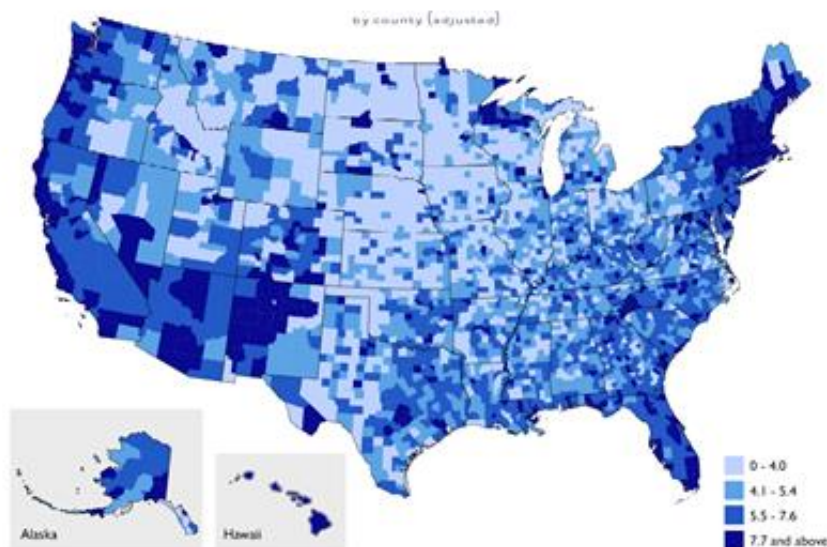


Advocacy and Health Equity for Sexual and Gender Minorities (SGM)

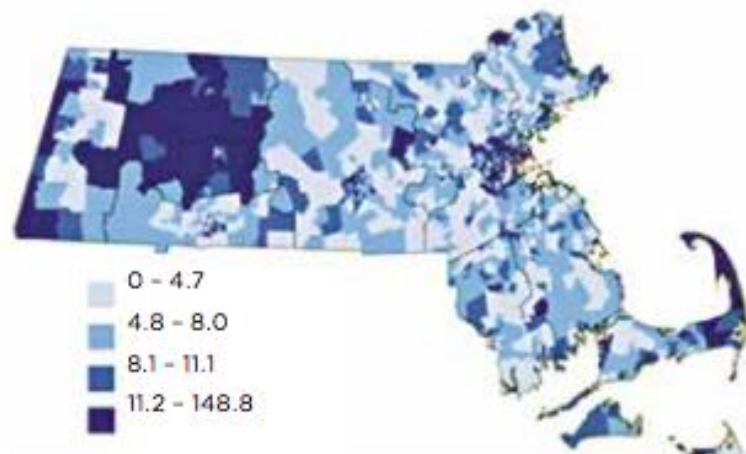
Alexander Kaplan, MS2
Hannah Boorstein, RN, DNP1
Jeffrey Chhim, RN, MPH, DNP1
Victoria Fleming, MS2
Anthony Foscolos, MS2
Clare Ryan, MS2
Taryn Ryan MS2

Key Demographics



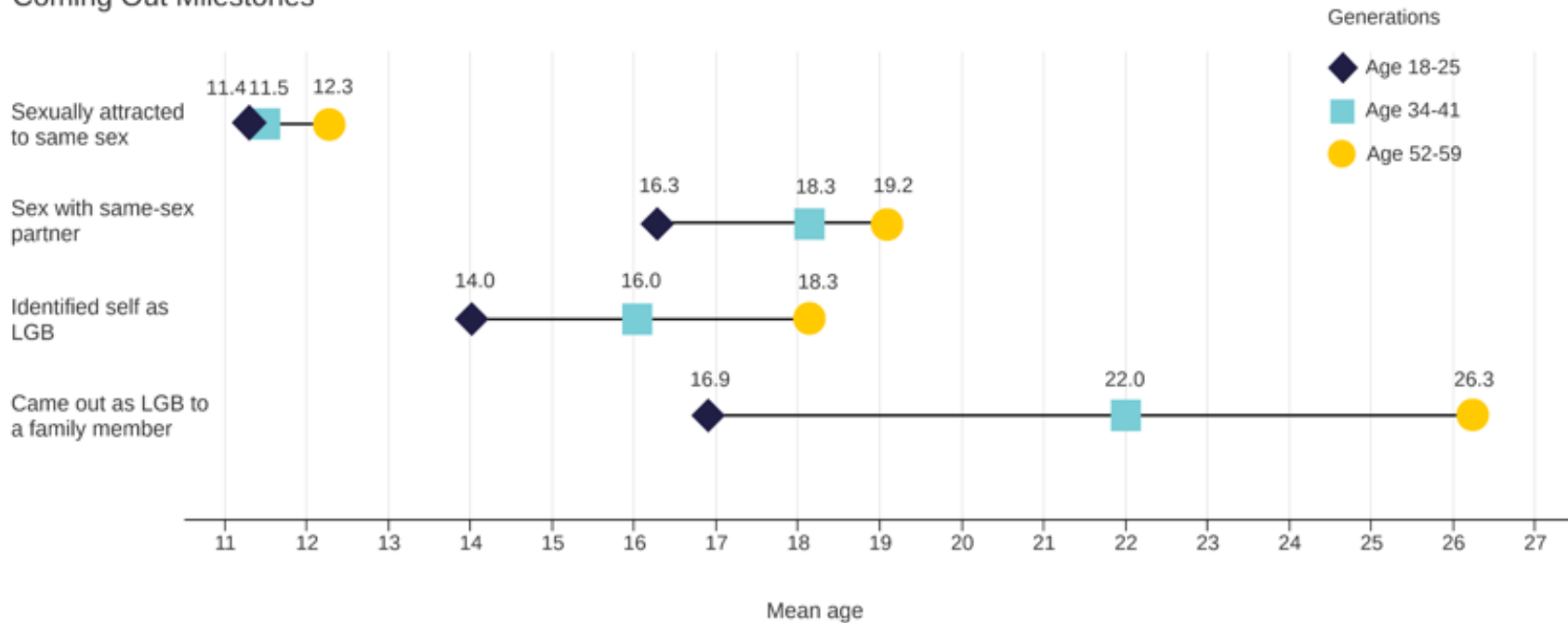
Boston, the Outer Cape and the Pioneer Valley are home to high concentrations of same-sex couples.

