

LGBTQ Health 101

How to be an Ally in the Health Professions



American Medical Student Association - Gender and Sexuality Action Committee

Presentation Leader's Guide



LGBTQ Health 101

How to be an Ally in the Health Professions



American Medical Student Association - Gender and Sexuality Action Committee

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Hi there!

Thanks for choosing to lead this workshop at your university's premedical organization. In this guide, you'll find notes below most slides to help flesh out your presentation and spur discussions in your workshop. To further help you lead a stellar workshop, check out [AMSA's Gender & Sexuality Action Committee's webpage](#). There you'll find a webinar version of this training, as well as the PowerPoint file itself.

If you have any questions or comments, we're all ears! Please email gs.lgbt.programming@amsa.org.

- Defining “LGBTQ”
- A Brief History of the LGBTQ Movement
- Health Disparities Faced by the LGBTQ Community
- How to be an Ally and an Advocate

Agenda



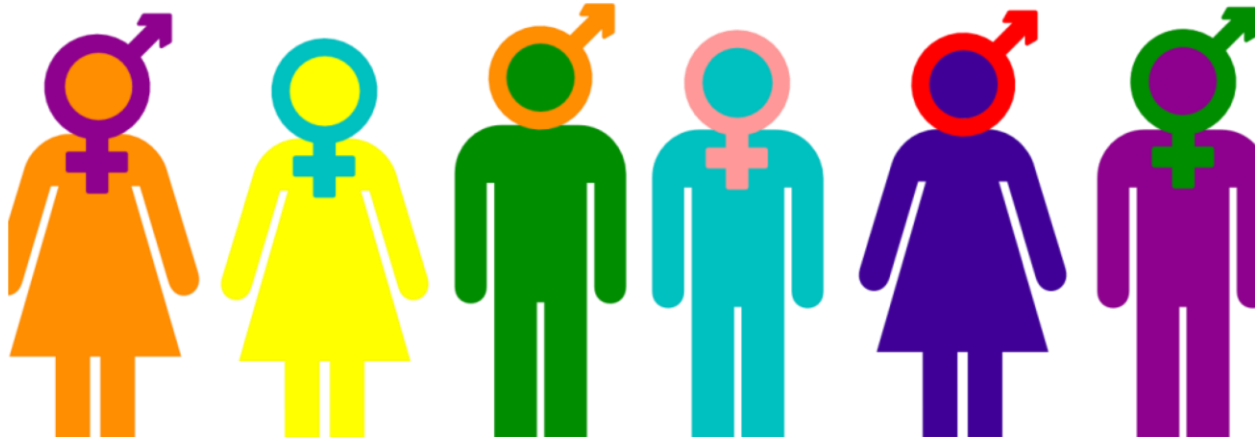
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The material contained in this presentation does not delve into the depths of the LGBTQ community, but rather addresses the most pertinent and common topics that future health professionals should be aware of.

Portions of this presentation:

- Defining LGBTQ
 - Definitions and terminology
 - “Gender Unicorn,” created by Trans Student Educational Resources (TSER)
 - Discussion of the differences between sex assigned at birth, gender identity, and sexual orientation.
- A Brief History of the LGBTQ Movement
 - Covers prominent events in LGBTQ history from the 1950s to today
- Health Disparities Faced by the LGBTQ Community
 - Causes of health disparities
 - Discussion of different health disparities
- How to be an Ally and an Advocate
 - Discussion of traits of an ally
 - Intersectionality of LGBTQ community
 - Organizations to work with if interested



Terminology

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To begin this presentation, we'll start with basic terminology that your audience needs to know about the LGBTQ community. This may be a review for some but is important to cover for those who have never had an in-depth conversation about sex, gender, and the LGBTQ population.

According to The Williams Institute at UCLA School of Law, **4.5% of American Adults, 11,343,000 people, identify as LGBT¹ and 0.6% of the American adult population, 1,400,000 people, identify as transgender.²** Make sure to stress to your audience the quantity of LGBTQ people in the United States. These numbers will only continue to grow as our society becomes more inclusive and accepting, prompting more LGBTQ people to come out. Future health professionals will undoubtedly provide care to LGBTQ patients throughout their career, so it is important to lay this groundwork now.

If you're interested in showing your audience some graphics about the LGBTQ population in the United States, [this is another fantastic resource from the Williams Institute at UCLA.](#)

¹"Adult LGBT Population in the US." Williams Institute, March 5, 2019. <https://williamsinstitute.law.ucla.edu/research/lgbt-adults-in-the-us/>.

²"Updated Estimates Show 1.4 Million Adults Identify as Transgender in the US, Doubling Estimates from a Decade Ago." Williams Institute, March 3, 2017. <https://williamsinstitute.law.ucla.edu/press/press-releases/updated-estimates-show-1-4-million-adults-identify-as-transgender-in-the-us-doubling-estimates-from-a-decade-ago/>.



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According to the Human Rights Campaign:³

Lesbian – a woman who is emotionally, romantically, or sexually attracted to other women

Gay – a person who is emotionally, romantically, or sexually attracted to members of the same gender

Bisexual – a person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity

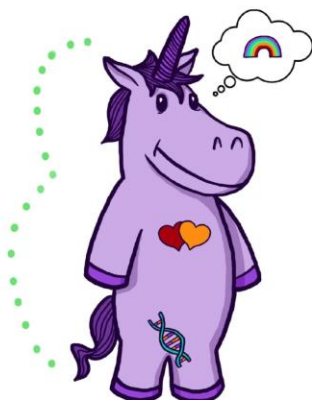
Transgender – an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth

Queer – a term people often use to express fluid identities and orientations (can also stand for questioning)

³ Human Rights Campaign. "Glossary of Terms." Human Rights Campaign. Accessed November 21, 2019. <https://www.hrc.org/resources/glossary-of-terms>.

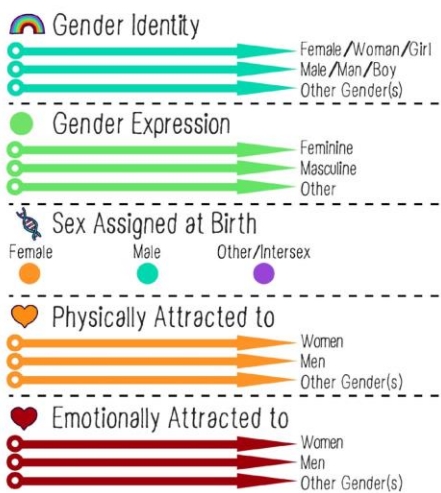
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



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The Gender Unicorn, created by TSER, is used in this presentation to distinguish between gender identity, gender expression, sex assigned at birth, physical attraction, and emotional attraction. The following slides are a breakdown of each area of the gender unicorn.



- Sex assigned at birth is based on:
 - Anatomy
 - Hormones
 - Chromosomes



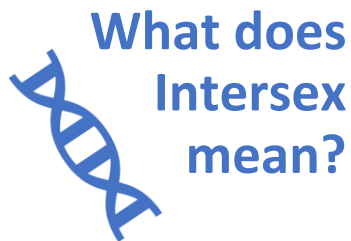
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Sex assigned at birth is a way of saying what sex someone was designated at their birth based on a variety of characteristics. This reflects the sex listed on their birth certificate in most circumstances.

