Inclusive Care for LGBTQ+ People with Diabetes: a panel discussion

- Ann S. Williams, PhD, RN, CDE
- Theresa Garnero, APRN, BC-ADM, MSN, CDE
- Tristan Conor Murphy, EMTP, PCC
- Lauren B. Beach, J.D., Ph.D.

Disclosure to Participants

- Notice of Requirements For Successful Completion:
  - Please refer to learning goals and objectives
  - Learners must attend the full activity and complete the evaluation in order to claim continuing education credits

- Conflict of Interest (COI) and Financial Relationship Disclosures:
  - Ann Williams- No conflicts to disclose
  - Theresa Garnero- not relevant to this topic- Omada Health: Consultant / Advisory Board
  - Tristan Conor Murphy- No conflicts to disclose
  - Lauren B. Beach- No conflicts to disclose

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#AADE
Overall Learning Objectives

• State 3 common barriers for LBGT populations seeking diabetes care and prevention from any level.
• State 2 of the 5 unique diabetes-related risk factors within the LBGT population.
• Perform a clinical self-assessment of cultural competence in caring for LBGT people with diabetes.

What will we talk about today?

• Who are LGBTQ+ people? (Ann)
• Overview of Diabetes Disparities among LGBTQ+ people (Lauren)
• A patient’s perspective (Tristan)
• Culturally responsive diabetes care for LGBTQ+ people (Theresa)
• Q & A

Ann S. Williams
PhD, RN, CDE
Diabetes Consultant
Diabetes Education Associates
Cleveland, OH
Who are LGBTQ+ People?

http://www.transstudent.org/gender/

Definitions for the Gender Unicorn

- **Gender Identity**: One’s internal sense of being male or female, neither of these, both, or another gender
- **Gender Expression**: The physical manifestation of one’s gender identity through clothing, hairstyle, voice, body shape, etc.

- **Sex assigned at birth**: The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes.
  - **Intersex**: A condition in which a person is born with reproductive or sexual anatomy that does not fit typical descriptions of “male” and “female”
- **Other gender options, some examples**: 58 Gender Options for Facebook Users
• **Sexually attracted to:** Sexual orientation.
• **Romantically attracted to:**
  Romantic/emotional orientation

It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

Other useful definitions:
https://www.glaad.org/reference/transgender

• **Transgender:** An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.
• **Cisgender:** A term used to describe people who are not transgender, i.e., non-transgender people. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-.

• **Gender non-conforming:** A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity.
• **“Nonbinary”, genderqueer”:** Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman.
Watch your language! Terms to avoid

- **A transgender, or the transgenders:** Preferred language is to not call people “diabetics” or “transgenders”
- **“Transgendered”**: Implies something that was done to the person from outside rather than an identity that originates inside a person

- **“Biologically male/female”, “genetically male/female, "born a man/woman"**: Use instead “assigned male/female at birth”
- **“Tranny”, “shemale”, “he/she”, “it”(applied to a person)**: These terms are considered defamatory and you should never use them

Lauren Beach
JD/PhD
Research Assistant
Professor
Northwestern University
Feinberg School of Medicine
The Epidemiology of Diabetes in LGBT Populations Over the Life Course

Minority Stress Theory: Bridging the Gap between Stigma and Health

Identity Affirmation: Closing the Health Disparities Gap
Diabetes Risk Factors among Male Youth: Physical Activity and Overweight/Obesity

Diabetes Risk Factors among Female Youth: Physical Activity and Overweight/Obesity

LGB Physical Health Disparities among Adults: 2013 NHIS

**Diabetes Prevalence by Age and Sexual Orientation**

- **Men**
  - 18-29
  - 30-39
  - 40-49
  - 50-64
  - >65

- **Women**
  - 18-29
  - 30-39
  - 40-49
  - 50-64
  - >65

**Diabetes Incidence Rate Ratio (IRR) by Sexual Identity among 94,250 Women in the Nurses Health II Study**

Table 2

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Reference</th>
<th>High Risk</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;/18-29</td>
<td>Reference</td>
<td>High Risk</td>
<td>1.20</td>
<td>0.96</td>
<td>0.36</td>
</tr>
<tr>
<td>&lt;/18-29</td>
<td>Adjusted</td>
<td>Reference</td>
<td>1.20</td>
<td>0.96</td>
<td>0.36</td>
</tr>
</tbody>
</table>

- Adjusted for age, family history of type 2 diabetes, race/ethnicity, region of residence, rural status, marital status, years since menarche, and prevalent diabetes.
- Adjusted for age and prevalent diabetes as a mediator.


