

CULTURAL HUMILITY WHEN WORKING WITH LGBTQ YOUTH

**National Health Care for the
Homeless Council – May 23,
2019**



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF
THE FENWAY INSTITUTE



Welcome and Introductions

- **Presenters**
 - ***Sue Augustus, CSH***
 - ***Dr. Alex Keuroghlian, Fenway Institute***
 - ***Dee Balliet, True Colors Fund***

- **Who is in the room?**

Agenda

- Data on youth and homelessness
- Overview of content and programs highlighted during HRSA sponsored Youth Learning Collaborative
- Cultural Competency presentation
- Case study breakouts
- Group presentation and Panel response
- Closing



Dee Balliet

Program Officer | Gender Fluid

True Colors United dee@truecolorsunited.org



LGBTQ Youth Homelessness



120%

more likely to experience homelessness as
compared to cisgender and straight peers

Chapin Hall at the University of Chicago

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83%

Black or African American youth have high
risk of experiencing homelessness

Chapin Hall at the University of Chicago

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33%

Latino (or Hispanic), non-white youth have
higher risk of experiencing homelessness

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200%

Increased risk that unmarried parenting youth have of experiencing homelessness

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346%

Risk youth with (-) than a HS Diploma or GED
have of experiencing homelessness

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18-25 Y/O

1/10 Young Adults Experience Housing Instability/Homelessness in a year.

Nearly 3.5 Million Young Adults over a year

9.6% Prevalence in Urban Counties

9.2% Prevalence in Rural Counties

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13-17 Y/O

1/30 Youth Experience Housing Instability/Homelessness in a year.

Nearly 660,000 Youth over a year

4.2% Prevalence in Urban Counties

4.4% Prevalence in Rural Counties

Chapin Hall at the University of Chicago

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YOUTH LEARNING COLLABORATIVE SUMMARY

Sue Augustus, Senior
Program Manager, CSH



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Learning Collaborative Outline