Saying “sex assigned at birth” is a way of recognizing that this decision was not made by the individual, but by someone else.⁴ The assignment of male or female cannot fully capture the variety in anatomical, hormonal, and chromosomal markers that can occur – more about this on the next slide about intersex individuals.

⁴ Parenthood, Planned. “Sex, Gender, and Gender Identity.” Planned Parenthood. Accessed November 21, 2019. <https://www.plannedparenthood.org/learn/sexual-orientation-gender/gender-gender-identity>.



- Intersex individuals are **born with anatomy, hormones, or chromosomes that doesn't fit the societal definitions of "male" or "female."**
- Historically, intersex babies have underwent "corrective" surgeries after birth.
 - Currently, there is momentum to end these unnecessary and damaging surgeries.
- The Intersex Society of North America states that at least **1 in 1500 to 1 in 2000 people are born intersex.**

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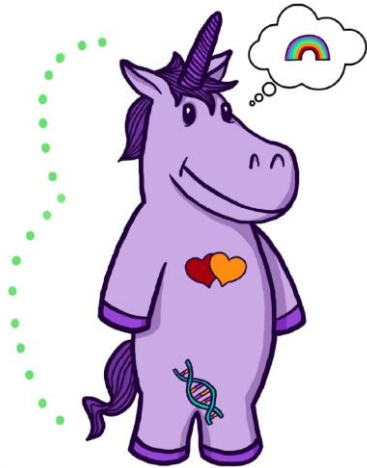


Intersex is a term to describe a variety of conditions where an individual is born with reproductive or sexual anatomy that does not fit the typical definitions of male and female. It also is used to describe hormonal and chromosomal varieties that may be present. Some individuals may not know that they're intersex until they go through puberty or may never discover that they're intersex. For this reason, it is hard to quantify the number of intersex individuals in our population.

Being intersex is a completely normal variation in humans. Historically, however, if a baby was born intersex, doctors and parents typically "decided" on which gender they would assign to the child. Often, they even performed unnecessary surgeries on intersex children to match their physical anatomy to the gender chosen for the child.⁵ In addition, the child would often be given male or female hormones as they went through puberty to align their puberty with the gender assigned to them.

There is the chance that intersex children who have been assigned a gender, operated on, and had their puberty reared in a certain direction may never identify with the gender assigned to them. For this reason, there is growing movement to postpone these medical interventions until intersex individuals are able to decide what gender they identify with. Some intersex individuals may never decide to pursue gender-based medical interventions.

⁵ Parenthood, Planned. "What Is Intersex?: Definition of Intersexual." Planned Parenthood. Accessed November 21, 2019. <https://www.plannedparenthood.org/learn/sexual-orientation-gender/gender-gender-identity/whats-intersex>.



- **Gender Identity:** an internal sense of being male, female, neither, both, or another gender
- For transgender people, gender identity does not match sex assigned at birth.

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Gender is a complicated topic and one that is often conflated with sex assigned at birth (referred to as sex from here forward). Gender and sex are two completely different concepts!

Gender identity is an internal sense of who you are and how you feel. This is something that a person knows inherently. **Everyone has a gender identity.** An individual can know that they are male or female, or know that they are neither gender, both genders, or another gender altogether. There is a universe of gender identities and to many people, it is important to find a label that they identify with. For others, they may not feel the need to strictly define their gender.

Gender is a status that comes with expectations about one's behaviors, likes, dislikes, and personality from society. Note that gendered expectations often do not center around an individual's body parts, but about the less tangible aspects of who they are.

When someone's gender identity does not match their sex assigned at birth, they may define themselves as transgender. Being transgender is not an identity itself and transgender individuals may identify across the spectrum of genders. Some individuals whose gender identity does not match their sex at birth may not identify as transgender at all.

Cisgender

Gender Identity

=

Sex Assigned at Birth



Transgender

Gender Identity

≠

Sex Assigned at Birth



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In general:

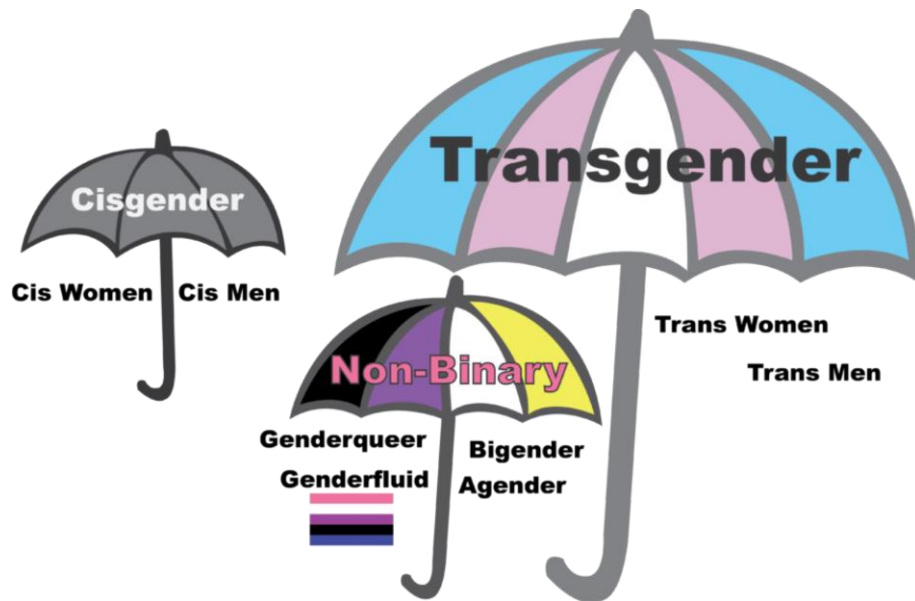
Cisgender is a term used to describe individuals whose gender identity matches their sex assigned at birth.

Transgender is a term used to describe individuals whose gender identity does not match their sex assigned at birth. Transgender individuals may choose to medically transition via the use of masculinizing or feminizing hormones and/or gender confirming surgeries. Many transgender individuals may not be able to transition due to financial or medical reasons. Others may choose not to transition at all. Regardless of their transition choice, all transgender individuals are valid in their gender identity.

This may be a good slide to again bring up intersex individuals. Intersex is not the same as transgender – this is often confused!

Intersex individuals do not fit the typical anatomical/hormonal/chromosomal definitions of “male” and “female,” whereas transgender individuals are usually born fitting a typical sex designation but feel at odds with the gender identity that corresponds with their sex.

[To learn more, check out this resource from the Intersex Society of North America.](#)



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Cisgender, Transgender, and Non-Binary are all umbrella terms, meaning they encapsulate a variety of gender identities.

Cisgender includes cisgender (cis) women and cis men - those whose gender identity matches their sex assigned at birth.

