Delivery of Health Care to the LGBTQ+ College Campus Community

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Discloser

• I, Skylar Moore, the author have no financial relationships with any commercial interest related to the content or information provided in this PowerPoint and/or lecture.
NEVER FEED SHEEP
I Calls It Like I Sees It
SKITTLES
Objectives

1. Recognize ways that lack of knowledge and implicit bias related to the LGTBQ+ population on college campuses can cause health disparities.
2. Discuss some of the main health issues that the LGBTQ+ population faces on a college campus.
3. Identify ways to increase awareness, exposure, and training related to the main health concerns the LGTBQ+ population faces.
Importance:

1/20 Americans in the United States identify as a member of the LGBTQ+ community
People who are lesbian, gay, bisexual, or transgender (LGBT) are members of **every community**. They are diverse, **come from all walks of life**, and **include people of all races and ethnicities, all ages, all socioeconomic statuses**, and **from all parts of the country**.
Importance:

45-50% of the LGBTQ community have not come out or identified themselves as part of this community due to fear of how people will react or fear for loss of their jobs, safety, and loss of relationships with family.
Alabama Statistics
Local Information:

- **Alabama is home to**
  - 104,000 LGBTQ+ Community Members
  - 6,600 same sex couples
  - The population is racially and ethnically diverse
    - 31% are African American
    - 7% are Latino
  - 18% of the same sex couples are raising children
  - 81% of residents think that LBGTQ+ people experience discrimination in our state
- **In 2017, Auburn University was ranked as the number 2 most hostile university in the United States towards LGBTQ+ students**
  
  (Sobel, 2017)
LGBTQ+ Members in College
Excellent Resource

- Campus Pride Index
- www.campusprideindex.org
Community Colleges

• Community colleges are increasingly enrolling larger numbers of students
• According to the United States Digest of Education Statistics, fall enrollment at public two-year institutions grew from 5,697,388 in 2000 to 7,218,038 in 2010
Who attends?

• Two-year institutions have enrolled a high percentage of historically marginalized students

• It is believed that a large number of LGBTQ+ students attend community colleges, but it is truly unknown

(Harbour & Ebie, 2011)
The academic and social success for LGBTQ students is grounded in a healthy and affirming campus environment that embraces gender and sexual minority individuals.

(Rankin et al., 2010)
Being LGBT at Auburn

Hey r/auburn! Using a throwaway account for obvious reasons.

As the title suggests, what is the general student consensus for LGBT students at Auburn? I'm really interested in applying to Auburn as a Software Engineering major, and as a gay man I wanted to kinda test out the waters before I make a final decision as to where I want to go. Would Auburn be a safe and accepting place for a student like me to be open about my sexual preferences?

Edit: a word

Read More
LGBTQ+ Medical Care
Important Statistics Regarding LGBTQ Community and Medical Care

• 8% said that a doctor or other health care provider refused to see them because of their actual or perceived sexual orientation.

• 6% said that a doctor or other health care provider refused to give them health care related to their actual or perceived sexual orientation.

• 7% said that a doctor or other health care provider refused to recognize their family, including a child or a same-sex spouse or partner.

• 9% said that a doctor or other health care provider used harsh or abusive language when treating them.

(Mizra & Rooney, 2018)
Important Statistics Regarding LGBTQ Community and Medical Care Cont.

- 6.7% of LGBTQ people reported that they avoided doctor’s offices in the past year out of fear of discrimination
- 18.4% of the LGBTQ community report they avoid doctor’s offices to avoid discrimination if they have previously faced discrimination
- 1 in 4 transgender people had avoided seeking needed health care in the past year due to fear of discrimination or mistreatment due to their gender identity

(Mizra & Rooney, 2018)
The perspectives and needs of LGBTQ+ members should be **routinely** considered in public health efforts to improve the overall health of **every person** and **eliminate health disparities**.
You must never so much think as whether you like it or not, whether it is bearable or not; you must never think of anything except the need, and how to meet it.
LGBTQ+ Health Care on Campus
In addition to considering the needs of LGBT people in programs designed to improve the health of entire communities, there is also a need for **culturally competent medical care** and **prevention services** that are **specific to this population ON COLLEGE CAMPUSES**.
3 Main Barriers to Healthcare by Members of the LGBTQ+ College Campus Community

• Limited access
• Negative Experiences
• Lack of Knowledge
Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBTQ+ in a college campus community are at increased risk for a number of health threats when compared to their heterosexual peers.

Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that LGBTQ+ populations experience on a college campus.
Reasons why this is important:

• This highlights an opportunity for compassionate, patient-centered care that was historically not part of medical education and therefore goes unpracticed

• In a time constrained environment on a college campus, providers may neglect to choose wording that is respectful of a patient’s gender identity and sexual preferences

• Providers who are sensitive to these issues may be concerned that they will “out” a patient to their family, alienate patients on their beliefs, or place the burden on patients to identify themselves
How Do We as Health Care Providers Make Visits Less Welcoming to members of the LGBTQ+ Community on a College Campus?

- Can be observed by:
  - In the questions we ask
  - The ways in which we ask questions
  - Level of transphobia (whether conscious or not)
  - Decreased respect
  - Decreased awareness of medical issues specifically experienced by members of the LGBTQ+ community
Our Actions:

• Stem from one’s own discomfort, aversion, or unfamiliarity towards individuals who are gender diverse, ambiguous or questioning

• This can come from presumptions that we as health care providers hold, or from a lack a familiarity with or a lack of vocabulary to help support patient centered encounters

• Transphobia/Homophobia can lead to a spectrum of behaviors (consciously or unconsciously) that are non-affirming, and possibly discriminatory and at times can be received as traumatic

• Are important to recognize as it can be a barrier to creating healthy partnerships with patients
Language on a College Campus

• Health Care Providers are recognizing the need for LGBTQ inclusive language, but often do not know how to go about it
• This highlights an opportunity for compassionate, patient-centered care that was historically not part of medical education and therefore goes unpracticed
• Correct and welcoming language should start from the time the patient calls to make an appointment to the time they check out
• Searching for appropriate language can feel unnatural, and may hinder the establishment of trust and therapeutic rapport
• Use of non-inclusive language may even be taken as discrimination by an LGBTQ+ patient, which can have longstanding effects on care seeking behavior and health outcomes
It is VERY important to remember that not all LGBTQ+ people on a college campus *have the ability* to present physically how they feel *mentally* or *spiritually*. 
Ways to Improve Care to LGBTQ+ Population on a College Campus by Registration & Billing
• The first contact patients have with staff and how they are greeted at your practice can make a strong impression

• They may “scan” an environment to determine if it is a safe place to reveal personal information, especially about sexuality. There are some things an individual may watch for and take note of during their time in the reception or waiting room area

• Convey respect

• If they feel seen and welcomed, they are more likely to relax and to provide accurate information about themselves and their lives.
• When patients come to the front desk to check in, it is important to pay attention to the cues they provide. If a patient says something like “Hi, I’m Y. I’m here to see Dr. X,” the receptionist can see immediately if the name the patient uses is the same or different from the name on the schedule.

• Either way, it is very much encouraged for you to make it standard policy for the receptionist to ask the patient if the name on the file is the name s/he prefers to be called.
• It is also important for front line staff to understand that sometimes you may be surprised by the name assigned to an individual. For instance, they may come across a patient who appears female and has a “man’s” name or they may meet a patient whose gender is not immediately clear to them.

• The better prepared you are, the more likely it is that you can receive such patients without expressing surprise or judgment in a way that makes the patient uncomfortable.
In settings that require insurance or use of third-party payers, LGBT patients, particularly those who are transgender, often have a name and gender on record that do not match their preferred name and gender.

Changing one’s name and gender on identity documents and insurance records can be a complicated and lengthy process.

It can be difficult for transgender patients to get certain medically necessary treatments if the gender on their insurance doesn’t match their anatomy.
• In a situation where patients’ names or gender do not match their insurance or medical records, you can ask, “Could your chart be under a different name?” or, “What is the name on your insurance?”

• You can then cross-check identification by looking at date of birth and address. Never ask a person what their “real” name is. This could imply that you do not acknowledge their preferred name as “real.”
Ways to Improve LGBTQ Care by the Laboratory Staff on a College Campus
Example:

• A male-to-female transgender client requiring prostate screening can be denied coverage if her gender is recorded on insurance forms as female. Therefore, it is important that staff members are prepared for this possibility, and can ask for information without embarrassing or “ outing” the patient. This is true even when the source of the issue may be outside of your control, as is the case with insurance companies or government agencies.

• In such cases, it is important to acknowledge that you understand the problem, know where the responsibility lies for resolving it, and will do everything possible to be helpful.
Ways to Improve Care to LGBTQ+ Population on a College Campus by Clinicians, Nurses, and Techs:
Improving Question about Sexual History:
“Ironically, it may require greater intimacy to discuss sex than to engage in it.”
Improving Language Used
Wearing Pronouns on Name Badge
Earn Trust and Confidentiality
Education Provided
Referrals We Make
To know even one life has breathed easier because you have lived. This is to have succeeded.

- Ralph Waldo Emerson
References


• https://news.gallup.com/poll/259571/americans-greatly-overestimate-gay-population.aspx

• https://www.lgbtmap.org/equality-maps/lgbt_populations
