



Advancing Health Equity



**Family Tree
Clinic**

Minnesota LGBTQ Standards of Inclusion

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Family Tree Clinic

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Rainbow Health Initiative

Introductions

- Who we are and what we do
- Agenda for session

Defining Intersectionality

Institute of Medicine 4 approaches to explain LGBT health disparities

- 1) **Minority Stress Theory**
- 2) Life Course Perspective
- 3) **Intersectionality**
- 4) Social Ecology

Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: National Academy of Sciences. Retrieved from <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People/LGBT%20Health%202011%20Report%20Brief.pdf>

Defining Intersectionality

Rooted in Black Feminist Thought:

- Kimberlé Crenshaw (coined the term, “Intersectionality”)
- Audre Lorde
- Patricia Hill Collins
- bell hooks
- Sojourner Truth (“Ain’t I a Woman,” 1851)

Defining Intersectionality

Intersectionality

“examines an individual’s multiple identities
and the ways in which they interact”

Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: National Academy of Sciences. Retrieved from <http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People/LGBT%20Health%202011%20Report%20Brief.pdf>

Defining Intersectionality

Central Tenets

human lives cannot be reduced to a single characteristic

Hankivsky, O. (Ed.). (2012). *An Intersectionality-Based Policy Analysis Framework*. Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University.

Defining Intersectionality

Central Tenets

human experience(s) cannot be understood by prioritizing any one single characteristic

Hankivsky, O. (Ed.). (2012). *An Intersectionality-Based Policy Analysis Framework*. Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University.

Defining Intersectionality

Central Tenets

social categories are socially constructed, fluid, and flexible

Hankivsky, O. (Ed.). (2012). *An Intersectionality-Based Policy Analysis Framework*. Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University.

Defining Intersectionality

Central Tenets

social locations are shaped by cultural processes, power,
time, and place

Hankivsky, O. (Ed.). (2012). *An Intersectionality-Based Policy Analysis Framework*. Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University.

Defining Intersectionality

DeGraffenreid v General Motors (1976)

- Five employees, all Black women, sued GM
- On the basis of discrimination based on race *and* gender
- Court ruled against them
- Court claimed, because white women were advancing there was no gender discrimination
- Court claimed because black men were advancing there was no race discrimination

Defining Intersectionality

John's personal anecdote:

- Salience of my sexual orientation in MI vs MN
- Legal protections in MN, not MI
- However in MN, being in a polyamorous relationship, still changes the salience of this issue.



