



Health Equity and LGBTQ+

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Disclosure

The views and opinions expressed in this presentation are those of the authors and do not necessarily reflect official policies of the U.S. Department of Veterans Affairs

I have no actual or potential conflicts of interest in relation to this program or presentation to disclose.



Learning Objectives

- Summarize the Minority Stress Model and Intersectionality
- Provide examples of barriers to adequate and affirming care
- Define and summarize health equity, health disparities, and equity in care in VA
- Summarize VHA Policy related to LGBTQ+ care
- Summarize what Affirming Care is and how one can increase affirming care
- Identify LGBTQ+ resources available



Minority Stress Model

- People with Sexual and Gender Diverse Identities
- Distal Stressors (external)
 - Discriminatory policies and laws
 - Experiences of microaggressions
- Proximal Stressors (internal)
 - Internalized stigma
 - Hiding identity to protect self




(Frost & Meyer, 2023; Meyer, 2003)



Intersectionality: Multifaceted Theory

- Framework that understands identities and experience as being shaped by multiple identities mutually, and interpersonal and structural systems in place (privilege, oppression; Bauer et al., 2021).
- Intersectionality is a perspective that investigates “how intersecting power relations influence social relations across diverse societies as well as individual experiences in everyday life” (Collins & Bilge, 2020).
- Theory adds layers to complexity of social inequality (Collins & Bilge, 2020).

(Bauer, et al., 2021; Bowleg, 2012; Collins & Bilge, 2020; Crenshaw, 1990)





