



“ARE THEY...YOU KNOW...”

**AN INTRODUCTION TO
ADDRESSING IMPLICIT BIAS
AGAINST LGBTQ+
POPULATIONS**

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LEARNING OBJECTIVES

1

Understand how **implicit and unconscious bias is created**, and how to **proactively address bias** as well as combat bias when it shows up.

2

Describe the **specific power dynamics** between healthcare providers, staff, and patients, and how these power dynamics exacerbate bias.

3

Identify **specific implicit biases** that may exist about LGBTQ+ people and understand how these biases can **impact medical and behavioral health outcomes** for this population.

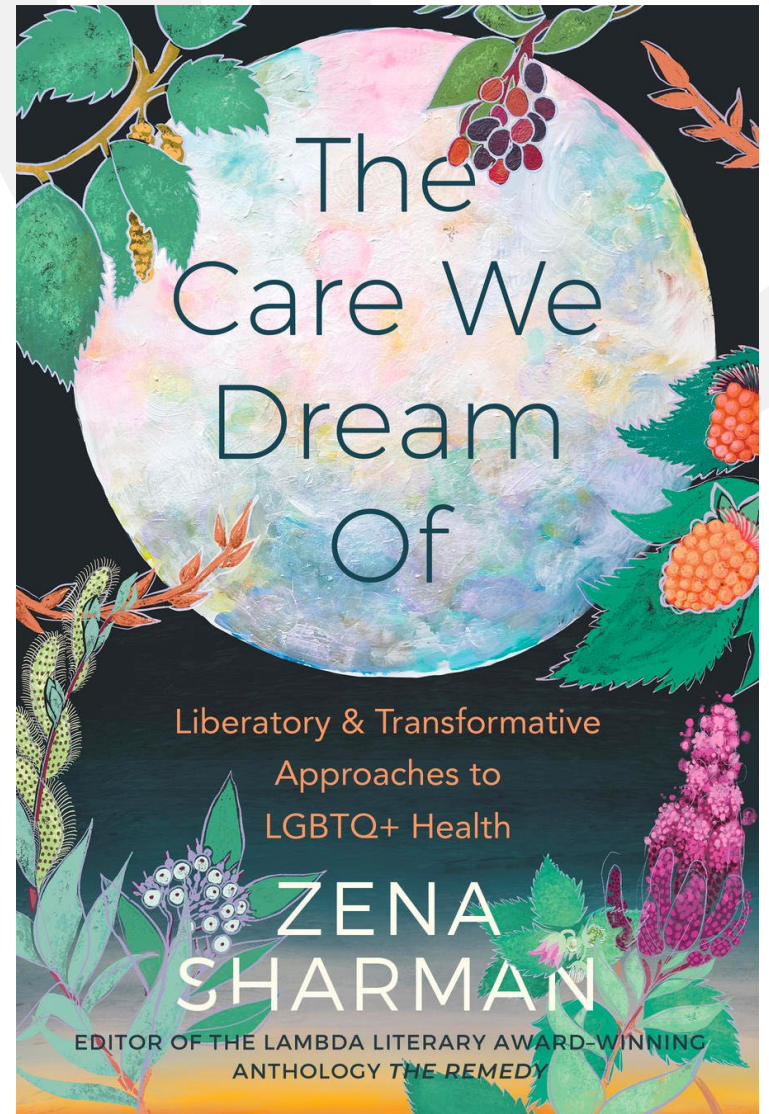
4

Name ways to **prevent bias from impacting clinical care** and describe ways to combat bias in clinical encounters

OPENING REFLECTIONS

"What if queer and trans people loved going to the doctor?"

- Reflect on your own knowledge and assumptions about LGBTQ+ health and health care throughout the presentation.
 - How might those shape your perspective on the kinds of possibilities you're able to imagine?