Transgender includes trans men and trans women, as well as non-binary identities. Non-Binary includes any gender identity outside of the traditional male/female binary. This includes genderqueer, genderfluid, bigender, agender, and many more. Non-binary identities will be covered more on the following slide.

Make sure to note that “transgender” is an adjective, not a verb or a noun. Transgender is a term used to describe someone. Someone is not “transgendered” (verb), nor are they “a transgender” (noun).

Transgender is an umbrella term used to describe those whose gender identity does not align with the sex they were assigned at birth.

- **Transgender Man:** A person assigned female at birth who identifies as a man
- **Transgender Woman:** A person assigned male at birth who identifies as a woman
- **Non-Binary:** An umbrella identity describing a person who does not identify exclusively in the gender binary
 - **Agender**
 - **Bigender**
 - **Genderfluid**
 - **Genderqueer**



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The biggest point to highlight here is non-binary identities, as there is not much more discussion of these identities throughout this presentation. Non-binary is any gender that is not exclusively male or female. It is helpful to think of gender as a spectrum to start understanding non-binary identities, though some individuals identify outside of this spectrum completely.

- **Agender** – the absence of gender
- **Bigender** – identifying as two or more genders
- **Genderfluid** – have a changing gender identity with no fixed gender
- **Genderqueer** – having a gender identity that does not fit the typical societal norms of gender

A graphic showing the spectrum of gender identities is on the next slide!

Something interesting to note to your audience may be the emergence of non-binary identities being allowed on driver's licenses.⁶ This is a huge and continuing victory for those in the non-binary community!

⁶ Harmon, Amy. "Which Box Do You Check? Some States Are Offering a Nonbinary Option." The New York Times. The New York Times, May 29, 2019. <https://www.nytimes.com/2019/05/29/us/nonbinary-drivers-licenses.html>.

Gender Identity Spectrum



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Make sure to note to your audience that non-binary identities are not subject to being defined within the context of the binary genders of male or female. Some identities may fall within this binary, but many fall outside of it.



- Gender expression: **the physical manifestation of one's gender identity**
 - Clothing, hairstyle, voice, chosen name, pronouns, and other attributes
- Transgender people seek to make their gender expression match their gender identity, rather than their sex assigned at birth.

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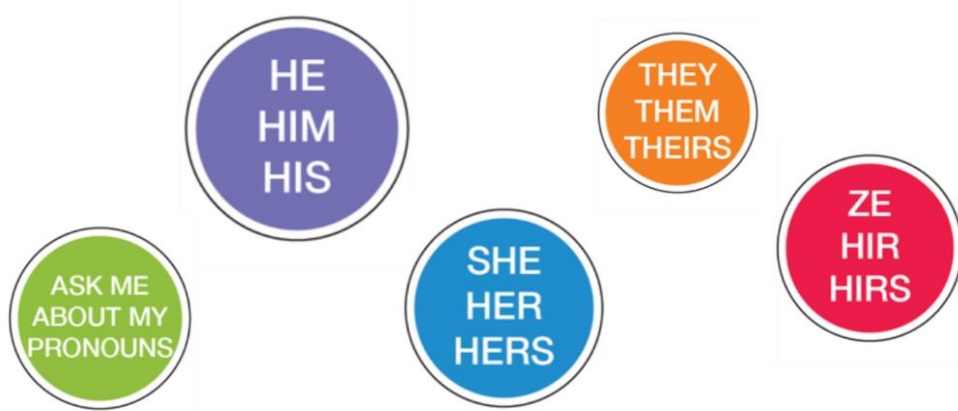
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Gender expression is usually a bit easier for people to understand than gender identity because it is relevant to the physical world around us. Gender expression is how someone presents themselves to the world. Gender expression does not necessarily match gender identity, however. Someone who is transgender or genderqueer may identify as a specific gender, but present themselves in a way that does not match their gender identity in order to maintain safety in their environment. For example, at the beginning stages of transition, a trans person may present themselves more in alignment with their sex rather than their true gender identity for safety. For example, a trans woman may continue to dress in traditional male business wear to attend work until she feels comfortable coming out in the workplace. Even though she may appear to others as male due to her gender expression, her gender identity is still female.

Gender expression may shift for trans and genderqueer people in different areas of their life. The same trans woman mentioned above may go home for the day and paint her nails, do her hair, and wear whatever she feels most comfortable in, which might align more with her gender identity. Her friends may know her as this most comfortable version of herself, but when she is in the workplace, she may continue to use a male name and he/him pronouns.

Pronouns and names are a part of gender expression and can vary in different environments as trans people transition and begin to come out to different groups of people. As noted earlier, safety plays a huge factor in these decisions.

Pronouns align with a person's personal sense of their gender identity and are a form of gender expression.



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Pronouns are important. They are validating. They are a simple way to make someone feel comfortable. Although it might be tempting to assume someone's pronouns, it is important to respect that pronouns are part of an individual's identity and might not match your assumptions. This paragraph from GLAAD describes perfectly how to make sure you're using the correct pronouns for someone:

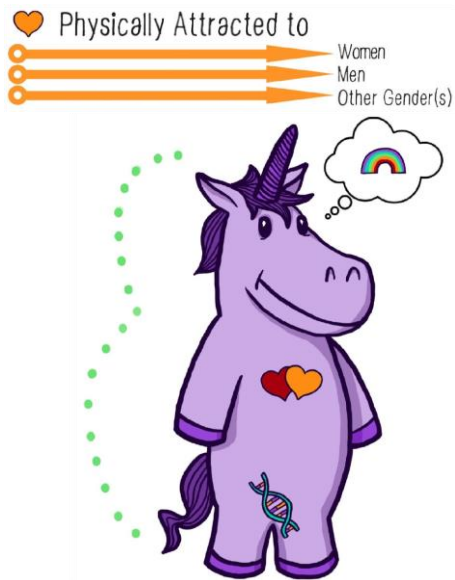
*"If you're unsure which pronoun a person uses, listen first to the pronoun other people use when referring to them. Someone who knows the person well will probably use the correct pronoun. If you must ask which pronoun the person uses, start with your own. For example, "Hi, I'm Alex and I use the pronouns he and him. What about you?" Then use that person's pronoun and encourage others to do so. If you accidentally use the wrong pronoun, apologize quickly and sincerely, then move on. The bigger deal you make out of the situation, the more uncomfortable it is for everyone."*⁷

It is important when asking for someone's pronouns to recognize if you are in a space that is safe for trans people or not.⁸ If you are not, then you do not want to put a trans person in a dangerous situation by asking for their pronouns.

There is not a distinctly "correct" way to ask for someone's pronouns, as it depends on the environment you're in. Make sure to listen for correct pronouns and ask in safe environments if possible.

⁷ "Tips for Allies of Transgender People." GLAAD, May 30, 2019. <https://www.glaad.org/transgender/allies>.

⁸ Price, Devon. "When (& How) to Ask About Pronouns." Medium, May 1, 2018. <https://medium.com/@devonprice/when-how-to-ask-about-pronouns-b7fc24df6653>.