Intersectionality

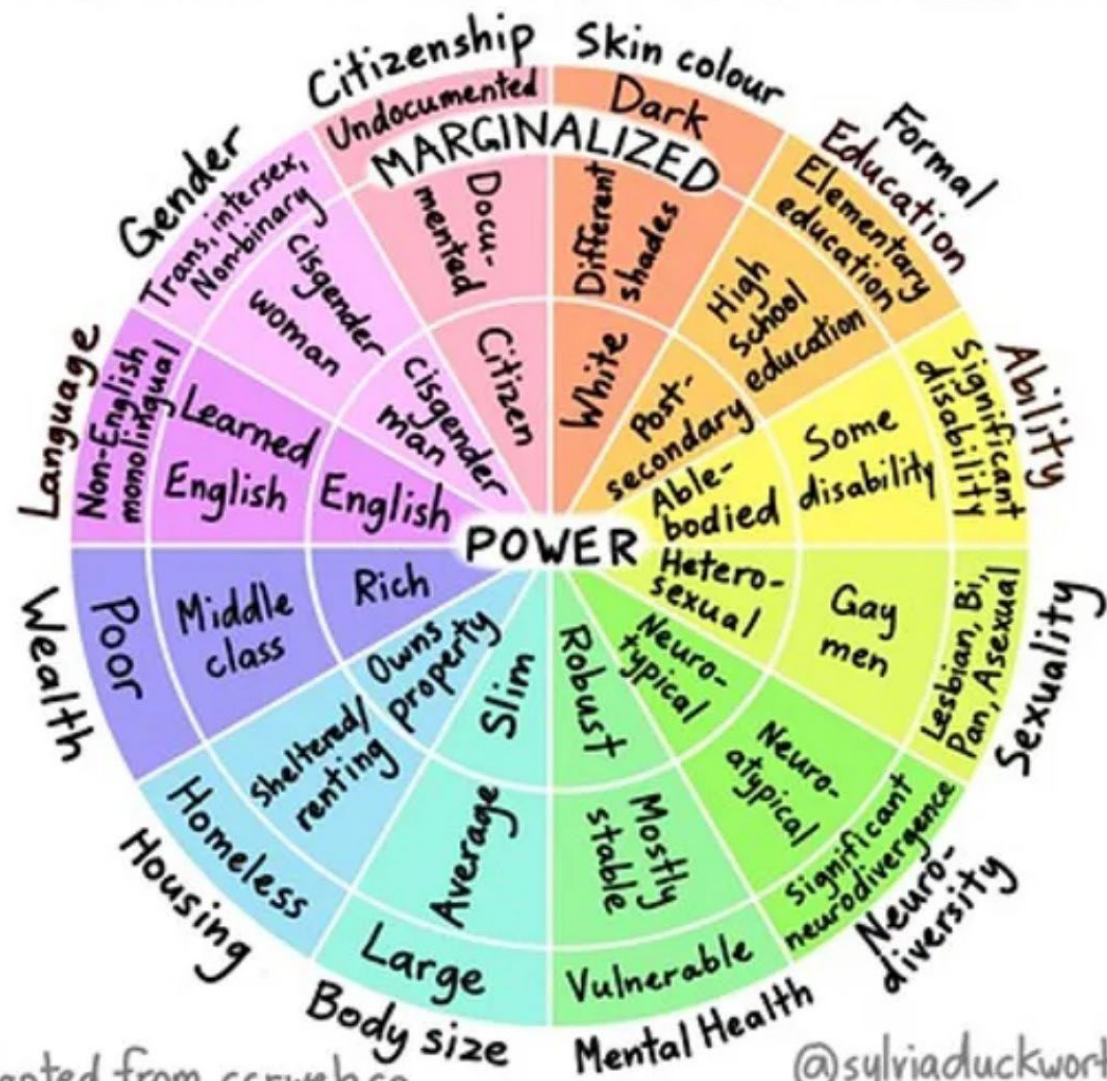


- The interconnected nature of social categorization that creates overlapping systems of discrimination and/or disadvantage
- Unique circumstances and privilege status
- Accounts for increased rates of minority stress and high rates of adverse health outcomes

(Bowleg, 2012; Crenshaw, 1990)



WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylvriaduckworth



Impact of Minority Stress

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer, and related identities

- 8.0% of American adults identify as LGBT, with 4.2% identifying as “Other”
 - Bisexual 4.4%
 - Gay or Lesbian 3.3%
 - Straight/Heterosexual 88.3%
 - Transgender 0.6%
 - Something else 1.9%
 - I do not know 2.1%



(U.S. Census Bureau, 2021)



Veterans

- Approx. 16.5 million Veterans in the U.S., approximately 6.4% of adults (2021)
- Estimated 1 million gay, lesbian, and bisexual Veterans (approx. 3%) with 65,000 gay and lesbian active-duty members (2.8%; unlikely accurate and may be more)
- Estimated that 134,000 Veterans are transgender (approx. 0.6%), with 15,000 serving in active duty



(McGirr, Jones, & Moy, 2021;
National Center for Transgender Equality,
2024; U.S. Census Bureau, 2021)





Structural Discrimination

- Federal and state levels policies offer little to no protection in education, employment, religion, housing, healthcare, public accommodations (Valentine et al., 2022)
- Sexual and gender diverse Veterans have been banned/allowed to serve in military with stipulations over time (Valentine et al., 2022)
- LGB only allowed to serve in military openly since 2011 (Valentine et al., 2022)
- Are estimated to have a 120% higher risk of experiencing homelessness (NAMI, 2023)
- Homeless shelters may not accept them and have increased risk of harassment in these spaces (Nami, 2023; Valentine, et al., 2022)

Harassment & Assault



- LGBTQ+ nearly 4x more likely to be violently assaulted
- Nearly 48% of transgender people report interpersonal discrimination (harassment/physical assault in past year; Valentine et al., 2022)
- Greater risk of developing PTSD and trauma disorders (general pop. 4.7%)
 - Prevalence estimates up to 48% for LBG
 - Prevalence estimates of 42% for transgender/gender diverse

Valentine, et al., 2022)



Internalized Stigma

Religion

- Varying beliefs around LGBTQ+, many promote idea that it is unnatural, a sin or against the higher power
- Some believe sex should only be an act of procreation
- Followers may have difficulty balancing who they are and their religious upbringing/beliefs

Conversion Therapy

- Some believe sexual orientation or gender identity can be changed through intervention
- Unethical, discredited, and evidence of this increasing MH conditions and trauma





Don't Ask Don't Tell (1993 – 2011)

- Position of US Military of LGB people in military
- May serve but not disclose identities
- Similar practices with gender diverse individuals

