



SERVING LGBTQ+ CLIENTS:

*UNDERSTANDING STIGMA,
SAFETY, & SENSITIVITY*

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OBJECTIVES

- Recognize basic terminology about gender identity and sexual orientation
- Understand intersectional stigma and its impact on health disparities
- Describe the increased need for safety and sensitivity in healthcare settings for LGBTQ+ individuals
- Discuss specific, community-identified recommendations for healthcare providers and allied-health professionals

IMPORTANCE OF BUILDING LGBTQ+ COMPETENCY

- LGBTQ+ individuals do not exist in special pockets!
- Increasing research on RDNs and allied health industry providing services and support to the LGBTQ+ community, particularly for trans patients/clients

Dietary Patterns during Adulthood among Lesbian, Bisexual, and Heterosexual Women in the Nurses' Health Study II

Journal of the Academy of Nutrition and Dietetics, Vol. 117, Issue 3, p386–395, Published online: November 23, 2016

Nicole A. VanKim, S. Bryn Austin, Hee-Jin Jun, Frank B. Hu, Heather L. Corliss

Gender Identity: A Culture with Unique Nutrition Concerns

Journal of the Academy of Nutrition and Dietetics, Vol. 112, Issue 9, A21, Published in issue: September, 2012

C. Wellington, H. Bilyk

Caring for Transgender Patients and Clients: Nutrition-Related Clinical and Psychosocial Considerations

Journal of the Academy of Nutrition and Dietetics, Vol. 119, Issue 5, p727–732, Published online: May 17, 2018

