Foundations for Culturally Competent Care for Sexual and Gender Minorities in Community Action Programs

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Learning Objectives

• Identify socio-cultural determinants affecting the access and delivery of services for LGBT Customers (from a “life course perspective.”)

• Identify the implications in policies and practice based on 5 core areas of culturally competent care identified by the Joint Commission and apply to Community Action

• Identify key agency-wide strategies for delivery of culturally competent care with emphasis on emerging models for specific sub-populations
Your New Customers

What do you see?
Your New Gay and Lesbian Customers

What do you see?
“Alphabet Soup”

LGBTQI2-S (The List HHS Uses)

- Lesbian,
- Gay,
- Bi-sexual,
- Transgender,
- Questioning,
- Intersex
- 2 Spirit
“Individual expressions of sexual and transgender stigma create significant personal barriers for LGBT people attempting to access high quality care.”

IOM’s Barriers List

Personal stigma
- Enacted stigma – actual refusals
- Felt stigma – perceived discrimination
- Internalized stigma – negative self image

Structural barriers
- Structural stigma - institutionalized
- Provider knowledge – “what do I do now?”
- Health insurance – especially in the workforce

“In the health care setting – an environment that is already a source of considerable fear, stress and anxiety – LGBT patients today often bear the additional burdens of discrimination and feeling unwelcome, vulnerable and invisible.”

Where and How Does This Impact CAAs?

1. Direct Service Programs - especially more vulnerable groups (youth – seniors – trans/GNC who qualify for care/assistance)
   1. Agency direct and indirect messages to the community
   2. Client to staff and vice versa
   3. Client to client (especially in group settings)

2. Agency internal
   1. Non discrimination policies
   2. HR: Hiring and establishing a culture of inclusion

3. Agency in community
   1. Community inclusiveness
   2. Advocacy for those “left out” of community
Being Pro-Active for LGBT Customers

• DEVELOPING POLICIES AND PRACTICES THAT WORK TO INCREASE INCLUSION

• PROMOTING CUSTOMERS’ RESILIENCE AND ENCOURAGING VISIBLE ENGAGEMENT IN COMMUNITY FUNCTIONS AND SERVICES

• BECOMING AN ADVOCATE FOR LGBT SUB-COMMUNITY AS FULL PARTNER IN LIFE OF THE LARGER COMMUNITY
Variations of LGBT Protections State by State

HUMAN RIGHTS CAMPAIGN (HRC)

WWW.HRC.ORG for summary of state laws that relate to LGBT inclusion/non-inclusion

State Equality Index Rating
Twenty-Six states are in the lowest-rated category “High Priority to Achieve Basic Equality”:

Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Idaho, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Virginia, West Virginia, Wyoming
**Housing** The state does not prohibit housing discrimination based on sexual orientation and gender identity.

**Employment** The state does not prohibit employment discrimination based on sexual orientation and gender identity.

**Hate Crimes** The state does have a law that addresses hate or bias crimes based on sexual orientation only.

**Public Accommodations** The state does not prohibit discrimination in public accommodations based on sexual orientation and gender identity.

**School Anti-Bullying** The state does not have a law that addresses harassment and/or bullying of students based on sexual orientation and gender identity.

**Education** The state does not have a law that addresses discrimination against students based on sexual orientation and gender identity.

**Transgender Healthcare** The state has neither a ban on insurance exclusions for transgender healthcare nor does it provide transgender-inclusive health benefits to state employees.

**Gender Marker Change On Identification Documents** The state does not have laws or policies that facilitate gender marker change on driver’s licenses or birth certificates.

**Conversion Therapy** This state has no restrictions on so-called "conversion therapy."
THE “BIG” QUESTIONS:
WHAT CAUSES HOMOSEXUALITY?
WHAT CAUSES GENDER VARIANCE?

WHY NOT ALSO ASK: WHAT CAUSES ANY SEXUAL ORIENTATION?
WHAT DETERMINES GENDER? (It’s more than genitals.)
We don’t fully know, but there are some things we do know.....

- There are strong “biologically based” determining factors – e.g. di-morphic brain structure
- It is not something that results from “bad parenting.”
- It is not the outcome of having same sex encounters.
- Gender variance awareness is both biologically based and socially constructed.
- “Homosexual” or “heterosexual” predisposition probably fixed by about age 4 (across a spectrum).
- “Homosexuality may be “hardwired, but acquiring a ‘gay identity’ is a developmental accomplishment”.
- Gender variance is “hardwired” but claiming a non-conforming, “trans,” identity is a developmental accomplishment

Acquiring a Gay or Trans Identity

TAKING A LIFE COURSE PERSPECTIVE
What did today’s gay adult see when he/she was a questioning teen?

• Non accepting environment
• Legal sanctions
• Hostility toward them considered acceptable in many places
• Judgments of immorality and/or sickness

• THE POINT: There was no clear path to integrated and secure self-esteem
Secure identity (*high self-esteem*) helps one make mature, responsible life choices.
Insecure identity (or low self esteem) leads to life long problem behaviors of all kinds
The Three Biggest Challenges to acquiring self-esteem

(Secure Gay Identity)

#1. Early experiences of shame
  - Urge to hide
  - Urge to lash out or act out
The Three Biggest Challenges to acquiring a “Secure Gay Identity”

#2. Dysfunctional Coping responses to family, social and peer rejection/hostilities – “trauma, vulnerability and resilience.”
RESPONSE TO TRAUMA

The Three Biggest Challenges to acquiring a “Secure Gay Identity”

#3. Lack of a Developmental Model

- Where and how do most youth learn how to be a well functioning heterosexual adult?

