LGBTQ+ Community Integrating Health Equity into Primary Prevention

A RESOURCE GUIDE FOR PROVIDERS



Integrating Health Equity into Primary Prevention

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This resource is intended for behavioral health and medical providers as well as first responders and educators. The information detailed in this report is just an overview of a much larger conversation. For your convenience, a list of additional resources can be found at the end of this resource followed by a glossary of important terms.

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Strategic Prevention Framework

Substance Abuse and Mental Health Service Administration

What is the SPF?

Prevention coalitions put in place solutions for urgent substance misuse problems facing their communities. Research and experience have shown that prevention must begin with an understanding of these behavioral health problems within their complex environmental contexts; only then can communities establish and implement effective plans to address substance misuse. The five steps and two guiding principles of the Strategic Prevention Framework were created by SAMHSA to offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities



5 Steps to the SPF

Assessment:

Identify local prevention needs based on data

Capacity:

Build local resources and readiness to address prevention needs **Planning:**

Find out what works to address prevention needs and how to do it well. **Implementation:**

Deliver evidence-based programs and practices as intended **Evaluation**:

Examine the process and outcomes of programs and practices

Two cross-cutting principles that should be integrated into each of the steps

Cultural competence:

The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Sustainability:

The process of building an adaptive and effective system that achieves and maintains desired long-term results.



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What is Health Equity?

Health equity is when everyone has the opportunity to be as healthy as possible.

What Are Health Disparities?

Health disparities are differences in health outcomes and their causes among groups of people.





Social **Conditions**

Social inequities occur Institutions such as when a person or group is treated unfairly because of race, gender, class. sexual orientation, or immigration status



Economic Conditions

governments, churches, corporations, or schools use their authority to create unequal opportunities among groups of people



Environmental Conditions

Where you live affects vour health. Lower-income neighborhoods tend to be in poor socialeconomic, and physical conditions



Health **Behaviors**

Smoking, poor nutrition, and lack of exercise are all behaviors that may lead to poor health. Health knowledge also influences health behaviors



Disease or Injury

Chronic disease or injury can result from inequities and health behaviors. Genetics also influences health differences.



Morbidity & Mortality

Your social status. education, the zin code you live in, and health behaviors all affect life expectancy

Integrating Health Equity into the Strategic Prevention Framework

Assessment:

Ensure assessment tools and data sets you pull from include information from underrepresented populations. Are your survey questions inclusive?

Capacity:

Utilize what you learned in the assessment phase to inform your capacity building. You need to understand the attitudes, thoughts, and beliefs of your workforce and community.

Planning:

When you begin planning to implement change or a new program make sure you include underrepresented populations in the process. Find an evidence-based program that is effective with those populations.

Implementation:

Deliver evidence-based programs and practices as intended

Evaluation:

Examine the process and outcomes of programs and practices

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Identities

LGBPTTQQ2SIAA+: A combination of letters meant to represent identities in the queer community. These letters represent Lesbian, Gay, Bisexual, Pansexual, Transgender, Transsexual, Queer, Questioning, two-spirit, Intersex, Asexual, and Ally. The plus sign is to indicate the infinite number of identities.

Orientations (Partial list)

- Asexual/Aromantic does not experience sexual/romantic attraction toward anyone
- Demisexual/Demiromantic experiences sexual/romantic attraction toward someone after developing a very strong bond
- Heterosexual/Heteroromantic experiences sexual/romantic attraction toward gender(s) other than their own
- Homosexual/Homoromantic experiences sexual/romantic attraction toward the same gender as their own
- Bisexual/Biromantic experiences sexual/romantic attraction toward the same gender as well as to other gender(s) than their own
- Pansexual/Panromantic experiences sexual/romantic attraction toward all genders / regardless of gender
- Polysexual/Polyromantic experiences sexual/romantic attraction toward multiple (but not necessarily all) genders



- The U.S. Census does not ask about sexual orientation or gender identity
- It is estimated that 4.5% 8% of the US Populations identifies at LGBTQ+
- There are approximately 3.2 million LGBTQ+ youth between the ages of 8 and 18. More than half (52%) of whom are youth of color