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Defining Intersectionality

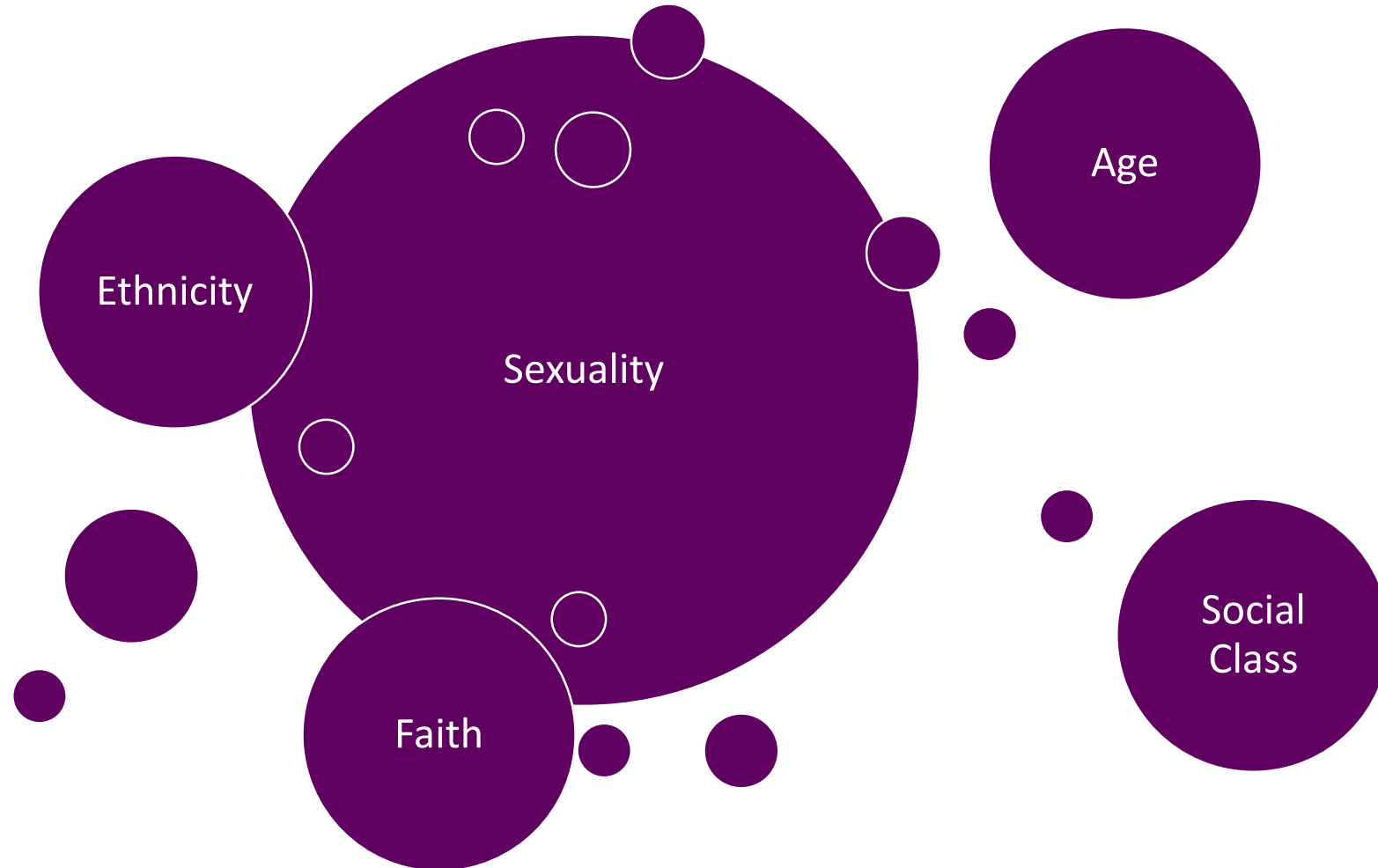




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Defining Intersectionality

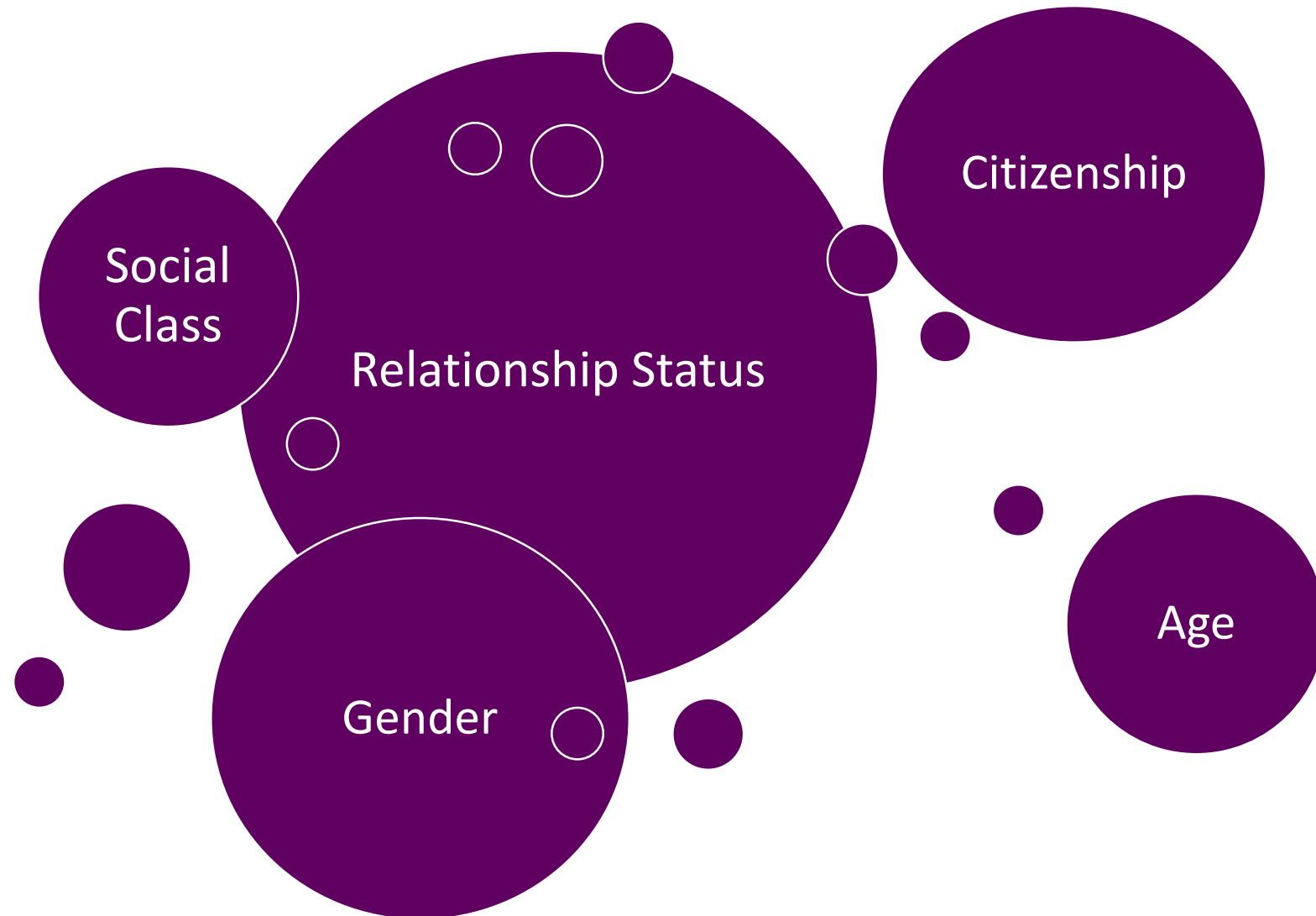




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Defining Intersectionality





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LGBTQ Intersectionality

48.9% LGBTQ POC reported

they have been homeless at least once in their lifetime,

compared to **29%** of White LGBTQ respondents.

Rainbow Health Initiative. (2017). *Voices of health: A survey of LGBTQ health in Minnesota*. Minneapolis, MN.



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LGBTQ Intersectionality

33.1% Rural LGBTQ reported

they have been homeless at least once in their lifetime,

compared to **29.6%** of urban LGBTQ.

Rainbow Health Initiative. (2017). *Voices of health: A survey of LGBTQ health in Minnesota*. Minneapolis, MN.

LGBTQ Intersectionality

11.9% LGBTQ POC reported no insurance,
compared to **5.3%** of all White LGBTQ people.

Minority Stress Theory

What does it do?

- Calls attention to chronic stress
- Sexual and Gender minorities (may) experience
- Resulting from their stigmatization

Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: National Academy of Sciences. Retrieved from <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People/LGBT%20Health%202011%20Report%20Brief.pdf>



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Minority Stress Theory

“Minority stress theory (MST) proposes that health disparities can be explained in large part by:

“stressors induced by a hostile,
homophobic culture”

Dentato, M. P., Halkitis, P. N., & Orwat, J. (2013). Minority Stress Theory: An Examination of Factors Surrounding Sexual Risk Behavior among Gay & Bisexual Men Who Use Club Drugs. *Journal of Gay & Lesbian Social Services*, 25(4). Retrieved from <http://doi.org/10.1080/10538720.2013.829395>

Minority Stress Theory

Which (often) results in:

- experiences of external prejudice
- expectations of rejection
- internalized homophobia

