NURSES MODULE 1

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER: AN INTRODUCTION
This project is supported by funds from the Department of Health and Human Services (DHHS), Health Resources and Services Administration, the Bureau of Health Professions (BHPr), Division of Diversity and Interdisciplinary Education (DDIE), under grant number D62HP15057 and title Comprehensive Geriatric Education Program for $160,163.00. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the U.S. Government, DHHS, BHPR or the DDIE.
This 1 hour CNE program is being presented without bias and without commercial support.
SESSION OVERVIEW

- Definitions
- Demographics
- Access to care
- Health care experience
- Cohort experience
SESSION OBJECTIVES

AT THE END OF THIS SESSION PARTICIPANTS WILL BE ABLE TO:

• Define the words lesbian, gay, bisexual and transgender
• Distinguish between the concepts of sex, gender and sexual orientation
• List 3 reasons that learning about LGBT older adults is important for patient care
• List 3 factors that affect access to medical care for older LGBT adults
The ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter.

CULTURAL COMPETENCY?

CULTURE defined as:
1. The arts and other manifestations of human intellectual achievement regarded collectively

Examples?

COMPETENCE defined as:
1. The ability to do something successfully or efficiently.
2. The scope of a person’s or group’s knowledge or ability
CULTURAL COMPETENCY?

• Cultural Competency/
  Cultural Blindness
• Cultural Awareness
• Cultural Humility
• Cultural Responsiveness
WHY IS CULTURAL COMPETENCY TRAINING SO IMPORTANT?

Organizations and their personnel should do the following:

- Enhances provider/patient relationship
- Gives us the tools to deliver the best quality medical care
- Adheres to existing and new Joint Commission guidelines for patient care
- The Centers for Disease Control and Prevention (CDC) identifies LGBT individuals as a vulnerable population
THIS CURRICULUM PROVIDES YOU KNOWLEDGE AND SKILLS TO DELIVER CULTURALLY COMPETENT CARE BY:

• Creating a welcoming clinical environment for LGBT Patients

  » Using appropriate language when addressing or referring to patients and their significant others
  » Examining care environment for bias and removing anything that perpetuates bias

• Learning how to identify, address, and challenge any internalized discriminatory beliefs about LGBT elders
WORKING DEFINITION OF TERMS: LGBT

LESBIAN
A woman who is emotionally, spiritually, sexually attracted to another woman.

GAY
A man who is emotionally, spiritually, sexually attracted to another man.

BISEXUAL
A person who has the potential for an emotional, spiritual, sexual attraction to either gender.

TRANSGENDER
A person who identifies with a gender different than the gender assigned at birth.

OLDER LGBT PERSONS LESS LIKELY TO IDENTIFY WITH THESE TERMS

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MORE DEFINITIONS

HOMOPHOBIA
An extreme and irrational aversion to homosexuality and homosexual people.

TRANSPHOBIA
An irrational fear of, and/or hostility towards, people who are transgender or who are gender non-conforming.

HETEROSEXISM
Discrimination or prejudice against homosexuals on the assumption that heterosexual is the norm.
COMMON QUESTIONS

• Is homosexuality a choice?

• Can you tell if a person is gay by looking at them?
WORKING DEFINITION OF TERMS: CONCEPTS

SEX
Anatomical markers

GENDER
Societal construct

GENDER IDENTITY
How an individual feels about this assigned role

GENDER EXPRESSION
How an individual displays themselves to the world

SEXUAL ORIENTATION
The romantic/sexual attraction to persons of the same or the opposite gender

sex
Anatomical markers

GENDER
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GENDER IDENTITY
How an individual feels about this assigned role

GENDER EXPRESSION
How an individual displays themselves to the world

SEXUAL ORIENTATION
The romantic/sexual attraction to persons of the same or the opposite gender
DEMOGRAPHICS OF THE LGBT AGING POPULATION

- Twice as likely to live alone
- Four times less likely to have children
- Less likely to disclose they are LGBT

LIMITED SAFETY NET
In 2010, between 1.6 and 2.4 million gay and lesbian elders in the US
By 2030, between 2.9 and 4.3 million gay and lesbian elders in the US
And by 2030, 7 million LGBT Adults
Every state in the union has self-identified LGBT citizens, ranging from 1.7% N. Dakota and 10% District of Columbia
ACCESS TO CARE

- Many LGBT people avoid or delay medical care due to perceived or real discrimination in the healthcare setting
- They may also receive inappropriate care
- Health care providers may have negative beliefs about LGBT patients that influence the quality of care delivered
- In the USA, some healthcare settings have religious affiliations that are not affirming of LGBT people
LISA POND AND JANICE LANGBEHN

http://www.nytimes.com/2009/05/19/health/19well.html
ATTITUDES OF PROVIDERS

• A 1998 survey of nursing students showed:
  - 8-12% “despised” LGB people
  - 5-12% found them “disgusting”
  - 40-43% thought LGB people should keep their sexuality private

• GLMA survey of members:
  - 67% had seen gay/lesbian patients receive “substandard care”
  - 52% reported observing colleagues providing reduced care or denying care
  - 88% reported hearing colleagues making disparaging remarks about LGBT patients
NON-AFFIRMING ENVIRONMENT?

