

LGBT Healthcare

WARNING: this presentation may contain content of a heterosexual nature. Viewer discretion is advised.

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Learning Objectives

Part 1: Introduction to LGBT healthcare

- **Definitions**
 - Be able to understand common terms and slang used that can help foster a better relationship with your patients
- **Coming Out**
 - What may be involved in the process and how you can help if called upon
 - What is sexual orientation?
 - LGBT Disclosure and our assumptions
 - The Internet
 - Stereotypes
- **Being LGBT and the Law**
 - What Manitoba is doing right regarding sexual orientation and human rights
- **Becoming more inclusive**
 - What you can say to make things easier for your patients and yourself
- **Pharmacy's role**
 - Are we doing enough?

Conflict of Interest

None to report

Definition

- **Gender Identity**
 - The psychological awareness or sense of belonging on the man-woman spectrum
- **Gender Expression**
 - Expression of one's gender identity through appearance and behavior
- **Gender Role**
 - Behavior that is influenced by society's expectation of what is "gender appropriate"

Definition

- **Transgender**
 - Gender identity or gender expression that differs from the sex of the individual at birth
- **Transsexual**
 - Used more specifically to describe transgendered individuals who have undergone genital surgery
- **Cross-dresser/transvestite**
 - Describes those that wish to wear the clothing of the opposite sex but do not change their gender or their orientation (necessarily)

Slang

- **Top**
 - Refers to the insertive partner
- **Bottom**
 - Refers to the receptive partner
- **Cub/twink/bear... etc.**
 - Refers to body types of the men: Bear, meaning on the heavier side usually with lots of body hair; cub, referring to chubby men with body hair; twink, relating to late-teen or pubescent looking males without much hair and skinnier frames.
- **Chapstick lesbian**
 - A tomboy lesbian. Doesn't quite fit the stud or femme description. Usually in between the two extremes. A lesbian who wears Chapstick rather than lipstick
- **Lipstick lesbian**
 - a woman who loves other women, but also loves her clothes and makeup and shoes. She tends to dress on the feminine side.

Definition

- Homosexuality, bisexuality, heterosexuality, Lesbian/Gay/Transgendered (LGBT) are all umbrella terms for a gambit of descriptors that tend to label and classify sexual orientation of patients who are gay, lesbian, bi, men who have sex with men (MSM), women who have sex with women (WSW), transgendered, straight, etc. making it difficult to clearly identify needs of these patients and limit scientific utility

Prevalence?

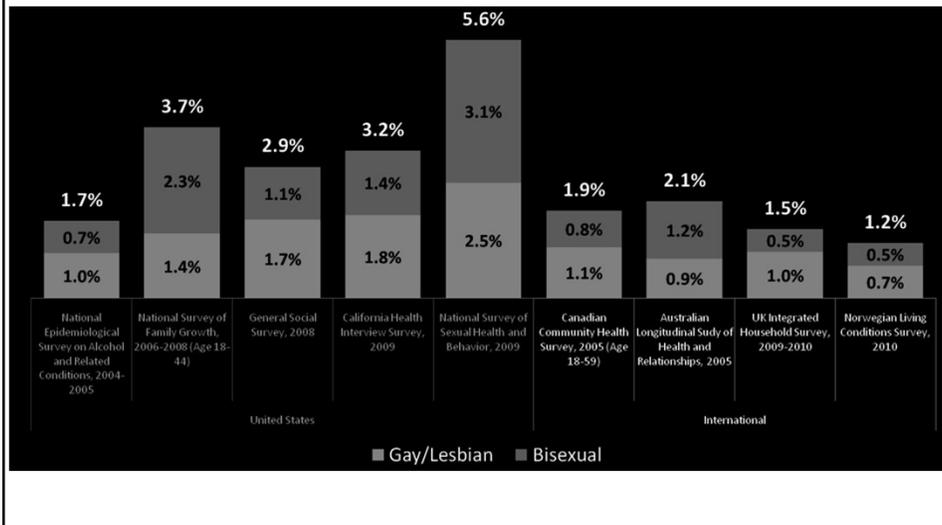
- What is considered normal within our society?
- The health and welfare of the 1.9% self-reported gay, lesbian, and bisexual Canadian population (ages 18-59) has largely been overlooked in terms of quality of health care and meeting the needs of these individuals