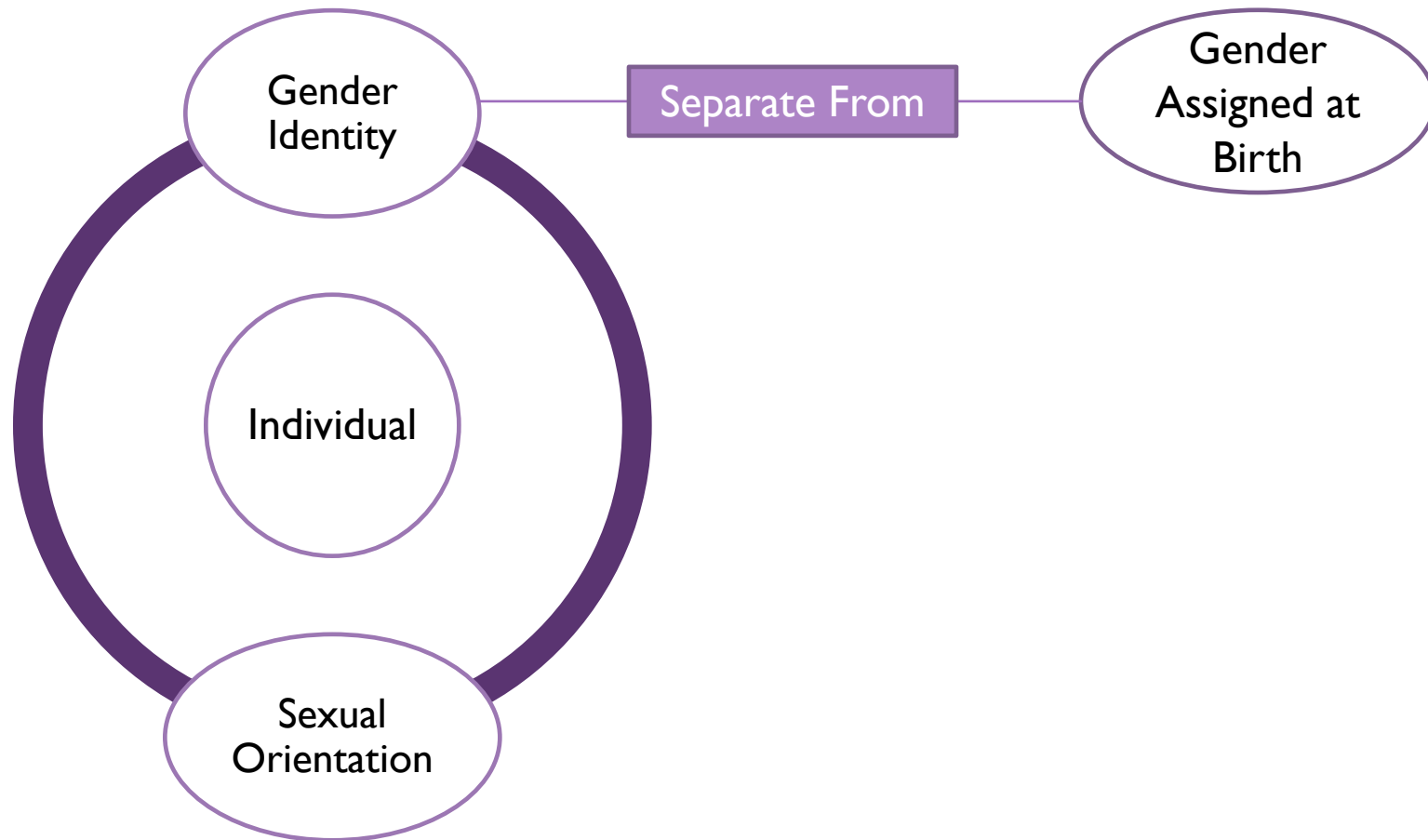
Rabia Rahman, Whitney R. Linsenmeyer

Results of an Online Survey about Food Insecurity and Eating Disorder Behaviors Administered to a Volunteer Sample of Self-Described LGBTQ+ Young Adults Aged 18 to 35 Years

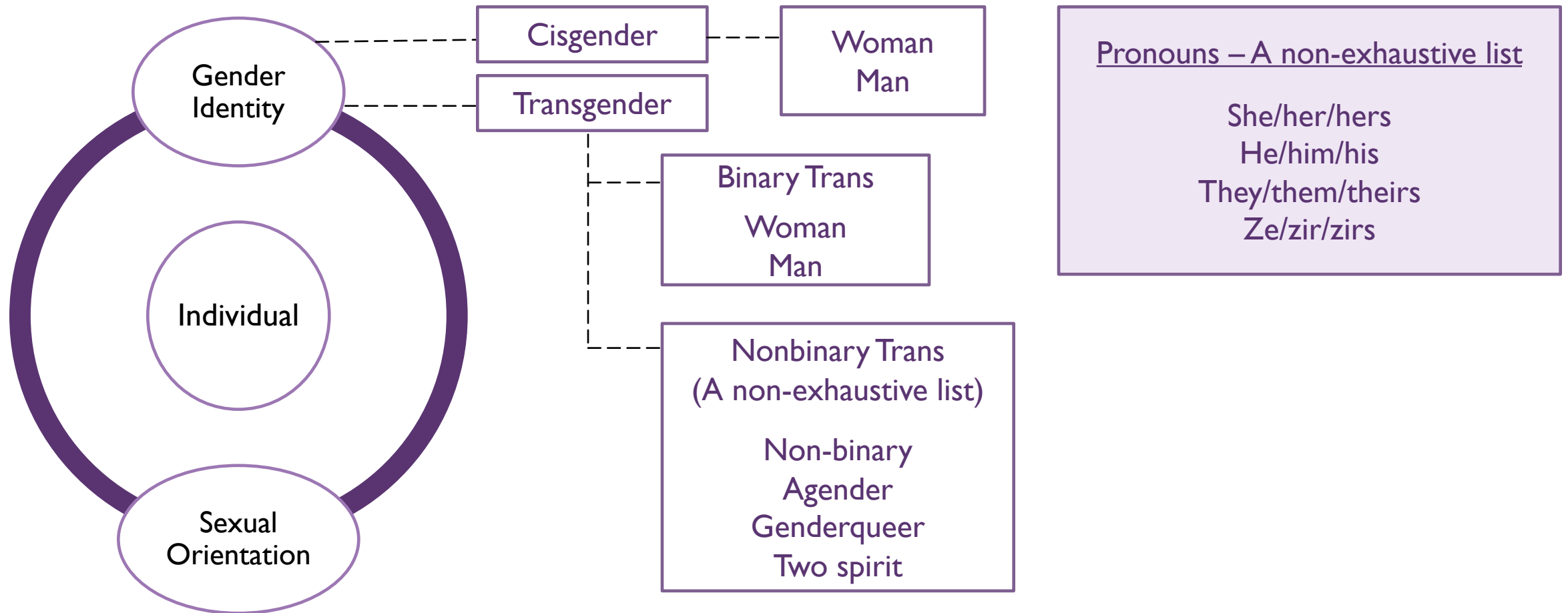
Journal of the Academy of Nutrition and Dietetics, In Press Corrected Proof, Published online: November 3, 2020

Andrea Y. Arikawa, Jenifer Ross, Lauri Wright, Mason Elmore, Alana Marrero Gonzalez, Taylor C. Wallace

