

LGBTQ+101 and Our Healthcare Community

Angie Tarr BS, RN (She/ Her)





Angie Tarr BS, RN

- Acute Care, Bedside Nurse for 13 Years
- Clinical Nurse Educator
- High School and College Educator
- Member of the LGBTQ+ Community
- Outreach and Education for Indiana Youth Group (IYG)



Group Agreements

- Listen to understand
- Challenge ideas, not people
- Everyone has learned –isms
- Feelings are valid, even if they are informed by inaccurate ideas
- Safer space





Why are we still talking about this?







"Prevalence of Five Health-Related Behaviors for Chronic Disease Prevention Among Sexual and Gender Minority Adults"

"Sexual Orientation and Mortality"

"LGBTQ+ community members are at a higher risk for substance use, sexually transmitted diseases (STDs), cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression, and suicide as compared to the general population"

"LGBTQ+ Health Problems"

"LGBTQ+ Morbidity and Mortality"



- Transgender and nonbinary youth face an elevated risk for depression, thoughts of suicide, and attempted suicide compared to youth who are cisgender and straight, including cisgender members of the LGBTQ+ community.
- A 2020 peer-reviewed study by The Trevor Project's researchers, published in the Journal of Adolescent Health, found that transgender and nonbinary youth were 2 to 2.5 times as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared to their cisgender LGBTQ+ peers.



Stigma - a stain or reproach as on one's reputation

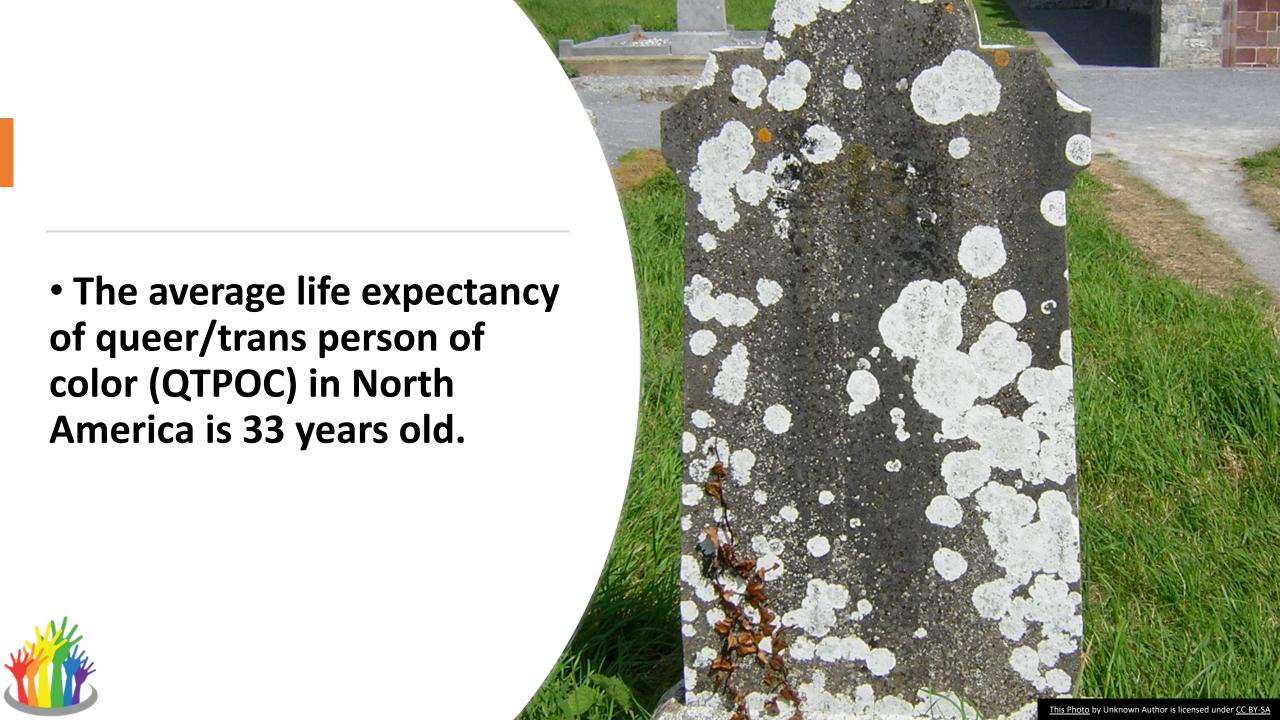


"Research demonstrates that LGBTQ+ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. They are societally marginalized into higher health-risk categories."

https://www.healthypeople.gov/2020/topicsobjectives/topic/lesbian-gay-bisexual-andtransgender-health







African American transgender and nonbinary youth report disproportionate rates of suicide risk — with 59% seriously considering suicide and more than 1 in 4 (26%) attempting suicide in the past year.

These disparities highlight the devastating impacts of historical and ongoing oppression and trauma inflicted on Black, Indigenous, and people of color.