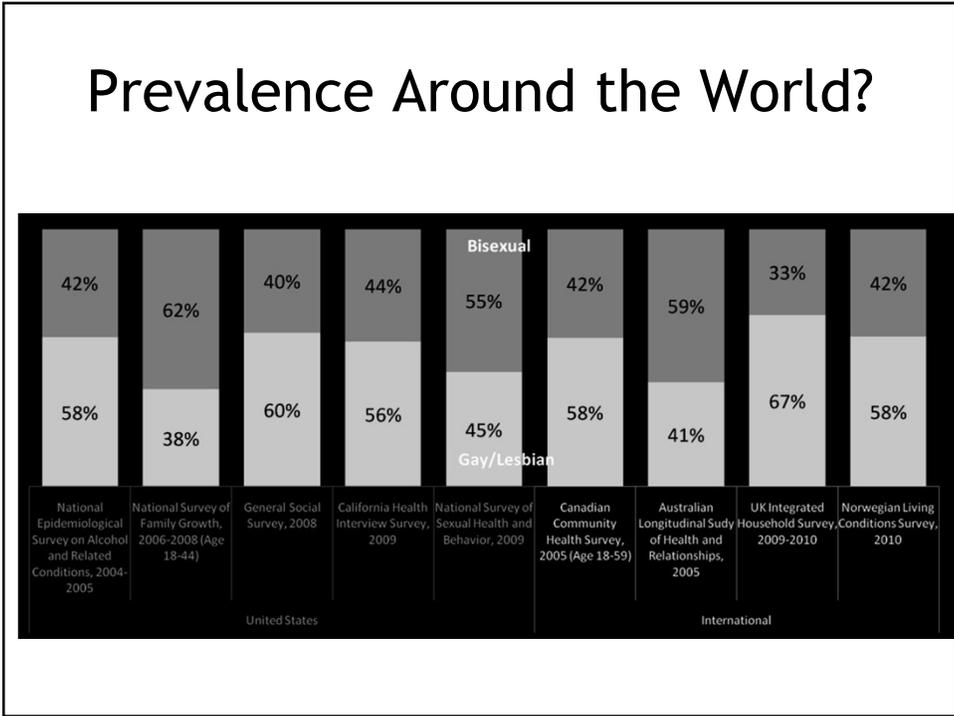


Prevalence?

- The USA has done more research in minority healthcare than Canada. Most of the data comes from their research with the exception of the Canadian Community Health Survey
- Estimated 3.5% of adults in the US identify as LGBT; 0.3% as transgender
- Women are more likely to identify as bisexual
- 8.2% or 19M Americans report that they have engaged in same-sex sexual behavior and roughly 26M report some same-sex attraction

Prevalence Around the World?





Sexual Orientation

- Is a link between Behavior, Attraction, and Identity
- Its fluid, can change over time, and is heavily influenced by culture, developmental stage, and ethnicity... but not considered a “choice”
- There is a difference between sexual identity, sexual behavior, sexual attraction, fantasy, and emotional attraction

Minorities and Disclosure

- Even though acceptance of homosexuals is on the rise, the term “minority” is also being used increasingly.
- Why?
 - For research purposes, its important to identify populations receiving health disparities.
 - For policy change, its important to identify these populations to protect them against discrimination.

Minorities and Disclosure

- Disclosing one’s sexual orientation is a phenomenon that is unique to LGBT people as heterosexuality is almost inevitably presumed
- *“Why don’t gays just disclose what they do themselves?!”*
 - Fear of homophobic reactions
 - Fear of judgment
 - Risk of not receiving care in the first place
 - Risk of not receiving benefits
 - Fear of job loss



Coming Out

- The process to which one reveals to others his' or hers' sexual orientation
- It's a different process for everyone. Some may not "know", some may not ever come out, some repress their sexuality, some come out later on in life.
- Coming out is easier now than it was even in 1999, never mind earlier.