WE ARE EVERYWHERE

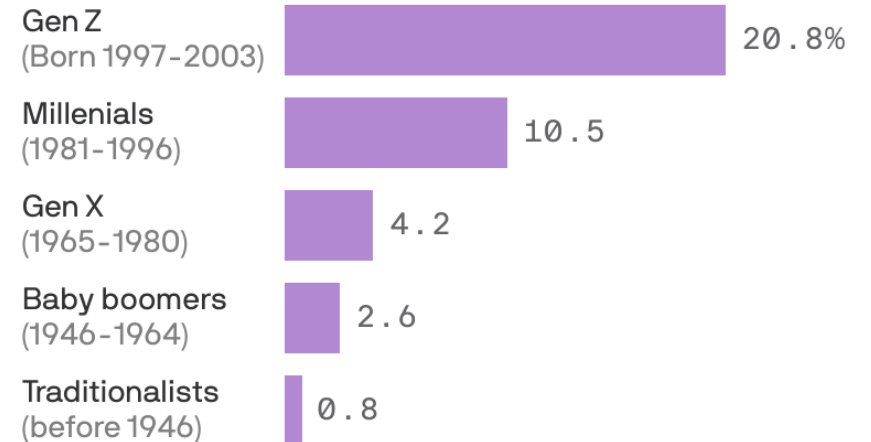
There are estimated to be **20 MILLION** LGBTQ people in the United States. It's fair to assume you see LGBTQ people regularly.

POLITICS FEBRUARY 17, 2022

LGBT Identification in U.S. Ticks Up to 7.1%

Americans who self-identified as LGBTQ in 2021, by generation

Surveys of 12,416 U.S. adults conducted between January and December 2021



WHAT IS LGBTQ+?

- **Initialism** that lists some of many sexual and gender minority (SGM) identities
- **Umbrella term**
- LGB first used in the 1980's
- "T" was added on in the 1990's to include transgender folks
- **Earliest recorded use of LGBTQ was in 1996**



SEXUAL ORIENTATION



SEXUAL ATTRACTION

- **Definition:** the tendency to feel **sexual desire** (or a lack thereof) toward people of certain genders
- **Common identities:** gay, bisexual, asexual, heterosexual, queer*



ROMANTIC ATTRACTION

- **Definition:** the desire (or a lack thereof) for **intimate and emotional relationships** with people of particular genders
- **Common identities:** homoromantic, biromantic, aromantic, heteroromantic, queer*

Sometimes these identities are fluid and can change throughout a person's life. And that's perfectly okay!

GENDER

Binary gender is a colonialist concept and has largely been adopted by the Western world. Gender is expansive, and **nonbinary genders are pervasive throughout many cultures.**



GENDER FACETS



GENDER IDENTITY

- **Definition:** a person's internal sense of whether they're male or female, both, or neither. It's a person's internal, deeply-held sense of one's gender. Gender identity is not visible to others. (1)
- **Common identities:** male, female, nonbinary, agender, genderqueer*
- **May or may not align with sex assigned at birth**



GENDER EXPRESSION

- **Definition:** a person's gender being expressed outwardly through their name, pronouns, clothing, haircut, behavior, voice, or body characteristics (1)
- **Gender expression may or may not align with society's expectations of specific gender presentation**

Sometimes these identities are fluid and can change throughout a person's life. And that's perfectly okay!

TRANSGENDER AND NONBINARY PERSONS

- Someone whose **gender identity does NOT align with their sex assigned at birth**
- Umbrella term
- **Not all trans and nonbinary persons experience gender dysphoria or medically transition**
- Transitioning changes one's gender presentation to match their internal sense of gender
- Can decide to transition at **any age**
- **Every person's transition is different!**



PRONOUNS

- **Increasing use of gender-neutral pronouns, they/them is most common**
- **Need to get more comfortable with them? Practice.**
- **Unsure which to use? Ask.**
- **Flub it? Thank the individual for their correction quickly and move on.**
- **Don't overuse names to avoid pronouns, shows discomfort.**
- **Say "my pronouns are..."**
NOT "my **preferred** pronouns..."
- **The power of an email tagline and Zoom name**



SOCIAL DETERMINANTS OF HEALTH

- Made up of 5 components of social and environmental factors that impacts health and well being
- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Social Determinants of Health



ECONOMIC STABILITY

- **Layers of structural discrimination can impact an individual's chances of living in poverty**
 - Homophobia/Transphobia
 - Racism
 - Sexism

16% of cisgender heterosexual individuals

22% of LGB and 29% of trans individuals

31% of Black LGB; 38% of Black trans individuals

31% of Black lesbians; 40% of Black bisexual women

% living below the poverty line



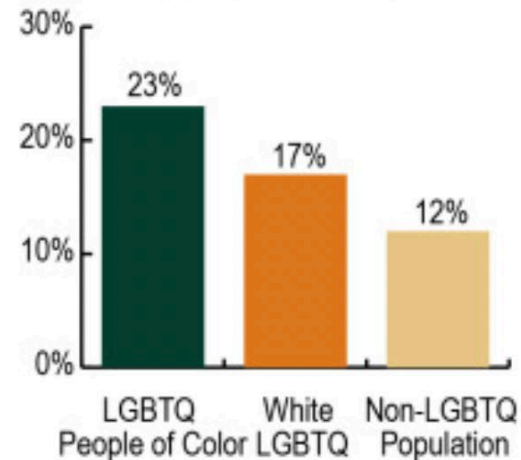
HEALTHCARE ACCESS AND QUALITY

LGBTQ+ communities are:

