Working with Native LGBTQ People in Your Community

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A Little ‘Bout Michaela

Diné (Navajo)

Home = Church Rock, NM
National Native Transgender Network – NNTN

NNTN – comprised of transgender women and men dedicated to promoting wellness, technical assistance and mentorship to American Indian, Alaska Native and Native Hawaiian community members

- Founded in Summer 2013
Overview

I. Introduction
II. Impact of HIV in Indian Country
III. Culture & Gender Identity
IV. LGBTQ Health
Objectives

Identify two (2) risk factors disproportionately impacting Native LGBTQ-Two Spirit people

Identify two (2) barriers that dampen HIV prevention strategies

Identify two (2) solutions that enhance HIV prevention strategies
Janice and Tonya

Two women, Janice and Tonya, arrive with a baby for a 6 month check up and immunizations.

A medical assistant introduces herself to Janice and says, “Oh, did you bring your sister? How nice!”

Tonya and Janice both frown. Tonya says with exasperation, “Actually, I’m her wife and this is our baby.”

- Why are Tonya and Janice upset?
- What could the medical assistant have said instead?
- How could the medical assistant apologize?
Impact of HIV on Indian Country

Section Overview:

2014 CDC HIV Surveillance report highlights
Impact of HIV on Indian Country

According to the Centers for Disease Control & Prevention (CDC):

Between 2010 and 2014, rate of new HIV infections increased to **24.5%** among American Indians /Alaska Natives

Rates of HIV Diagnoses Among Adults and Adolescents in the US in 2014, by State
Diagnoses of HIV Infection in the US in 2014, by Race/Ethnicity and Region of Residence
Lifetime Risk of HIV Diagnosis, by State
HIV Among American Indians/Alaska Natives

In 2014, there were 222 AI/AN people newly diagnosed with HIV

170 males
49 females

In 2013, there were 218 AI/AN people newly diagnosed with HIV

169 males
49 females
Transmission Categories Among American Indian/Alaskan Native Males Newly Diagnosed with HIV, 2014*

- **MSM**: 83%
- **MSM/IDU**: 4%
- **IDU**: 7%
- **Heterosexual**: 6%
Transmission Categories Among American Indian/Alaskan Native Females Newly Diagnosed with HIV, 2014*

- Heterosexual: 73%
- IDU: 27%
Impact of HIV on Indian Country

Of persons who were diagnosed with HIV, fewer American Indian/Alaskan Natives survived, with only 88% living longer than 3 years (based upon statistics from 2005-2010)

Risk Factors – Native LGBTQ

Stigma & discrimination

Homelessness

Violence – stalking, physical, sexual, emotional

Sexual Activity
- Unprotected anal, vaginal & oral sex (rare)

Injection Drug Use
- Sharing used equipment used for injecting drugs
Disparities Impacting LBTQ-Two Spirit People

- Sexual Abuse
- Trauma
- Alcohol & Substance abuse

- Ostracized
- Disowned from family
- HIV/AIDS dx

- Homophobia
- Discrimination
- Shame

- Homelessness
- Intimate Partner Violence
- Clinic distrust
Native Concepts of Gender

Section Overview:

Gender Fluidity

Terminology

Native Perspective
Western Terminology

- Lesbian
- Gay
- Bisexual
- Transgender
- Vestite
- Sexual
- Questioning
- Queer
Sexual Orientation and Gender Identity

All people have a sexual orientation and a gender identity
  ◦ How people identify can change
  ◦ Terminology varies

Gender identity and sexual orientation are separate concepts
Sexual orientation is how a person characterizes their physical and emotional attraction to others. It has 3 dimensions:

**Identity**
Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

**Behavior**
What gender(s) do you have sex with?

**Attraction**
What gender(s) are you attracted to?
Gender Identity

Gender identity is a person's internal sense of being a man/male, woman/female, both, neither, or another gender.
Transgender Definition

Literally "across gender"; sometimes interpreted as "beyond gender"; a community-based term that describes a wide variety of cross-gender behaviors and identities. This is not a diagnostic term, and does not imply a medical or psychological condition. Avoid using this term as a noun: a person is not "a transgender"; they may be a transgender person.
Two Spirit

A contemporary term used to identify Native American Lesbian, Gay, Bisexual, and some Transgender individuals with traditional and cultural understandings of gender roles and identity.
Romantic Images of the Native LGBTQ – Two Spirit

Characteristics:

Male/Female Spirit
Shamans
Mystical
Gender Fluidity

Man — Winkte — Two Spirit People — Warriors — Woman

Gender Non-conforming

Changing Ones
Gender	Roles

Gender
Expression
Native
Identity
Sex at Birth

Feminine
Caregiver
Cook
Healer

Masculine
Provider
Hunter
Healer

F
M
Relationship to Community

Relationship to Family

Identity

K’e
Navajo Clanship
Contemporary Non-Native LGBTQ Spotlight

- Unrealistic Advocacy Expectations
- Every aspect of life is scrutinized
- Race privilege
- SES privilege
National Native Transgender Network
CDC Recommendations for HIV Testing

HIV screening recommended for patients in all health care settings after patient is notified that HIV testing is available.