@laurenbbeach
Among adults over 50 years, bisexual men were more likely to have diabetes than heterosexual men.

### Table: Adjusted Odds of Medical Illnesses for Transgender Veterans, 1996-2013

<table>
<thead>
<tr>
<th>Condition</th>
<th>Adj. OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>1.36**</td>
<td>1.10–1.69</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>1.72**</td>
<td>1.20–2.47</td>
</tr>
<tr>
<td>Cerebral vascular disease</td>
<td>1.41†</td>
<td>1.24–1.60</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>1.53†</td>
<td>1.41–1.67</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>1.35†</td>
<td>1.19–1.54</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.34†</td>
<td>1.23–1.45</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>2.01†</td>
<td>1.58–2.54</td>
</tr>
<tr>
<td>HIV</td>
<td>4.98†</td>
<td>3.70–6.69</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>1.58†</td>
<td>1.47–1.70</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.51†</td>
<td>1.40–1.61</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>1.49†</td>
<td>1.36–1.63</td>
</tr>
<tr>
<td>Obstructive sleep apnea</td>
<td>1.58†</td>
<td>1.48–1.70</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>1.42***</td>
<td>1.17–1.72</td>
</tr>
<tr>
<td>Renal disease, chronic</td>
<td>1.42†</td>
<td>1.29–1.58</td>
</tr>
<tr>
<td>Serious mental illness</td>
<td>3.31†</td>
<td>3.03–3.60</td>
</tr>
<tr>
<td>Suicidal ideation/attempt</td>
<td>4.10†</td>
<td>3.67–4.59</td>
</tr>
</tbody>
</table>

Adapted from Table 5 of Brown, G. R., & Jones, K. T. (2016). Health Disparities Among Lesbian, Gay, and Bisexual Older Adults: Results From a Population-Based Study. LGBT Health, 3(2), 122-131. doi:10.1089/lgbt.2015.0058
Odds of Diabetes among Transgender vs. Cisgender Populations, BRFSS 2014

- 691 transgender vs. 150,765 cisgender adults
- OR: 1.35 (0.95 to 1.90)
- AOR: 1.37 (0.96 to 1.95)
  - adjusted for age group
- No significant difference in diabetes prevalence, but odds near identical to VA study

Tristan Conor Murphy

Transgender Person with Diabetes
Phoenix, AZ

Tristan’s Story:
In transition
A Patient’s perspective: Accessing Care in an Unfriendly System

• Homophobia and Transphobia
• Safe and unsafe spaces
  – Bathrooms
• Ignoring LGBTQ+ status entirely
• Preferred Name & Pronouns

Being both LGBTQ+ AND A healthcare provider

Theresa Garnero
APRN, BC-ADM, MSN, CDE
• Instructional Designer Specialist, UCSF’s Online Diabetes Certificate Program
• Founder, Sweet People Club: an all online & video DPP

Author/cartoonist:
- Your First Year with Diabetes ADA, 2008, 2014

Awards:
- National Diabetes Educator of the Year, AADE, 2014.
Culturally Responsive Care for LGBT Pts.

• 5 unique diabetes-related risk factors within the sexual minority
• Common barriers to optimal care (provider)
• Clinical self-assessment of cultural competency/sensitivity

1. LGBT Community & Tobacco

Cigarette smoking is an independent risk factor for type 2 diabetes

- 35.5% transgender adults
- 20.6% LGBT adults
- 14.9% straight adults

who smokes cigarettes?

- 2.5x Lesbian, gay, and bisexual adults smoke more than straight adults.


