



## Sample Lesson Plan for IPE Day Workshop LGBT Health Equity for Older Adults & Discussion

*Note: Columbia Commons IPE is providing detailed samples of how an interprofessional workshop may unfold. Please feel free to use this lesson plan in its complete form or adapt and modify as you see fit.*

By the end of this session, learners will be able to:

- Demonstrate cultural humility in regard to understanding and addressing the concerns of gender and sexual minority older adults.
- Recognize factors that contribute to the health status of LGBT individuals or populations.
- Identify community resources that support LGBT older adults and their families.
- Describe the roles of other health professionals in caring for LGBT populations through shared learning.

Orienting questions for all IPE workshops:

- What is your understanding of your profession's role on this topic?
- To what extent is this topic covered in your curriculum?
- How can we leverage diversity of experience on the health care team?
- How have you seen interprofessional practice in healthcare on this topic as a patient, as a student, or as a clinician?

### Introductions and Ice-Breakers (15 minutes)

- Faculty workshop leaders will demo these introductions before students break out into small groups
- Form groups of 4-5 students with 3 or more professions represented in each group.
- Introductions should include:
  - name, school, year
  - preferred pronouns
  - statement about how much preparation your program provides related to cultural humility in serving LGBT clients

- Briefly discuss your exposure to interprofessional education and to the specific health professions represented in the workshop
  - (if time) Briefly discuss one idea that resonated with you from a plenary address
- Regroup: Faculty leaders will poll (via a show of hands) health professions represented in the room, exposure to LGBT Aging & Health Equity topic, exposure to IPE

## Content Delivery: Information on LGBT Aging Issues (30 minutes)

Acknowledge content sources (Med Portal, Columbia Commons IPE, other sources where cited)

### Lack of Training in Health Care Workforce

BARRIERS TO PROVIDING HIGH QUALITY CARE ([louisville.edu](http://louisville.edu))

**Nursing:** Highest rates of implicit bias compared to physicians, mental health providers and other diagnostic providers.<sup>1</sup>

**Pharmacy:** Only 43% of pharmacy schools reported having LGBT content in the required curriculum, with 39% reporting only one to three hours.<sup>2</sup>

**Social Work:** Report low levels of cultural competency in serving LGBT clients.<sup>3</sup>

**Medicine:** Lack of training

5 hours = median time spent teaching about LGBT topics in medical schools.<sup>4</sup>

**Dentistry:** Lack of training

Only 13.3% of dental students felt prepared to deliver care to LGBT patients.<sup>5</sup>

Sabin JA, Riskind RG, Nosek BA. Health Care Providers' Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men. *American Journal of Public Health*. 2015/09/01 2015;105(9):1831-1841.

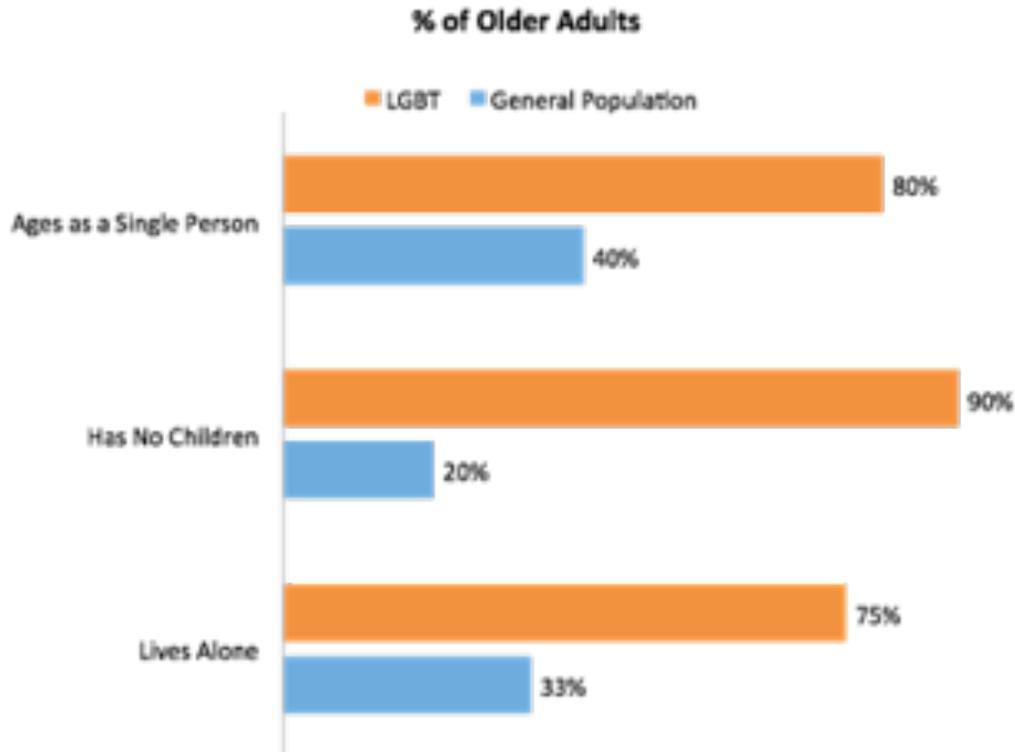
Mandap MM. An evaluation of lesbian, gay, bisexual, and transgendered (LGBT) health education in pharmacy school curricula. 113th Annual Meeting of the American Association of Colleges of Pharmacy, Kissimmee, FL, July 14-18, 2012. *American Journal of Pharmaceutical Education*. 2012;76(5):99.