October 23 2018

- Overview and Introduction to the Learning Collaborative

December 17
2018

- Outreach and Engagement

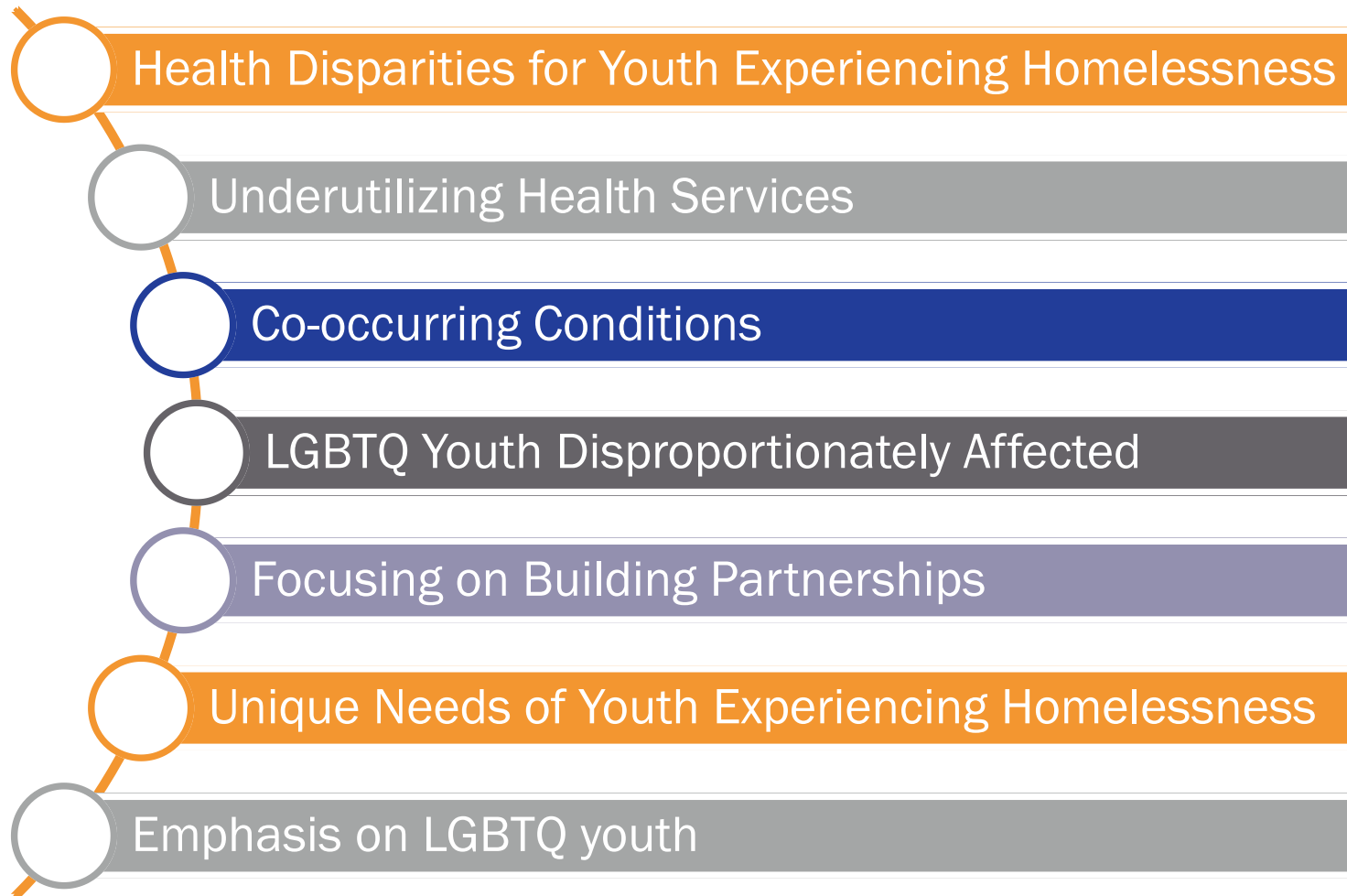
February 12
2019

- Behavioral Health Needs of Youth Experiencing Homelessness

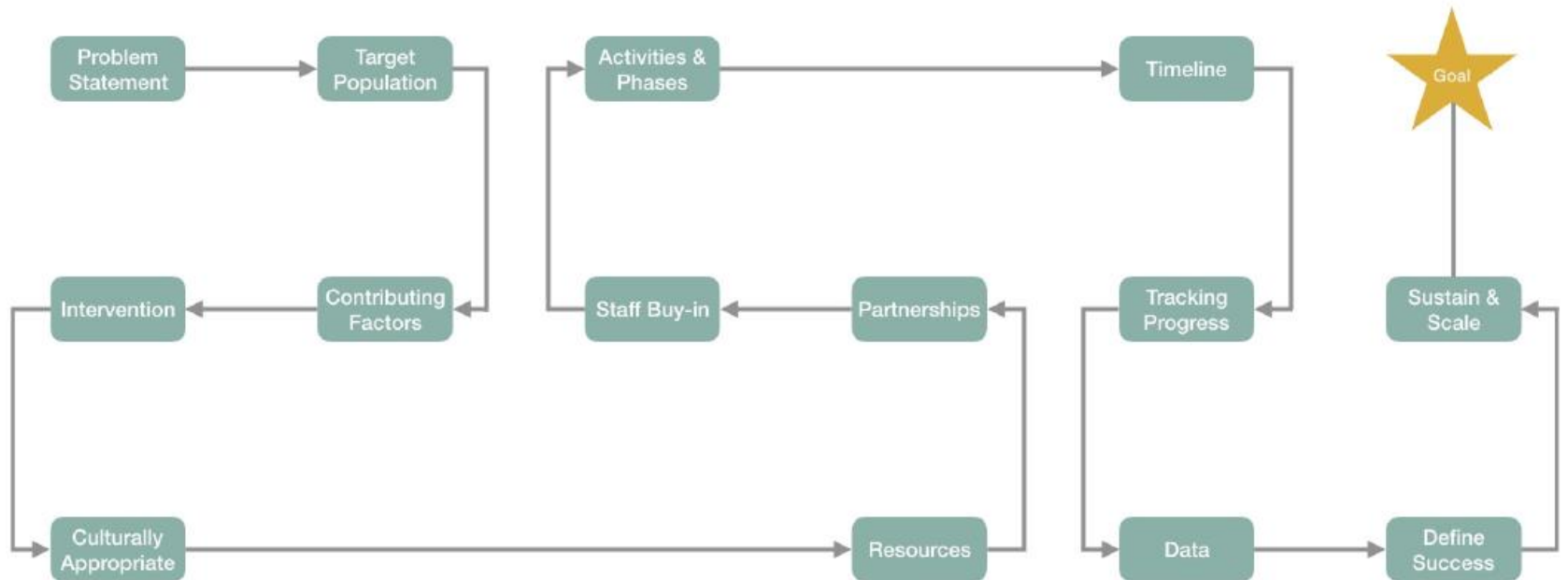
April 9 2019

- Cultural Humility when working with LGBTQ Youth

Learning Collaborative Overview



Learning Collaborative Outcome: Change Map



Example:

Cooking/Nutrition Class

- What is the big picture problem? **Folks have uncontrolled diabetes**
- What is your overall goal? **Help folks manage their diabetes**
- Who do you want to target the initial implementation to? **Residents of housing program**
 - *Consider using data to identify any disparities **Hispanic/Latino residents***
- What is contributing to the issue within your target population? **Not eating healthy food, don't know how to shop/cook healthy foods**
 - *Consider talking with providers (both clinical and non-clinical) and consumers to understand the need.*
 - *Consider asking about social determinants of health and cultural factors. **Many components of diet may not be consistent with doctor's recommendations***
- What interventions could help address the need considering the contributing factors? **Cooking/nutrition classes**
- *Do you have to make any adjustments to ensure that the intervention is culturally appropriate for your target population? **Show how folks can balance their traditional foods in a healthy way – reducing fried options, more fresh vegetables***
 - Consider asking for consumer input on this step.
- What resources are needed to implement the intervention? (materials, staff time, financial need, etc.) **Money for materials, space, teacher**
 - *Consider using the HCH Costing Tool.*

Example:

Cooking/Nutrition Class

- What partnerships that would be helpful? Is there a local cooking school, other nutrition classes by health department?
- Do you have buy-in from staff and leadership? Yes
- What are the steps and/or phases of implementing this project? Identifying kitchen space and teacher (maybe case manager, peer, partner from other organization), selecting recipes, recruiting participants, evaluating outcomes
 - *Create a list and drill down the details as possible.*
- What is the expected timeline for implementing these activities? 6 - 9 months
 - *Consider developing a Gantt Chart here to help frame and track activities.*
- How will you track your progress? Look at status of activities (selecting teacher, recipes, outreach), how many folks enrolled in classes, how many classes held, how many continue to come back
- What data do you have or need? Number reporting they are uncontrolled, any way to look at A1c or glucose levels (individually or overall), number interested in or attending classes
- How will you know you have reached your goal? People feel better able to eat according to doctor recommendations, improved diabetes measures
- What are the long-term goals for this intervention? Have classes run regularly (spring/fall sessions), expand to other target groups
 - *Consider sustainability and scalability*