2. Lesbians Have Highest PCOS Rates

• Polycystic ovarian syndrome is a link to T2
• 80% of lesbians, compared to 32% heterosexual women had polycystic ovaries
• 38% of lesbian, compared with 14% of heterosexual women had PCOS

3. Lesbians: Highest Obesity Rates

- Lesbians have more than twice the odds of overweight and obesity as heterosexual women
- Lesbians are at greater risk for morbidity and mortality because of wt.
- Obesity is a risk factor for T2


4. Race and Ethnicity

- LGB African-Americans, highest rates of:
  - diabetes; delaying/not filling prescriptions
  - food insecurity (42%) [compared with Hispanics (33%), American Indians & Alaskan Natives (32%), vs. Whites (21%)]
- LGB Asian or Pacific Islander adults are most likely to experience psychological distress.


5. Other LGBT Diabetes Risk Factors

- Gay men have high rates of eating disorders
- Uninsured rates highest amongst LGB Latino adults, bisexual women and lesbians
- Illegal substance use is a serious LGBT issue
- 1 in 5 transgender individuals turned away when seeking health care
- UTI risk for transgender pt – no safe BR access

6. LGBT Youth: Attempted Suicide

- 29% attempted suicide at least once in the year prior compared to 6% heterosexual youth
- Access to insulin?
- Unexplained lows?
- Sustained, high A1Cs?
- Screen for passive/active suicide, depression


Common Provider Barriers (part 1)

- Unawareness of self, personal biases
- Assuming all pts. are straight
- Assuming someone is LGBT
- Unaware of patient’s sexual minority status
- Assuming those in a same-sex relationship will not be concerned about effect an illness or its treatment will have on fertility.

Common Provider Barriers (part 2)

- Assuming an LGBT patient doesn’t want to talk about relationship issues
- Outing a patient who wants to keep sexuality private
- Providing substandard care based presumed sexual orientation

Avoid These By Promoting…

Person-centered care, no matter who comes to benefit from your expertise.

Pop Quiz! 22 max points!

• Self-assessment of cultural competency for sexual and gender minorities seeking diabetes care or education
• Count how many “yes” responses to the following questions

Pop Quiz! Part 1

☐ Use “spouse” and “significant other” and “married”?
☐ Use eye contact; sit like you would with any pt?
☐ Include patient’s significant other?
☐ Accept responsibility for personal beliefs; show respect for family structures/roles w/in LGBT culture?
☐ Include sexual orientation/gender identification on intake forms? Relationship status not marital status?
☐ Use “parent/guardian” instead of mother/father?
Pop Quiz! Part 2

❑ Place magazines tailored to the LGBT community in your waiting room?
❑ Have a welcoming LGBT environment by displaying easily recognizable LGBT-related images, signs, etc. in the waiting area (like a rainbow flag)?
❑ Post nondiscrimination policies including gender and include on medical brochures?
❑ Have gender neutral restrooms? Ask about access to bathrooms in your assessment?

Examples of Subtle Acceptance Clues

A post card from tecc.org

Pop Quiz! Part 3

❑ Let transgender pts. self identify? Use current name and pronoun? Apologize if you use the wrong one, say you’ll get it right next time?
❑ Don’t let staff come by to “take a look” at your transgender pts? Room transgender pt. by their current, not birth gender?
❑ Never use harsh language just because of LGBT identification?
❑ You’re not afraid to touch pt?
Pop Quiz! Part 4

- Won’t be physically rough with LGBT pt?
- Won’t make the LGBT pt. wait longer than others?
- Know how many LGBT pts are in your practice (because you ask the question and collect the data)?
- Celebrate LGBT holidays along with other ones (e.g., Pride Month, Bisexuality Day, National Coming Out Day, Transgender Day of Remembrance)?
- Have at least 1 of the clinician resources available from resources slide?

Resources

✔ The Fenway Guide to LGBT Health
✔ The Amer. Med. Association’s Physician Resources for an LGBTQ-inclusive Practice
✔ The National Academies Institute of Medicine (US). The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding
✔ The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community
✔ The Center of Excellence for Transgender Health at UCSF: http://transhealth.ucsf.edu
✔ Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies
✔ The Health Equality Index – a valuable tool for recognition of healthcare facilities and used by LGBTQ patients to find facilities that provide equitable and inclusive care

Your Score

- 20-22: Bravo! You’re rocking it and showing the LGBT community you care.
- 16-19: Nice effort! See what else you can add.
- 12-15: You’re on your way! Pick 3 more things you can add.
- 11 or less: Room for improvement! Pick 5 things you can start doing now to help those in the sexual minority who come in for care.
Questions?