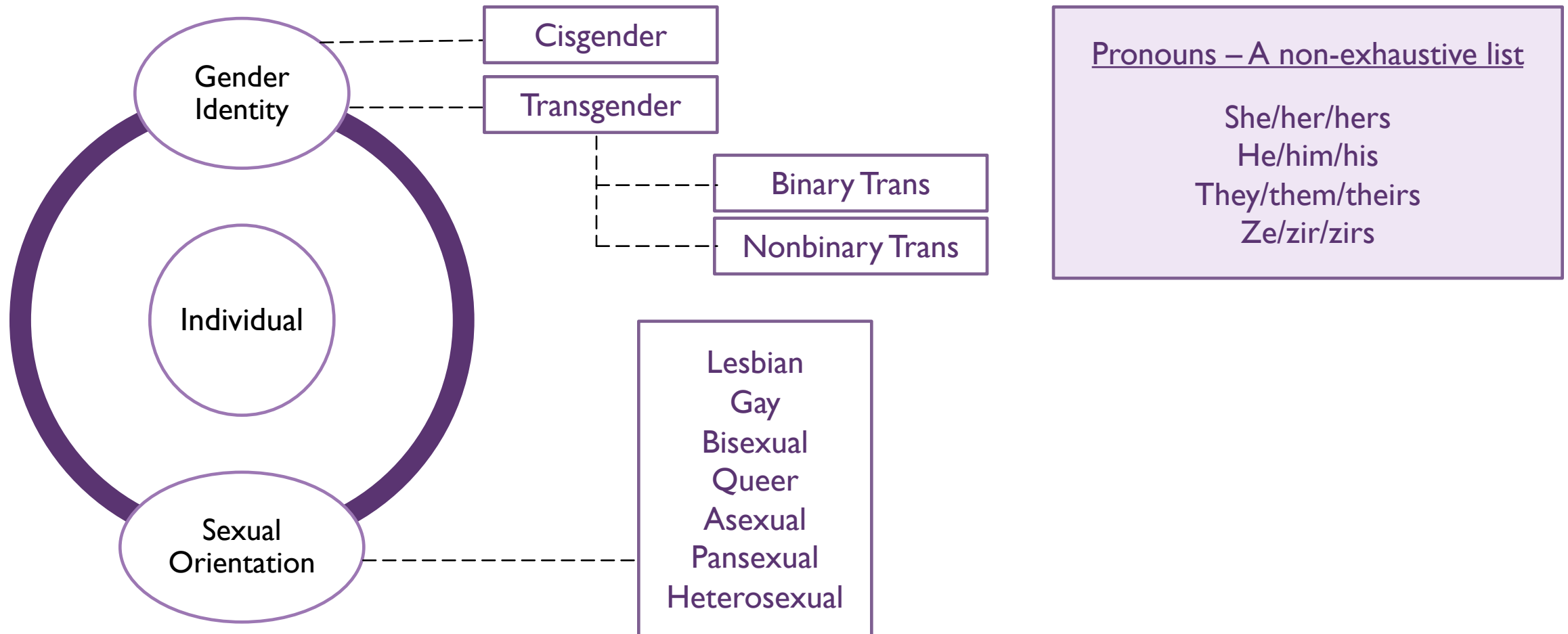
LGBTQ+ - GOING BEYOND THE ACRONYM



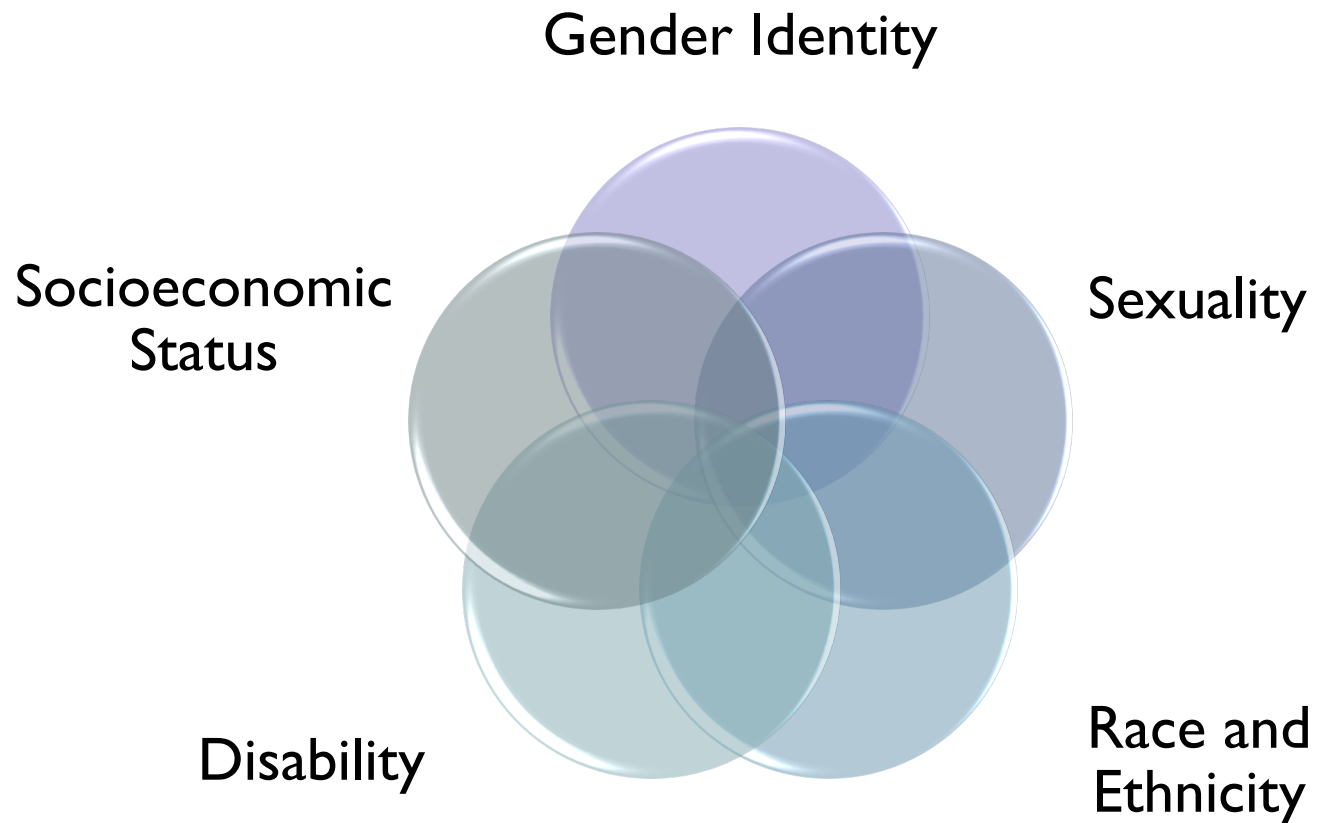
LGBTQ+ - GOING BEYOND THE ACRONYM



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INTERSECTIONALITY



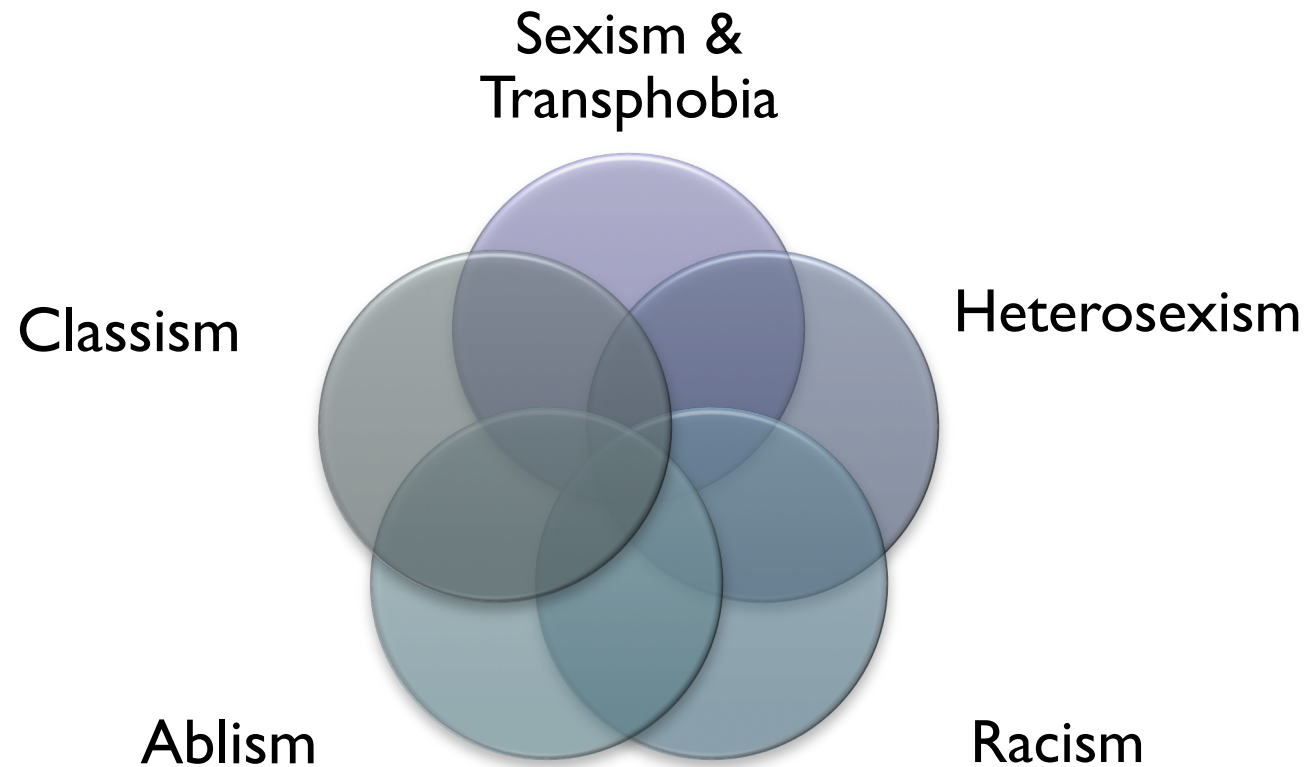


WHY ARE WE TALKING ABOUT... STIGMA?



WHY ARE WE TALKING ABOUT...STIGMA?

- Stigma is an umbrella term that includes prejudice, stereotypes, and discrimination
- Stigma – within and outside healthcare – has a real, measurable impact on health