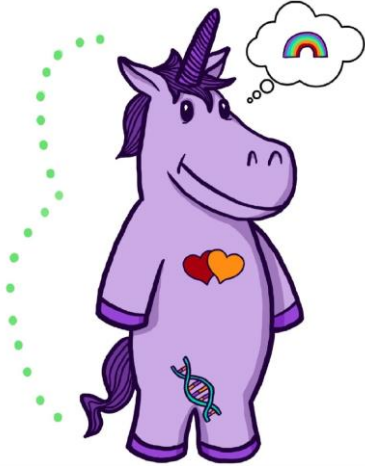
- Physical attraction: who one is attracted to both **sexually and sensually**
- Romantic attraction \neq physical attraction
- Romantic attraction may or may not involve physical attraction or desire for sexual contact.

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Physical attraction can be thought of as the desire to have physical and/or sexual contact with another person. This is usually how we think about attraction and arousal, but it may also refer to the desire to be physically intimate in a non-sexual way with someone else. Someone may be physically attracted to only one gender identity or multiple gender identities that are the same or different from their own.

Physical attraction is not the same as romantic attraction. Romantic/emotional attraction is explored on the next slide and is separate from physical attraction. Typically, however, when we think about sexual orientations, we consider both physical and emotional attractions as contributors.



- Emotional attraction refers to the **desire to get to know someone** and connect with them emotionally.
 - Often a result of personality instead of physicality
- Romantic attraction is heavily linked to emotional attraction.



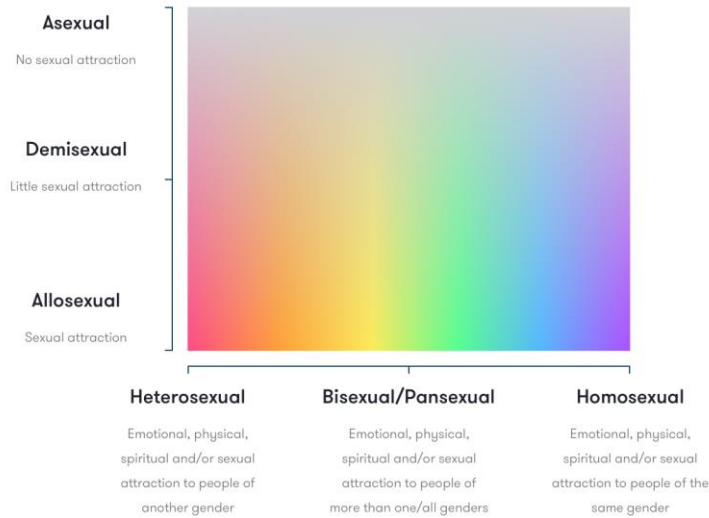
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Emotional attraction is the attraction to someone as a whole – their personality, mind, aspirations, and other intangible qualities. Emotional attraction results in the desire to get to know someone and connect with them in a non-physical way.

Often, relationships have both emotional and physical connection, but these are two separate things. Strong emotional attraction is most seen in romantic relationships but can also exist outside of them as well.

Sexual Orientation Spectrum



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Notice that this spectrum illustrates the ability to be attracted to various gender combinations (x-axis) and the ability to feel sexual attraction (y-axis). It is important to note to your audience that sexual attraction varies and some individuals do not feel sexual attraction (asexual) or only feel moderate sexual attraction (listed demisexual on this graphic). Demisexual also may mean that sexual attraction only comes with a true emotional attraction and connection.



History

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Now that we've covered basic terminology, we'll briefly cover the LGBTQ rights movement from the 1950's to today. These slides are jam packed with information, so feel free to omit some information due to time constraints, if necessary. Being able to understand the back and forth nature of LGBTQ acceptance in our society may help your audience understand some of the more pervasive and long-term health issues that the LGBTQ community faces.

There is a breadth of LGBTQ history spanning across all ages of history, but the impetus of the modern LGBTQ rights movement occurred at Stonewall in 1969. Understanding the history leading into and out of this event is important for understanding the current struggles of LGBTQ people in America.

1950s

- **1950** – 500 “homosexuals and other sex perverts” fired from federal jobs and 438 discharged from military in “Lavender Scare.”
- **1952** – American Psychiatric Association lists homosexuality as a personality disturbance.
- **1953** – Eisenhower signs executive order banning homosexuals from working in government.

1960s

- **1961** – Illinois is the first state to decriminalize homosexuality.
- **1969** – Stonewall riots occur at the Stonewall Inn in New York City, beginning the modern LGBTQ civil rights movement in America.



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Pictured: Silvia Rivera (left) and Marsha P. Johnson (right), two transgender rights activists prominent in the Stonewall era.

The 1950s began with the “Lavender Scare,” where nearly 1000 LGBTQ identified government workers lost their jobs. LGBTQ people were seen as *morally questionable, sinful, and perverted*. The government of the time, deeply concerned about communism and Russian influence in government, saw LGBTQ government employees as a security risk and thought they may not be loyal or mentally stable enough to protect government secrets.⁹ Following the Lavender Scare, the 50’s were a difficult time for LGBTQ people – with the APA listing homosexuality as a personality disturbance and Eisenhower banning homosexuals from working in the government.¹⁰ These are only a few of the many events in the 50s that set the stage for the beginning of the LGBTQ civil rights movement in the 60s.

In 1969, one of the most notable events in LGBTQ history occurred at the Stonewall Inn, a gay bar in New York. On June 28, 1969, there was an unexpected early morning police raid on the Stonewall Inn by plain clothes police officers. There were often raids of the bar, but usually the establishment was tipped off ahead of time. This time however, it was unexpected and occurred at a later than normal time. Police entered the bar and began rounding up patrons to check their IDs, in order to arrest transgender individuals and cross-dressers. That night, those being arrested refused to go with the officers and others began to refuse to provide their IDs. Police attempted to take all to the police station, but the scene outside the bar quickly became violent. At one point, a police officer hit a woman over the head with a police baton and she shouted to the crowd to do something, prompting the crowd to begin throwing objects at the police officers. Soon a riot had broken out, with the patrons of the bar fighting against police and refusing to go with them. The police barricaded themselves into the bar, which the crowd then attempted to set on fire.¹¹

The riot eventually died down that night, resuming the next night and continuing for five days. This is seen as the origin of the modern LGBTQ rights movement and a major turning point in LGBTQ history.

⁹ “LGBT History: The Lavender Scare.” National LGBT Chamber of Commerce, October 3, 2017. <https://www.nglcc.org/blog/lgbt-history-lavender-scare>.

¹⁰ “LGBTQ Rights Milestones Fast Facts.” CNN, Cable News Network, 8 Nov. 2019. <https://www.cnn.com/2015/06/19/us/lgbt-rights-milestones-fast-facts>.

¹¹ “Stonewall Riots.” *History.com*, A&E Television Networks, 31 May 2017, <https://www.history.com/topics/gay-rights/the-stonewall-riots>.

1970s

- **1970** – First pride parade held on Stonewall anniversary
- **1973** – Maryland bans same-sex marriage, while the APA removes homosexuality from its list of mental disorders.
- **1978** – Harvey Milk is elected to public office in January and murdered in November. The first rainbow flag is designed by Gilbert Baker inspired by Milk.



