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LGBTQ+ health & best practice

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Framing the work

Working assumptions

- All teachers & learners
- ‘Neutral’ can feel negative
- Opening up spaces for engagement

In this space

- Permission to be unpolished
- Respect all levels of learning
- Correction & impact
Sex, gender, and attraction

Sex assigned at birth
Male, female, intersex...
Based on physical characteristics

Gender
Man, woman, nonbinary...
Internal sense of self

Expression
Masculine, feminine, fluid...
Presentation to the outside world

Orientation/attraction
Straight, gay, lesbian, bi, pan, queer, asexual...

- All independent of each other and no one defines another
- All exist on a continuum or spectrum, breaking the concept of the binary
- Self-determination is the priority- white colonial model
Names & pronouns

- Pronouns are one of many inclusion tools
- We’re in the Midwest - correction is important
- Homework & practice
  - [link] practicewithpronouns.com
  - Minus18 pronouns app
  - Trans Allyship Workbook
  - Creative practice:
    - Novels
    - Youtube
In health systems

LGBTQ+ patients are:
- Less likely to have health insurance
- Less likely to trust care
- More likely to feel powerless in a provider/client situation
- More likely to delay accessing care
- More likely to be affected by compounding minority stress

Providers are:
- Unlikely to receive comprehensive LGBTQ or trans education
- Often embedded in homophobic & transphobic systems
- Less likely to have supervisors supportive of inclusion initiatives
- LGBTQ+ providers can be invisible to clients
Trans health context

Some patterns

- #TransHealthFail
- Trans broken arm syndrome

LGBTQ-led services

- Howard Brown Health Center
- Fenway Health
- Callen-Lorde
- LA LGBT Center-Pharmacy
LA LGBT Center Pharmacy

- Private consultations with staff members who can answer your questions about medications, especially HIV-drug regimens and side effects
- Free, confidential delivery in California
- An automated phone system that allows you to order refills at any time
- On-site assistance in English, Spanish, Russian, and Thai
- Free validated parking at next door parking lot
Some language markers

- ‘trans’ as adjective (trans clients, youth, etc)
- Referring to specific genders or groups
  - People of all genders
  - All self-identified women/men
- Referring to people you don’t know
  - Partner/date/sibling/parent…
- Restrooms: know how to direct
  - And know new restroom policy!
- Being reflexive: reflect whatever language the person uses

M & W down the hall, single-stall first floor
Instructional tools

- Inclusive scenario-building and in-class examples
- Complicate the binary when discussing sex-specific health - more specific is more accurate
- Check male/female language - “lactating patients,” “patients with cervixes”
- Normalize but do not compel pronoun sharing
- Learn from non-textbook sources to keep up to date on terminology
Needs by age

**LGBTQ elders**

- Part of HIV/AIDS-affected cohort
- Stigma, discrimination, and violence across lifespan
- Less likely to have children/receive care from adult children
- Unlikely to be allowed to share space in care facilities

**LGBTQ youth**

- Overrepresented in homeless population
- Low education on right to consent to healthcare
- Low access to confidentiality
- Low access to willing providers re: medical transition
Voices of Trans Adolescents in Healthcare
LGBT Aging: Two stories
Interventions

Anywhere

• Practice vocab, apology, and correction
• Knowing where to learn more
• Checking own biases & growth edges
• Model behavior for others

Clinical environment

• Welcoming environment
• Working with/around forms & data collection
• Taking health history
• Referrals
• Intervening with & supporting colleagues
• Policy & practice advocacy
Some resources

- Fenway Health
  - fenwayhealth.org
- UC San Francisco Center of Excellence- courses
  - transhealth.ucsf.org
- UW Health course
- #TransHealthFail
- GSCC site- health resources
  - lgbt.wisc.edu
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