- More likely to be uninsured or underinsured
- More likely to be diagnosed at later stages
- Less likely to receive preventative care
- **More likely to have had negative experience with healthcare provider(s)**

Health Insurance Rates Lag for LGBTQ People of Color

Share of U.S. adults lacking health insurance

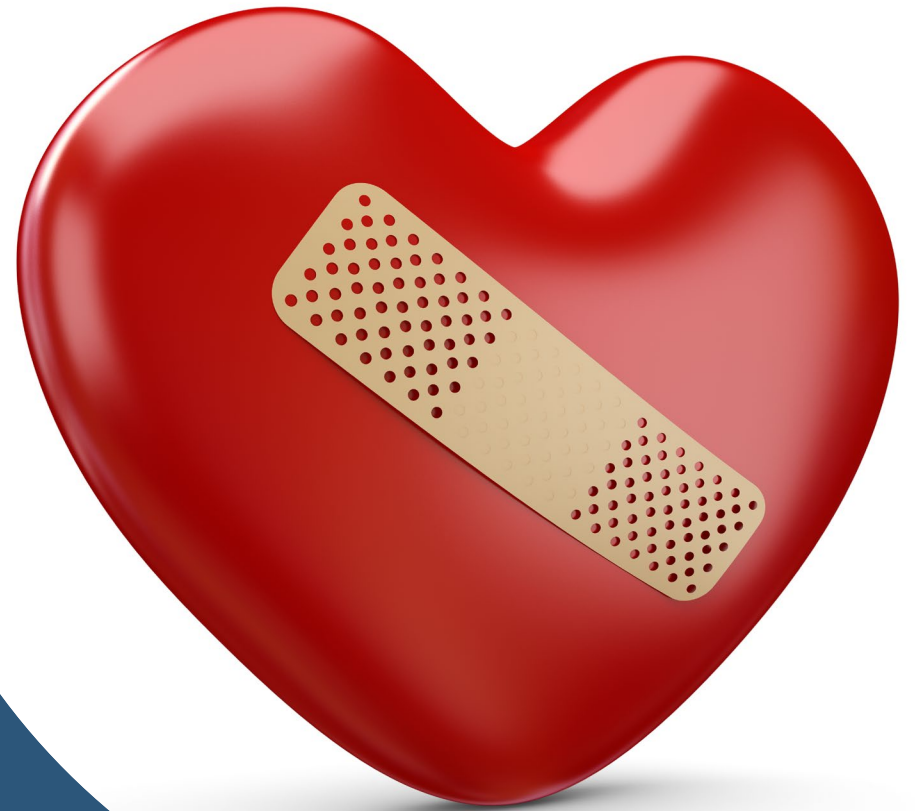


Targeted outreach and enrollment efforts could further improve health coverage rates for LGBTQ people, especially for those who may have experienced discrimination within medical settings and while interacting with health insurers.

Source: Human Rights Campaign, The Lives and Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis



Actual discrimination or fear of discrimination from healthcare providers is a shared and collective trauma among LGBTQ+ communities.



SOCIAL AND COMMUNITY CLIMATE

LGBTQ+ individuals are more likely to experience:

- Isolation
- **Discrimination** at home & workplace
- **Violence and hate crimes**

Black transgender women are especially at risk of being targets of hate crimes.



-ISMS AND PHOBIAS

- “-phobias” are usually expressed or describing feelings and behavior **by individuals.**
- “-isms” are usually expressed or describing feelings and behavior **by collectives.**
- The suffix “-ism” and “-phobia” go hand in hand, and overlap; often, **one is a lead-in to the creation as well as the institution of the second**

Femme-phobia → Cissexism → Sexism

Fatphobia → Size-ism

HOMO/TRANS PHOBIAS



TRANSPHOBIA

- Beliefs, structures, and actions that promote the idea that there are only **two types of people** – men and women – who are born, raised, and naturally associate with that gender and its accompanying characteristics
- Leads to **discrimination of and negative attitudes toward people whose gendered identities, appearances or behaviors deviate from traditional gender norms.**



HOMOPHOBIA

- Negative attitudes **expressed through cultural hate, individual and state violence, and discrimination** directed towards lesbian, gay, and bisexual people
- EG: assuming lesbians would be straight if they could "find the right man."