Media

- Movies, shows
- Social media

Repression and Shame

- Refusal to acknowledge own identities, despite not aligning






Impact: Adverse Outcomes

- Isolation (Nami, 2023; Valentine, et al., 2022)
- 40% of LGBT have experienced rejection from family/close friend (Nami, 2023)
- Increased MH diagnoses overall (Nami, 2023; Valentine et al., 2023)
- LGBTQ+ are at higher risk for suicidal thoughts/attempts (Nami, 2023)
- Nearly 40% of transgender adults have attempted suicide in lifetime (NAMI, 2023)
- LGBT are 2x as likely to have a MH condition (Nami, 2023)
- Transgender individuals are nearly 4x as likely to have a MH condition (Nami, 2023)
- LGB adults are nearly 2x as likely to experience a SUD (NAMI, 2023)

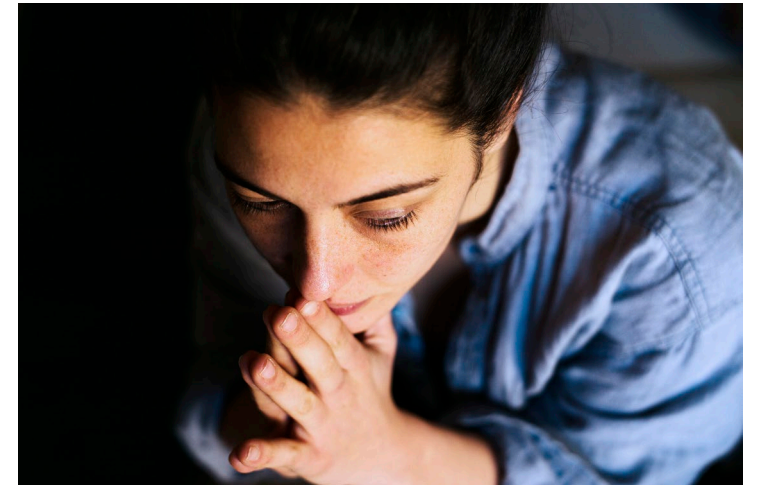
(APA, 2012;Nami, 2023; Valentine et al., 2022)



Barriers to Care

Barriers to Appropriate Care

- Inadequate training of cultural competence and humility
- Unwelcoming clinical environments
- History of pathologizing LGBTQ+ identities
- Availability of services and/or affirming services
- Being grouped into LGBTQ+ overall community, or sub-community, with lack of awareness of intersectionality and unique identified identity(ies)



Barriers to Appropriate Care

- Resources to get to the affirming care (e.g., if homeless, without employment)
- Previous stigmatizing health care experiences
- Discrimination, harassment, and being stereotyped
- Fear, anxiety, and worries interfering with pursuing care
- Not feeling psychologically or physically safe



How Do We Reduce the Risks?

Increase Protective Factors

- Sense of Community/Connectedness/Belongingness
- Pride
- Healthy coping strategies
- Perceived social support
- Affirming care
- Adequate clinically indicated care for needs
- Validation of experience and emotions
- Provide psychological safety



What VA is Doing for LGBTQ Veterans

- Developed National Policies (e.g., non-discrimination, healthcare policies)
- Educate staff and promote assessment (e.g., trainings, clinical support resources)
- Inform and engage LGBT Veterans (e.g., LGBT Veteran Care Coordinator, welcoming signage/posters, fact sheets etc.)
- Movement toward providing more inclusive care to address more needs





VHA Policies

- VHA Directive 1340: Health Care for Veterans who Identify as Lesbian, Gay, or Bisexual
- VHA Directive 1341: Providing Health Care for Transgender and Intersex Veterans
- VHA LGBTQ+ Health Program
- LGBTQ+ Veteran Care Coordinator Program



VHA Directive 1340 (1,2): Provision of Health Care for Veterans Who Identify as Lesbian, Gay or Bisexual

“It is VHA policy that all staff members provide clinically appropriate, comprehensive, Veteran-centered care with respect and dignity to LGB Veterans. Clinically appropriate care includes assessment of sexual health as indicated with all patients, and attention to health disparities (see Appendix A) experienced by LGB people. It is VHA policy that any attempts (formal or informal) by VA staff to convert or change a Veteran’s sexual orientation are prohibited.”