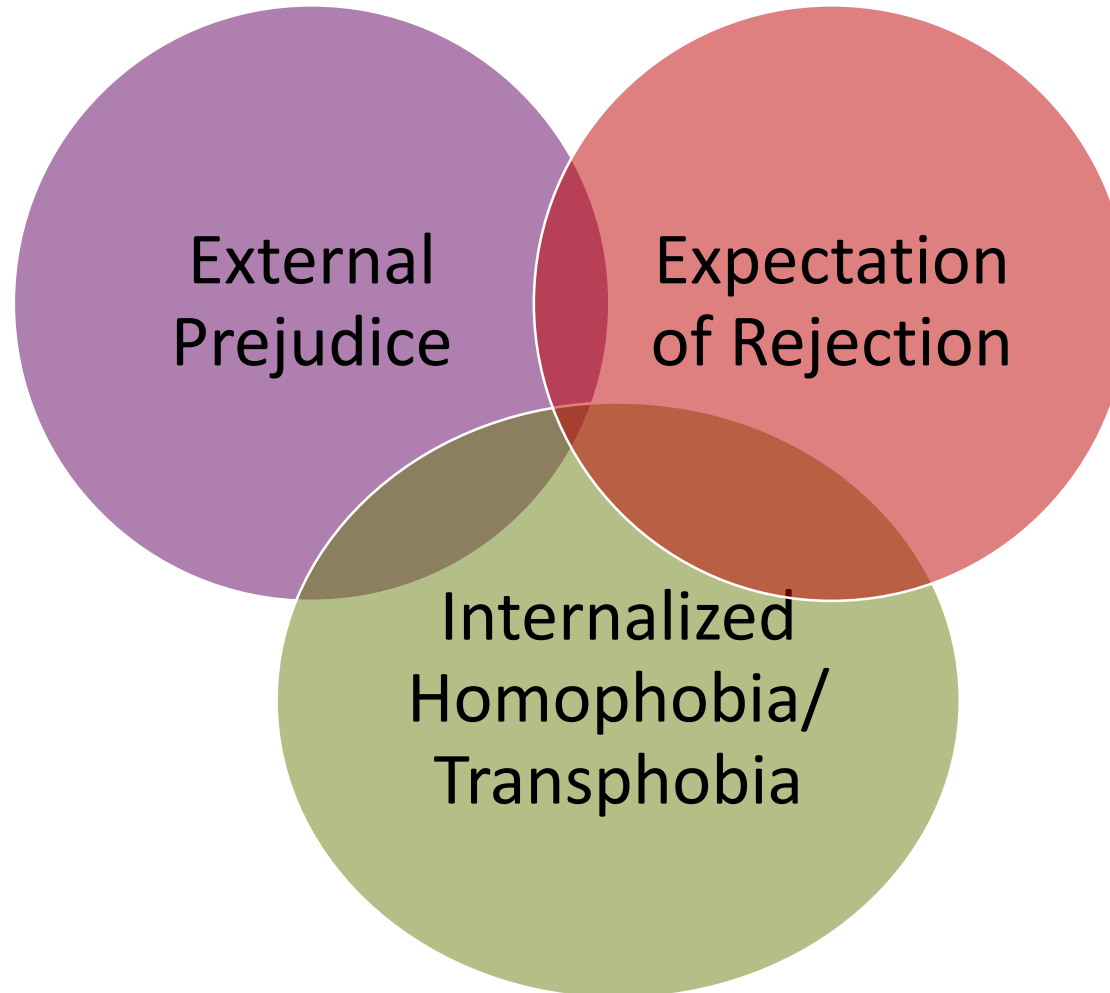
Dentato, M. P., Halkitis, P. N., & Orwat, J. (2013). Minority Stress Theory: An Examination of Factors Surrounding Sexual Risk Behavior among Gay & Bisexual Men Who Use Club Drugs. *Journal of Gay & Lesbian Social Services*, 25(4). Retrieved from <http://doi.org/10.1080/10538720.2013.829395>



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Minority Stress Theory



Minority Stress Theory

“[The] need to be constantly ‘on guard’ [...] alert, or mindful of the possibility that the other person is prejudiced” (p. 517).

Crocker, J., Major, B., & Steele, C., (1998). Social stigma. In D. Gilbert, S.T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed.), (504-553). Boston, MA: McGraw-Hill.



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Minority Stress Theory





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What are the Minnesota LGBTQ Standards of Inclusion?