Persons at high risk for HIV infection should be screened annually.

Separate consent for HIV testing should not be required – check state laws & tribal laws.

HIV prevention counseling should not be required with HIV diagnostic testing.
CDC Recommendations for HIV testing for pregnant women

HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.

HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).

Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.

Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women.
Native LGBTQ-TS Health Promotion

Listen & Learn

Preventative Health

Environment

Confidentiality
LGBTQ Unvoiced Hesitations

Who knows me?

What name will they use?

Should I dress as I feel?

Will they be sensitive?

Will they judge my lifestyle? My appearance?
Avoid Assumptions

Every gender fluid person identifies as gay
Every LGBTQ person is open about their identity
LGBTQ persons are promiscuous
Everyone knows the basics about HIV or STDs
Every LGBTQ person has a safe place to call home
LBTQ persons are not a victims of abuse
Avoiding Assumptions

A key principle of effective communication is to avoid making assumptions:

- Don’t assume you know a person’s gender identity or sexual orientation based on how they look or sound
- Don’t assume you know how a person wants to describe themselves or their partners
- Don’t assume all of your patients are heterosexual and cisgender (not transgender)
Avoiding Assumptions

To avoid making assumptions about gender identity or sexual orientation with new patients, use gender-neutral terms and avoid using pronouns. For example:

- *Instead of:* “How may I help you, sir?”
  - *Say:* “How may I help you?”
- *Instead of:* “She is here for her appointment.”
  - *Say:* “The patient is here in the waiting room.”
- *Instead of:* “What are your mother and fathers’ names?”
  - *Say:* “What are your parent(s) or guardian(s)’ names?”
- *Instead of:* “Do you have a wife?”
  - *Say:* “Are you in a relationship?” or “Do you have a partner?”
Communication

Follow your patients’ lead (how do they self identify?)

If in doubt, ask what pronouns do you prefer

If you “slip up,” apologize, patients appreciate your sincerity and apologies
Native LGBTQ-TS Health Promotion

Listen & Learn

Environment

Confidentiality

Preventative Health
Create a Welcoming Environment

1. Welcome all patients
2. Use gender sensitive intake forms
3. Train staff to use patients’ preferred names and pronouns
4. Ensure confidentiality
5. Post a patient anti-discrimination policy
In-take Form

1. What is your current gender identity? (Check and/or circle ALL that apply)
   - Male
   - Female
   - Transgender Male/Transman/FTM
   - Transgender Female/Transwoman/MTF
   - Genderqueer
   - Additional category (please specify):
   - Decline to answer

2. What sex were you assigned at birth? (Check one)
   - Male
   - Female
   - Decline to answer

3. What pronouns do you prefer?_________________________
Using Names and Pronouns

Another key principle is to use patients’ preferred names and pronouns.

Transgender people often change their name to affirm their gender identity.

- This name is sometimes different than what is on their insurance or identity documents.

Transgender people also want others to use pronouns that affirm their gender identity.
Using Names and Pronouns

If you are unsure about a patient’s preferred name or their pronouns:

◦ “I would like be respectful—what name and pronouns would you like me to use?”

If a patient’s name doesn’t match insurance or medical records:

◦ “Could your chart/insurance be under a different name?”
◦ “What is the name on your insurance?”

If you accidentally use the wrong term or pronoun:

◦ “I’m sorry. I didn’t mean to be disrespectful.”
Listening & Learning

Easing unvoiced concern by:

1. Providing care for the person

2. Address immediate health need

3. Be mindful to deliver:
   → Sensitive dialogue,
   → Respectful engagement w/patient,
   → An Interaction honoring gender expression.
# Keeping Up with Terminology

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms</th>
<th>Consider these Terms Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBT</td>
</tr>
<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
</tr>
<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
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</tbody>
</table>
What about Queer?

An increasing number of people, especially youth, identify themselves as queer

Queer means having a sexual orientation that is something other than heterosexual

Although queer has traditionally been an insult, many use this term with pride

However, the term queer is not embraced or used by all members of the LGBT community
Communication “Don’ts”

Don’t laugh or gossip about a patient’s appearance or behavior.

Don’t use stereotypes or ask questions that are not necessary for care.

