LGBTQ+ CULTURAL COMPETENCY:
A look into how we as pharmacists can better help our LGBTQ+ patients

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OBJECTIVES

- Define helpful LGBTQ+ terminology and related terms for healthcare providers
- Understand the difference between gender identity, gender expression, biological sex and sexual orientation
- Identify barriers to and disparities in healthcare for the LGBTQ+ community
- Explore ways in which pharmacists can provide culturally competent care to LGBTQ+ patients
CONFLICTS OF INTEREST

- None to disclose
CULTURAL COMPETENCE

► What is it?
  ► The ability of a system to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs.

► Why is it important?
  ► Healthcare services that are respectful of and responsive to the health beliefs, practices, cultural and linguistic needs of diverse patients can help bring about positive health outcomes.
DEFINITIONS:

- **Gender Identity:**
  - A person’s internal sense of being male, female, or another gender identity. This is not always visibly apparent to others and may be contrary to or in alignment with their gender expression.

- **Gender Expression:**
  - The manner in which a person represents or expresses their gender identity to others (i.e. behavior, clothing, voice, etc.).

- **Biological Sex:**
  - Assigned at birth based on the appearance of genitalia and other internal or external sex organs and may not always be in line with genetics. Typically, biological sex is assigned as male or female.

- **Sexual Orientation:**
  - A person’s romantic and/or sexual attraction to others. Most often classified as hetero-, bi- or homosexual.
WHAT ARE ALL THESE LETTERS?

- **L – lesbian**
  - A woman who self-identifies as being romantically and/or sexually attracted to other women.

- **G – gay**
  - A man who self-identifies as being romantically and/or sexually attracted to other men. Women may identify as gay if they prefer the term over lesbian.

- **B – bisexual**
  - A person who self-identifies as being romantically and/or sexually attracted to men and women.

- **T – transgender**
  - A person whose gender identity and/or expression is different than that typically associated with their birth assigned sex.
WHAT ARE ALL THESE LETTERS? (CONT’D)

- **Q – queer or questioning**
  - A person who self-identifies as having a sexual orientation other than heterosexual but does not prefer any of the other terms or that they are currently unsure about. Queer is sometimes used as an all encompassing term for all or most people who identify with a sexual orientation other than heterosexual.

- **I – intersex**
  - A person who was born with sex characteristics or genitalia that could be assigned to both sexes.

- **A – aromantic or asexual**
  - A person who self-identifies as not being romantically and/or sexually attracted to anyone.

- **P – pansexual**
  - A person who self-identifies as being romantically and/or sexually attracted to people regardless of their gender identity.
OTHER TERMS TO KNOW

- **SGL – same gender loving**
  - Some folks who self-identify as being romantically and/or sexually attracted to people who identify as their same gender either with or without an attraction to other genders.

- **GNC – gender non-conforming**
  - A person whose gender expression is different than that of the gender with which they identify.

- **NB – non-binary**
  - A person who does not identify as a man or woman. Gender fluid, agender, multigender, bigender, gender queer, two spirit, etc. are all considered non-binary gender identities.

- **Cisgender**
  - A person whose gender identity and gender expression matches their biological sex.

- Please note that pedophilia and beastiality are not a part of any of the groups within the LGBTQ+ community and violence of a sexual nature are not welcomed – similarly to how sexual violence is neither welcomed nor tolerated in heterosexual communities.
BARRIERS TO CARE

- Traditional obstacles can be compounded and magnified in people who are also LGBTQ+:
  - Race/Ethnicity
  - Religion
  - Socioeconomic Status
  - Education Level
  - Immigration Status
  - Physical and/or Mental Disabilities
  - Gender
- Stigma and discrimination associated with their gender identity, gender expression, sexual orientation and/or biological sex.
- Family acceptance of various identities.
- Lack of health insurance coverage.
- Mental health disorders, suicide and substance use disorders are all more prevalent among LGBTQ+ folks than among those who are not LGBTQ+.
- HIV is more prevalent among LGBTQ+ folks.
HOW TO PROVIDE CULTURALLY COMPETENT CARE:

- If publications are available for a lobby or waiting area include publications that may be LGBTQ+ friendly:
  - Out, POZ, Advocate, Lesbian Connection, GayParent, etc.
- Have forms that are inclusive of all gender identities.
  - Include areas to include biological sex and gender identity
  - Include areas to include preferred name
- Include trans- and queer friendly staff as part of the work flow, specifically in roles as front desk staff or patient navigators.
- Include targeted or connections to care for HIV treatment and prevention, mental health services and social services if feasible.
HOW TO PROVIDE CULTURALLY COMPETENT CARE (CONT’D):

▸ Ask non-judgmental questions about sexual history that includes more than what is traditionally seen as sexual behaviors between cisgender men and women.

▸ Familiarize yourself with various terms common to the various LGBTQ+ communities to which you may provide services.

▸ Try to stay up to date on offensive terms and phrases and avoid using them.

▸ Routinely ask about preferred pronouns when meeting a patient, regardless of if it is “apparent”.

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Try to stay up to date on offensive terms and phrases and avoid using them.
HOW TO PROVIDE CULTURALLY COMPETENT CARE (CONT’D):

- Familiarize yourself with the health needs of LGBTQ+ people and understand how some dosing or treatments may be different.
- Be as understanding and compassionate about your LGBTQ+ patients as you are your patients that are not LGBTQ+.
- Most importantly, our LGBTQ+ patients are often the most likely to have compounding health needs and least likely to be receiving the care they deserve and need – advocate for them and do not discriminate against them by refusing them the care they deserve.
THANKS FOR LISTENING

ANY QUESTIONS?

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