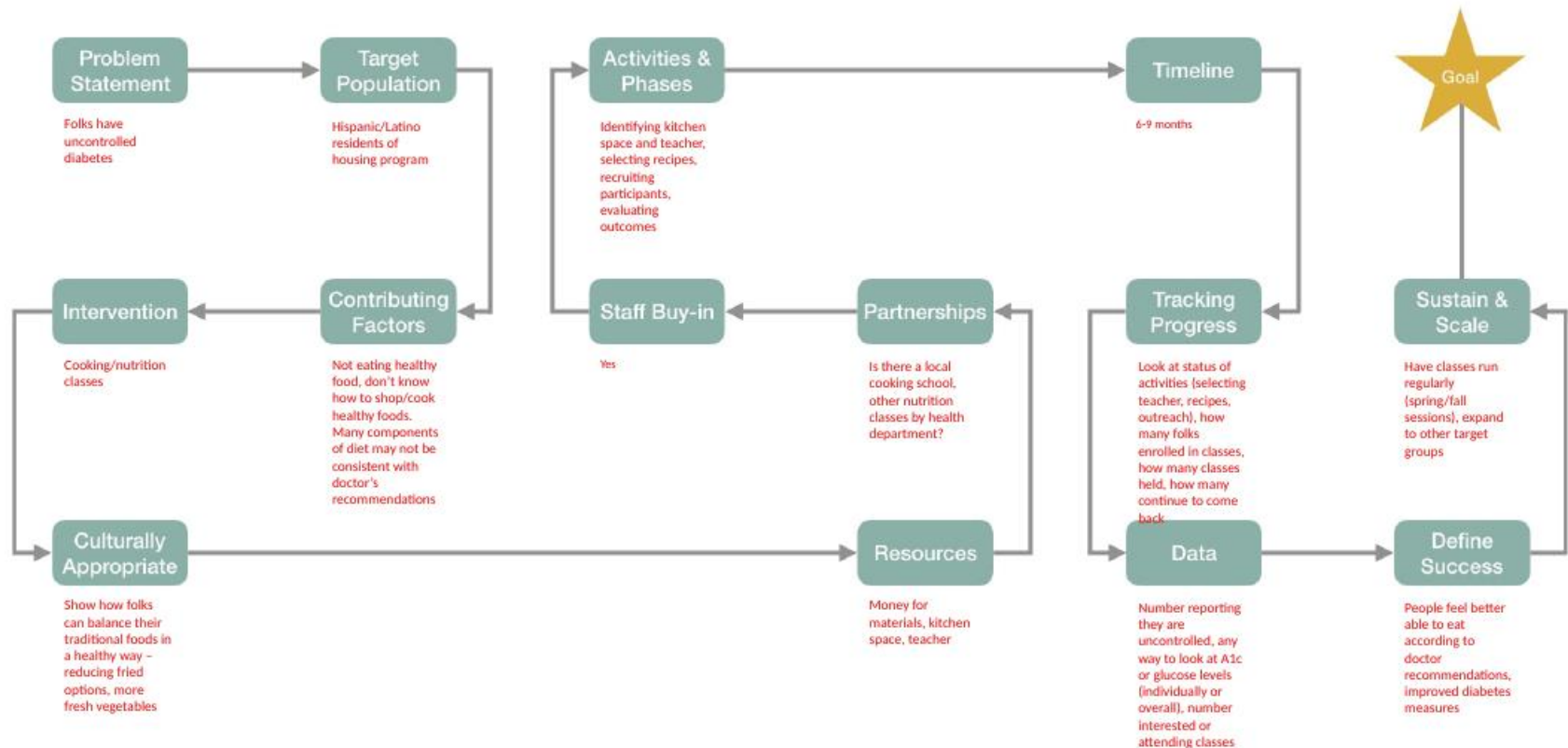
Change Map Example



Issue & Need

Change Map

Overall Goal

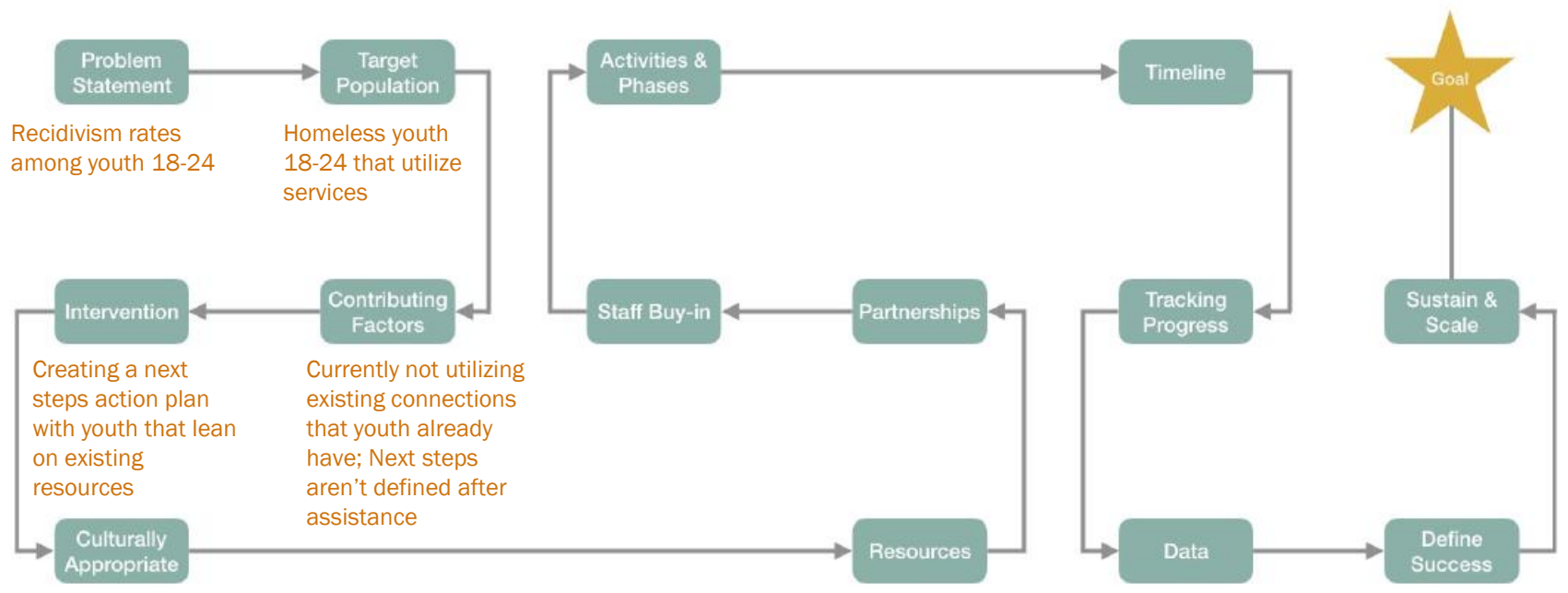


Change Maps

- Theme from December Discussion: Outreach & Engagement
- Participants in January
 - *Strategies to End Homelessness*
 - *Partnerships for Better Communities*
 - *Bitfocus, Nevada Continuum of Care*
 - *Clark County Social Services*
- Problems Identified
 - *Recidivism among youth ages 18-24*
 - *Minors' inability to consent to services*
 - *Lack of affordable housing*
 - *Lack of permanent housing resources*

Strategies to End Homelessness: Reduce recidivism among youth 18-24 by half

Issue & Need — Change Map — Overall Goal



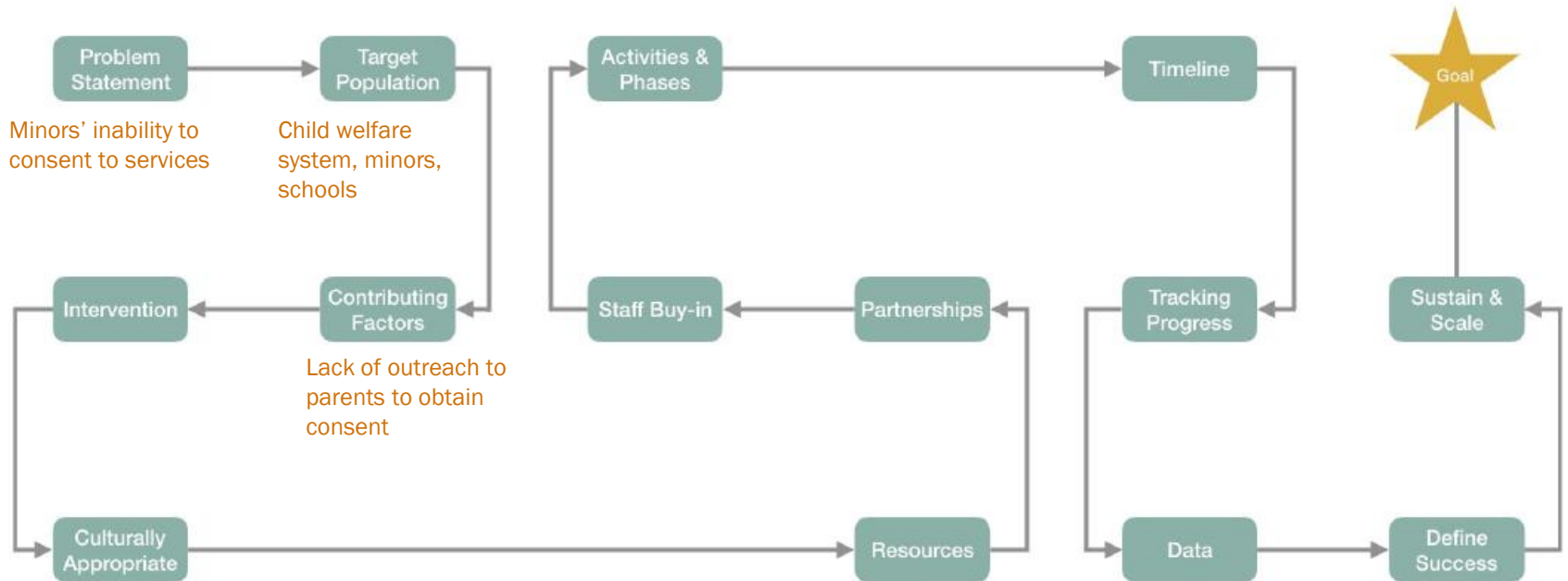
Partnerships for Better Communities: Ability to track needs of minors and provide them with services