- Heterosexism and other forms of stigma contribute to physical and mental health disparities in the LGBTQ+ community
- Sexual minority adults are **2-4 times** more likely to develop a DSM-V eating disorder
 - Cis gay/bisexual men and women + trans men and women all report greater prevalence of disordered eating behavior and body dissatisfaction in comparison to heterosexual and cisgender counterparts¹



WHY ARE WE TALKING ABOUT...STIGMA?

- BIPOC individuals are **less likely** to be asked about ED symptoms than White individuals²
- BIPOC individuals with ED are **half as likely** to receive a diagnosis or treatment than White individuals³
- Cisgender gay men are **7 times more likely** to report binge-eating and **12 times more likely** to report purging than heterosexual men⁴
- In a sample of over 350,000 individuals, trans individuals had **higher rates** of ED than cisgender individuals. Of those trans individuals with ED, **75.2% reported suicidal ideation** and **74.8% reported previous suicide attempts**⁵

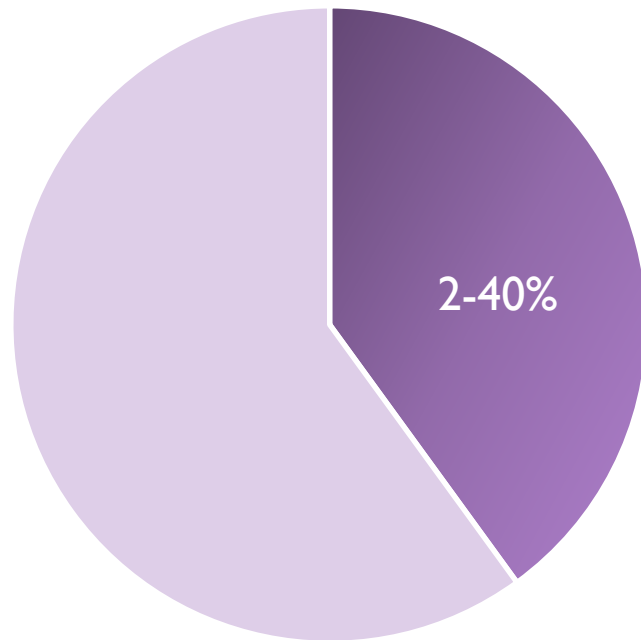
Stigma, not identity, causes health disparities



WHY ARE WE TALKING ABOUT... SAFETY?