LGBTQ Standards of Inclusion

Process

- Data gathering on LGBTQ health inequities in Minnesota (2012 – Present)
- Bush Foundation Community Innovation Grant (2015)
- Convened advisory board (2015)
- Advisory board and staff research best practices and developed standards (2015-2016)
- Published in 2016



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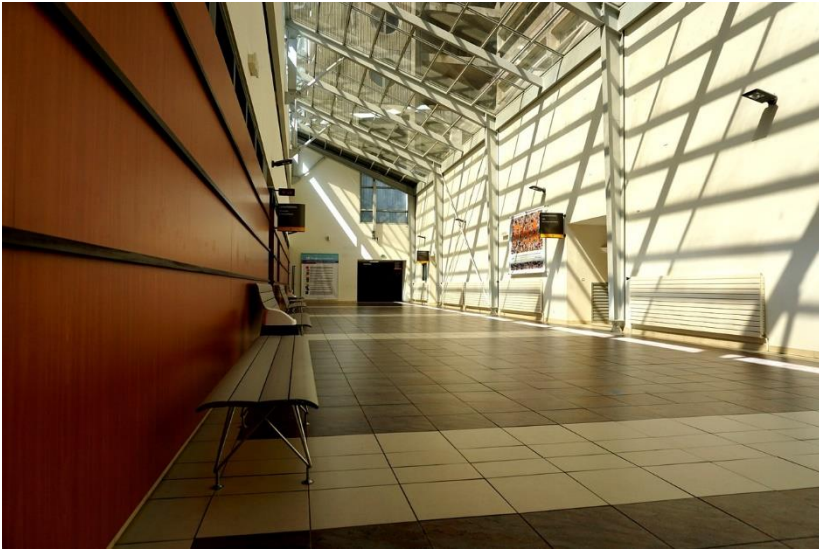
LGBTQ Standards of Inclusion

Advisory Board

- **Khalid Adam**, Hennepin County Center for Innovation and Excellence
- **Mauricio Cifuentes**, Comunidades Latinas Unidas En Servicio
- **Eli Coleman**, University of Minnesota
- **Nathalie Crowley**, Duluth Trans+
- **Peek Ehlinger**, Minnesota Transgender Health Coalition
- **Angela Goepferd**, Children's Hospital and Clinics of Minnesota
- **Dionne Hart**, Care from the Hart
- **John Knudsen**, Mayo Clinic
- **Sandra Laski**, ADC-MN
- **Eric Meininger**, Gilette Children's Speciality Healthcare
- **Alex Nelson**, Reclaim!
- **Barbara Satin**, GLBT Generations
- **Erin Wilkins**, Family Tree Clinic

LGBTQ Standards of Inclusion

Create and sustain an inclusive physical environment for LGBTQ communities



LGBTQ Standards of Inclusion

Recruit and retain LGBTQ employees





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LGBTQ Standards of Inclusion

Require LGBTQ culturally responsive education for all care providers and support staff



LGBTQ Standards of Inclusion

Develop policies, procedures and care provisions that are Intersectional



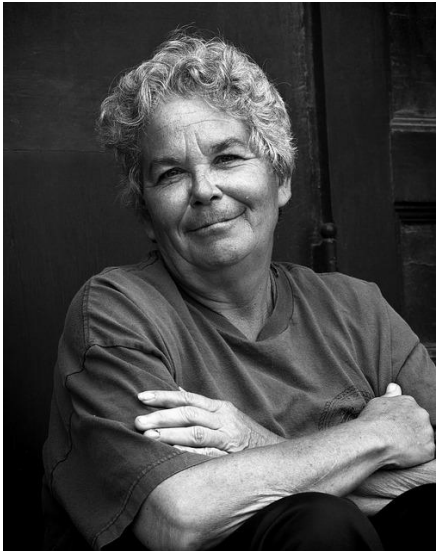


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LGBTQ Standards of Inclusion

Implement an equitable and inclusive LGBTQ patient experience from in-take through completion of care



LGBTQ Standards of Inclusion

Assessment

- RHI can provide assessment based on Standards of Inclusion
- RHI highlights strengths of your clinic
- Based on assessment, RHI makes strategic recommendations specific to your clinic and lived experiences



Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

In 2009 Family Tree Clinic initiated prioritizing gender identity and sexual orientation inclusion and access throughout the clinic.

- Clinic-wide commitment at all levels
(staff, board, volunteers, forms, website)
- Consistent evaluation, measurement, and assessment
- Five year plan, open to change

Retain and recruit LGBTQ Employees!!