Examples of “don’ts”:

- “You’re so pretty! I cannot believe you are a lesbian.”
- “Are you sure you’re bisexual? Maybe you just haven’t made up your mind yet.”
- “I see you checked ‘gay’ on your registration form. How’s the club scene these days?”
- “Wow. You look just like a real woman!”
Native LGBTQ-TS Health Promotion

- Environment
- Confidentiality
- Preventative Health
- Listen & Learn
Patient Visit

Physical

Social

HIV/STD
Physical Exam Awareness

Things for providers to bear in mind:

- Be aware that some Native LGBTQ – 2S patients are uncomfortable with their bodies
- Distrust & Apprehension
- During a visit provide the following:
  * clear explanations & the facts
  * patient-friendly examinations or questions
Improving Health

Gay Men:
- Routine health screenings
- Higher risk of HIV & other STDs

Lesbian Women:
- Cancer preventative services
- Routine Pap Smears
Improving Health

Transgender women (male-to-female):
- Breast exams
- Hormone replacement therapy
- Prostate

Transgender men (female-to-male):
- Breast, cervical, uterine cancer screenings
- Hormone replacement therapy

** Pre surgery / post surgery status
Improving Health

Healthy People 2020

- Improve safety and well-being of the LGBT community

** societal stigma, discrimination and denial of civil rights hampers this objective.

** clinic LGBTQ-2S Safe Zones are part of this picture

** provides the initial steps toward our overall prevention, treatment and care for HIV, HCV, Substance Abuse, etc.
In talking about his history, Marcus tells Amy, his nurse practitioner, that he has had 2 male sexual partners this year, as well as female partners in prior years.

Amy encourages Marcus to have an HIV test by saying, “I recommend all my gay patients get tested at least once a year.”

After Amy says this, Marcus appears upset.

- Why is Marcus upset?
- What could Amy have said instead?
Gloria was seeing her primary care provider for her annual wellness checkup. When taking a history of her sexual health, Gloria and her provider discuss that Gloria identifies as bisexual, and is currently in a monogamous relationship with another woman.

The provider then started talking to Gloria about pregnancy prevention. Gloria said that it wasn’t necessary and that she wasn’t interested, but the provider insisted.

The provider said Gloria should take the birth control prescription because “bisexuals sometimes go back to men because they are confused and cannot make up their minds.”

◦ What should the provider have said instead?
◦ How could Gloria’s provider talk to her about birth control while being respectful?
◦ I have heard some people describe themselves as pansexual. Is that the same as bisexual?
What is Meant by Confidentiality?

Confidentiality is set of rules that places restrictions on certain types of information

Including

◦ Identifying information (e.g., name, birth date, SSN)
◦ Medical information (e.g., symptoms, diagnosis, treatment)
◦ Other personal information (e.g., contact information, risk behaviors)
◦ And combination of the above that can lead to an identification
HIV Confidentiality

Services that trigger confidentiality protections:
- Outreach
- Counseling
- Testing
- Referral
- Treatment

People will only get tested and treated for HIV, if they know their HIV status will be kept private.
Value of Confidentiality

It is critical we maintain the highest level of confidentiality if we are serious about preventing HIV among all Native people, in all of our communities.

The bottom line:

It’s about building trust
Personal and Community Health

- Treatment
- Linkage to Care
- Testing
- TRUST
- CONFIDENTIALITY
Exceptions to HIV Confidentiality

IHS facilities provide reactive confirmed case reports to the state health department
- State health departments file the reports as confirmatory tests are usually processed by CDC-funded state labs

IHS-run, tribal facilities report results confidentially to the tribal health department
- Tribe decides whether or not they report to the state

HIV disclosure is generally governed by state law
- Check your tribal laws and understand if state laws are applicable
- Some state laws permit a treating doctor to disclose HIV status to a spouse
Name-based Reporting

Currently, in name-based reporting patient names are forwarded to the state health department by health care providers when HIV is diagnosed.

Patient names are kept secure and confidential
  ◦ No patient names are forwarded to the federal government.
  ◦ Alphanumeric code to accompany data forwarded to federal health agencies

Same process is used for name-based reporting for AIDS diagnoses
Value of Confidentiality

Because of a lack (or perceived lack) of HIV confidentiality, people have ...

- Ignored their risk
- Ignored their status
- Turned to drugs and alcohol as a way to cope
- Died because they were afraid to seek medical or social services
Trust Impacts Quality of Care

- High Quality Health Care
- Reduced Patient Transfers
- Complete Health Records
- Cost Reductions
Defy Stigma By

Becoming knowledgeable in LGBT State and Federal Laws

Providing training and follow-up for all staff – front room to exam rooms.

Respecting individuality and reject stereotypes

Being aware of various support systems, programs and services for LGBTQ/2S and communicate them with clients

Protecting confidentiality of gender and sexual information
Balance Restoration

- Mental Health Support
- Family Support
- LGBTQ sensitive
- Family Support
- Preventative Health Care
- Support Groups
- Behavioral Health Support
- Family Support
- Traditional Healer Support
- Family Support
- Mental Health Support
- Family Support
- Emotional Support
- Physical Support
- LGBTQ sensitive
- Family Support
- Preventative Health Care

Mental - Spiritual
Mental - Emotional
Emotional - Physical
Physical - Spiritual
References

2010 STD Treatment Guidelines Clinical Prevention Guidance


Healthy People 2010


Center of Excellence for Transgender Health

http://transhealth.ucsf.edu/

CDC Publications

Thank You!

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