1980s

- **1981** – The CDC publishes the first official report of AIDS.
- **1987** – Reagan publicly recognizes the AIDS crisis for the first time.

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Pictured: Harvey Milk, one of the country's first openly gay elected officials

Coming off the heels of the Stonewall Riots, the 1970s sought for strides in the LGBTQ Rights movement. This was marked by the first pride parade held on June 28, 1970, exactly one year after the beginning of the Stonewall Riots.

In 1978, Harvey Milk, a gay activist and one of the country's first openly gay elected officials, was murdered in his office by a former colleague. His murderer, Dan White, received only eight years in prison for voluntary manslaughter, after his defense argued that his diet of mostly junk-food was in some way a cause for his "diminished mental capacity".¹² The reaction to his sentence was violent, as protesters stormed San Francisco City Hall and set police cars on fire. In response, the police attempted to disperse the crowd with tear gas and, later in the night, raided gay bars and beat their patrons.¹³

In 1981, the Center for Disease Control published the first official report of the AIDS epidemic. The Reagan administration continually ignored questions about what they were doing to help the epidemic or if they were concerned. There are even recorded instances of Reagan's press secretary laughing and joking about the HIV/AIDS epidemic when asked questions about whether Reagan would say anything about it.¹⁴ It took **six years** for the Reagan administration to publicly recognize the crisis, by that time roughly 50,000 people had been diagnosed with AIDS and 48,000 had died. Between 1981 and 1987, there was only a 4.2% rate of survival of the disease. Once AIDS received federal recognition, this went up to 10.2% for 1988-1992, 37.7% for 1993-1995, and 76.2% for 1996-2000.¹⁵

¹² "Harvey Milk." History.com. A&E Television Networks, June 7, 2017. <https://www.history.com/topics/gay-rights/harvey-milk>.

¹³ Stezano, Martin. "What Were the White Night Riots?" History.com. A&E Television Networks, June 7, 2017. <https://www.history.com/news/what-were-the-white-night-riots>.

¹⁴ Lopez, German. "The Reagan Administration's Unbelievable Response to the HIV/AIDS Epidemic." Vox. Vox, December 1, 2016. <https://www.vox.com/2015/12/1/9828348/ronald-reagan-hiv-aids>.

¹⁵ "HIV and AIDS --- United States, 1981--2000." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention. Accessed November 21, 2019. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a2.htm>.



1990s

- **1990** – H.W. Bush signs the Ryan White CARE Act, the first federal program to help fund people with AIDS.
- **1993** – Clinton signs “Don’t Ask, Don’t Tell.”
- **1996** – Clinton signs Defense of Marriage Act, defining marriage as a “legal union between one man and one woman.”

2000s

- **2000** – Vermont becomes the first state to legalize civil unions between same sex couples.
- **2003** – Supreme Court strikes down “homosexual conduct” law in Texas, decriminalizing same-sex sexual conduct.
- **2008** – California Supreme Court rules that limiting marriage to opposite-sex couples is unconstitutional, white voters in California approve Prop 8, making same-sex marriage illegal.

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Pictured: The three same-sex couples that sued the state of Vermont in 1997, resulting in Vermont being the first state to legalize civil unions between same sex couples.

The 1990s and 2000s were very true to the back and forth nature of LGBTQ rights in our country. At one turn, a right is given, and at another, it is taken away.

Notably, in 1990, George H.W. Bush signed the Ryan White CARE Act, named after a young boy who contracted AIDS through a tainted blood transfusion. Ryan White became well known in the 80s, after being removed from his middle school because of the district’s fear that others would “catch” AIDS. He and his parents sued the district, allowing him to go back to school in eighth grade. Shortly after his death in 1990, the CARE Act (Comprehensive AIDS Resources Emergency Act) was signed, providing federal funding for improving access to care for low income HIV/AIDS patients.¹⁶

In 2000, Vermont became the first state to legalize civil unions between same sex couples as a result of *Baker v. State of Vermont*.¹⁷ Note that the state did not grant the ability to be married as a same-sex couple, reserving the term “marriage” for heterosexual couples.

¹⁶ “History Leading to the Ryan White CARE Act.” Health Resources and Services Administration, July 11, 2019. <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/history-leading-ryan-white-care-act>.

¹⁷ “Baker v. Vermont.” Lambda Legal, December 20, 1999. <https://www.lambdalegal.org/in-court/cases/baker-v-vermont>.

2010s

- **2011** – “Don’t Ask, Don’t Tell” is repealed.
- **2013** – Supreme Court strikes down Defense of Marriage Act, ruling that legally married same-sex couples are entitled to federal benefits.
- **2015** – Supreme Court strikes down all state bans on same-sex marriage, making it legal in all fifty states.
- **2016** – Secretary of Defense announces Pentagon will lift ban on transgender people serving openly in the military.
- **2017** – Trump announces his ban on transgender individuals serving in any capacity in the military.
- **2019** – Supreme Court allows Trump’s transgender military ban to go into effect.

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The most notable event in the 2010s was the Supreme Court’s decision in *Obergefell v. Hodges*, striking down all bans on same-sex marriage and making it legal in all fifty states.¹⁸ *Obergefell* overturned *Baker*, the case that won rights to civil unions in 2000. This was a huge accomplishment in the LGBTQ rights movement, but it does not mean that LGBTQ individuals have reached a true state of equality.

LGBTQ individuals, especially transgender individuals, still face discrimination in many forms today. This can be seen clearly in Trump’s ban on transgender individuals serving in the military, citing in an interview that trans people “take massive amounts of drugs...[They’re] in the military and [they’re] not allowed to take any drugs.”¹⁹ He also cited the costs of hormone treatment and gender confirming surgery as a reason for the transgender military ban, quoting falsely high costs of surgery and transition²⁰.

As we will explore in the next section, LGBTQ people still face many barriers to equality, especially in healthcare.

¹⁸ “Obergefell v Hodges: Marriage Equality at the Supreme Court.” GLAD. Accessed November 21, 2019. <https://www.glad.org/cases/deboer-v-snyder/>.

¹⁹ Lybrand, Holmes. “Fact-Checking Trump on the Reasons behind His Transgender Military Ban.” CNN. Cable News Network, June 5, 2019. <https://www.cnn.com/2019/06/05/politics/trump-transgender-military-ban-fact-check/index.html>.

²⁰ “Trump Blamed Transgender Military Ban on an Inaccurate Cost.” TIME. Time Magazine, June 5, 2019. <https://time.com/5601347/trump-transgender-military-ban-costs/>.



Health Disparities

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This section focuses on the health disparities that the LGBTQ community face. With the knowledge of LGBTQ history and terminology from previous parts of this presentation, audiences should be able to see *why* these health disparities exist. This section is your opportunity to truly hammer home the importance of this training with your audience. **As future medical professionals, it is crucial that we do what we can to erase the biases that exist in our system towards minority populations.**

What is a Health Disparity?