Coming Out



- People are coming out at younger ages due to increased acceptance of homosexuality in society and with increasing gay and straight role models



Coming Out

- The older adult population has also seen an increase in individuals who were once or still are married, coming out.
- Why?
 - More acceptance
 - New venues of finding information

The Internet

- Has opened the door to information, entertainment, web-based communities (chat rooms, pornography)
- Exposure to many sexually-related topics or experiences
 - May not be readily available or accessible (small towns/ remote locations)
 - Relationship advice
 - Finding like-minded individuals... the ability to express yourself completely
 - STI information
- No prejudice
- No fear of being outed/harmed
- Easy (?) way of finding sexual partners

The Internet

- Studies show that ~40% of MSM use the internet to seek sexual partners
 - One study: 68% of YMSM (18-26 years) went online to meet a sexual partner, 48% found a partner, and only 53% use condoms regularly
 - But... other research has shown no significant difference in sexual risk behavior between online and offline meetings
 - A study looking at an international, intergenerational website found:
 - 184/1020 = 28.5% online profiles from married men; 68.5% of them were willing to be the receptive partner; 100% of them reported their HIV status as negative but only 80% practiced safe sex
 - 75% of new HIV/AIDS cases in women are linked to heterosexual activity
 - Many older men were looking for younger men for sexual encounters and vice versa
- WSW and the Internet?
 - Extremely limited data

Flamboyancy and Stereotypes

- Sexuality is pushed to the extreme for some
- Lisp
- Fashion... what not to wear i.e. Sweats in public!
- Limp wrists
- Plaid
- Feminine versus Masculine roles
- Derogatory words and uses of:
 - Fag, faggot, queer, homo, degenerate, dyke, lesbo, carpet muncher, fudge packer, sissy, lipstick lesbian, etc.
 - “That’s so gay”... why is “gay” negative?
- Socially acceptable roles: men work in construction and women make dresses.

Bill 18: THE PUBLIC SCHOOLS AMENDMENT ACT (SAFE AND INCLUSIVE SCHOOLS)

- The Bill defines bullying. The definition recognizes that bullying can take a variety of forms, including cyberbullying. A school employee, or a person in charge of pupils during school-approved activities, must make a report to the principal if they think a pupil has engaged in, or is negatively affected by, cyberbullying.
- Student activities and organizations

41(1.8) A respect from human diversity policy must accommodate pupils who want to establish and lead activities and organizations that

 - (a) promote
 - (i) gender equity,
 - (ii) antiracism,
 - (iii) the awareness and understanding of, and respect for, people who are disabled by barriers, or
 - (iv) the awareness and understanding of, and respect for, people of all sexual orientations and gender identities; and
 - (b) use the name "gay-straight alliance" or any other name that is consistent with the promotion of a positive school environment that is inclusive and accepting of all pupils.

LGBT Youth

- Denied many adolescent “Rites of Passage”
- Fewer role models of age
- Lack of healthy outlets for sexual exploration
- Missing these experiences can stifle normal development
- Verbal and Physical Violence
 - 1 in 3 LGBT Youth in Chicago had an object thrown at them and 1 in 5 had been kicked, punched, or beaten because of their sexual orientation (2000)
- Suicide and Depression
 - Nearly one third of all adolescent male suicide attempts are linked to a crisis over sexual orientation

Healthcare

- Most research into LGBT health is focused on alcohol, drug abuse, HIV/AIDS, suicide, and mental health
- Are these just stereotypical?
- What about cancer, smoking, parenting, partner's rights, safe sex, body image, LGBT youth, LGBT older adults, hate crimes, etc.?