Issue & Need

Change Map

Overall Goal



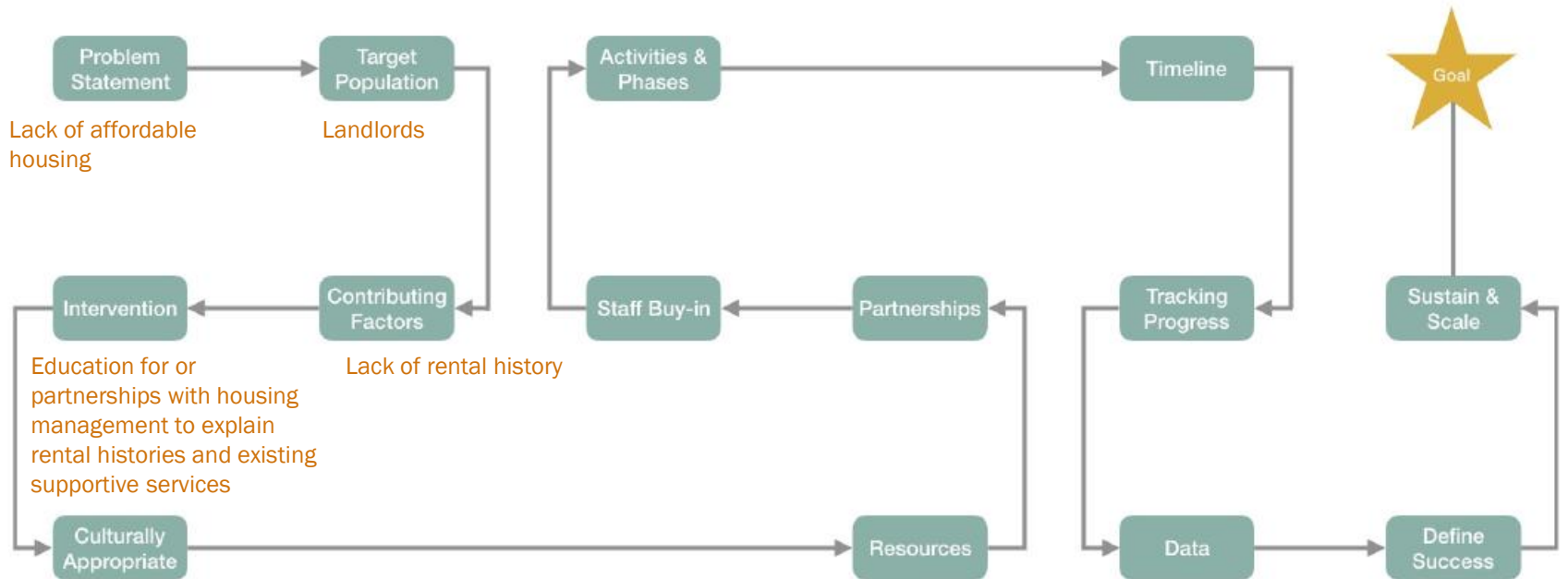
Bitfocus, Nevada Continuum of Care: Lack of affordable housing



Issue & Need

Change Map

Overall Goal



HEALTH DISPARITIES
AND BARRIERS TO
CARE AMONG LGBTQ
YOUTH EXPERIENCING
HOMELESSNESS



Minority Stress Framework

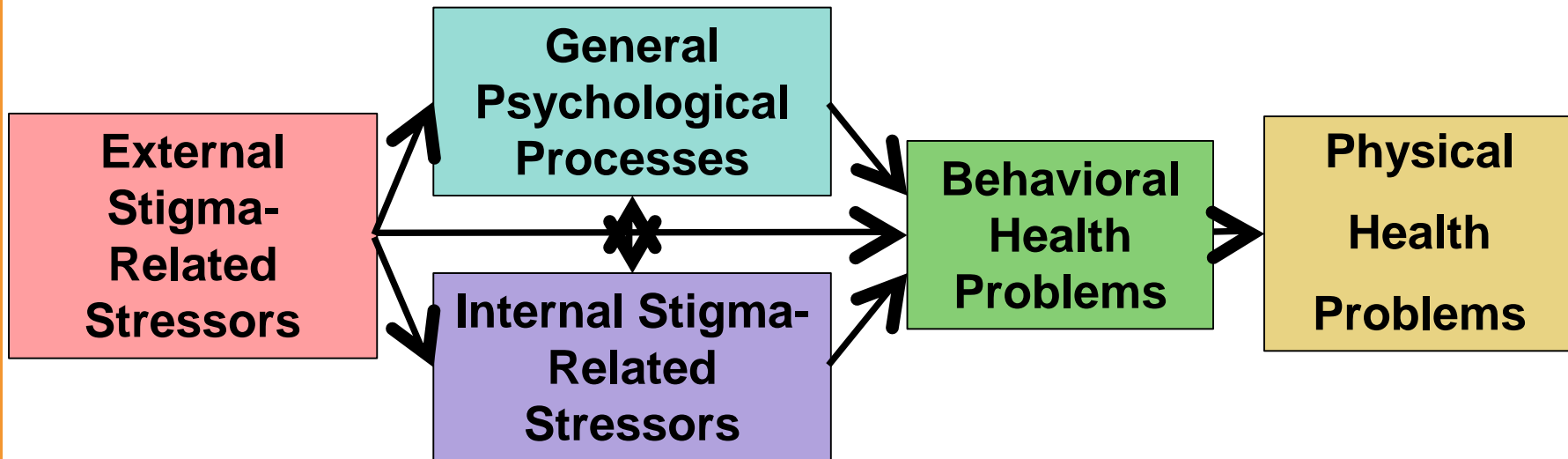


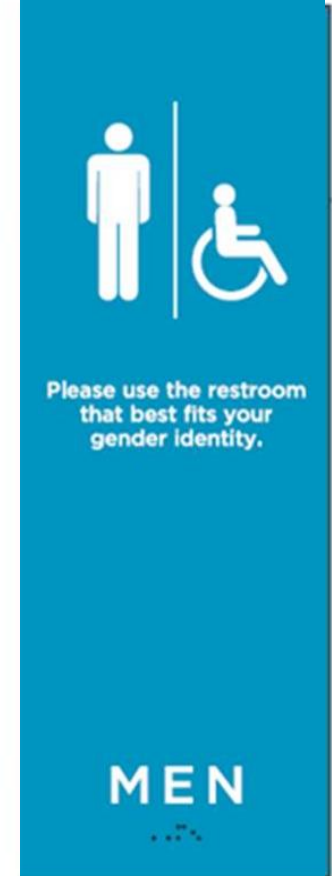
Fig. 1. Diagram from “How does sexual minority stigma get “under the skin”?” (Hatzenbuehler, 2009)

Interpersonal Stigma



Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.