Pronouns



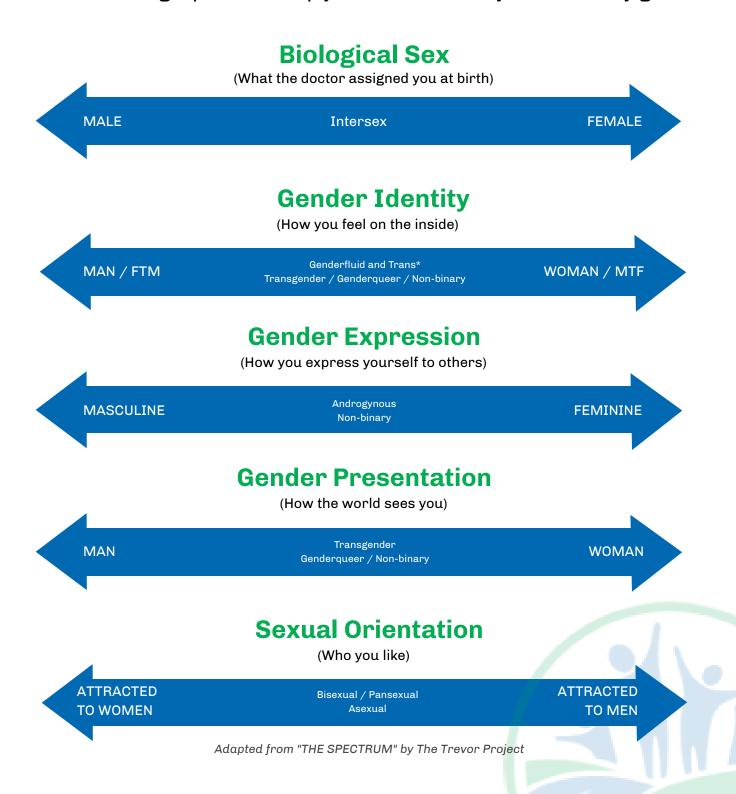
Pronouns -- we all use them as part of everyday conversation. A pronoun is a word that refers to either the people talking (like "I" or "you") or someone or something that is being talked about (like "she," "it," "them," and "this").

Nothing may be more personal than the way in which people refer to us through our name and pronouns. Using a person's chosen name and desired pronouns is a form of mutual respect and basic courtesy.

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The Spectrum

Our sexuality and gender identity are not set in stone. In fact, people's identities can be fluid. This graphic can help you visualize how you feel at any given time.



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Behavioral Health and the LGBTQ+ Community

Substance use and addiction is a significant problem in the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) community. People who identify as LGBTQ+ are at a greater risk for substance use and mental health issues compared to those who identify as heterosexual. More than twice as many LGBTQ+ adults compared to heterosexual adults reported using drugs in the past year, according to the latest data from 2015. Those who identified as LGBTQ+ were also more likely to smoke cigarettes, drink alcohol and binge drink, and nearly twice as likely to have had an alcohol or drug problem in the past year. Understanding LGBT health starts with understanding the history of oppression and discrimination that these communities have faced. For example, in part, because bars and clubs were often the only safe places where LGBT individuals could gather, alcohol abuse has been an ongoing problem

According to the National Institute on Drug Abuse, many federally funded surveys have only recently started to ask about sexual orientation and gender identification in their data collections. Surveys thus far have found that sexual minorities have higher rates of substance misuse and substance use disorders (SUDs) than people who identify as heterosexual. Therefore, it is not yet possible to establish long-term trends about substance use and SUD prevalence in LGBTQ+populations.





LGBTQ+ individuals also have a greater likelihood than non-LGBTQ+ individuals of experiencing a SUD in their lifetime, and they often enter treatment with more severe SUDs. Some common SUD treatment modalities have been shown to be effective for gay or bisexual men including motivational interviewing, social support therapy, contingency management, and cognitive-behavioral therapy. Addiction treatment programs offering specialized groups for gay and bisexual men showed better outcomes for those clients compared to gay and bisexual men in non-specialized programs; but in one study, only 7.4% of programs offered specialized services for LGBTQ+ patients.

Senreich E. Are specialized LGBT program components helpful for gay and bisexual men in substance abuse treatment? Subst Use Misuse. 2010;45(7-8):1077-1096. doi:10.3109/10826080903483855.

Why are rates higher?

Stress: Members of the LGBT community face chronically high levels of stress. This type of stress can lead to higher levels of anxiety, fear, isolation, depression, anger, and mistrust, which can increase the risk of self-medicating with tobacco, alcohol and other drugs.