- Health disparities are **preventable differences** in the burden of disease, injury, violence, or in opportunities to achieve optimal health.
- Experienced by **socially disadvantaged** racial, ethnic, and other population groups and communities
- The LGBTQ community experiences many health disparities.

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Health disparities are faced by minority communities because of the systemic biases built into our medical system. The LGBTQ community faces a variety of health disparities, but it should be noted that different members of the community will have different experiences with healthcare workers. Lesbian, gay, bisexual, and queer members of the community may have a very different experience than transgender members of the community. The next slide focuses on the causes of health disparities – encourage your audience to consider how these disparities may differ for sexual minorities (gay, lesbian, bisexual individuals) vs. gender minorities (transgender, non-binary, and other identities).

- **Minority stress**
 - Prejudice and discrimination experienced by LGBTQ individuals contribute to chronically stressful events that may lead to negative health outcomes.
- **Social determinants of health**
 - LGBTQ individuals face discrimination when seeking employment and safe housing, especially LGBTQ people of color and transgender individuals.
- **Lack of physician competency and training**
 - A 2011 study found that medical students receive a median of only five hours of training on LGBTQ health
 - A 2018 survey of 658 New England medical students found that 80% of students felt they were “not competent” or “somewhat not competent” with medical treatment of gender and sexual minorities.

What causes LGBTQ Health Disparities?



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The causes of LGBTQ health disparities span across the spectrum of health-affecting factors. Minority stress is the state of chronic stress that minorities face due to dealing with continued discrimination and fear throughout their lifetimes. Discrimination influences physical and mental health negatively. Daily, many LGBTQ individuals (especially those living in less accepting areas) may face microaggressions from society. A microaggression, as defined by Oxford dictionary, is “a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.”²¹ Microaggressions frequently occur in clinical settings. When taking a patient’s history, for example, a provider may assume the patient is heterosexual or cisgender and phrase questions around this assumption. This assumption then forces the LGBTQ patient to “come out” to their provider and face any negative backlash that might occur in doing so. A way to avoid this would be providing inclusive intake forms and using inclusive language in clinical settings. In addition to facing regular microaggressions, LGBTQ individuals also face larger systemic discrimination in our society.

Social determinants of health are economic and social factors that influence individual and community health. For the LGBTQ community, this can be seen most clearly with job and housing discrimination, especially for people of color and trans people. Without the same opportunities to have a steady income or safe and permanent housing, LGBTQ individuals lose their ability to provide for themselves in the way that other groups of people might be able to.

Finally, physicians are sorely undertrained on LGBTQ health and issues. Though one of the studies cited was done in 2011, the statistic remains relevant as society advances. Our medical education system has still not caught up to the pace of acceptance in our society. Because of this, new physicians are not being adequately taught about the needs of LGBTQ patients or might even feel that they cannot adequately treat LGBTQ patients because of lack of training, as seen in the 2018 study cited on the slide. This, understandably, leads to lower quality of clinical care.

²¹ “Microaggression, n.” Oxford English Dictionary. Accessed November 21, 2019.
<https://www.oed.com/view/Entry/64098026?redirectedFrom=microaggression#eid>.

Substance Abuse, Depression, and Anxiety



- **LGBTQ individuals face stressors and risks for substance abuse including:**
 - Homophobia, Biphobia, Heterosexism, or Transphobia
 - Social/structural violence and discrimination
- **Influencing factors of depression and anxiety in LGBTQ patients:**
 - Continual concealment of identity
 - Victimization or fear of verbal or physical attack
 - Issues relating to self-acceptance
 - Social isolation and lack of social supports
 - Isolation from the LGBTQ community (in the case of transgender and bisexual individuals)

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Because of the constant stress of discrimination and other identity-centered challenges, LGBTQ individuals have higher rates of substance abuse, depression, and anxiety.

Discrimination, microaggressions, and social determinants may lead to individuals abusing substances as a coping tool. In addition, victimization, isolation, and the struggle to accept their identity may lead to depression and anxiety for LGBTQ individuals.

Suicide

- LGBTQ individuals are at a higher risk for suicide than non-LGBTQ individuals.
 - **LGBT youth are four times more likely to attempt suicide.**
- Between 38% and 65% of transgender individuals experience suicidal ideation.
- An individual with a non-accepting family is eight times more likely to have attempted suicide than an individual with an accepting family.



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The Trevor Project, an LGBTQ suicide prevention organization, states that:

- *Suicide is the 2nd leading cause of death among young people ages 10 to 24.*
- *LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.*
- *LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth.*
- *Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.*
- *Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.*
- *In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.*
- *LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.*
- *1 out of 6 students nationwide (grades 9–12) seriously considered suicide in the past year.*
- *Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.²²*

According to Suicide Awareness Voices of Education (SAVE), “41% of trans adults said they had attempted suicide, in one study. The same study found that 61% of trans people who were victims of physical assault had attempted suicide.”²³

Pictured: Trans Lifeline logo – the first suicide lifeline run by trans people for trans people

²² “Facts About Suicide.” The Trevor Project. Accessed November 21, 2019. <https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/>.

²³ “Suicide Statistics and Facts.” Suicide Awareness Voices of Education. Accessed November 21, 2019. <https://save.org/about-suicide/suicide-facts/>.



Weight Control and Perception

- Gay and bisexual men are overrepresented in the population of men who are diagnosed with eating disorders.
 - **30% - 60% of gay and bisexual men** report greater odds to diet for weight loss.
- Lesbian and bisexual women are more likely to be obese than heterosexual women.
- A positive association has been found between alcohol intake and depression, leading to weight gain.

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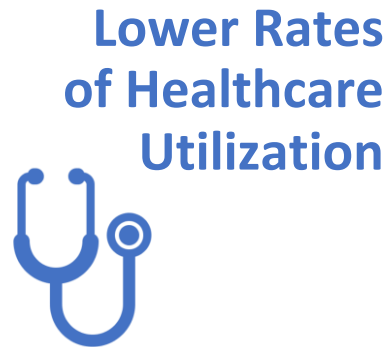


Gay and bisexual men may experience pressure from within their community to conform to certain physical ideals. Because of this and other factors, eating disorders among these individuals are in higher proportion than heterosexual men.

Lesbian and bisexual women are more likely to be obese than heterosexual women. Recently, Jane McElroy, a professor at the University of Missouri's School of Medicine, noted that perhaps the cause of this weight disparity is the desire to separate oneself from heteronormative beauty ideals.²⁴ Currently, however, there is not substantial research on the reason why lesbian and bisexual women are at a higher risk of obesity.

²⁴ Scher, Avichai. "Lesbian and Bisexual Women More at Risk for Obesity, Study Finds." NBCNews.com. NBCUniversal News Group, March 14, 2019. <https://www.nbcnews.com/feature/nbc-out/lesbian-bisexual-women-more-risk-obesity-study-finds-n983001>.