HETEROSEXISM & MONOSEXISM

- **Monosexism:** Beliefs, structures, and actions that **promote monosexuality (either exclusive heterosexuality or homosexuality) as the only legitimate or right sexual orientation.**
 - Monosexism causes the erasure of bisexual or other non-monosexual orientations.
- **Heterosexism:** Beliefs, structures, and actions that **promote heterosexuality as the only valid sexual orientation.**



Being gay doesn't shield you from cissexism and transmisogyny

"TRANS PEOPLE AND EFFEMINATE GAY MEN GIVE THE LGBT COMMUNITY A BAD IMAGE"

"I'M FINE WITH TRANS WOMEN, BUT I DECIDED THAT BEING GAY WAS ENOUGH."

"SORRY, I PREFER REAL MEN"

"WE'RE TOLERATING YOU IN THE MOVEMENT WE BUILT, YOU SHOULD BE GRATEFUL!"

"I CAN'T BE TRANSPHOBIC, I'M GAY!"

"WHEN SOCIETY UNDERSTANDS THAT GAY PEOPLE LOOK NORMAL, THEN IT'LL BE EASIER TO FIGHT FOR MORE RADICAL STUFF LIKE BASIC HUMAN RIGHTS FOR TRANS PEOPLE!"

CISSEXISM & TRANSMISOGYNY

- **Cissexism:** Beliefs, structures, and actions that promote the idea that someone's authentic gender is the one they were assigned at birth.
 - Often takes the form of deciding trans people's experiences of their self-identified gender are not genuine.
- **Transmisogyny:** The negative attitudes expressed through cultural hate, individual and state violence, and discrimination directed toward trans women and people presumed to be assigned male at birth, who are femininely gendered.

ROOT CAUSES OF BARRIERS TO CULTURALLY SAFE CARE FOR LGBTQIA+ POPULATIONS



Lack of understanding about gender diversity and resulting assumptions about gender identity

Assumptions about heteronormative sexual orientation and identity

Lack of knowledge about innate diversity of human differences, beyond the incorrect assumption that sex is binary

Misunderstanding of healthy sexuality, driven by dominant ideologies about physical desire, romance & marriage

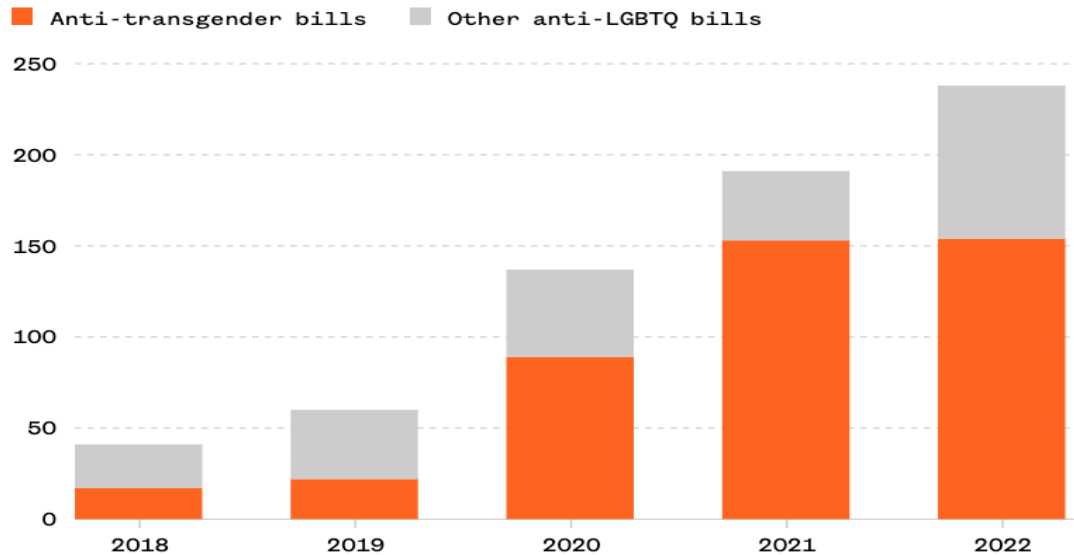
LEGISLATION AFFECTS HEALTH

Nearly 240 anti-LGBTQ bills filed in 2022 so far, most of them targeting trans people

The annual number of anti-LGBTQ bills to have been filed has skyrocketed over the past several years, from 41 in 2018 to 238 in less than three months of this year.