- Where and how would the homosexual young person learn how to be a well functioning gay adult?
So where and how did adult “gay life” get modeled for a shame prone young person?

• In secret – especially from disapproving adults
• In bars, hiding places, chat rooms, public parks
• The older one is, the more this is likely to be true
Doing the Right Thing
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community
A Field Guide.
2011
Joint Commission Field Guide
(And How to Apply to Community Action)

1. Leadership
2. Provision of Care, Treatment and Services
3. Workforce
4. Data Collection and Use
5. Patient, Family and Community Involvement

1. Leadership

1.1 Integrate unique LGBT patient needs into new policies or modify existing ones

1.2 Demonstrate ongoing leadership commitment to inclusivity for LGBT patients and families
2. Provision of Care, Treatment and Services

2.1 Create a welcoming environment that is inclusive of LGBT patients

2.2 Avoid assumptions about sexual orientation and gender identity (SO/GI)
2. Provision of Care, Treatment and Services

2.3 Facilitate disclosure of SO/GI but be aware that this disclosure is an individual process.

2.4 Provide information and guidance for the specific health concerns facing subpopulations of LGBT
3. Workforce

3.1 Ensure equitable treatment and inclusion for LGBT employees

3.2 Demonstrate commitment to LGBT equality and inclusion in recruitment and hiring

3.3 Educate staff on LGBT employee concerns
3. Workforce

3.4 Incorporate LGBT patient care information in new or existing employee training

3.5 Support staff development initiatives to maximize equality and inclusion for LGBT employees
4. Data Collection and Use

4.1 Identify opportunities to collect LGBT relevant data and information during the health care encounter

4.2 Use available population-level data to help determine the needs of the surrounding community
5. Patient, Family and Community Involvement

5.1 Collect feedback from LGBT patients and families and the surrounding LGBT community

5.2 Ensure that communications and community outreach activities reflect a commitment to the LGBT community

5.3 Offer educational opportunities that address LGBT health issues.
Organizational Best Practice Tools

- **YOUTH AND FAMILY PROGRAMS**: American Institutes of Research: LGBT Care Strategic Planning Tool

- **TRANSGENDER CARE**: NYC Bar & Lambda Legal: Creating Equal Access To Quality Health Care For Transgender Patients

- **LGBT AGING**: Nat’l LGBT Aging Resource Center: Inclusive Services for LGBT Older Adults A Practical Guide To Creating Welcoming Agencies

- **DATA COLLECTION TOOLS**: Fenway Institute: Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records - Taking the Next Steps
YOUTH AND FAMILY PROGRAMS:
American Institutes of Research

1. Assessment and Improvement
2. Nondiscrimination Policies
3. Workforce Development
4. Forms and Data Collection/Sharing
5. Safe, Supportive Environments
6. Practices to Affirm Identity
7. Peer Connections
8. Family Connections
9. Community Services
10. Community Outreach

Both Publications are in the Counseling Families of LGBT Youth Drop Box
1. Gender Identity & Gender Expression Non-Discrimination Policy.
2. Patients’ Bill of Rights
3. Admitting/Registration Records
4. Protocols for Interaction with Transgender Patients
5. Room Assignments
6. Access to Restrooms
7. Policy Guidance: Compliance with Privacy Laws

Publication is in the Transgender Care Core Documents Drop Box
LGBT AGING NAT’L RESOURCE CTR:  
Inclusive Services for LGBT Older Adults

1. Checklist for First Impressions  
2. Checklist for Working Toward LGBT Programming  
3. Checklist for Highlighting LGBT-Specific Programs  
4. Checklist for Transgender Inclusion  
5. Checklist for Policies and Procedures  
6. Checklist for Assessments
DATA COLLECTION TOOLS:  
FENWAY INSTITUTE

Sexual Orientation Question

Do you think of yourself as:
☐ Lesbian, gay, or homosexual
☐ Straight or heterosexual
☐ Bisexual
☐ Something else
☐ Don’t know

Two Step Gender identity and Birth Sex Question

1. What is Your Gender Identity? (Check and/or circle all that apply)
   - ☐ Male
   - ☐ Female
   - ☐ Transgender male/Trans man/FTM
   - ☐ Transgender female/Trans woman/MTF
   - ☐ Genderqueer
   - ☐ Additional category (please specify): ______________
   - ☐ Decline to answer

1. What sex was assigned to you at birth? (Check one)
   - ☐ Male
   - ☐ Female
   - ☐ Decline to answer

Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records
Taking the Next Steps

Publication is in the LGBT Medical Series Drop Box
To access Drop Box Folders

1. COUNSELING FAMILIES OF LGBT YOUTH
2. TRANSGENDER CARE CORE DOCUMENTS
3. LGBT MEDICAL SERIES

SEND E-MAIL MESSAGE TO

CCAPContact@aol.com and identify which folders you wish to access.