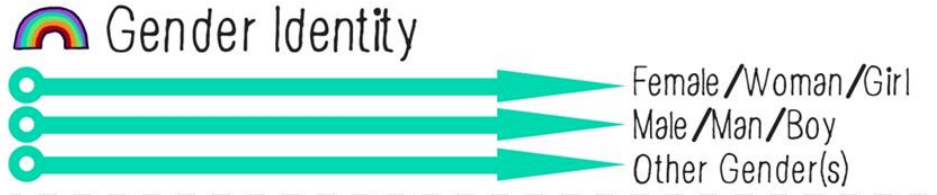
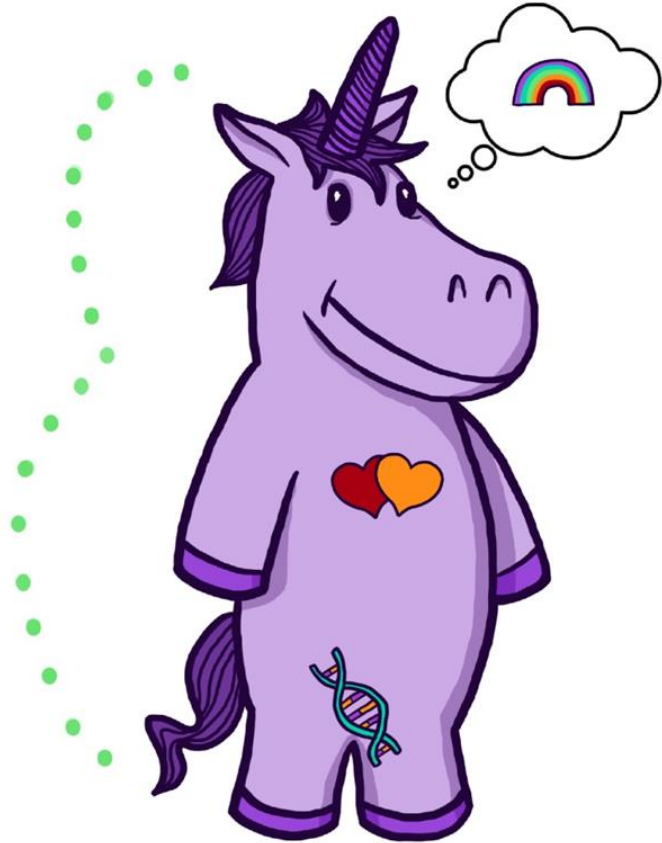
Offering culturally responsive care 2013

Introduction of Trans Hormone Program in 2015

- Engaging community leaders
- Design and redesign

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



Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

“Create and sustain an inclusive physical environment for LGBTQ communities”