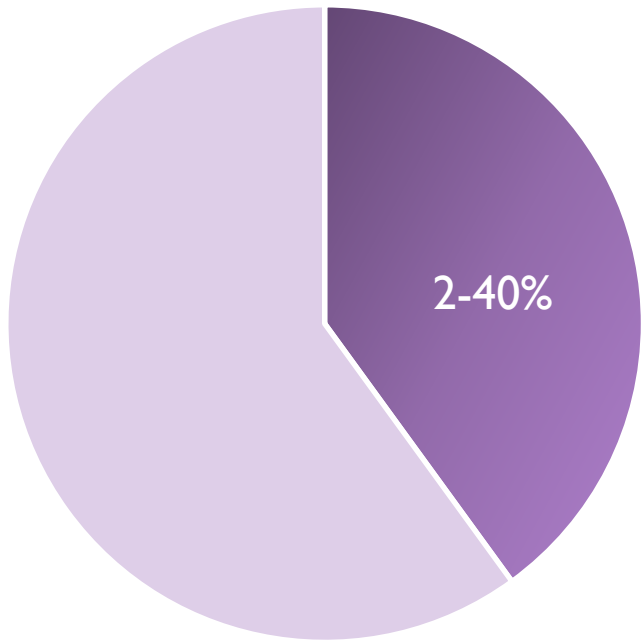


WHY ARE WE TALKING ABOUT...SAFETY?

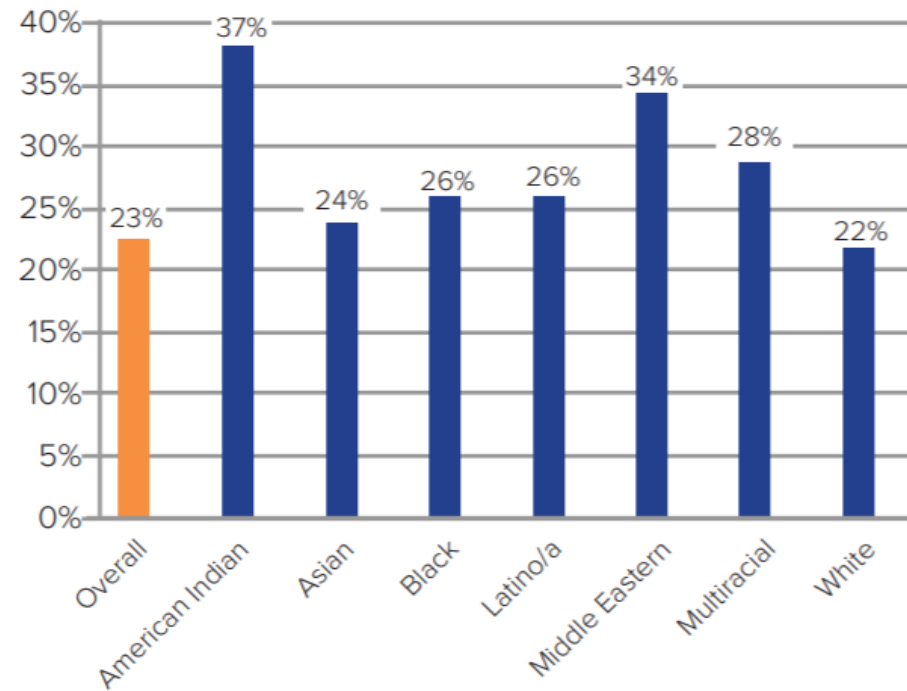


Experienced discrimination in healthcare⁶

WHY ARE WE TALKING ABOUT...SAFETY?