VHA Directive 1341(1) Providing Health Care for Transgender and Intersex Veterans

“It is VHA policy that staff provide clinically appropriate, comprehensive, Veteran-centered care with respect and dignity to enrolled or otherwise eligible transgender and intersex Veterans, including but not limited to hormonal therapy, mental health care, preoperative evaluation, and medically necessary post-operative and LT care following gender confirming/affirming surgery. It is VHA policy that Veterans must be addressed based upon their self-identified gender identity; the use of Veteran's preferred name and pronoun is required VA does not provide or fund gender confirming/affirming surgeries because VA regulation excludes them from the medical benefits package.”



VHA LGBTQ+ Health Program

- Every VA has an LGBTQ+ Veteran Care Coordinator to help connect with needed care
- Develop clinical services for LGBTQ+ Veterans (e.g., support groups, couple's therapy, hormonal therapy)
- Provide education/training to VHA staff
- Publicize community LGBTQ+ resources in VHA
- Outreach to LGBTQ+ community organizations and providers outside of VHA
- Support development of a welcoming environment





HEALTH EQUITY

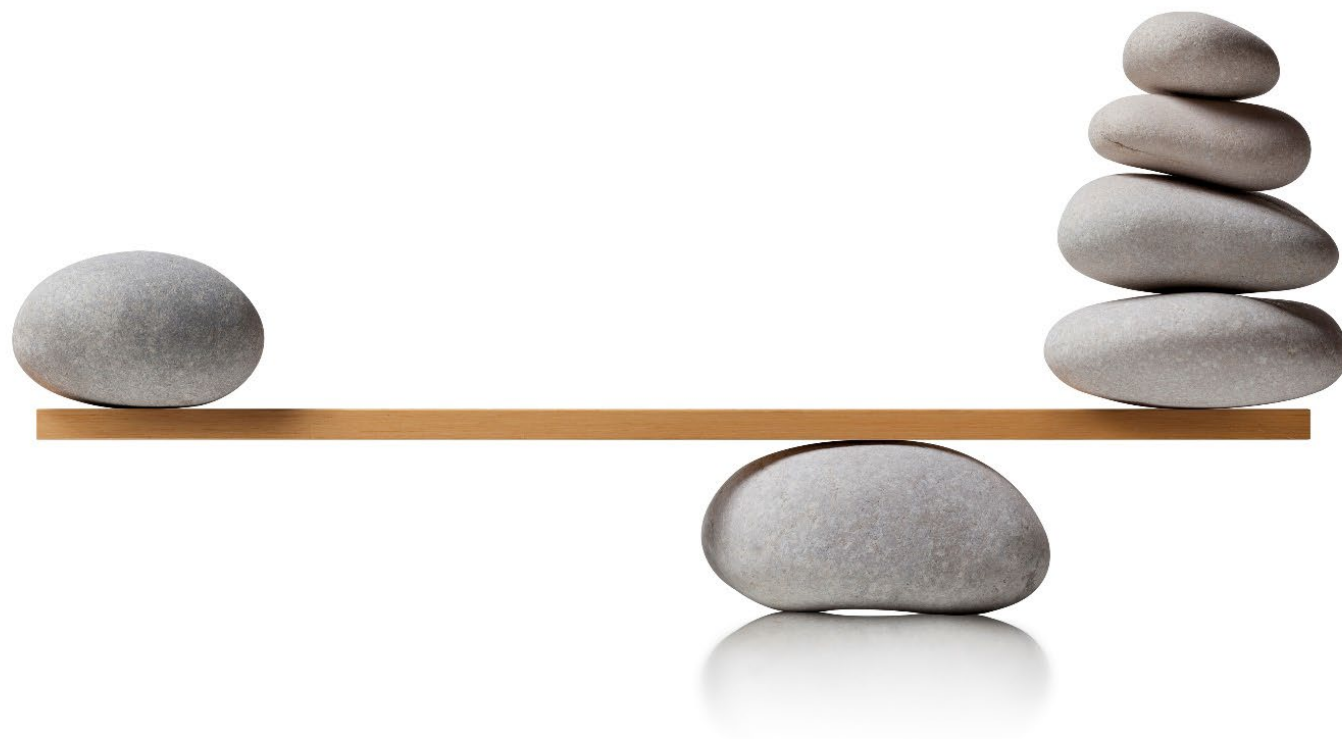


Health Equity

- “Health Equity is a state when everyone has a fair and just opportunity to obtain their highest level of health”. (CDC, 2022).
- It is vital for the delivery of care to be high quality and efficient, but also just and equitable.