Health & Care

- Lesbian Health
 - Increased risk of Breast Cancer
 - Increased risk of Cervical Cancer
 - Increased risk of Ovarian and Endometrial Cancer
 - All of these risks are made more substantial because of delayed diagnosis
 - Sexually Transmitted Infections (STIs)
 - Reproductive Health

Health & Care

- Gay men's health
 - Sexually Transmitted Infections (STIs)
 - Anal cancer
 - Crystal methamphetamine
 - Eating Disorders
 - “On the down-low”



Health & Care

- Transgender health, *updated 2017*
 - Articles/research specific to transgender population is sparse, especially if dealing with sex reassignment surgery and transitioning
 - Increase risk of type II diabetes mellitus, cardiovascular disease (CVD), liver abnormalities, hyperprolactinemia, osteoporosis, and cancer due to cross-gender hormone therapy
 - High prevalence of smoking in this population
 - Increase risk of and under-reporting of CVD because of fear that the hormone treatments will be discontinued
 - Patients who have sex reassignment surgery have increased risk of bacterial, fungal, and viral infections
 - May seek hormones from unsafe sources that can increase risk for hepatitis and HIV
 - Transgender women may seek non-medical grade silicone for breast augmentation that can increase risk for infection and tissue damage
 - Pharmacy can help by counselling on side effects associated with hormone use, smoking cessation, preventative health, and health maintenance
 - Challenges the transgender community face in addition to insurance coverage include dealing with the use of non-inclusive language, errors in pronoun use, and difficulties associated with filling out medical forms based on traditional gender identities

- Intersex health



Did you know?

- It wasn't until 1973 where homosexuality was no longer listed as a psychiatric disorder in the DSM-II, yet an underlying link between homosexuality and abnormality still exists.
- Gender Identity is still on the Diagnostic and Statistical Manual of Mental Disorders.

College of Physicians and Surgeons of Manitoba

- Statement No. 173 – Discrimination in Access to Physicians
- ... such behavior is a violation of the Code of Conduct which states:
 - In providing medical services, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status.

Manitoba Human Rights Commission

- The Human Rights Code (“The Code”) prohibits discrimination on the basis of gender identity in areas such as employment, housing and the provision of services. Employers, landlords and service providers can be held responsible for the discriminatory actions of their employees.
- Gender identity and sexual orientation Gender identity refers to a person’s internal, individual experience of gender. Sexual orientation refers to whether a person’s romantic, affectional or sexual attraction is heterosexual (“straight”), homosexual (“gay”, “lesbian”) or bisexual (“bi”). The Code also prohibits unreasonable discrimination based on sexual orientation.
- For further information, please contact the Manitoba Human Rights Commission. This guideline is available on the Manitoba Human Rights Commission website at <http://www.manitobahumanrights.ca>.

General Attributes Required of Pharmacists to Fulfill their Professional Competencies

- Pharmacists must function professionally when fulfilling their responsibilities. Professionalism is defined as altruism, accountability, excellence, duty, integrity and respect for others...

MPHA Code of Ethics

Consistently demonstrate respect for others.

Consistently provide care and services that place the best interest of patients before their own self interest.

... use their unique knowledge and skills to meet patients’ drug related needs and to achieve positive patient outcomes by maintaining or improving the patients’ quality of life.

Code of Ethics

College of Pharmacists of Manitoba

- I. Pharmacists shall maintain a high standard of professional competence throughout their practice.
- II. Pharmacists shall cooperate with colleagues and other health care professionals to ensure optimal patient- centered care.
- III. Pharmacists shall contribute to societal health needs and promote justice in the distribution of health resources.
- IV. Pharmacists shall respect and protect the patient's right of confidentiality.
- V. Pharmacists shall respect the autonomy, values and dignity of each patient.
- VI. Pharmacists shall respect and maintain a professional relationship with each patient.
- VII. Pharmacists shall hold the health and safety of each patient to be of primary consideration.
- VIII. Pharmacists shall act with honesty and integrity.
- IX. Pharmacists shall respect the rights of patients to receive healthcare.
- X. Pharmacists shall respect and honour the profession of pharmacy.

WRHA

- Has no policy set to deny a partners visitation or cannot ignore a partners' power of attorney, however, PHIA may restrict a person's access in terms of the health information disclosed and visitation. The interpretation of PHIA must not be discriminatory.