Experienced discrimination in healthcare⁶



1+ negative healthcare experience⁷



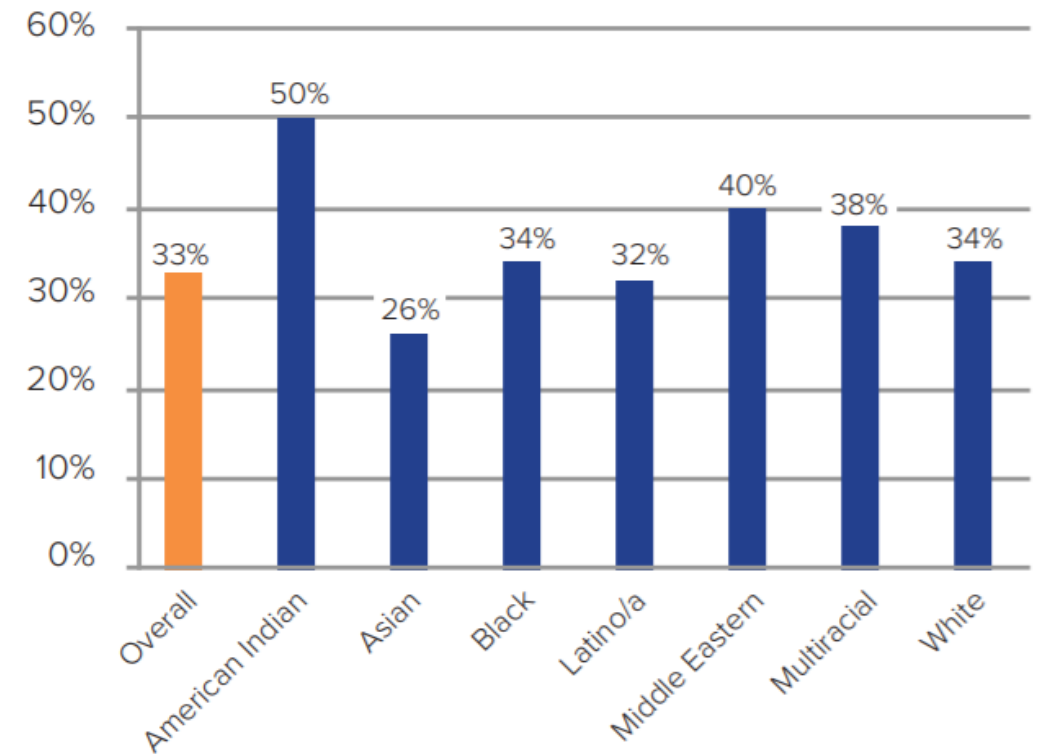
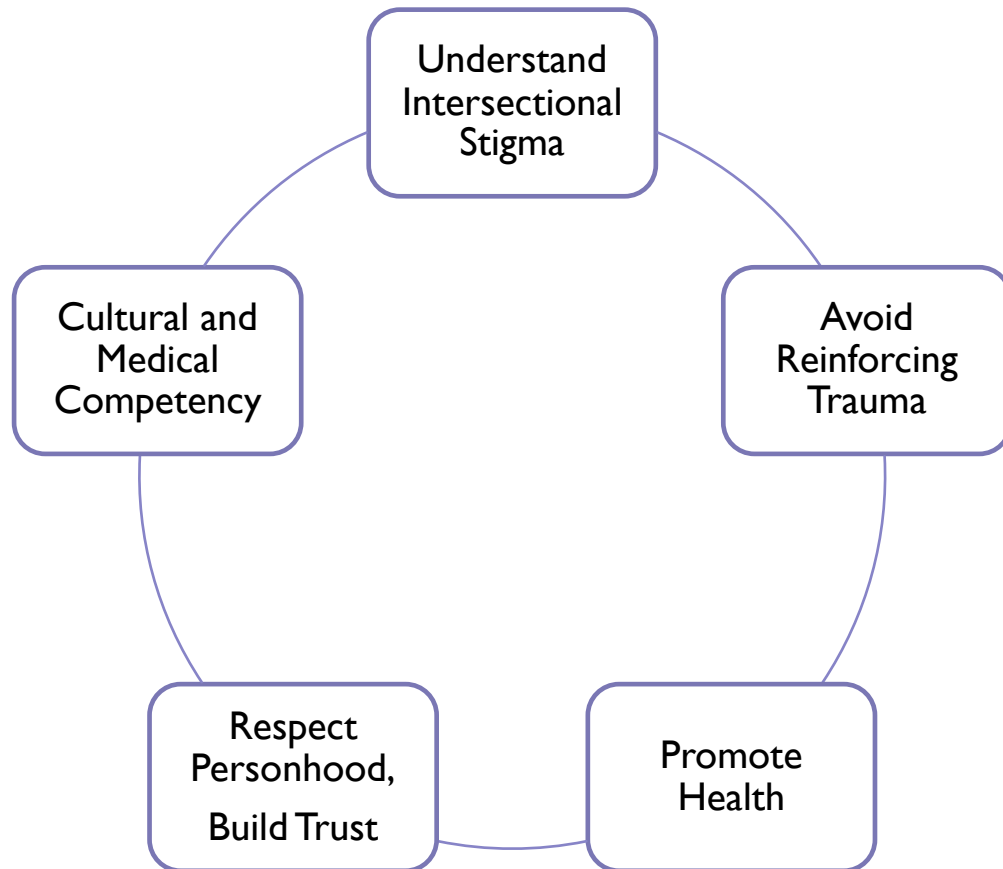
WHY ARE WE TALKING ABOUT... SENSITIVITY?



WHY ARE WE TALKING ABOUT...SENSITIVITY?

First, do no harm

WHY ARE WE TALKING ABOUT...SENSITIVITY?



