

BLACK LGBT HEALTH: AN INTERSECTIONAL APPROACH FOR HEALTHCARE PROVIDERS

Bronx-Lebanon Hospital

Friday July 28th, 2017

9:30am

A Presentation by Jonathan Mathias Lassiter, PhD

OBJECTIVES

- Define intersectionality and explain its appropriateness for treating Black LGBT patients
- Identify three risk factors and three resilience factors that uniquely impact Black LGBT patient's health
- Discuss how healthcare providers may assess these risk and resilience factors and integrate them into their treatment/prevention plans for Black LGBT patients





HEALTH DISPARITIES EXPERIENCED BY BLACK LGBT PEOPLE... CONTRIBUTING FACTORS

- Racial and ethnic disparities in healthcare occur in the context of:
 - Broader historic and contemporary social and economic inequality
 - Persistent racial and ethnic discrimination in many sectors of American life
- Sexual minority disparities in healthcare occur for similar reasons:
 - Heterosexism in medicine
 - Lack of cultural sensitivity/awareness
 - Income inequality; insurance access

HEALTH DISPARITIES EXPERIENCED BY BLACK LGBT PEOPLE... CONTRIBUTING FACTORS

- Patient-level variables
 - Care and provider preferences
 - Refusal of treatment or poor treatment adherence
 - Clinical appropriateness of care (one size fits all?)
- Healthcare systems-level factors
 - Language barriers
 - Shift to managed care models
 - Time pressures on physicians
 - Geographic availability



HEALTH DISPARITIES EXPERIENCED BY BLACK LGBT PEOPLE... CONTRIBUTING FACTORS

- Care-process-level variables
 - Clinical uncertainty
 - Relying on prior beliefs about likelihood of patients' conditions to make recommendations
 - Implicit and explicit stereotypes
 - Healthcare provider prejudice or bias
 - Medical decisions under time pressure with limited information
 - Patient response: medical mistrust and refusal
 - Health-related illiteracy



ENTER...INTERSECTIONALITY THEORY

- Developed by Kimberlé Crenshaw in 1988
 - Possible first proponent Sojourner Truth 1851 *Ain't I a Woman?* speech
 - Feminism and critical race theory



WHO ARE BLACK LGBT PEOPLE?

- Holistic perspective
- Intersectionality
 - The ways in which one's privileged and marginalized identities at the individual level (e.g., class, sexual orientation, race) intersect and is influenced by interlocking systems at the structural level (e.g., capitalism, heteronormativity, white supremacy)



AN EXAMPLE...

Table 6a: Percent of Poor Householders and Partners in Coupled Families by Race and Ethnicity

	Married Different Sex	Male Same-Sex	Female Same-Sex
All	5.7	4.3*	7.6*
Race			
White	4.8	3.1**	5.8*
Black	8.0	18.8**	17.9**
Native American	12.6	8.1	18.4
Asian	6.7	7.6	2.0**
Other Race	15.5	8.6**	16.9
Ethnicity			
Hispanic	16.3	8.5**	12.4*
Non-Hispanic	4.3	3.7	6.9**

Source: Authors' tabulation of the 2010 ACS.

* denotes different from married different-sex at 10% level

** denotes different from married different-sex at 5% level

Table 7: Percent of Poor Couples, by Type of Household, 2010 American Community Survey Panel 1

	Married Different Sex	Unmarried Different-Sex	Male Same-Sex	Female Same-Sex
Non-Discrimination Law State	5.4	12.3***^^	4.4*^	5.6
Not a Non-Discrimination Law State	5.9^^	15.6***^^	4.2***	9.2***^^

*=horizontal differences (compares couples to different-sex married couples)

^=vertical differences (compares protected states versus not protected state)

WHAT YOU, AS A MEDICAL PROVIDER, NEED TO KNOW ABOUT BLACK LGBT PEOPLE

- Treat the whole person, not just the symptoms
- Don't overemphasize HIV
- Be mindful of:
 - Differences between sexual identity, sexual behaviors, and sexual attractions
 - When thinking about prevention screening and treatment planning, be sure to assess behaviors and anatomy
 - Gender affirming care
 - Welcoming physical environment

A FOCUS ON RISK AND RESILIENCE

- Black LGBT people are disproportionately impacted by several negative health outcomes and lack of access to healthcare
- Less likely to be retained in healthcare and to report negative experiences with healthcare providers
- Black LGBT people have several strengths that are often overlooked and can be utilized in the healthcare setting



RESILIENCE AS AN INTEGRAL FACTOR IN TREATMENT

What is resilience?

- Adaptation in the presence of risk factors/environments that helps one to avoid negative consequences and achieve healthy outcomes
- A process that changes and develops over time



Things to Be Mindful Of:

- Intersecting identities
- Religion/spirituality
- Family/peers
- Social media
- A space to experiment
- Improvisation/fluidity

RESILIENCE AS AN INTEGRAL FACTOR OF THE TREATMENT PLAN

Questions to ask:

- How confident do you feel in your ability to put this treatment/prevention plan into action? (self-efficacy)
- Who in your social circle might help you adhere to this treatment/prevention plan? (social support)
- What events do you have coming up that make it important for you to keep up with this treatment/prevention plan? (motivation)
- If you run into a problem with the treatment/prevention plan, how might you handle it? (effective problem-solving)



Q&A

- Issues that you have encountered with Black LGBT patients that you have had difficulty addressing?
- Have you tried a resilience approach before in your medical appointment?
- How might you assess for resilience with your Black LGBT patients?
- Additional questions???

THANK YOU

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