

LGBTQ Community Conversation Notes

November 15, 2018 6:30-8:30pm, Hamline University Anderson Center

This public community conversation was co-hosted by the Minnesota Department of Health Center for Health Equity and JustUs Health to bring together community members to discuss the state of lesbian, gay, bisexual, trans and queer (LGBTQ) health in Minnesota.

World Café Table Notes

Our community conversation took the form of a World Café style discussion. Tables were set up with categories to indicate different LGBTQ health topics and participants could also create their own table topics. Conversations took place at each of the tables to address the following questions for each topic:

- What are important or salient issues that are impacting health for this community?
- What are the conditions that are impacting those health issues?

One person at each table took notes for the group. The notes from each table are transcribed below.

Intersex Health

- Childhood
 - Invasive procedures, unnecessary, traumatic
 - Consent
 - Human rights questions
- Ongoing Care and Aging
 - Continuing care with doctors with expertise is lacking
 - Doctors may need more training
 - Expanding medical education
- Mental Health concerns
- Stigma
 - Need to not address being intersex as a crisis
 - Need awareness
 - Intersex issues are not discussed enough in MN
 - Fear
- Resources
 - Few and slow in Minnesota
 - International and national resources include the AIS DSD Welcoming Committee

- Slowly growing group in MN
- Relationships with family can be strained
- Ways to Move Forward
 - Intersex folks need to be invited to the table to give input to processes
 - Invited to talk to people in hospitals
 - Legislation to ban medically unnecessary surgery on intersex infants
 - Need more conversations
 - Patient advocates in hospitals to guide families and intersex people
 - Families need culturally relevant support and support groups
 - “Nothing about us without us”

Transgender Health

- Concern about disparities around food access for trans and gender nonconforming people
- Concern about effects of regulations at federal level impacting this population
- Kids coming out as trans/gender nonconforming at younger ages
 - Health systems not prepared/able to help them
 - Processes not in place
 - Providers unsure what to do
 - Magnified impact for kids whose families aren’t supportive
 - Schools can help or harm depending on how they approach trans/GNC students
- Capacity for HRT providers, counseling, support groups.
 - How does “reputation” affect wait lists?
 - Perception of scarcity rather than actual scarcity?
- Mapping out statewide where are providers for HRT, trans/GNC-friendly care? Where do we not have access? (Northern MN/ rural areas)
 - Making this visible and up to date?
- It’s not just the doctor
 - Being misgendered by front desk staff, nurses, MAs, etc results in a bad patient experience
- Electronic medical record doesn’t necessarily support best practices around caring for transgender/gender nonconforming patients.
- Aging-related issues with trans/GNC folks
 - HRT-related questions about best practice
 - Aging-related services and housing
- Difficult to find a knowledgeable provider who is also covered by a particular insurance plan
- Still a struggle to get insurance coverage of care
- Are physician office billing staff able to assist patients with getting services covered?
- Lack or perceived lack of support in health systems for providers who want to prescribe HRT
- Problematic demographic checkboxes on forms
- Difficulties getting coverage for pubertal suppression meds

Gay Health

- Navigating the insurance process
- Healthcare about profit
- Cumulative lifetime traumas
- Substance use
- Long-term med use and doctors recognizing impacts
- Affordable housing

LGBTQ People of Color and Indigenous Peoples Health

- Some orgs haven't yet dug into LGBTQ health but want to
- Challenges finding providers of color and programs that support POC
 - People want providers who look like them
- Lack of support groups or community conversations for cultural groups with family members who are LGBTQ
- Gatekeeping with providers
 - Huge problem for POC
 - Physical evaluation for treatment
- Competency; language; understanding where people are
- How to bridge gap when providers don't match identity of patients
- Knowing what providers are good providers (culturally competent)
- Barriers for providers of color to become providers
 - Clinical hours
 - Paid internships
 - Respect
- Addiction, not talked about with Native LGBTQ/Two-Spirit community
- Data and who holds the data, LGBTQ orgs should have it
 - Funding should go to POC orgs to do the work
- Black folks don't see medical systems as a healing place. Healing comes from family, home, etc
- Grant systems prevent appropriate and authentic work and data to be done by communities of color
- Government funding doesn't ask communities what they need
- Returning the data to communities
- Including the community in next steps (improving engagement)
- Sustained community engagement
- Public and state health departments must look like communities they serve
- Continuous training in communities
- Funding connected to competency and agency make up
 - So White agencies don't get funded to serve POC and LGB don't get funded to serve Trans when they don't have capacity or cultural competency to do so