Intrapersonal Stigma

“...And to the degree that the individual maintains a show before others that they themselves does not believe, they can come to experience a special kind of alienation from self and a special kind of wariness of others.”⁴



Discrimination and Victimization Experienced by Youth (2015 U.S. Transgender Survey)

- 10% reported that a **family member was violent towards them** because of their gender identity
- 8% were **kicked out of the house** because of their gender identity
- Many experienced **serious mistreatment in school**, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender
- 17% experienced such severe mistreatment that **they left a school**

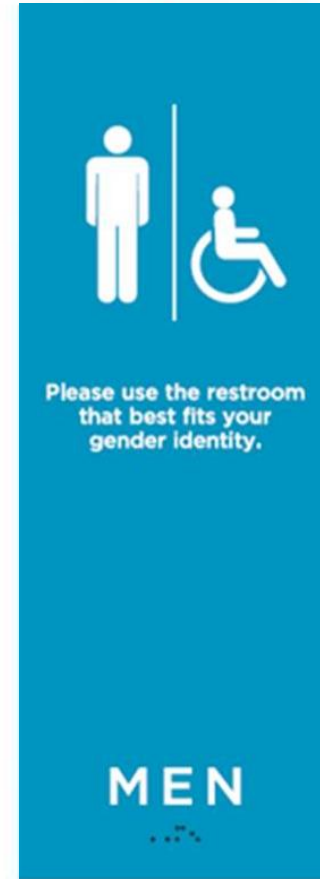
James, Sandy E., et al. "The report of the 2015 US Transgender Survey." *Washington: National Center for Transgender Equality* (2016).

Vulnerability to Poverty

- The 2015 U.S. Transgender Survey found that:⁷
 - 29% of transgender people live in poverty, compared to 14% in the U.S. population
 - Transgender people have a 15% unemployment rate (compared with 5% in the U.S. population)
 - 16% of transgender people report homeownership, compared to 63% of the U.S. population
 - Nearly 30% of transgender people experienced homelessness in their lifetime
 - 12% report past-year homelessness due to being transgender

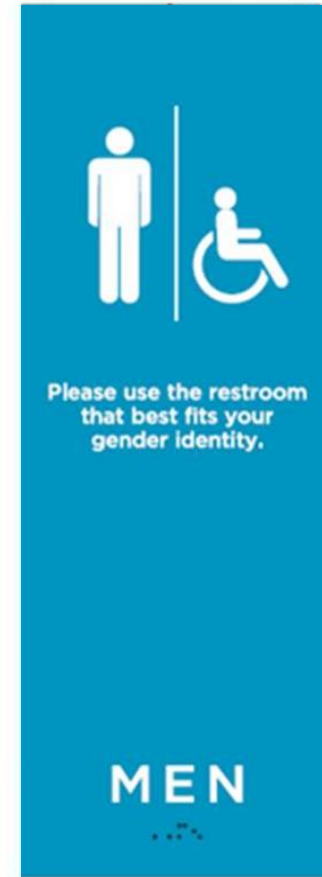
Factors Associated with Higher PTSD Severity in Transgender People

- Higher everyday discrimination⁴
- Greater number of attributed reasons for discrimination
- Social gender transition
- High visual gender non-conformity



Factors Associated with Lower PTSD Severity in Transgender People

- Younger age
- FTM spectrum gender identity
- Medical gender affirmation



Suicidality among LGBTQ Youth

- Compared with peers, LGBTQ youth are more likely to:^{8,9}
 - *report suicidal ideation (x 3)*
 - *attempt suicide (x 4, with 30-40% prevalence)*
- Questioning youth more likely to experience depression or suicidality than LGBTQ peers



Health Disparities (2015 U.S. Transgender Survey)

- 39% of respondents experienced **serious psychological distress** in the month prior (compared to 5% of the U.S. population);
- 40% had **lifetime suicide attempt** (compared to 4.6% of US population);

James, Sandy E., et al. "The report of the 2015 US Transgender Survey." *Washington: National Center for Transgender Equality* (2016).

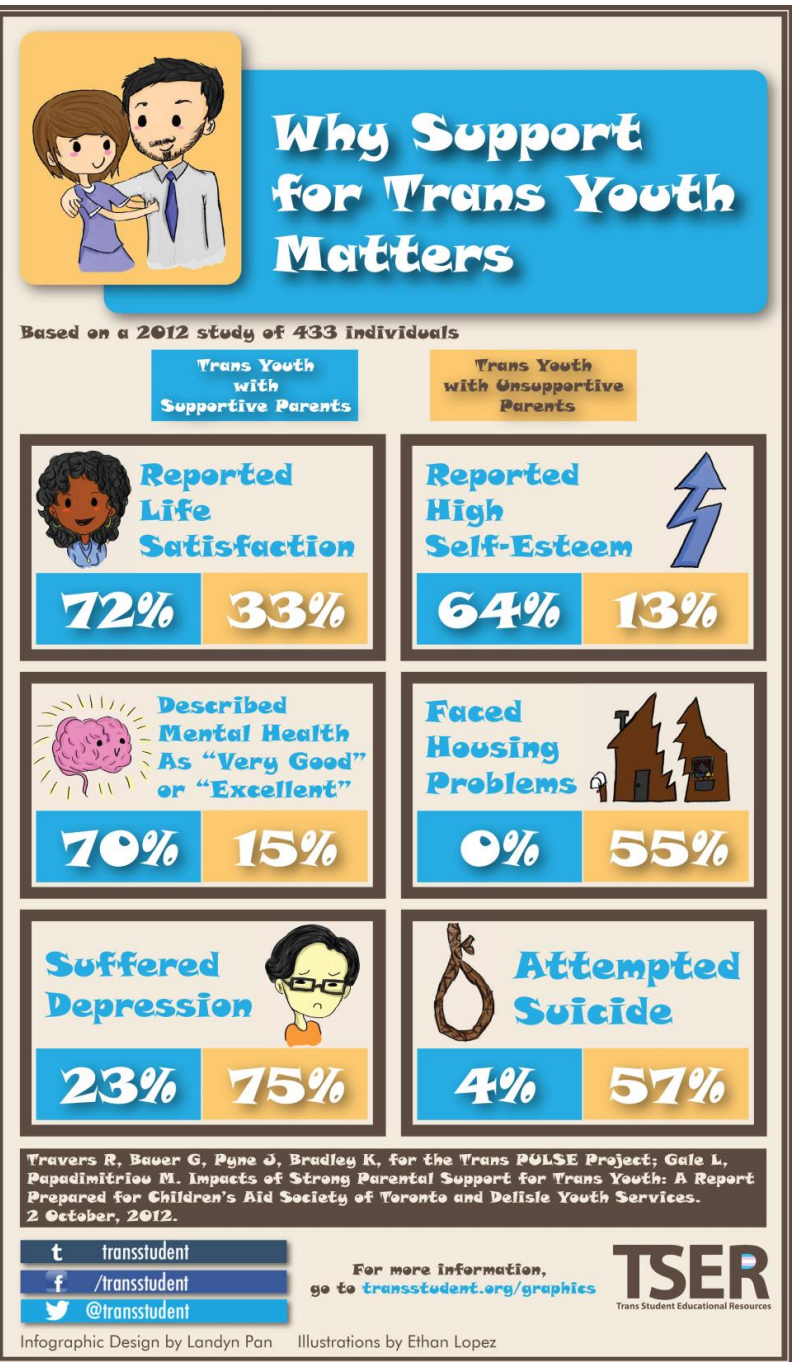
Suicidality (2015 U.S. Transgender Survey)

In the preceding 12 months:

- 48% had seriously thought about suicide
 - 24% made a plan to kill themselves
 - 7% had attempted suicide
-
- 40% had attempted suicide at one point in their lives
 - 34% had first attempt by age 13
 - 92% had first attempt by age 25

James, Sandy E., et al. "The report of the 2015 US Transgender Survey." *Washington: National Center for Transgender Equality* (2016).