- **High rates of healthcare discrimination may influence LGBTQ individuals to underutilize healthcare services for fear of being mistreated.**
- A 2017 survey by the College of American Pathologists stated that of **LGBQ individuals** surveyed:
 - **8%** said a doctor or healthcare provider had turned them away due to sexual orientation.
 - **9%** said a doctor or healthcare provider had used harsh/abusive language when treating them.
 - **7%** said they had experienced unwanted physical contact from a doctor or other healthcare provider.



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This slide and the next speak volumes about the state of healthcare for the LGBTQ community. Notice that the **statistics listed on this slide apply only to lesbian, gay, bisexual, and queer members of the community** and not to transgender/gender non-conforming individuals.

For all members of the LGBTQ population, experiencing healthcare discrimination of any form may lead to a lower rate of healthcare utilization, potentially leading to higher rates of disease.

In addition to the statistics on the slide above, the same survey found that:

- 6% of LGBQ individuals said that a doctor or healthcare provider refused to give them care related to their actual or perceived sexual orientation.
- 7% said that a doctor or healthcare provider refused to recognize their family, including a child or a same-sex spouse or partner.²⁵

²⁵ Velco, Dennis. "LGBTQ Discrimination Limits Access to Health Care." OutBüro, June 19, 2019. <https://outburo.com/lgbtq-discrimination-limits-access-to-health-care/>.

Lower Rates of Healthcare Utilization



- The same study reported that of **transgender individuals** surveyed:
 - **29%** said a doctor or healthcare provider turned them away due to gender identity.
 - **23%** said a doctor or healthcare provider intentionally misgendered them or used the wrong name.
 - **21%** said a doctor or healthcare provider used harsh/abusive language when treating them.
 - **29%** said that they experienced unwanted physical contact from a doctor or other healthcare provider.

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Note the dramatic increase in these statistics for transgender individuals. This increase in discrimination makes it much more likely that transgender individuals will have even lower rates of healthcare utilization than LGBQ individuals.

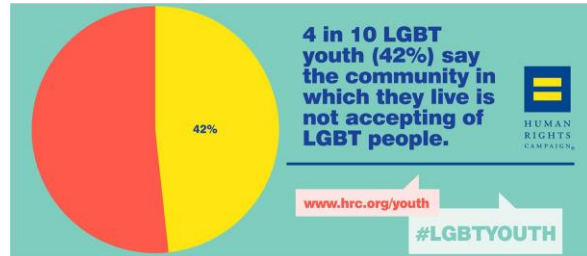
There is a significant statistic here to point out – 23% of trans people surveyed said that a doctor or healthcare provider intentionally misgendered them or used the wrong name.²⁶ Misgendering is the act of referring to someone using a word or pronoun that does not correctly reflect their gender identity. Misgendering is sometimes accidental but can also be intentional. In clinical spaces, often intake forms do not include the option to add preferred names or pronouns, making it much more likely for healthcare providers to refer incorrectly to transgender patients.

In addition, the same biases that trans people face in society exist within the microcosm of the medical community, resulting in some medical professionals choosing to ignore an individual's gender identity and intentionally refer to them using the wrong name and pronouns.

²⁶ Velco, Dennis. "LGBTQ Discrimination Limits Access to Health Care." OutBüro, June 19, 2019. <https://outburo.com/lgbtq-discrimination-limits-access-to-health-care/>.

- LGBTQ teens may experience:
 - Bullying and harassment
 - Bathroom bills affecting transgender students
 - Anti-bullying laws excluding bullying based on sexual orientation
 - Struggle with identity throughout puberty
 - Difficulty accessing help resources due to banned books or blocked websites
 - Laws preventing educators from talking about LGBTQ issues

Teen Issues



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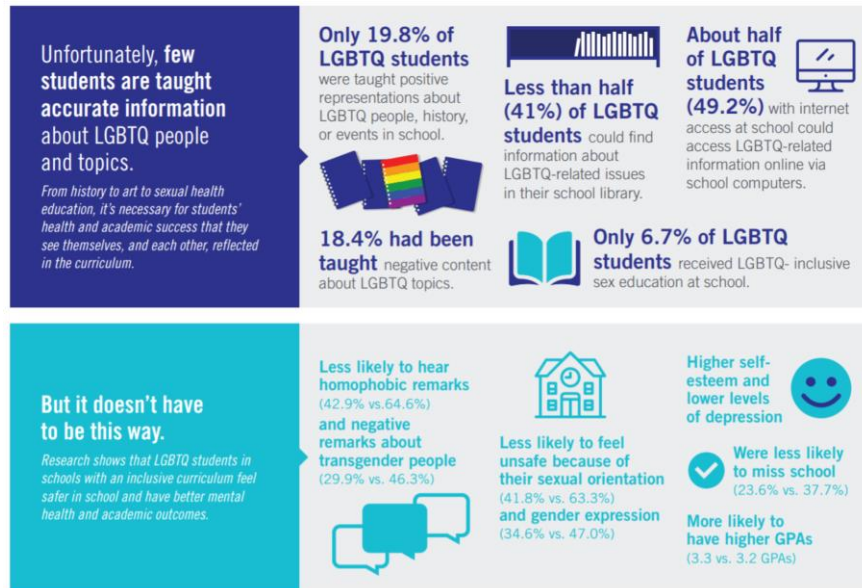
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LGBTQ teens face unique issues due to their experiences accepting themselves, coming out, and navigating family relationships and school environments. LGBTQ teens are at a higher risk of depression, anxiety, and suicide because of these and related issues.

A few focuses on this slide:

- Bathroom bills affect trans teens by putting them in a position where they feel afraid to or cannot use the bathroom aligned to their gender identity within their school. School administrations might offer that these teens use a bathroom in the nurse's office or another similar location, but these are not permanent or fair solutions. In addition, using a bathroom separate from other students may cause trans students to miss larger portions of class for bathroom breaks, impacting their education. By not feeling safe/being allowed to use the bathroom that aligns with their gender identity, trans teens may miss school completely. Bathroom bills pose a serious threat to a trans teenager's ability to receive an education of equal stature to their peers.
- Laws preventing educators from talking about LGBTQ issues means that LGBTQ students will not see themselves represented in their education. They may not feel safe or welcome to talk to their teachers about any troubles relating to their identity. Combined with the lack of true LGBTQ media representation, teens may feel alone and at odds with their identity. In addition, undereducation about LGBTQ topics perpetuates the cycle of undereducation that has led to the health disparities discussed earlier in this presentation.

See the following slide for statistics that reinforce these ideas.



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Remember that representation is important, especially for young people. When they see characters like them in books, movies, tv shows, or even their classroom curriculum, they are likely to feel affirmed in their identity, given that these representations were positive. If these representations were negative, however, the opposite can be true, and these representations can negatively impact a young person's self-confidence. Lack of representation of LGBTQ individuals throughout the media and curriculum in their lives might prolong a sense of confusion about their identity, as they might feel alone in their gender or sexual identity.²⁷

Make sure to highlight the statistics at the bottom of this graphic, showing how an inclusive curriculum can change the experience of LGBTQ students in school. One of the more notable points is that those taught an inclusive curriculum were only 23.6% likely to miss school, whereas those who are not are 37.7% likely to miss. There are many reasons why an LGBTQ teenager may miss school, but fear of safety, inability to use the bathroom that matches their gender identity, depression and anxiety, lack of safe spaces, or even food insecurity and lack of housing are some of the more serious issues that may impact their education.