System Failure

- Many systems aren't really collecting proper data
- Medical infrastructure/no engagement regarding sexual health, mental health
 - Provider competency
- Healthcare nationally is inaccessible
- Benefits systems are bulky
- There's a lot of political opposition
 - In DHS and government in general
- The Medicaid system as a whole is complex
- People aren't enabled to think about their own health, which can stem from the lack of trusting the healthcare system
- Comprehensive health lacks
- Capitalism!
- Social determinants of health (housing, food, access to mental health resources)
- Collaborative work within public health
- Leadership is very important
- Unheard voices- LGBTQ+ people of color and indigenous- intersectionality
- Collect appropriate data
 - Compassionate, useful (action to change outcomes)
- Geographic- Rural
 - Map of providers statewide for trans health services
 - Training for providers LGBTQ+
 - Lack of capacity
- Training/capacity combined with aging (i.e. CNA shortage)
- Not having appropriate legal protections
- Accessibility (i.e. vision loss)
- Government identification (DL)
- Transitioning care across states
- What's a great system?
 - Walk alongside, meet people where they're at
 - Continual process of learning and growing (contradiction of how systems currently work?)
 - More flexibility (system->network)
 - We forget that WE are the system

Lesbian Health

- Raised with the idea that people need to be careful around men
 - "Women are nurturers"
 - Believe that women won't hurt you (abusive relationships)
 - Same sex relationship partner violence is not recognized

- Data says that one demographic with the worst experiences are younger lesbians
 - Is there a difference in addressing healthcare for younger lesbians
 - Doctors are not trained in how to communicate sexual health to (young) WSW
- Queer youth are not prepared to experience life surrounded by other queer youth
- Sexual health for women always starts with reproductive health
- Higher rates of breast/cervical/ovarian cancer in lesbians, discovered later; obesity
 - Non-heterosexual clients receive poor care, are reluctant to receive care
- Lot of research around MSM health, less about WSW, Bisexual, Intersex, trans health
 - Lack of data due to lack of urgency
- Fear that doctor won't (not only) understand (but also) accept
- Needing to educate your practitioner
- How will my care be different when I talk about my life?
- Assumption that MSM are "promiscuous," WSW are not
 - Different sort of shaming around "promiscuous" WSW
- WSW in mental health spaces
 - Practitioners do not know how to address unique experiences of WSW from the general LGBTQ+ body

Aging LGBTQ Health

- Lack of info/misinformation
- Shame-> generational
- Who is perceived as queer (LGBT)
- Elders staying informed
- Fear->Generational->What resonates
- Denial
- How to connect generations
- Support systems, caregivers
- Isolation/Past Trauma
- Identities->Transitioning
- Lack of Facilities and care centers
- No organization that "oversees" LGBTQ aging
- No offspring to rely on for care
- Long-term care facilities don't understand HIV/AIDS
- Intersectionality
- Assumptions by the medical community may prove detrimental for your health
- Sexuality in aging
- People within the aging LGBTQ need to be utilized to bridge the gap

Community Synthesis of World Café Themes

After 30 minutes of conversations in small groups, the entire room discussed the main themes that emerged from each table's conversation. The main themes mentioned are listed below.

(● Marks each additional direct mention of a topic)

- Ongoing support ●●●● (4 additional mentions)
- Medical provider awareness ●●●● (4 additional mentions)
 - Internalized biases/assumptions
- Stigma/shame/fear●● (2 additional mentions)
- Addressing intersectionality ●● (2 additional mentions)
- Trauma-> Mental Health ●● (2 additional mentions)
 - For all ages
- Lack of research/data ●● (2 additional mentions)
- Education ● (1 additional mention)
- Networks/groups ● (1 additional mention)
- Navigating medical system● (1 additional mention)
 - Support, care after procedures
- Housing and homelessness ● (1 additional mention)
- Access to care that provides all services ● (1 additional mention)
 - Insurance and expense
- Rural vs Urban ● (1 additional mention)
- Need to collaborate with community and do more community engagement ● (1 additional mention)
- Legal protections ● (1 additional mention)
- Accessibility
 - Transportation
- Domestic/Dating Violence
- Social determinants
- Diversity of providers
- Cultural competency
- Medical spaces are not always healing spaces
 - Trauma
- Funding sources
- Employment (unemployment and underemployment)
- Emotional stress affects physical health
- Personal/Professional development (life skills resources)

Attachments: Community Synthesis Notes

- education
 - sexual ed. that includes L.G.B.T.Q.
 - culturally competent
- ongoing support/care
- medical awareness
 - internalized biases / assumptions
- Stigma / shame / fear
- Networks / Groups
- Addressing intersectionality
- Navigating medical system
 - support, care after procedures
- Trauma → Mental Health
 - for all ages
 - bullying
 - substances
 - aging
- Housing + Homelessness

- Domestic / Dating Violence
- Lack of research / data
- Access to care that provides all services
 - insurance + expense
- Rural v Urban
- Social determinants
- Need to collab. w/ community
 - + community engagement
- Accessibility
 - transportation
- Legal protections
- Diversity of providers
- Cultural Competency

- Medical ≠ healing space
 - TRAUMA
- Funding sources
- Employment
 - unemployement
 - under employment
- Emotional Stress → Physical health
- Personal / Professional Development (life skills resources)

Attachments: Event Photographs