Same-sex couples as a share of all couples.
By census tract. 2010.



Source: Gates G & Cooke A. (n.d.). Massachusetts census snapshot: 2010. Los Angeles, CA: The Williams Institute UCLA School of Law

Coming Out Milestones



LGBTQIA+ Experience in Healthcare

- 16% of LGBTQ people report being personally discriminated against by a healthcare professional;
- 31% of LGBTQ say they have no regular doctor or form of health care.
- 22% of transgender individuals avoided health care for fear of discrimination
 - More likely to live in poverty compared with the national average

Health Disparities

- Lower rates of mammography and Pap smear screening
- Higher rates of:
 - Substance Abuse
 - Obesity
 - Smoking
 - Depression, anxiety, suicide
 - Violence & victimization
 - Housing/food/financial insecurities
 - Job insecurity
 - Intimate partner violence and domestic abuse
 - Negative health outcomes (cancer, HTN, heart disease)
 - Higher burden of HIV and other sexually transmitted infections





Health Advocacy

Key Organizations at the Local, State, & National Level

Local: Fenway Health with Fenway Institute, Safe Homes, LGBT Asylum Task Force, SWAGLY, AIDS Project Worcester, WLEN Worcester LGBT Elder Network

State: MA Commission on LGBTQ+ Youth

National: Health Professionals Advancing LGBTQ Equality (GLMA), Human Rights Campaign, PFLAG



Major Areas of Advocacy

Local:

Community outreach

- Health screenings
- Support groups
- Lobbying
- Grants



National:

Policy changes to protect the rights of the LGBTQIA+ population to promote health equity to ensure safety among this community

State:

Policy recommendations

- Safe schools program
- Policy change recommendations

To Whom Do They Advocate?

Local and state organizations advocate for policy changes at the national levels as well as their respective levels to promote health equity.

Consequences of Successes & Failures

Success: Health equity, inclusive health policy, improved well-being in members of the community

Failure: Lack of health equity which leads to poorer health outcomes and overall well-being of the population is lowered when programs like Safe Schools is not implemented.

How Providers Can Be Involved in Advocacy



Lobbying for mandatory training so we can provide competent care, make changes on EMR and intake forms to be more inclusive, show your support and go to the local pride parade

Exploring Interprofessional Teams of Care

Largely, the health care needs of SGM are the same as any other population

Who is (or might be) involved in the care of SGM?

- **Medical Healthcare Providers**
 - *Doctors* (PCP, endocrinologist, surgeon, infectious disease, psychiatrist) *NP, PA, RN*
 - Provide access to general healthcare
 - Care for specific needs of each patient
- **Social/Behavioral/Mental Health Care Providers**
 - *Social workers, psychologists*
 - psychosocial support, behavioral health, “social logistics”
- **Other Community/ Supplementary resources:**
 - *Lawyers* (LGBT Asylum Taskforce)
 - *Community Centers* (Safe Homes, Stonewall Center, Tapestry Health)
 - *Peer Support and LGBTQIA+ community spaces* (Safe Homes, Rainbow Lunch -- Elder Services of Worcester, designated safe spaces)



Models of Medical Care



Our Favorites:

- **Family Health Center of Worcester:** team based care (doctor/ NP, social worker)
 - PCP and social worker
 - Holistic team based care
 - Immediate and simultaneous, no gatekeeping of gender affirming care
- **Fenway Health Center:**
 - Full medical team to provide support for HIV patients
 - Team shares the burdens
- **Tapestry SGM Community Health Centers:**
 - Team made up of SGM community members
 - Physicians and nurses provide care in a practice run by local SGM youth

Other models

- **Planned Parenthood:** no “gatekeeping” of gender affirming care, SGM informed sexual health care, accessible (**cannot function as PCP)

***Care is supplemented with other medical specialists as needed (SGM specific care or not!!!)*

Service and Experiential Learning: *Community Needs and Power Dynamics*

Needs:

- Improved access to preventative/gender affirming/knowledgeable healthcare
- Access to resources for other disparities
- More collection of SOGI data by NIH, CDC, DPH, etc.

Dynamics:

- Patient provider paradigm
- Local/national governments and school boards
- Family dynamics, and social pressures






Service and Experiential Learning: *PHC Activities and Outcomes*

Activities:

- Visited community organizations
- Met with SGM community members
- Created a pocket guide that provides a framework for an inclusive social and sexual history ← **Our Project!**

Outcomes:

- LGBTQIA+ health care is primary care and vice versa
 - LGBTQIA+ health needs to be included in sexual education and health care provider curriculum
 - Disagreements within medical community about treating SGM patients
 - Resources to refer patients and providers to
- 

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- Al Green, LGBT Asylum Task Force
- Angélique Bouthot, Planned Parenthood of Worcester
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