



WATERS COLLEGE OF HEALTH PROFESSIONS

Abstract

Recent trends in Lesbian Gay Bisexual Transgender (LGBT) awareness have highlighted current health disparities in sexual gender minority (SGM) demographics. Inequitable health care services for SGMs became a national objective when Healthy People 2020 created goals "to improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender individuals," The purpose of the presentation is to demonstrate how health care professionals can use an interdisciplinary approach to collaborate with key stakeholders to promote strategies to address and eliminate the inequities of health care in LGBT communities.

SEXUAL AND GENDER MINORITIES: INTEGRATING CULTURALLY SENSITIVE CARE

Joanne M. Zanetos DNP MSN RN; Alan W. Skipper DNP, APRN FNP-BC

Georgia Southern University, Statesboro, GA,

Discriminating Behaviors

- Societal Stigmas
- Mental Health Disorders
- Suicide
- Substance Abuse

Risk Factors

- Ward, Dahlhamer, Galinsky and Joestl (2014) examined independent variables: alcohol, tobacco, and physical activity among United States citizens with any sexual preference who were 18 years and older. Data from 35,000 participants revealed smoking and alcohol use was higher in LGBT participants
- Researchers found an increased prevalence of every day smoking higher with LGBT participants and a greater use of alcohol in participants identified as bisexual.
- Alcohol abuse among LGBT participants was attributed to patronage of nightclubs and bars that were as tolerant and discrimination-free. There were no statistical differences noted between cohorts when evaluating aerobic exercise and national guidelines.
- According to the CDC (2018b) risky sexual behaviors without condom use accounted for an increased prevalence of HIV infections in MSM populations, identified as either gay or bisexual.
- According to the CDC (2018b), data revealed an increase in HIV among gay and bisexual men who participate in anal sex.

Barriers

- Lack Of Adequate Healthcare Coverage
- Poor Resource Availability
- Social Stigmas Which Facilitates Underutilization of Health Care Resources, Especially in Rural Populations
- Provider Bias

Conclusion

- Health care providers need to be well informed advocates.
- Identify one's explicit/implicit bias.
- Community health promotion activities.
- Health care reform.
- There is a need to eliminate the null curriculum in universities.

Practice and Educational Applications

- Cultural Competency
- Bias in Health Care Providers
- Safe Space Training at Local Universities
- Curriculum Changes

Nurse Leader Applications

- Become a Political Advocate
- Influence Policy Change
- Involvement in Professional Development Activities
- Bring Hot Topics to Round Table Discussions
- Advocate for Vulnerable Populations such as SGMs

References

American Psychological Association (2019). Lesbian, gay, bisexual, transgender persons and socioeconomic status. Retrieved from http://www.apa.org/pi/ses/resources/publications/lgbt.aspx

Blinder, A. & Perez-Pina, R. (2015) Kentucky clerk denies same-sex marriage licenses, defying court. *The New York Times*. Retrieved from https://www.nytimes.com/2015/09/02/us/same-sex-marriage-kentucky-kim-davis.html
Buchmueller, T.C., & Carpenter, C.S. (2010). Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000-2007. *American Journal of Public Health*, 100(3) 489-495

Centers for Disease Control and Prevention (2018a). Health disparities. Retrieved http://www.cdc.gov/healthyyouth/disparities/

Centers for Disease Control and Prevention (2018b). HIV and gay and bisexual men. Retrieved from https://www.cdc.gov/hiv/group/msm/index.html

Centers for Disease Control and Prevention (2018c), Sexually transmitted disease surveillance 2017, Retrieved from https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report CDC-clearance-9.10.18.pdf

Centers for Disease Control and Prevention (2017). National Center for HIV, Viral Hepatitis, and TB prevention. State profiles. Retrieved from https://www.cdc.gov/nchhstp/stateprofiles/pdf/georgia_profile.pdf

Cochran, S. C., Björkenstam, C., & Mays, V. M. (2016). Sexual orientation and all-cause mortality among US adults Aged 18 to 59years, 2001-2011. American Journal of Public Health, 106(5), 918-920.

Gates, G. J. (2014). LGBT demographics: comparisons among population-based surveys. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgbt-demogs-sep-2014.pdf

Goode, T. D. (2004). National Center for Cultural Competence Georgetown University Center for Child and Human Development, University Center for Excellence in Developmental Disabilities. Retrieved from cssr.berkeley.edu/cwscmsreports/LatinoPracticeAdvisory/Cultural%20Competence%20Continuum.pdf

Grant, J. M., Mottet, L.A., & Tanis, J. (2010). National Transgender discrimination survey report on health and health care. Washington, DC: National Transgender Equality and the National Gay and Lesbian Task Force. Retrieved from http://www.thetaskforce.org/static_html/downloads/resources_and_tools/ntds_report_on_health.pdf

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K. ... Beaseley, T. C. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health*, 105, e60-e76. doi.10.2105/AJPH.2015.302903.

Hottes, T. S., Bogaert, L., Rhodes, A. E., Brennan, D. J., & Gesink, D. (2016). Lifetime prevalence of suicide attempts among sexual minority adults by study sampling strategies: A systemic review and meta-analysis. *American Journal of Public Health*, 106(5)1-12.

Jackson, K. (2019). United Methodist Church strengthens ban on same-sex marriage, LGBT clergy. Reuters. Retrieved https://www.reuters.com/article/us-religion-lgbt-united-methodist/united-methodist-church-strengthens-ban-on-same-sex-marriage-lgbt-clergy-idUSKCN10G022

Institute of Medicine (2001). Crossing the quality chasm: A new health system for the 21st century, Washington, DC: National Academy Press.

Institute of Medicine (2011). Committee on lesbian, gay, bisexual and transgender health issues and research gaps and opportunities. The health of lesbian, gay, bisexual and transgender people: Building a foundation for better understanding. Washington, DC: National Academies Press.

Lamda Legal. (2010). When health care isn't caring. Lamda Legal's survey of discrimination against LGBT people an people with HIV: New York: Author. Retrieved from https://www.lamdalegal.org/publicatons/when-health-care-isnt-caring.

Lancaster, J. (2016). Vulnerability and vulnerable populations: An overview. In M. Stanhope & J. Lancaster (Eds.), Public health nursing: Population-centered healthcare in the community. (pp. 714-730). St. Louis, MO: Elsevier. McLaughlin, K. A., Hatzenbuehler, M. L., & Keyes, K. M. (2010). Responses to discrimination and psychiatric disorders among black, Hispanic, female, and lesbian, gay, and bisexual individuals. American Journal of Public Health, 100(8) 1477-1484.

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010)

Milstead, J. A. & Short, N. M. (2019). Health policy and politics: A nurse's guide (6th ed.). Burlington, MA: Jones and Bartlett Learning, LLC.

United States Department of Health and Human Services. Healthy People 2020 (2018). Lesbian, gay, bisexual, and transgender health. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health#22

Ward, B. W., Dahlhamer, J. M., Galinsky, A. M., Joestl, S. S. (2014). Sexual orientation and health among U.S. adults: National health interview survey, 2013. National Health Statistics Report 2014, 77, 1-10. Whitehead, J., Shaver, J., & Stephenson, R. Outness (2016). Stigma, and primary health care utilization among rural LGBT populations. *Plos ONE*, 11(1) 1-17.