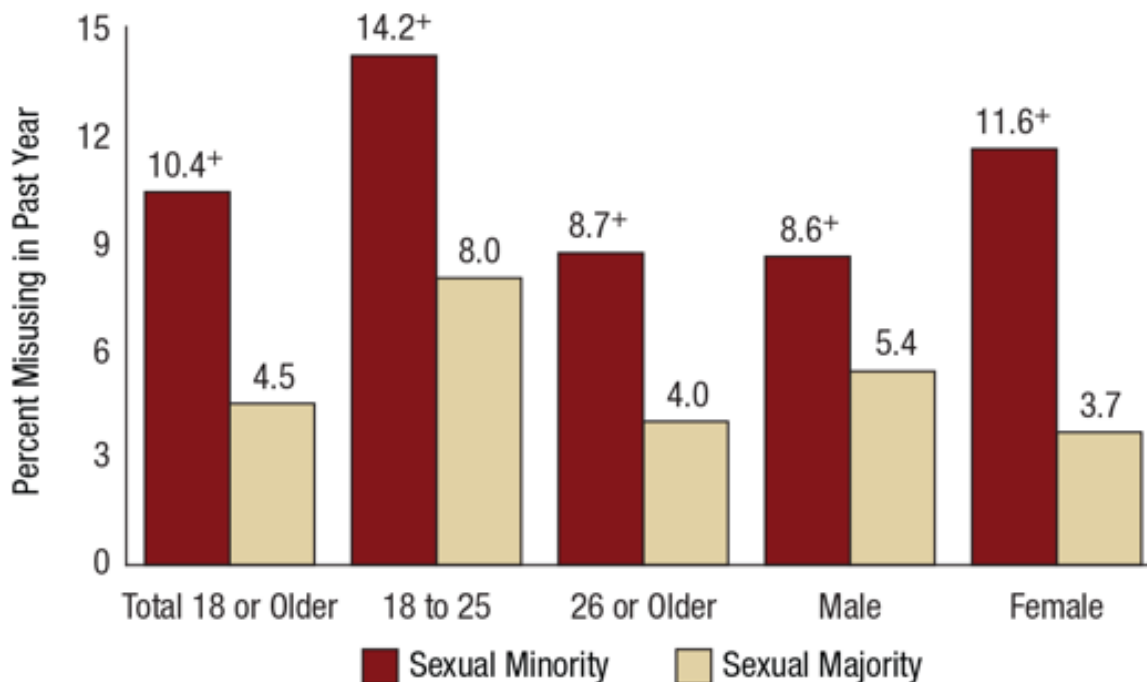
Why Support for Gender Diverse Youth Matters



Trans Pulse (2012). *Impacts of Strong Parental Support for Trans Youth*. <http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>

2015 National Survey on Drug Use and Mental Health

Figure 5. Past Year Misuse of Prescription Pain Relievers among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Age Group and Sex: Percentages, 2015



D

⁺ Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.

Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

Opioid Use Disorders among Sexual Minority Groups

- Sexual minority youth aged 16 to 25 are more likely to initiate prescription opioid misuse early in life compared with their sexual majority counterparts (Kecojevic et al., 2012).
- Among young men who have sex with men (MSM) aged 18 to 29, higher perceived stress is associated with higher opioid misuse (Kecojevic et al., 2015).
- Higher life stress among young Black MSM in Chicago was associated with greater odds of prescription opioid use (Voisin et al., 2017).

Gender Minority Stress and Substance Use among Transgender Youth

- 35% of transgender youth who experienced school-related verbal harassment, physical assault, sexual assault, or expulsion reported using substances to cope with transgender- or gender nonconformity-related mistreatment.²⁴
- Psychological stress of health care access disparities faced by transgender youth is believed to contribute to worse mental health, including disproportionate substance use as a coping strategy.

Barriers to Care

- The 2015 U.S. Transgender Survey found that:
 - 33% had at least one negative experience with a health care provider such as being verbally harassed or refused treatment because of gender identity
 - 23% of transgender people report not seeking needed health care in the past year due to fear of gender-related mistreatment
 - 33% did not go to a health care provider when needed because they could not afford it



ENGAGEMENT AND SENSITIVE, EFFECTIVE COMMUNICATION

for LGBTQ Youth Experiencing Homelessness



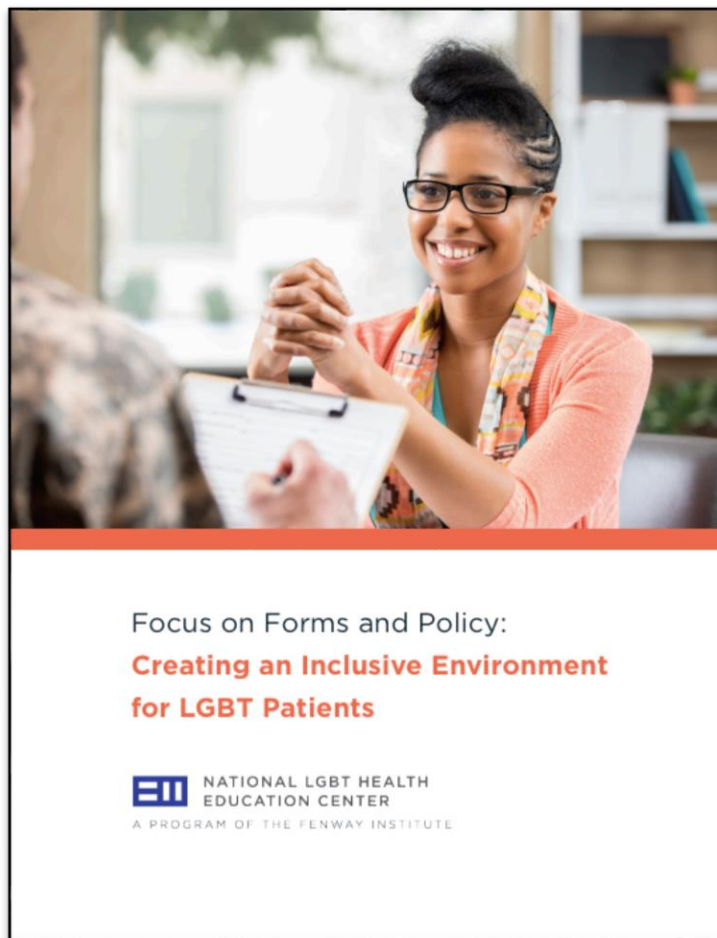
The Board and Senior Management Are Actively Engaged

- Proactive efforts to build an LGBTQ-inclusive environment are essential to achieve goals.
- Engaged leadership from both the Board and senior management is critical.
- Leadership can set a tone and build LGBTQ inclusiveness as part of a commitment to equitable care for all. They also need to provide resources to create change.
- Staff champions also need to be involved in designing and implementing change.