(CDC, 2022; U.S. Department of Health and Human Services, n.d.)







Health Equity Priority in VA

- To meet the needs of our Veterans we need to understand the unique needs of different groups of Veterans
- Supporting MISSION ACT requires helping different groups of Veterans access care that is best for them
- Preventing suicide requires identifying and reducing life stressors that lead to very different rates of suicide among different groups of Veterans
- HRO requires identifying and accommodating different groups of Veterans with different risk of harm and different levels/numbers of protective factors



Health Disparities

Many experience health disparities, some examples

- Minority racial/ethnic groups
- People with disabilities, including cognitive/sensory disabilities
- Women
- People who are LGBTQ+
- Mental Health
- Socioeconomic status
- Age
- Geographical location

(CDC, 2022; U.S. Department of Health and Human Services, n.d.)





Affirming Providers



Reflection





Affirming Provider

- Create a welcoming and safe environment
- Free of judgment
- Unconditional positive regard
- Familiar with specific clinical guidelines and use them in their work
- Aware of unique challenges and risk factors
- Strengthen positive norms, model affirming practice



Treatment Philosophy

Affirming Therapy:

“The integration of knowledge and awareness by the therapist of the unique developmental cultural aspects of LGBT individuals, the therapist’s own self-knowledge, and the translation of this knowledge and awareness into effective and helpful therapy skills at all stages of the therapeutic process”

Three core conditions:

- Therapist competence in affirmative therapy
- Therapist affirmation of LGBT culture
- Therapist openness in addressing sexual orientation and identity issues

(Perez, 2007)



Facilitating Affirmative Health Care

- Provide a safe and supportive environment
- Be aware of own countertransference
- Reflect client's language
- Be mindful of using heteronormative language
- Treat the presenting problem, not sexual orientation or gender identity
- Provide education on resources available to them



Clinician Recommendations

- Examine one's own information, attitudes, and beliefs about LGBTQ issues
- Seek out self-education opportunities and resources
- Going beyond clinical-based education, such as autobiographies and other non-clinically based books, podcasts, documentaries on LGBTQ+ experiences
- Consult with professional mental health organizations that have committees on LGBT issues and community organizations, especially those with mental health components



Commonalities of LGBTQ Affirming Health Care

- Create a welcoming environment (e.g., visible signs that LGBT people are expected and safe here)
- Promote staff sensitivity and training
- Use respectful, inclusive language (e.g., correct name, pronouns, mirror patient language)
- Assess sexual orientation identity, gender identity, and sexual health for appropriate follow up



Commonalities of LGBTQ Affirming Health Care

- Do not ask the patient to educate you about LGBT needs and health disparities
- Become knowledgeable about LGBTQ+ health disparities
- Assess for social stressors and resilience factors
- Assess for exposure to violence, including intimate partner violence
- Provide tailored, person-centered care





Riddle Scale

- **Nurturance** – Affirmative Provider
 - Genuine and caring, acting as an advocate, informed on clinical guidelines and implements
- **Appreciation** – Affirmative Provider
 - Values diversity, willingness to combat discrimination in self and others
- **Admiration** – Friendly Provider
 - Acknowledges the strength of LGBTQ+ in our society, including looking at self and working on reducing own prejudice and continuing to grow
- **Support** - Friendly Provider
 - Believes LGBTQ+ deserve legal and human rights, treat others fairly regardless of one's own comfort with diverse identities



- **Acceptance** – Friendly Provider
 - Still implies something to accept (e.g., “what you do in bed is your business”). Ignores minority stress and societal inequities.
- **Tolerance** – Harmful Provider
 - Viewing diverse identities as “a phase” such as in development that one may “grow out of”, stating heterosexuality or cisgender as the only acceptable identities.
- **Pity** – Harmful Provider
 - See LGBTQ+ as unfortunate and pity them, their goal is to assist them in being as “normal as possible”
- **Repulsion** – Harmful Provider
 - Seeing LGBTQ+ as sick, crazy, immoral, and believe society needs to change them or eliminate them

Review Education Needs


- Most have had little or not training in LGBTQ+ health: who has it? Who needs it? Who needs updates?
- What content areas?
- How will staff be trained?
- How will new training be supported in practice?
- What processes need to change (e.g., forms)
- What clinical resources are needed?
- Who are local experts? Local referral sources? Local LGBT Organizations?
- Who can you call for consultation? Mentoring?