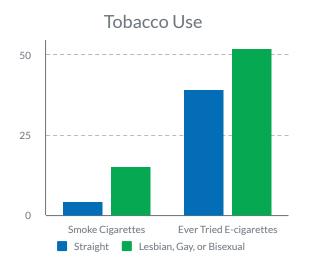
Lack of culturally relevant education: Far too many LGBTQ+ youth are sitting in classrooms where their teachers and textbooks fail to appropriately address their identities, behaviors, and experiences. Representation matters in our education and prevention messaging.

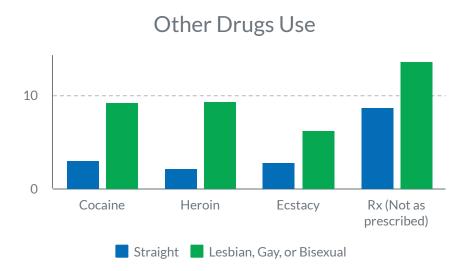
Potential Discrimination in Treatment Services: LGBT individuals may be reluctant to seek treatment or disclose their gender identity or sexual orientation during treatment out of concern of discrimination.

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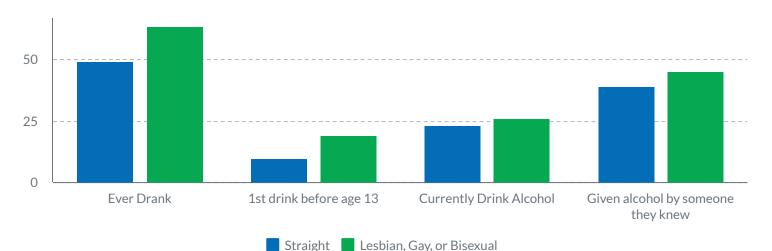
Rates of Use in Rhode Island High Schools

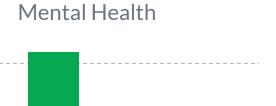
Youth Risk Behavior Survey 2017

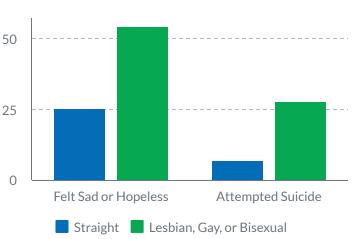




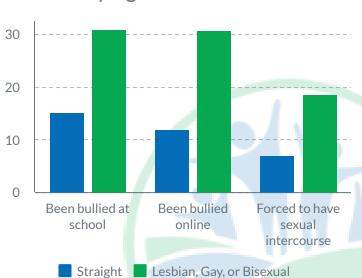
Alcohol Use







Bullying & Sexual Assault



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Next Steps:

- Check your knowledge base and get out of your comfort zone
- Conduct a needs assessment in your organization/community to gain more understanding about the needs of LBGTQ+ individuals
- Utilize the Strategic Prevention Framework with a health equity lens at every step along the way
- Start conversations and work to reduce LGBTQ+ stigma
- Advocate for:
 - Competent care for LGBTQ+ individuals
 - Comprehensive and inclusive data collection
 - Safe Spaces in schools and communities



Resources to Utilize:









- Behavioral Risk Factor Surveillance Survey (BRFSS)
- National Health and Nutrition and Examination Survey (NHANES)
- National Survey of Family Growth (NSFG)
- Youth Risk Behavior Survey (YRBS)
- National Crime Victimization Survey (NCVS)
- American Community Survey (ACS)
- National Health Interview Survey (NHIS)
- National Survey of Drug Use and Health (NSDUH)
- Rhode Island Student Survey (RISS)



Education Resources Referenced in this Brief:

- Preventing Substance Abuse Among LGBTQ Teens Human Rights Campaign
- Lesbian, Gay, Bisexual, and Transgender Health HealthyPeople.gov
- Providing Inclusive Services for LGBT People National LGBT Health Education Center
- LGBTQ Definitions for Adults Welcoming Schools
- LGBT Demographics LGBT Map
- Rhode Island Youth Risk Behavior Survey Data CDC
- Visualizing Health Equity Robert Wood Johnson Foundation



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Glossary

Ally: A term that describes a person who speaks out or takes actions on behalf of someone else or for a group that they are not a part of.

Androgynous: Identifying and/or presenting as neither distinguishably masculine nor feminine.

Asexual: A term that describes a person who lacks sexual attraction or desire for other people.

Bisexual: A term that describes a person who is emotionally, romantically or sexually attracted to people of more than one sex, gender expression, or gender identity though not necessarily simultaneously, in the same way or to the same degree.