Anti-LGBTQ state bills on the rise

Bills specifically targeting transgender Americans have skyrocketed since 2018, with all but three states weighing at least one since 2020.



Notes

2022 totals are as of March 15

Sources: American Civil Liberties Union, Freedom for All Americans

Graphic: Elliott Ramos and Nigel Chiyaya / NBC News



MEDICAL MISTRUST

- **About half of medical students reported negative attitudes** towards lesbian and gay people (explicit bias) (Morris 2019)
- **Over 80% exhibited more negative assumptions of lesbian and gay people compared to heterosexual people** subconsciously (implicit bias) (Morris 2019)
- Medical mistrust (both race-based and global), race-based stigma, and sexual orientation stigma were **greater among African American LGBTQ adults who delayed healthcare versus those who did not** (Brenick 2019)

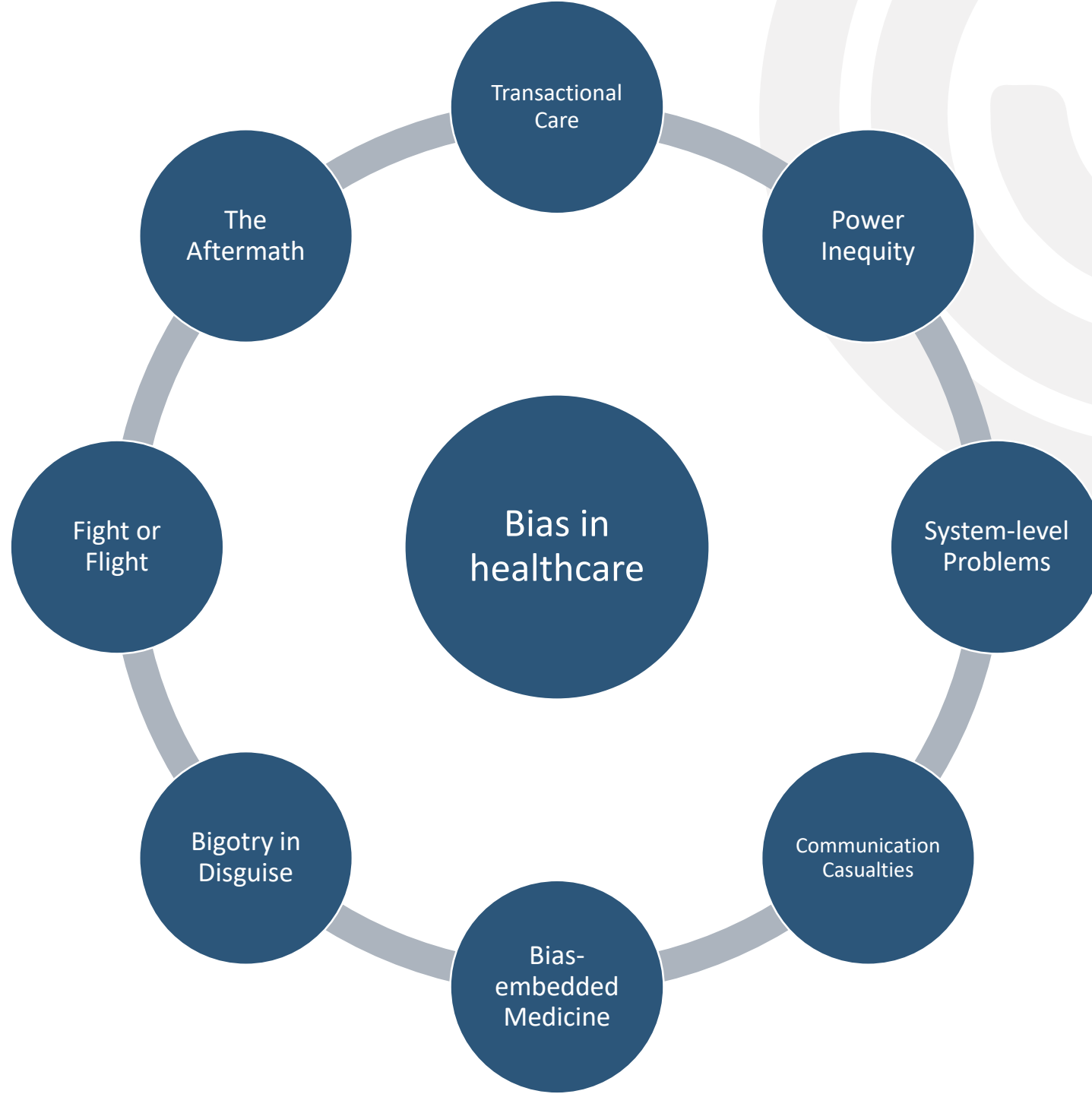
How does this translate to caring for LGBTQ+ patients?