If you see any injustice, you can contact the privacy officer of the institution and file a complaint. Jennifer Friesen may also be contacted at the WRHA for further help 926-7000.



In Manitoba

- In the past, some Manitoba laws only recognized common-law relationships between opposite-sex partners and excluded gay and lesbian relationships.
- In 2001, Manitoba passed a law that changed 10 provincial acts to ensure that both opposite-sex and same-sex common-law partners were treated equally under those acts. The 10 Manitoba acts that were changed are:
 - The Family Maintenance Act (non-divorce support)
 - The Dependents Relief Act (support from estates)
 - The Civil Service Superannuation Act* (civil servant pensions)
 - The Legislative Assembly Act* (pensions for MLAs)
 - The Pension Benefits Act* (provincially regulated pensions)
 - The Teachers' Pension Act* (teachers' pensions)
 - The Fatal Accidents Act (death benefits)
 - The Manitoba Public Insurance Corporation Act (death benefits)
 - The Workers Compensation Act (death benefits)
 - The Queen's Bench Act (the court that hears support applications)

First steps

- We have to understand our patients...
 - Getting a proper history is important in medication adherence, proper counseling, benefits, avoiding assumptions, proper medical care, and building a relationship and rapport with your patients.
 - The lack of disclosure is not necessarily deliberate but relates to a lack of knowledge and experience in working with LGBT people.

Just like everyone else

- Patient care is based on respect, curiosity, and empathy
- Heterosexuality is not normal, its just common.



Enhancing cross-cultural care

- Reflect on your own attitudes on homosexuality, bisexuality, transgenderism.
 - How do you react when someone tells you they are gay?
 - How do you react when someone expresses themselves in a non-traditional manner?
 - Seriously, sweats in public is a no-no!

Questioning your implied heterosexuality 2017

- What do you think caused your heterosexuality?
- When did you decide you were heterosexual?
- When did you come out as a heterosexual?
- Do you think you will 'grow' out of this heterosexual phase?
- Why do you insist on flaunting your heterosexuality? In other words, can't you be heterosexual and not tell everyone about it?
- Have you considered shock therapy to help treat your condition?
- Do you think being straight and working with kids will make the kids straight too?

Adapted from http://www.notey.com/@scarymommy_unofficial/external/14559731/professor-gives-class-questions-for-heterosexuals-to-prove-an-important-point.html

Things not to say

- “I **have** to ask – do you have sex with men, women, or both?”
- “You are so different from other gay people”
- “You’re not at risk for HIV. . .” (women patients)
- “It must be easier to find someone to date” (bisexual patient)
- “Are you the man or the woman in the relationship?”

Things not to assume

- All gay men have anal sex and are promiscuous
- Lesbians will not have children
- Lesbians don’t need pap smears
- All transgender individuals want to have surgery
- Bisexual individuals are promiscuous and “can’t decide”

Communicating

- Follow your patients lead... how do they talk (slang)?
- How do they refer to their partners?
- If you slip up, apologize and move on.
- Discourage inappropriate behavior from staff members rather than ignoring the issue. Patient's who overhear disrespectful comments have many options for their pharmacy services now.
- Use the word "partner" rather than "husband" or "wife"

Pharmacy can lead by example

- Be non-judgmental
- Posters identifying your pharmacy as a safe place or gay-friendly environment
- Case scenarios involving LGBT patients and healthcare workers.
 - It shouldn't be stereotypical because we want to discourage those perceptions. For example, the straight woman comes in for HIV related information, while the gay man is asking about headache medication for his partner.
- Fenwayhealth.org is the Fenway Institute in Boston. Provides a database of resources that institutes and individuals can use for LGBT health care

Buying Power & Your Business

- Witeck Communications estimates the total buying power of the US LGBT adult population in 2012 was roughly \$790 billion and has risen to \$917 billion in 2015

"The footprint that gay people have today in the economy is much, much more present, much more visible," Witeck said in an interview. "Also, companies are responding not just to LGBT purchasing power, they are responding to others who are aligned and sympathetic."