- LGBT Seniors five times less likely to access services due to fear of discrimination
- There are few to no alternatives to “mainstream” aging services for LGBT Seniors
- Limited LGBT senior services outside urban areas
• In February 2011, Lambda Legal released a report entitled “When Health Care Isn’t Caring”
• Examined barriers to health care that exist for LGBT individuals
• Asked 4,196 people if they agreed or disagreed with five statements
• The graphs you will see are separated into 2 columns, LGB and T because of significant difference in responses
I WAS REFUSED HEALTH CARE

PERCENTAGE OF YES RESPONSES

DATA FROM LAMBDA LEGAL

- T
- LGB

26.7% 7.7%

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MY HEALTH CARE PROFESSIONAL REFUSED TO TOUCH ME OR USED EXCESSIVE PRECAUTIONS

PERCENTAGE OF YES RESPONSES

DATA FROM LAMBDA LEGAL

- T
- LGB

100
80
60
40
20
0

15.4%
10.6%
MY HEALTH CARE PROFESSIONALS USED HARSH OR ABUSIVE LANGUAGE

PERCENTAGE OF YES RESPONSES

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20.9% 10.7%

DATA FROM LAMBDA LEGAL

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MY HEALTH CARE_professionals blamed me for my health status

Percentage of yes responses

20.3% 12.2%

Data from Lambda Legal

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MY HEALTH CARE PROFESSIONALS WERE PHYSICALLY ROUGH OR ABUSIVE

PERCENTAGE OF YES RESPONSES

DATA FROM LAMBDA LEGAL

- 7.8% for T
- 4.1% for LGB

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EVIDENCE BASED PRACTICE?

- There is no public health infrastructure for funding and supporting research on LGBT health
- A median of 5 hours of training is provided to undergraduate medical students regarding LGBT issues in the 4 year program
- Nursing programs are not required to provide any training on LGBT issues at this time
AGE COHORTS

- Importance of historical event
  - What is your current age?
  - When were you aware of being LGBT?
  - When did you come out?
COMING OUT

• Internal “knowing oneself”
• Coming out to others
• Living openly as an LGBT person
• Being “outed”

Not a one-time event!
HISTORIC EXPERIENCE
POST WAR ERA - 1940’S

KINSEY REPORT

- Asserted that one third of all American men had at least one homosexual experience after puberty
- Suggested that homosexual inclinations might not be “abnormal or unnatural,” or even “constitute evidence of neuroses.”

10-15,000 LGBT killed in Nazi concentration camps
McCARTHY ERA - 1950’S

REACTION TO INCREASED VISIBILITY

• FBI and Post Office lists
• Firings from government, universities, and schools, any contact with children
• Raids of gay establishments
• Police brutality, arrest
• Public humiliation
• Psychiatric institutionalization for “cure”

FORCING LGBT INDIVIDUALS TO LEAD DOUBLE LIVES TO SURVIVE
1960’S

STONEWALL RIOTS - JUNE 28, 1969

1970’S

• 1973 – APA removes homosexuality from its list of mental illnesses

• 1975 – Supreme Court allows teacher to be fired for being lesbian (set precedent to fire any person for identifying as Gay)

• 1979 – First National March on Washington for Lesbian and Gay Rights; 100,000 attend
1980'S

THE AIDS EPIDEMIC
1990’S

- Implementation of Don’t Ask, Don’t Tell and DOMA
- Matthew Shepard
- Brandon Teena
2000’s

- “Hate Crimes” expanded to include attacks based on sexual orientation and gender identity
- Massachusetts the 1st state to allow same-sex couples to marry
- Vermont 1st state to offer civil unions
SUMMARY

• We recognize that the elder LGBT cohort has survived a discriminatory history
• We understand that societal and personal stigma contributes to delayed entrance into healthcare
• We understand that client perceived prejudice on the part of healthcare professionals is a barrier to care and healthful outcomes
ACTION PLAN

• Develop inclusive policies
• Provide cultural competency training
• Incorporate gender sensitivity into intake procedures
• Create welcoming environments and forms
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Thank you!