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

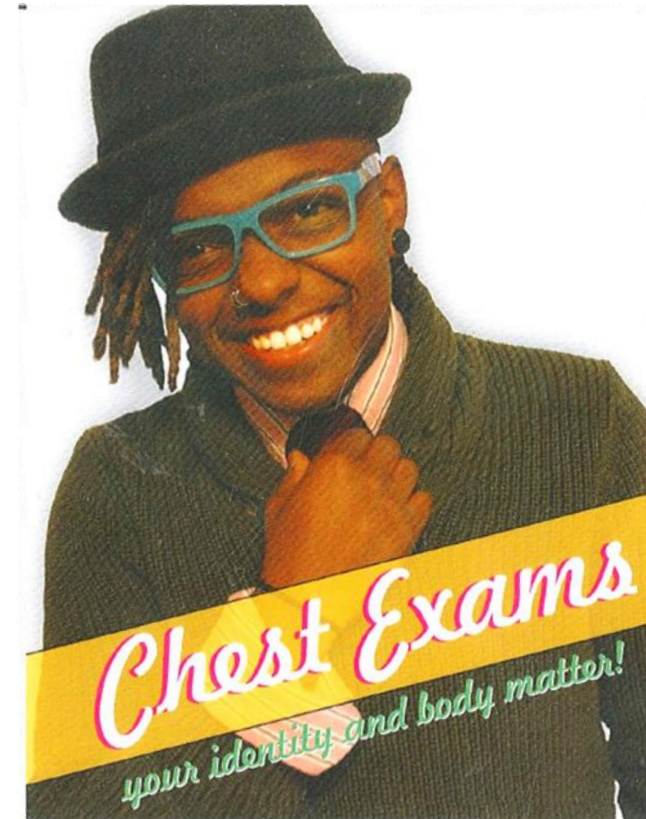
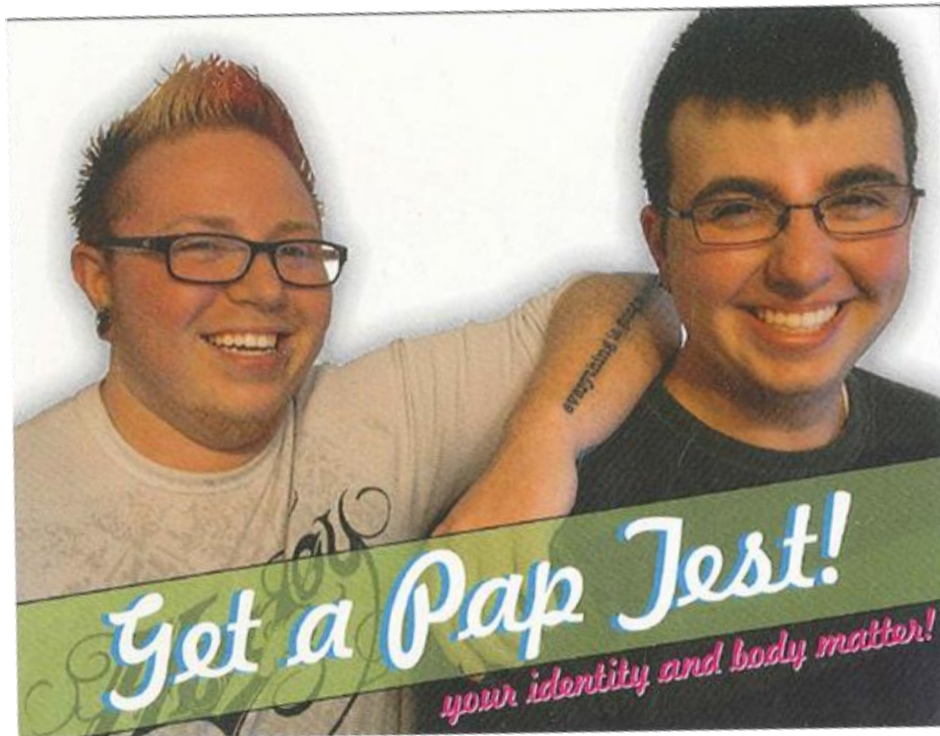
“Create and sustain an inclusive physical environment for LGBTQ communities”





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

“Create and sustain an inclusive physical environment for LGBTQ communities”





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

“Require LGBTQ culturally responsive education for all care providers and support staff”

Gender Competency (ongoing)

- FTC LGBTQIA Cultural Responsiveness

Racism and systems (ongoing)

- Internal consulting process
- RJ/AO Committee
- Internal holding of commitment

Family Tree Core Values

Sex-positivity

Development and Communications

*The Unconference





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

“Develop policies, procedures and care provisions that are intersectional”