- According to the Canadian Gay & Lesbian Chamber of Commerce, the LGBT demographic is estimated to have the collective buying power of about \$100-billion a year and the global LGBT buying power is around \$3.7 trillion.
- Air Canada Vacations started to offer gay-friendly packages; according to a 2007 study conducted for the chamber of commerce, these consumers spend an average of \$1,166 per trip, nearly twice as much as their straight counterparts

Pharmacy Institutions

- Can we make progress here?
 - 95% Unlikely. Why?
 - Unwilling to change
 - "where does it stop?"
 - Who will take responsibility?
 - 5% Likely.
 - When a homosexual staff member takes on the responsibility because no one else will or will see the point as illustrated above
 - When the students demand more... diversity

Pharmacy Institutions

Change is happening across Canada within our faculties, 2014

University of Toronto

- "We have some planned curricular content on Cultural Competency in year 3 of our program. Different cultural issues are brought up regularly within patient cases used in practice-related courses, as well in other course discussions. We also work closely with hospitals that are part of the Toronto Academic Health Science Network (TAHSN) and many of these have cultural competency programs (for e.g. St. Michael's hospital offers a very good program)."

University of Alberta

- "After review of the curriculum in the pharmacy program at U of A I can confirm that we do not include general health care for the LGBT community, but there are some cases and examples that may relate to health risks such as sexually transmitted infections. It is identified by the faculty as a special population that requires further exploration within our curriculum. We are undergoing curriculum review and will be making significant changes in the coming years."

University of British Columbia

- "This among other topics is definitely important in the pharmacy curriculum. We do not unfortunately spend a lot of time on this topic – some elements are provided in our entry to practice curriculum but it is not a separate course/module."

University of Manitoba

- "We currently do not have anything specifically in our current curriculum but will be revising the curriculum and I will ask the committee to consider this during the process of developing a new program."

University of Waterloo 2017

The only University to respond for an update

"We address cultural competency in various courses across the curriculum and also have an elective called "Practicing Pharmacy with Diverse Populations". In that elective there is a week devoted to LBTGQ health and another devoted to trans health. We were fortunate to receive government funding to develop an online module on trans health. The project was a joint venture with McMaster Medical School and we use that in various ways. We include parts of it in the elective I mentioned but we also use it as part of a seminar series offered to all students."

Elaine Lillie

"In 2016 we included a discussion of hormone regimens for gender transitioning in our core endocrinology therapeutics course.

Over the last couple of years, we have included members of the LGBTQ community as standardized patients in our OSCE exams.

Elaine Lillie and others created a series of online modules related to transgender health.

Over the past 3 years we have offered an elective: Pharm 376 Working with Diverse Populations, that includes this content."

Michael Beazely

"Over the past 3 years, I have coordinated the elective Pharm 376 Working with Diverse Populations. The main goal of the course is to help students strengthen their empathy "muscle". We use concepts of narrative medicine to help achieve this.

In regards to LGBTQ health, we have 1 week that introduces the topic. We review history, language, reviewing patient narratives of interacting with the healthcare system, challenging assumptions, etc. Small and large group discussions are part of this class. After this intro lecture was given, we asked the students to review the online Trans Health module that Elaine helped to create. After they reviewed this content, we had an interprofessional event between some of our pharmacy students, medical residents, and social work students."

Jeffrey Wong

Resources

- **Nine Circles Community Health Centre**
An organization dedicated to HIV support services and prevention.
- **Rainbow Resource Centre**
Winnipeg's Local Resource Centre
- **Klinic Community Health Centre**
A full range of health services including medical care, counseling and education.
- **GET IT ON.ca**
Winnipeg's Safer Sex Information Site
- **CATIE**
Canadian AIDS Treatment Information Exchange
- **Canadian Aids Society**
- **AVERT**
Averting HIV and AIDS - Information Site
- **Thefenwayinstitute.org**

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Questions?