²⁷ O'Brien, Jennifer. "Why Visibility Matters." Psychology Today. Sussex Publishers, November 14, 2017. <https://www.psychologytoday.com/us/blog/all-things-lgbtq/201711/why-visibility-matters>.

Transgender-specific Issues

- Transition services and care can be difficult to access due to:
 - Stigma
 - Discrimination
 - Legal and socioeconomic barriers
 - Lack of physician competency
 - Insurance company policies
- Trans women of color experience a higher degree of violence than the rest of the LGBTQ population, often resulting in fatalities.
- In 2018, **29 trans people died** because of fatal violence. **The majority were trans women of color.**

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Trans people face significantly different issues than LGBTQ individuals in some areas of physical and mental health.

A transgender individual may choose to medically transition, which is an expensive process. Low income trans people may not have the resources to be able to transition. Some states or insurance companies may require a diagnosis of gender dysphoria by a licensed mental health professional in order to obtain a prescription for masculinizing or feminizing hormones. In addition, hormones and gender confirmation surgery may not be covered by insurance or may have very strict and unattainable requirements for coverage. Gender confirmation surgery generally runs between \$5k and \$50k, with some surgeries costing as much as \$100k out of pocket.

Barriers to transition care are faced by all of those who choose to transition, but black trans women face much more worrying issues. The murder rates of black trans women are alarming, with many of the anti-trans hate crimes targeting black trans women specifically. According to the Human Rights Campaign, between 2017²⁸ and 2018²⁹, over 50 known black trans women were murdered. At the time of writing in November of 2019, 22 black trans women have died of fatal violence in 2019.³⁰

²⁸ "Violence Against the Transgender Community in 2017." Human Rights Campaign. Accessed November 22, 2019. <https://www.hrc.org/resources/violence-against-the-transgender-community-in-2017>.

²⁹ "Violence Against the Transgender Community in 2018." Human Rights Campaign. Accessed November 22, 2019. <https://www.hrc.org/resources/violence-against-the-transgender-community-in-2018>.

³⁰ "Violence Against the Transgender Community in 2019." Human Rights Campaign. Accessed November 22, 2019. <https://www.hrc.org/resources/violence-against-the-transgender-community-in-2019>.



How to be an Ally and an Advocate

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The last section of this presentation focuses on how to be an ally to the LGBTQ community and how to use your position as a health student as a launching point for advocacy.

The points made in this section do not encompass all that there is to being a good LGBTQ ally and activist, but rather this section covers what you and your audience most immediately need to know to get started. Some of your audience may already be participating in allyship or advocacy for the LGBTQ community. Feel free to ask questions of your audience and let people speak about what they might be doing.

- GLAAD, Gays & Lesbian Alliance Against Defamation, suggests the following steps to becoming a good **ally** to your LGBTQ peers:
 - Listen
 - Be open-minded
 - Be willing to talk
 - Be inclusive and inviting to your LGBTQ friends
 - Don't assume that all your friends, classmates, and coworkers are straight or cisgender
 - Speak up when you hear others making anti-LGBTQ jokes or comments
 - Confront your own internal prejudices and biases, even if it is uncomfortable to do so
 - Help to defend your LGBTQ friends, classmates, and coworkers against discrimination

Personal Ways to be an Ally to the LGBTQ Community



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A lot of the information on this slide may seem obvious, but it is always worth reminding others how to be a good ally to minority communities.

Some key points to highlight here are:

Don't assume that all your friends, classmates, and coworkers are straight or cisgender

- This is a common issue that LGBTQ individuals face in all areas of life. Try to think about the language that you use regarding gender and sexuality and consider whether it focuses on cisgender and heterosexual individuals. For example, asking someone "do you have a girlfriend?" instead of "are you dating anyone?".

Speak up when you hear others making anti-LGBTQ jokes or comments.

- This also applies to hearing others refer to trans and gender non-conforming people by the wrong names or pronouns. It is important to still be an ally even if you are spending time with cisgender straight friends.

Being an Ally Goes Beyond Supporting LGBTQ People

- The LGBTQ population is as **intersectional** as any population. Supporting LGBTQ people means supporting all other minority populations and their struggles in American society.
- LGBTQ people of color, especially **transgender women of color**, are in much more dangerous positions than others in the community.
- Individuals of multiple minorities suffer multiple levels of discrimination.
- Being an ally means listening and learning from others and **using your privilege as a tool** in situations of injustice towards people of color.



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The LGBTQ population is intersectional, meaning that all of one's social identities and the acts of discrimination that come with them overlap. Black trans women, for instance, are not only discriminated against because they are transgender, but also because they are black and because they are women. This puts them in a uniquely dangerous position to be targeted in violent acts.

Individuals belonging to multiple minority groups experience many types of discrimination and thus experience a higher degree of minority stress. This impacts their health and contributes to many of the health disparities talked about earlier in this presentation and some out of the scope of this presentation.

Using your privilege as a tool to help LGBTQ people of color is important. This could be as simple as offering to go to the doctor with a friend, walking them home, or drawing attention to them when they want to say something in a conversation. It is important to lift others up from a place of privilege.

Being an Advocate as a Health Student



- Medical students receive a minimal amount of education about LGBTQ patients throughout their training, leading to a continued lack of competent care for the LGBTQ community.
- **You have a voice in what you want to learn and what kind of health professional you'd like to become.**
- **Demand culturally diverse education so that you can practice cultural humility in your care**
- Amplify the voices of LGBTQ individuals, students, medical students, and patients in your area
- Engage with the LGBTQ groups on your campus and support their events, fundraising efforts, and causes
- Join professional organizations, such as AMSA, that aid in the advancement of LGBTQ medical education

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This is an incredibly important slide to emphasize. As health students, you are in a place of power to change the way things are done as you move through the medical education system. Express your interest in learning how to care for LGBTQ patients. Speak to diversity offices. Join organizations at your school that are trying to fill in curricular gaps. Amplify the voices of your LGBTQ classmates. There is so much you can do as an ally and an advocate, but you must be willing to find those opportunities.

Ways to Advocate for LGBTQ Individuals

- Advocate for LGBTQ individuals by volunteering for organizations pushing LGBTQ civil rights forward:
 - AMSA – Gender & Sexuality Action Committee
 - GLSEN – Gay, Lesbian & Straight Education Network
 - GLAAD – Gay & Lesbian Alliance Against Defamation
 - TSER – Trans Student Educational Resources
 - The Trevor Project – LGBTQ Crisis Information
 - Planned Parenthood – LGBTQ Care and Education

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Beyond your campus, you can advocate for LGBTQ individuals by working with organizations that already have a clear focus and are seeking volunteers. Refer your audience to these organizations and any campus organizations that you know of. If unsure, AMSA is always a fantastic launching point for information and has many ongoing projects in support of the LGBTQ community.

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