Abraham Maslow's Hierarchy of Needs





Self-actualization

Esteem

Love/Belonging

Safety

Physiological

morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

self-esteem, confidence, achievement, respect of others, respect by others

friendship, family, sexual intimacy

security of body, of employment, of resources, of morality, of the family, of health, of property

breathing, food, water, sex, sleep, homeostasis, excretion



Maslow's Hierarchy of Needs

- 31% of LGBTQ+ people surveyed report not seeking medical treatment because of fear of discrimination.
- 64% of LGBTQ+ people surveyed confirmed that one of the 5 main barriers identified have prevented them from seeking medical care.
- What Are the 5 Main Barriers?

Self-actualization

Esteem

Love/Belonging

Safety

Physiological

morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

self-esteem, confidence, achievement, respect of others, respect by others

friendship, family, sexual intimacy

security of body, of employment, of resources, of morality, of the family, of health, of property

breathing, food, water, sex, sleep, homeostasis, excretion

CC RV-S

5 Systemic Barriers for the LGBTQ+ Community in Healthcare

- Poor treatment/provider insensitivity
- Problems with the physical environment and climate of services
- Issues with the availability of services
- Issues with appropriateness of services
- Lack of provider competence in transgender care

(Romanelli & Hudson, 2017)







Individual-Level Barriers

Level of self-advocacy skills

Knowledge on how to find affirmative providers

Feelings of shame and being unable to talk about one's gender, sex, or sexuality

Expectations of stigma-related consequences of treatment

(Romanelli & Hudson, 2017)



Who is a member of the LGBTQ+ Community?





Stop Saying These Things

- FTM
- MTF
- Transvestite
- Tranny
- "What's your REAL..."
- Biological sex
- Preferred name
- Preferred pronouns
- Hermaphrodite





LGBTQ+ Competent Terminology

Gay Lesbian **Bisexual Pansexual Straight** Queer Cisgender Transgender Gender **Sex Assigned at Birth** Intersex

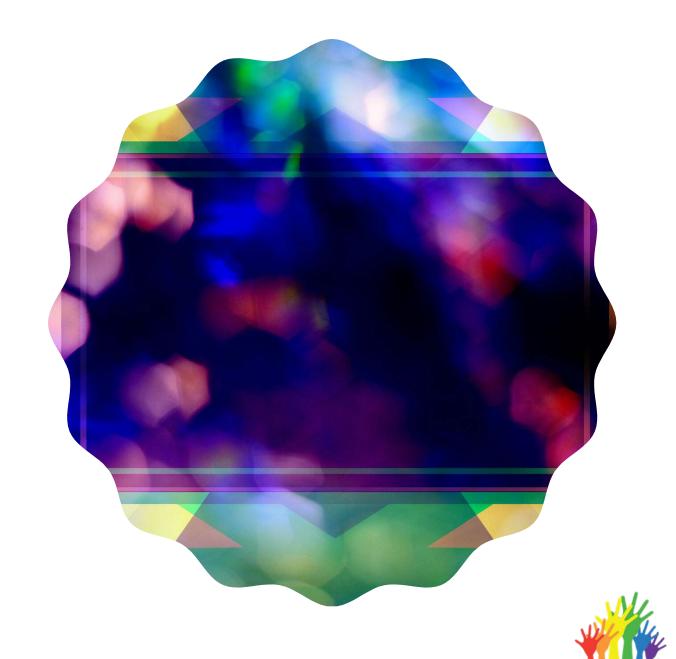


Gender vs. Sex Assigned at Birth

• Sex Assigned at Birth:

"Sex is assigned at birth, refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy."

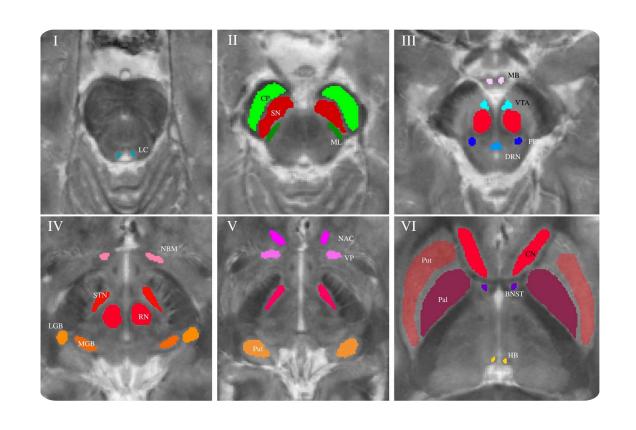
American Psychological Association.





Cisgender

• Denoting or relating to a person whose self-identity aligns with the gender that corresponds to the sex they were assigned at birth; not transgender.





TRANSGENDER

• Someone whose self-identity does not align with the gender that corresponds to the sex they were assigned at birth; some may want to take measures to align them.