Cisgender: A term that describes a person whose gender identity aligns with the sex assigned to them at birth. **Coming Out**: The process in which a person first acknowledges, accepts and appreciates their sexual orientation or gender identity and begins to share that with others.

Drag Queen/Drag King: A man who dresses as a woman, typically as a performance. A woman who dresses as a man, typically as a performance. This is different from transgender (see definition below).

FTM: A term referring to a person, assigned female at birth, who identifies and lives as a male. See transgender boy or man.

Gay: A term that describes a person who is emotionally, romantically or sexually attracted to some members of the same gender.

Gender: A person's internal sense of self as male, female, both or neither (gender identity), as well as one's outward presentation and behaviors (gender expression). Gender norms vary among cultures and over time.

Gender Binary: The idea that there are two distinct and opposite genders—male and female. This model is limiting and doesn't account for the full spectrum of gender identities and gender expressions.

Gender-Expansive: An adjective used to describe people that identify or express themselves in ways that broaden the culturally defined behavior or expression associated with one gender.

Gender Expression: How a person expresses their gender through outward presentation and behavior. This includes, for example, a person's name, clothing, hairstyle, body language and mannerisms.

Gender Identity: An internal, deeply felt sense of being male, female, a blend of both or neither—how individuals perceive themselves and what they call themselves. One's gender identity can be the same as or different from their sex assigned at birth.

Gender Role: A set of social and cultural beliefs or expectations about appropriate behavior for men/boys or women/girls. Gender roles can vary from culture to culture. Strict gender roles can limit a person's development. Gender Role Stereotyping: Stereotypes based on social and cultural beliefs or expectations about appropriate behavior for men/boys or women/girls. This can limit children's aspirations, achievements and well-being. Gender Spectrum: The broad range along which people identify and express themselves as gendered beings or not.

Genderqueer: People that typically reject the binary categories of gender, embracing a fluidity of gender identity. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Gender Transition: The process by which some people strive to more closely align their outward identity with the gender they know themselves to be. To affirm their gender identity, people may go through different types of transitions. (Social transition, Legal transition, and Medical transition)

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Glossary Continued

Heterosexual: A term describing a person who is emotionally, romantically or sexually attracted to people of a different gender. Also known as straight.

Homophobia: The fear and hatred of or discomfort with people who are attracted to members of the same sex or gender.

Homosexual: A term describing a person who is attracted to members of the same sex or gender. It is usually used in medical or scientific references.

Intersex: The term used for 2% of babies who are born with naturally occurring variations in chromosomes, hormones, genitalia and other sex characteristics.

Lesbian: A term describing a woman who is emotionally, romantically or sexually attracted to some other women. **LGBTQ**: An acronym for lesbian, gay, bisexual, transgender, queer and/or questioning. Additions to this acronym can include A, for "asexual" or "ally," and I, for "intersex."

MTF: A term referring to a person, assigned male at birth who identifies and lives as female. See transgender girl or woman.

Non-binary: An umbrella term for people who transcend commonly held concepts of gender through their own expression and identities. Other terms for this might include gender expansive, gender creative, or genderqueer. Some non-binary people also identify as Transgender.

Outing: Exposing someone's sexual orientation or gender identity to others without their permission.

Pansexual: Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.

Queer: A term some people use to identify themselves with a flexible and inclusive view of gender and/or sexuality. Also used interchangeably with LGBTQ to describe a group of people such as "queer youth." It is also seen in academic fields, such as queer studies or queer theory. Historically it has been used as a negative term for LGBTQ people. Some people still find the term offensive while some embrace the term as an identity.

Sex: One's biological and physical attributes—external genitalia, sex chromosomes and internal reproductive structures—that are used to assign someone as male or female at birth.

Sex Assigned at Birth: This is generally determined by external genitalia at birth—female, male or intersex.

Sexual Orientation: Describes a person's emotional, romantic or sexual attraction to other people. Some examples of sexual orientations are gay, lesbian, bisexual, asexual or pansexual.

Sexuality: Describes how one experiences and expresses one's self as a sexual being. It begins to develop in early childhood and continues over the course of one's lifetime.

Straight: A slang term for heterosexual.

Trans: Short for transgender.

Transgender or Trans: An umbrella term that describes people whose gender identity and/or gender expression differs from the sex they were assigned at birth: A term used to describe people who identify as a different gender from the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation; transgender people may identify as straight, gay, lesbian, bisexual, etc.

Transphobia: The fear or hatred of, or discomfort with, transgender people.

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