Policies Reflect the Needs of LGBTQ Youth

- LGBTQ youth come from all walks of life and experience many of the same health problems as non-LGBTQ youth.
- This means that every organizational policy and procedure may impact the experience of LGBTQ youth.
- To create an LGBTQ-affirming and inclusive environment, it is important to examine organizational policies with issues that have a unique impact on LGBTQ youth in mind.

LGBTQ-inclusive Forms and Policies

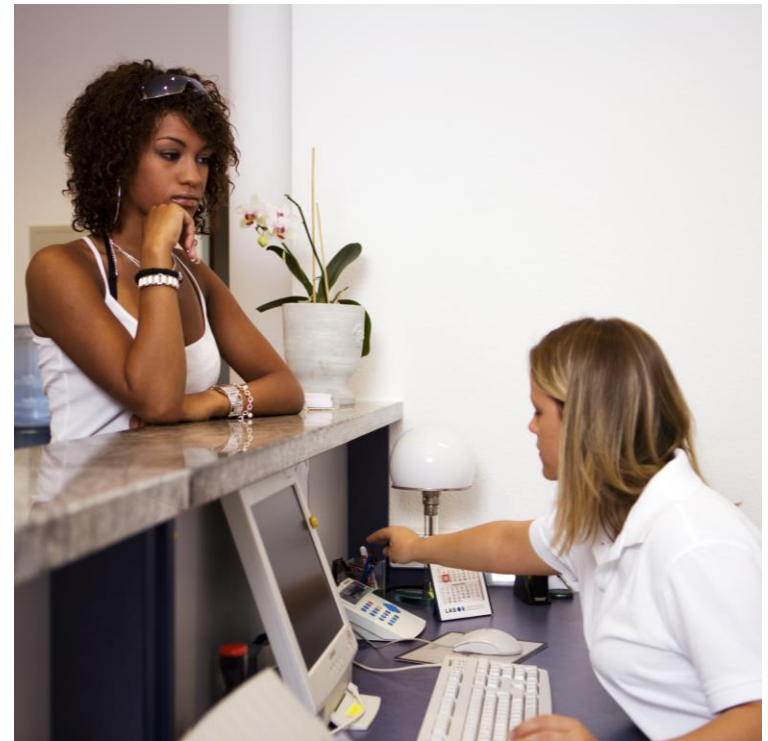


Non-Discrimination Policies for LGBTQ Youth

- Patient and employee non-discrimination policies should include sexual orientation, gender identity, and gender expression.
- These policies should be known by all, and recourse when questions of discrimination are raised should be both clearly laid out and accessible.
- Nondiscrimination policies are now required by The Joint Commission: www.jointcommission.org/lgbt/

Inclusive Language on Forms for LGBTQ Youth

- It is critical to review the language in registration and medical history forms, as well as training front-line staff to use LGBTQ-inclusive language.
- Forms should avoid gender-specific terms such as “husband/wife” or “mother/father,” and should reflect the reality of LGBTQ families by asking about “relationships,” “partners,” and “parent(s).”



Population Health: Ending LGBTQ Invisibility in Health Care

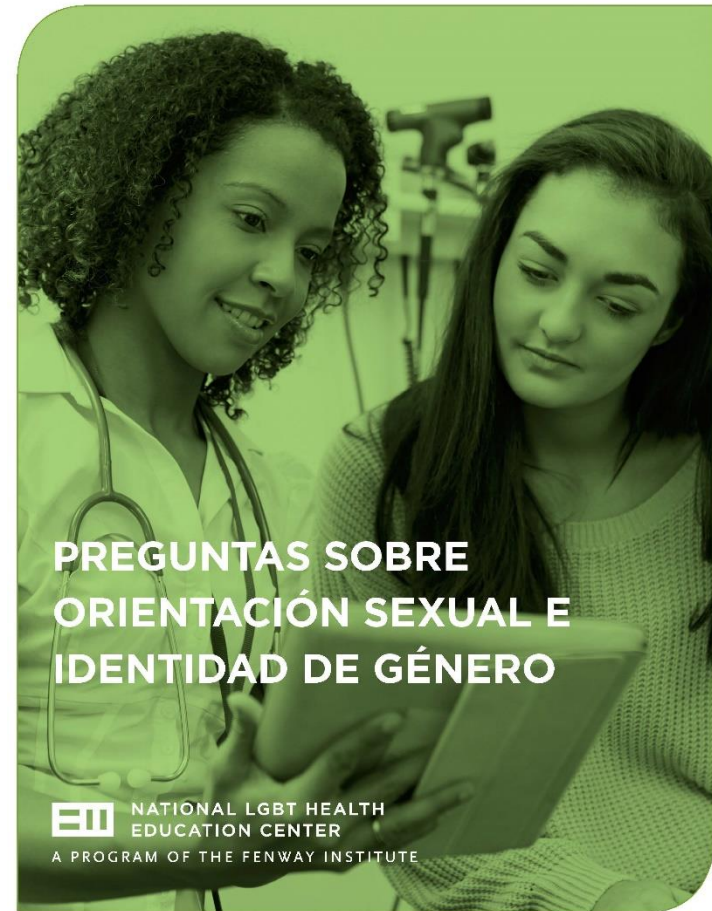
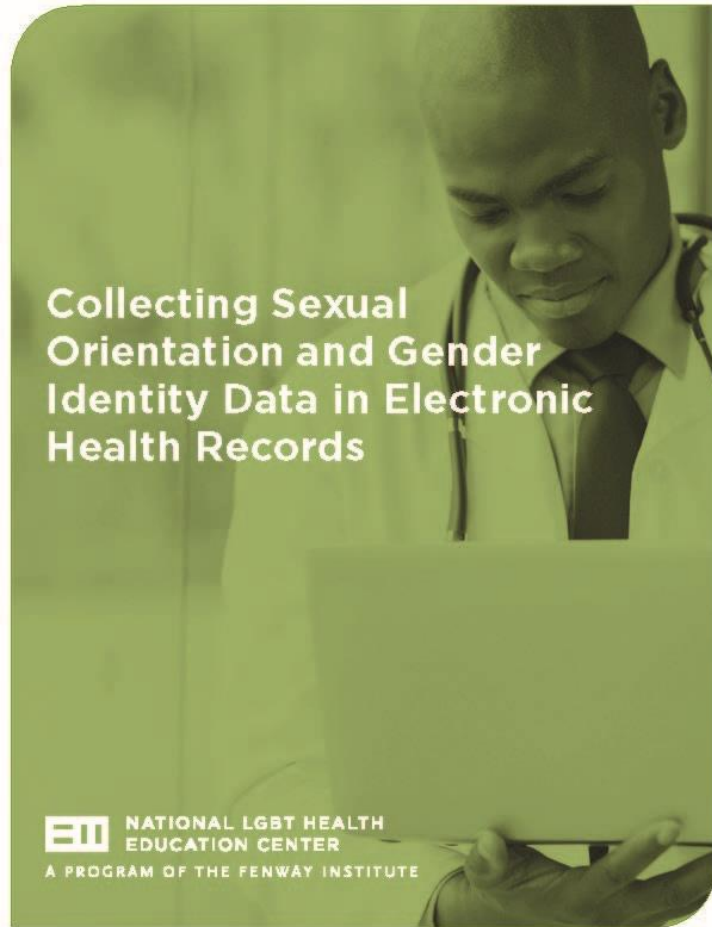
- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?



