

Affirming Practices For Transgender and Gender Expansive Youth in a School Health Setting

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Practice Issue

Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQ) individuals, especially transgender/gender expansive individuals report:

- Significant health inequities with well-documented negative health impacts (increased risk for chronic disease, depression, anxiety, suicidal ideation)
- Discrimination or fear of discrimination by health care professionals as a major deterrent to seek health care

Further, health providers not aware of community resources available to change practices and behavior that enhances LGTBQ cultural competence

Review of Evidence

- Health providers including school nurses may have good intentions to display more LGTBQ culturally competent care (Hadland, et al., 2016; Baker & Beagan, 2014; Heyes & Thachuk, 2015; Daley & MacDonnell, 2015)
- Evidence to show that lack of service provider knowledge related to LGBTQ health service needs creates barriers to health services (James, et al., 2016; Cruz, 2014; Daley & MacDonnell, 2015; Stott, 2013)
- LGBTQ Cultural competence recommendations for school nurses have been described (Miller, 2018; Perron, Kartoz & Himelfarb, 2017; Hadland, et al., 2016). **However,**
 - No description of what inclusive environment should look like
 - No recommendations for quality measures to rate quality of inclusive environment
- Paucity of evidence to test knowledge & attitudes among providers regarding healthcare service delivery, resources and linkages, and behavior consciousness for LGBTQ patients (Hanssmann, et al., 2010; Tarasoff, et al., 2014)

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Purpose

- Describe transgender / gender expansive health disparities, lack of LGBTQ cultural humility in health care
- Offer practice recommendations using targeted community actions to enhance LGBTQ cultural competence / cultural humility
- Long term goal: To increase health providers' knowledge, validation & understanding when caring for LGTBQ youth and adults

Outcome Evaluation Measures

LGBTQ Cultural Competency Self-Assessment Tool

Focus Area 1: Administrative Policies and Guidelines

Sample ratings: "1" – "No LGBTQ inclusive policies in place" to "4" – "Policies in place with budgeted funding for diversity activities."

Focus Area 2: Peer Providers and Group Leaders

Sample ratings: "1" – "No readily identified leaders with skills to support or offer training or be evaluated for LGBTQ cultural competency" to "4" – "Besides coordinated training program, peer staff and leadership are evaluated for LGBTQ cultural competency in yearly evaluations."

Focus Area 3: Services and support

Sample ratings: "1" – "Our clinic has not yet received or provided training or formed LGBTQ community partnerships," to "4" – "In addition to training, we have formed partnerships in the community."

Focus Area 4: Program and Environment

Sample ratings: "1" - "Our environment does not display visible, welcoming signs LGBTQ friendliness," to "4" – "We have a visible LGBTQ Safe Space sticker or Gender Diversity Poster, and/or LGBTQ community events posted in the main office area. We have gender neutral bathrooms available."

Focus Area 5: Communication and Language Capacity, Including Intake Forms

Sample ratings: "1" - "Our group or clinic does not meet communication basics, including intake forms, for LGBTQ inclusion and respect," to "4" - "Our program has multiple staff who can compassionately use gender-inclusive language and gender inclusive intake forms."

Post Training Evaluation Survey

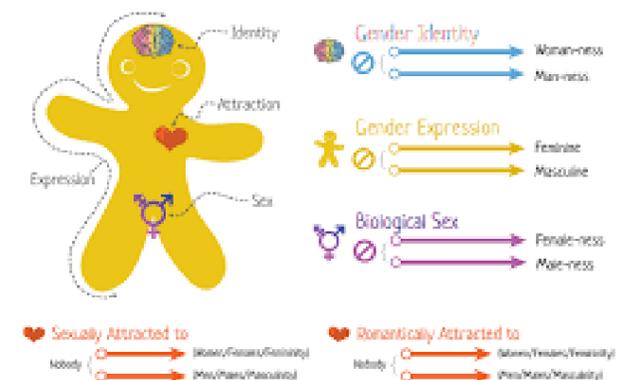
Adapted from: National Alliance on Mental Illness (NAMI) and University of Illinois at Chicago, National Research and Training Center. (2010). Cultural competency in mental health peer-run programs and self-help groups: A tool to assess and enhance your services. Center on Mental Health Services Research and Policy. Retrieved from: <http://www.cmhsrp.uic.edu/nrtc/starcenter.asp>

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Gender 101: Sex does not equal Gender

The Genderbread Person v3.2 by personalmethod



Practice Recommendations

- Identify LGBTQ champion/advocate/leader within a targeted system
- Assess for LGBTQ inclusive language in policies
- Assess for presence of LGBTQ training available within system
- Assess / seek administrative support of plan
- Plan for cultural humility enhancement in five focus areas
- Use Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis to take advantage of strengths, turn challenges into opportunities
- Seek community experts to provide/guide LGBTQ cultural training
- Measure pre-/post training efforts in five focus areas as ongoing quality indicators

Clinical Implications for Practice and Next Steps

- Disseminate executive summary of actions to transfer knowledge at systems levels (e.g., continuing education, local community network meetings, regional/national nursing or public health conferences).
- Implement practice recommendations into different settings (e.g., academic training simulations, school health)
- Research on effectiveness of LGBTQ cultural humility training in community healthcare settings
- Research to strengthen validity and reliability of the cultural competency assessment tool adapted for LGBTQ population
- Community-based participatory research (CBPR) that includes diverse community advocates to strengthen efforts for enhancing and sustaining LGBTQ healthcare within a targeted setting