LGBTQ Veteran Engagement Strategies

Those who are more informed and engaged have better health outcomes and satisfaction of care

- Is your agency LGBTQ friendly?
 - Do you advertise your practice as LGBTQ friendly?
 - Consider participating in the Human Rights Campaign Healthcare Equity Index (HEI) survey
 - How do LGBTQ Veterans experience your clinic?
 - Do you have LGBTQ resources?
- 



Resources

Resources available

- World Professional Association for Transgender Health, Standards of Care, 8th Edition
- Gay/Lesbian Medical Association, Guidelines for Care of LGBT Patients
- American Medical Association, Guidelines for Care of LGBT Patients
- GLBT Access Project, Massachusetts Department of Public Health, Community Standards of Practice for Provision of Quality Health Care Services for GLBT Clients



Resources available

- American Psychological Association (APA) , Guidelines for Psychological Practice the Transgender and Gender Nonconforming People
- APA Guidelines for Psychological Practice with Sexual Minority Persons
- Department of Veterans Affairs, VHA Directive 1340(1): Provision of Healthcare to Veterans who identify as Lesbian, Gay or Bisexual, and VHA 1341(1): Providing Health Care for Transgender and Intersex Veterans



VHA Online Education Resources

Care for Transgender and Gender Diverse Veterans in VHA

- 12 brief 20 min trainings topic-focused trainings (e.g., diagnostic, hormonal therapy)

LGB Veteran Care Online Trainings

- Do Ask, Do Tell: 5 Awkward Minutes to Better Patient Care
- Several more options in TMS

VHA TRAIN Education System: <https://vha.train.org>

- Free! Public Health Foundation – continuing education credits



Trainings Available (not extensive)

- Gay, Lesbian Medical Association www.glma.org
- Fenway Institute: www.thefenwayinstitute.org
- TMS & VHA Train <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources/HealthCareTopics/SitePages/Training.aspx>
- American Psychological Association: www.apa.org/pi/lgbt/resources/
- World Professional Association for Transgender Health: www.wpath.org



Trainings Available (not extensive)

- VHA LGBT Health Program: www.patientcare.va.gov/LGBT/
- Kauth & Shipherd (2018). Adult transgender care: an interdisciplinary approach for training mental health professionals. New York, NY: Routledge
- Makandon, Meyer, Potter, & Goldhammer (2015). Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, 2nd edition. Philadelphia, ACP.
- The Affirmative Couch (affirmativecouch.com – CEUs available)



- LGBTQ+ Health Program SharePoint: <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>
- LGBTQ+ Patient Care VA website: [VHA LGBTQ+ Health Program - Patient Care Services \(va.gov\)](#)
- LGBTQ+ Policies, Directives, Fact Sheets, & Patient Ed: [Policies, Directives, Fact Sheets, & Patient Education \(sharepoint.com\)](#)
- LGBTQ+ Coordinator
 - Internal: [LGBTQ+ Veteran Care Coordinator Directory \(sharepoint.com\)](#)
 - External: [Directory of LGBTQ+ Veteran Care Coordinator - Patient Care Services \(va.gov\)](#)





Summary

- LGBTQ+ Veterans and non-Veterans have unique health care needs
- LGBTQ+ people deserve respectful, culturally informed health care
- VHA's experience in promoting LGBTQ+ health care may serve as a model for others
- Non-discrimination policies help to support LGBTQ+ patients and staff
- Staff education is critical
- Resource materials and signage inform and engage LGBT Veteran patients
- Providing affirming care to Veterans promotes equity of healthcare treatment
- Providing affirming care may very well save someone's life





“Do the best you can
until you know better.
Then when you know
better, do better”

– Maya Angelou

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Questions?

Reach out! 😊

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