Delayed healthcare because of fear of bias⁷

COMMUNITY-IDENTIFIED RECOMMENDATIONS

Increase Comfort
with LGBTQ+
patients

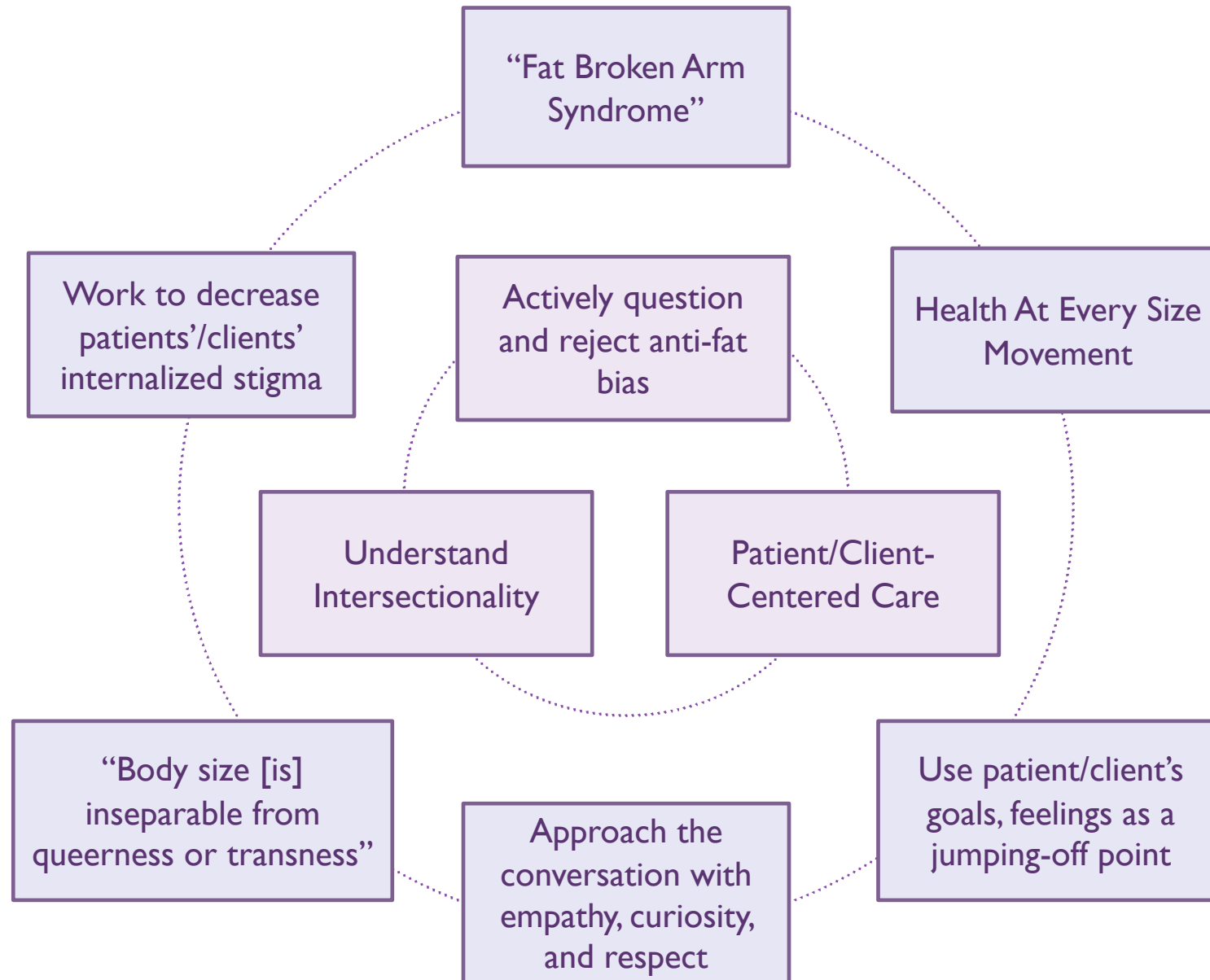
1. Always ask pronouns, how the patient would like to be addressed
2. Be consistent with pronouns; apologize and try not to repeat your mistake if you slip up
3. Avoid any language or behaviors that convey discomfort/disgust
4. Use words for anatomy that the patient prefers

Avoid
Assumptions

1. Do not assume that your patient is cisgender and/or heterosexual
2. Do not make assumptions about gay men and trans people re: HIV
3. Avoid assumptions + unnecessary questions about anatomy, “real” gender
4. Their sexuality/gender does not *cause* their presenting concerns – do not pathologize

Share Decision
Making

1. Always take their opinions, preferences, and questions into account – promote shared decision making to increase patient autonomy
2. Advocate for your patients – ask them about their needs and how you can help



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QUESTIONS?

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