MEDICAL MISTRUST

- Transgender patients report that their **physicians appear to be at a loss at how to provide care to them**
 - Have expectations that a provider would not meet their needs or be prepared to treat them at all
- Transgender patients report often being **refused care outright**
- Providers **refuse to use their correct pronouns**

Some patients reported being physically assaulted when they sought care.





TRANSACTIONAL CARE

Patient's experience of the appointment:

- **Feeling rushed**
- **Only treating symptoms** and not underlying cause(s)
- Refusing to address more than one medical concern in appointment
- **Lack of transparency** about medical reasoning, diagnoses, treatments, etc.

(Casanova-Perez et al., 2022)



POWER INEQUITY

- **Power imbalance** between patients and providers affects rapport-building
- **Patients felt judged that they were not “smart enough”** to understand medical information, concerns, or to make the best medical decision
- **Provider makes all medical decisions without including patient** in process, explanation, and dismissal of patient’s input and/or understanding

(Casanova-Perez et al., 2022)



SYSTEM-LEVEL PROBLEMS

- Patient feeling **healthcare system is unwelcoming and hard to navigate**
- Inaccurate medical records, trouble accessing records, non-inclusive medical forms
- **Non-representative** insurance systems

(Casanova-Perez et al., 2022)



COMMUNICATION CASUALTIES

- **Verbal or nonverbal cues** that the patient identifies as uncomfortable or inappropriate
- **Invasive questions**, scolding or verbally judging patient actions
- Judgmental **tone of voice**, heading to door when patient still talking
- **Provider comments negatively affect ability to receive care**

(Casanova-Perez et al., 2022)



BIAS-EMBEDDED MEDICINE

“

*There was a doctor who told me straight up
“I think you’re going to hell. I can’t treat you.”*

**I said, “Thank you for telling me. I don’t
want you to treat me.”**

BIGOTRY IN DISGUISE



- Participants anticipated implicit discrimination from providers due to their identity
- Provider may not know how to talk to or take care of gender-diverse patients
- Provider may also be unaware of important needs for BIPOC patients

FIGHT OR FLIGHT

Patients realize they're being treated unfairly:

- **Active:** self-advocate and demand respect
- **Passive:** do not respond for fear of repercussions



THE AFTERMATH

Consequences that biased experiences had in patients' lives

- **Patient health conditions worsen**
- Self-medication
- **Delayed or avoided healthcare**
- **Mistrust of health system altogether**
- **"Cover" behaviors**, physically present as more "acceptable"
- Inconsistent providers



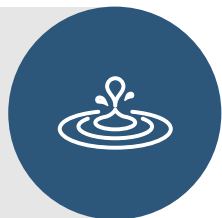
ADDRESSING BIAS

What do we do about it?



INTERNAL BIAS

INDIVIDUATING



- Efforts to **focus on specific information** about an individual (i.e. they like gardening)
- **Not categorizing someone** based on social, racial, etc. Stereotypes
- **Make a commitment to set assumptions aside** before meeting with a patient

- Intentionally **take another person's viewpoint**
- **What would it feel like** to be an LGBTQ+ person coming to see a new clinician?
- **What might you worry about or look forward to?**



PERSPECTIVE-TAKING

INTERPERSONAL



- **DO** ask each patient **their pronouns, gender identity, and sexuality**
- **DO** consistently and confidently **state your name and pronouns** at the start of each patient appointment
- **DON'T** ask questions **unrelated to purpose of appointment**

HEALTH SYSTEM/SYSTEMIC LEVEL

- Push for health centers to **include SOGI data on patient intake forms and EMR**
- Increase number of hours of **LGBTQ-specific education for medical students**
- Recognition of transgender health needs as **medically necessary**





"To do the work of liberation means to leave no one behind."

CLOSING REFLECTIONS

- What is the care you dream of for LGBTQ+ individuals?
- What is **something you could do alone or in collaboration with your community** that might bring you closer to making this dream a reality?



Zena Sharman



THANK YOU!



Questions?

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