Preparation for Collecting Data in Clinical Settings

- **Clinicians:** Need to learn about LGBTQ health and the range of experiences related to sexual orientation and gender identity.
- **Non-clinical staff:** Front desk and patient registration staff must also receive training on LGBTQ health, communicating with LGBTQ patients, and achieving quality care with diverse patient populations
- **Patients:** Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately

Collecting SO/GI Information



www.lgbthealtheducation.org/topic/sogi/

Providing Information to Patients

New Sexual Orientation and Gender Identity Questions:

Information for Patients



We recently added new questions about sexual orientation and gender identity to our registration forms.

Our health center thinks it is important to learn this information from our patients. Inside are some frequently asked questions about why we are asking these questions and how the information will be used.

Nuevas preguntas sobre la orientación sexual y la identidad de género:

Información para pacientes



Recientemente hemos añadido nuevas preguntas sobre la orientación sexual y la identidad de género a nuestros formularios de registro.

Nuestro centro de salud cree que es importante que conozcamos esta información sobre nuestros pacientes. A continuación, se encuentran algunas preguntas frecuentes sobre por qué estamos haciendo estas preguntas y cómo se usará esta información.


Collecting Data on Gender Identity

- What is your current gender identity?
 - *Male*
 - *Female*
 - *Transgender Male/Trans Man/FTM*
 - *Transgender Female/Trans Woman/MTF*
 - *Gender Queer*
 - *Additional Category (please specify)*

- What sex were you assigned at birth?
 - *Male*
 - *Female*
 - *Decline to Answer*
- What name do you use?
- What name is on your insurance records?
- What are your pronouns (e.g. he/him, she/her, they/them)?




Communications: The Whole Team



**Affirmative Care for
Transgender and Gender
Non-Conforming People:**

**Best Practices for Front-line
Health Care Staff**

Updated Fall 2016

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Anticipating and Managing Expectations

- LGBTQ youth have a history of experiencing stigma and discrimination in diverse settings
- Don't be surprised if a mistake results in a patient becoming upset
- Don't personalize the reaction
- Apologizing when a client become upset, even if what was said was well-intentioned, can help defuse a difficult situation and re-establish a constructive dialogue

Avoiding Assumptions

- You cannot assume someone's gender identity or sexual orientation based on how they look or sound.
- To avoid assuming gender identity or sexual orientation with new patients:
 - *Instead of: "How may I help you, young man?"*
 - *Say: "How may I help you?"*
 - *Instead of: "He is here for his appointment."*
 - *Say: "The patient is here in the waiting room."*
 - *Instead of: "Do you have a girlfriend?"*
 - *Say: "Are you in a relationship?"*
 - *Instead of: "What are your mother's and fathers' names?"*
 - *Say: "Do you have a legal guardian, and what is their name?"*

Pronouns

Youth may use a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).



Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. The doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

Putting What You Learn into Practice....

- If you are unsure about a patient's name or pronouns:
 - *“I would like to be respectful—what are your name and pronouns?”*
- If a patient's name doesn't match insurance or medical records:
 - *“Could your chart/insurance be under a different name?”*
 - *“What is the name on your insurance?”*
- If you accidentally use the wrong term or pronoun:
 - *“I'm sorry. I didn't mean to be disrespectful.”*

The Physical Environment Welcomes and Includes LGBTQ Youth

- What message does your organization give to LGBTQ youth when they enter? Are there images or brochures specific to LGBTQ youth anywhere? Areas to consider include:
 - Do educational and marketing materials include images of LGBTQ youth?
 - Are there relevant educational and reading materials in the waiting areas?
 - Are there all-gender restrooms, or a policy stating you should use the restroom that reflects your gender identity?

Outreach and Engagement Efforts Include LGBTQ Youth in Your Community

Engaging with the local LGBTQ community is critical to creating an inclusive and welcoming environment. This can include:

- Co-sponsoring or hosting community events in collaboration with local LGBTQ organizations
- Recognizing LGBTQ awareness “holidays” such as LGBTQ Health Week, National Coming out Day, and Transgender Day of Remembrance

LGBTQ Staff Are Recruited and Retained

- Having openly LGBTQ people on staff can help build a foundation for a respectful, inclusive health care environment.
- Consider benefits that treat LGBTQ staff equitably.
- Does your health policy cover gender affirmation-related expenses for transgender employees?
- Mention LGBTQ non-discrimination policies in your recruitment ads.

Discussion Prompts #1

:

LGBTQ Youth & Young Adults are encouraged to maintain physical & mental health. However the healthcare system overwhelmingly isn't inclusive or affirming of LGBTQ YYA.

How can physical spaces contribute to being more accessible and inclusive of LGBTQ YYA?

How can Medical Providers/Healthcare Professionals contribute to providing safe, affirming, and culturally competent care?

Discussion Prompt #2:
LGBTQ Youth & Young Adults are encouraged to maintain physical & mental health. However the healthcare system overwhelmingly isn't inclusive or affirming of LGBTQ YYA.

What organizational policies are in place to protect Trans identifying persons? Trans communities?

How can healthcare delivery be tailored for unique needs of Trans persons?

Discussion Prompt #3:

Collecting Data is already quite the task! Asking persons of minority groups can be quite difficult when collected by persons outside of that group.

How can data collection among POC, LGBTQ YYA look more inclusive? What language should be considered when asking for participation? During data collection process?

How is data aggregated if persons are misgendered, or sexuality is assumed?

Discussion Prompt #4:

Breaking the ICE....

What immediate solutions can allow for persons to discuss gender, sexual identity in an affirming way? How can asking for Gender Pronouns still be a traumatic experience?

Consider how you would approach YYA that identify as Trans & GNC? What language would be appropriate to use when engaging? How do you ask for identifiers when delivering care?

Discussion Prompt #4:

Breaking the ICE....

Consider current onboarding training for new employees; what training includes cultural acknowledgement for LGBTQ POC YYA? What does that training look like? Who facilitates it? How are LGBTQ POC employees engaged

What should be the expected outcome(s) of an organizational training focuses on inclusion and cultural humility? Who should attend? What's done with input & feedback? How's this incorporated into policies?

NEXT HRSA YOUTH
LEARNING
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LATE SUMMER –
ENGAGING YOUTH IN
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