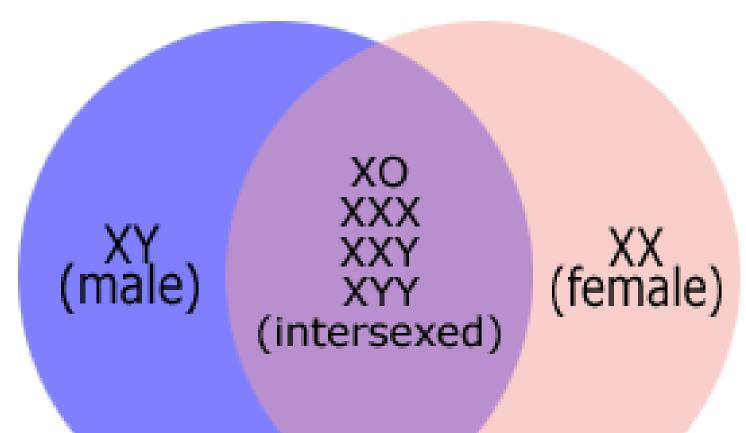


Non-binary

 A person whose self-identity is outside the binary of 'man' or 'woman'.





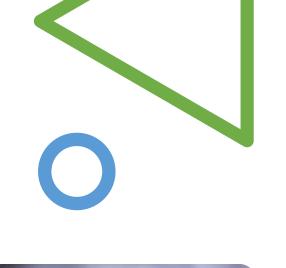


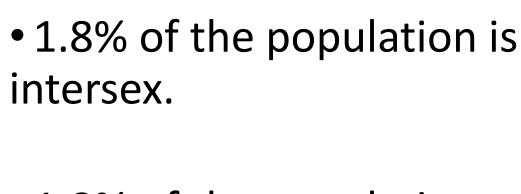
Intersex

 Intersex people are individuals born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones, or genitals.

XXYY, XXXY, XY/XO,XX/XO,XX/XY.....











• 1.8% of the population also has red hair and green eyes.



theirs zim their

her ze she his

re they unem xim

hers

xey him he

GENDERED	SUBJECT she he	OBJECT her him	POSSESSIVE hers his	PRONUNCIATION shee, her, herz hee, him, hiz
RAL	they	them	theirs	tha, them, therz
GENDER-NEUTRA	ze	hir	hirs	zhee, here, heres
IDER.	ze	zir	zirs	zhee, here, heres zhee, zhere, zheres zhee, zhem, zheres
GEN	хе	xem	xyrs	zhee, zhem, zheres







- 1. Understand that most LGBTQ+ community members have a complex trauma history.
- 2. Use non-gendered language when discussing people's relationships.
- 3. Understand the spectrum of transgender expression.
- 4. Remaining as current as possible regarding the latest nomenclature used by these communities and relying on asking patients for guidance when confused or uncertain.
- 5. Inquiring about a person's gender, sex assigned at birth, and pronouns is not weird, awkward, or nosey, if in your role you need this information. Never do this to appease your curiosity.
- 6. Make no assumptions about a person's gender, sex or sexual orientation. Just ask, respectfully, but do not make educating you their emotional burden.



Creating a safer space for our LGBTQ+ patients reduces fear and anticipatory anxiety.

AND

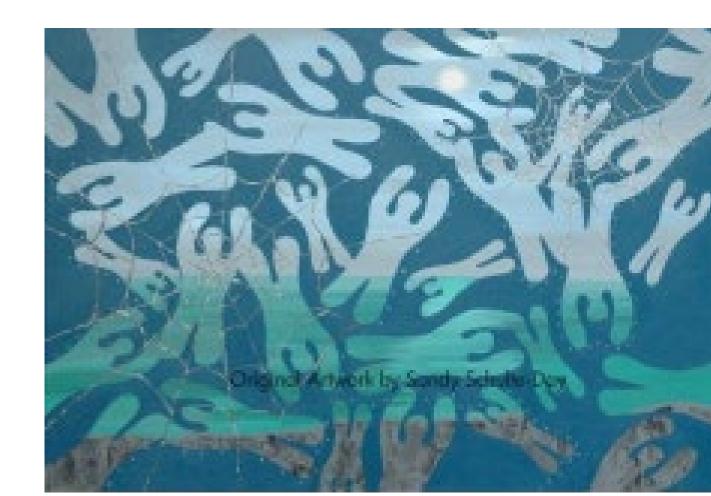
Reducing fear and anticipatory anxiety in LGBTQ+ patients promotes feelings of safety and trust.

Therefore

Encouraging LGBTQ+ community members to engage in preventative care and seek medical interventions when needed, not waiting until things become emergent or turn into a chronic condition.

This shows us that...(next slide)...





Continue to educate yourself and create a culture of respect.

"I will not be ashamed to say, "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery."- The Modern Hippocratic Oath



Thank you for your time and attention

QUESTIONS?