Be aware of your values, encourage development of patient values

Practice the spectrum of gendered language

Prioritize personal identity recognition during intake

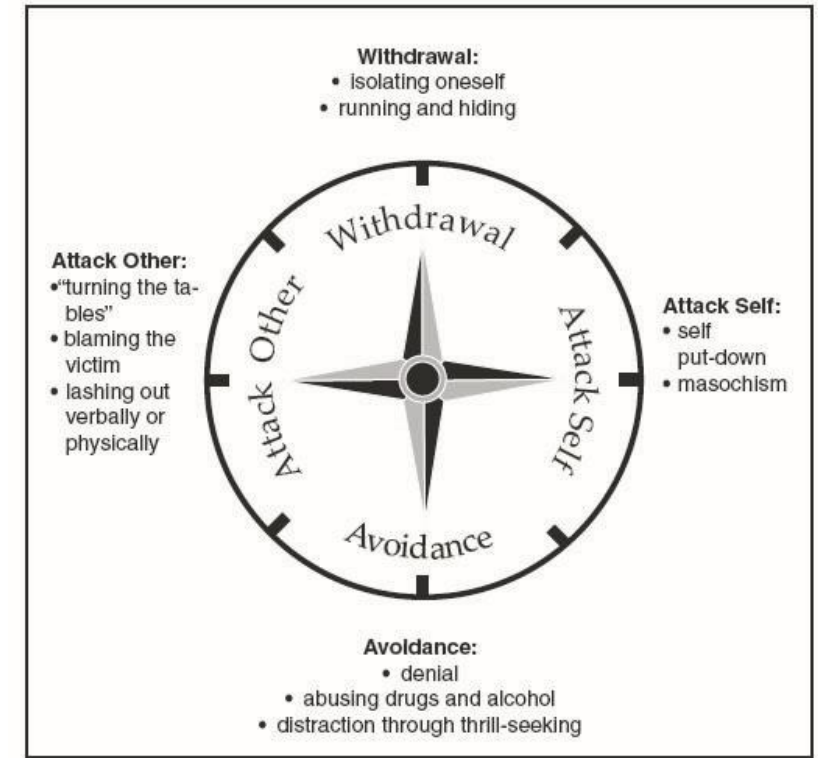
Write-in fields when possible

Ask questions instead of assumptions

Take shame out of the practice

Own up to mistakes, move forward

Creative solutions with electronic health records



Dr. Donald Nathanson (1992)



Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

What is sex positivity?

As a broad ideology and world view, sex positivity is simply the idea that all people have a sexuality that is deeply unique and sexual activity, as long as it is healthy and explicitly consensual, is a positive thing.

All people have the right to experience sexuality in a way that:

- Respects their individuality
- Is free from shame
- Reflects their personal values
- Is physically and emotionally healthy
- Is based on good consent
- Is affirming
- Honors personal experiences
- Is empowering and fulfilling
- Is self determined

Sex positivity:

- Celebrates personal choice
- Encourages pride in bodies, gender and sexuality
- Is about ethics, self-development and personal journey
- Is inclusive of all genders, ages, orientations, cultures and abilities
- Rejects fear mongering and socially proscribed roles
- Aims to facilitate healing from trauma

Sex positivity is not: sexual hedonism, all sex is good sex, sex is the goal, you should want to have sex, you should like sex.



Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

Have trust in patients.

Use empowering language

consequence

dirty/clean

nasty

embarrassing

bad choices

should

ruin your life

can't achieve goals

VS

outcome

has an STI

irritating

shy/private

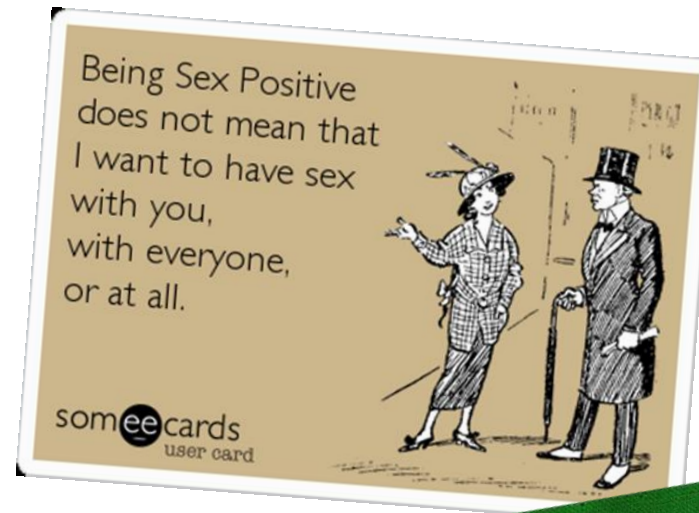
choices

could

change your life

different challenges

Mirror language (while being authentic)





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

Let's check out our website!





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

Consistent evaluation and assessments

- Patient satisfaction survey
- Offer anonymous feedback options

- ▶ *Being inclusive! Making me feel "normal."*
- ▶ *I have never been asked if I have a specific gender identity, preferred pronouns, and menstrual cycle, and it felt absolutely wonderful to have that distinction made.*
- ▶ *Great to see my community of trans and queer people right as I walked in the door. Lots of resources!*
- ▶ *I feel safe here. I come here with my most vulnerable questions and concerns and don't have to hesitate to say anything.*





Family Tree Clinic – Journey to LGBTQ Culturally Responsive Care

Challenges

- Underestimated patient numbers, follow up care, and referral needs
- Time
- Continued excitement and prioritizing process
- Continuing to build community trust
- Negotiation with insurance providers

“I understand that the overwhelming demand caused the waitlist--but it has been the most frustrating element of Family Tree's care program” (Patient Experience Survey, 2016)