveal their sexual orientation.
-There is a clear need for awareness on the part of family practitioners regarding patients’ sexual orientation. This would allow more adequate opportunities to monitor smoking status, alcohol use, and mental health.
-Lesbian and bisexual women consult general practitioners for emotional reasons more often than heterosexuals if their primary care physician is aware of their sexual orientation.
Terminology

• Gender Pronouns – HBH Culture
• Every Person, Every Time...

HERE IS WHAT TO SAY:
Model behavior:

“Hello, my name is..., my gender pronouns are..., would you tell me your name and your pronouns today?”
Privilege
Privilege

“When you are used to privilege, equity and equality feel unfair and unjust”
What are some Best Practices?

• Suspend assumptions and really listen
• Harm reduction, trauma informed
• Affirmative sexual history
• Screen and treat the body parts someone has
  (i.e., trans man with pelvic pain)
Collection of SOGI

National Health Interview Survey (NHIS) Survey – 2016 proposed sexual orientation question Pg. 197 / 279

Which of the following best represents how you think of yourself?

1. Gay
2. Straight, that is, not gay
3. Bisexual
4. Something else
5. I don't know the answer
6. Refused

What does this actually ask? Where are the lesbians? What does straight need a caveat? “Something else” = Huh?
A Call for Advocacy

- Lesbian, bisexual, and gay adults who live in states that fail to provide protection against hate crimes and employment discrimination based on sexual orientation are significantly more likely to be diagnosed with depression, dysthymia, generalized anxiety, and post-traumatic stress and alcohol abuse disorders than those living in states that did provide such legal protection.

- Allowing clients to express their anger and frustration in therapy about such legalized forms of discrimination is essential. The need for psychologists to advocate for public policies and state and federal laws that prohibit discrimination based upon sexual orientation is urgent and clear.
FINAL THOUGHT & THANKS!

"The whole purpose of education is to turn mirrors into windows."
-Sydney J. Harris

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