Logie C, Bridge TJ, Bridge PD. Evaluating the phobias, attitudes, and cultural competence of Master of Social Work students toward the LGBT populations. *Journal of homosexuality*. 2007;53(4):201-221.

Obedin-Maliver, J., et al., *Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education*. *Jama*, 2011. **306**(9): p. 971-7.

Anderson JI, Patterson AN, Temple HJ, Inglehart MR. Lesbian, gay, bisexual, and transgender (LGBT) issues in dental school environments: dental student leaders' perceptions. *Journal of dental education*. Jan 2009;73(1):105-118.

## Why focus on LGBT older Adults?



Many LGBT older adults live alone and rely on other older adults for support and caregiving.

### Key Terminology/Concepts ([louisville.edu](http://louisville.edu))

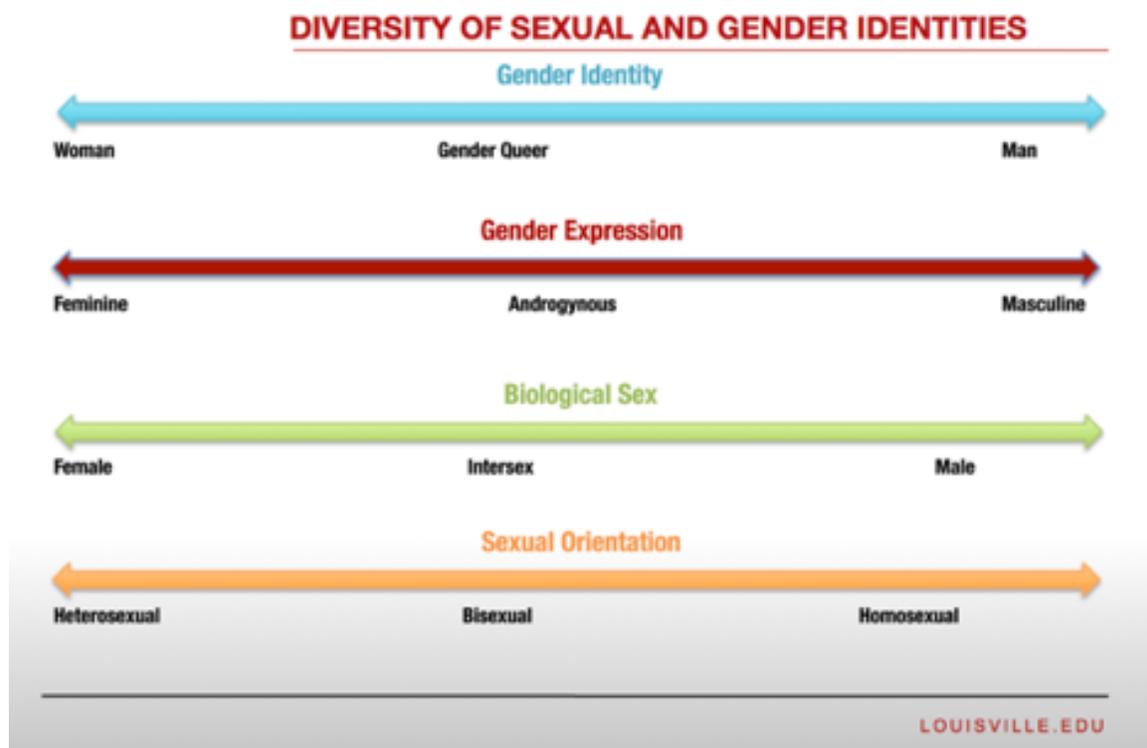
We all have a combination of sexual identities that interact with one another, but are also separate from one another on continuums. Have students take a minute to self-reflect on each of these identities.

**Gender identity** is how you in your heart think about yourself. It is an internal and psychological sense of self. It happens in the brain. Children usually develop and express their gender identity at 4, 5, 6 years of age. Woman, Man, genderqueer or neither man/woman

**Gender expression** is different from gender identity. It is how we act gender. It is our personal expression. Look around at (those we assume are) women in the room; all have a slightly different way of expressing their gender, but all identify as women. Our gender expression can be feminine, masculine or androgynous, or somewhere on continuum.

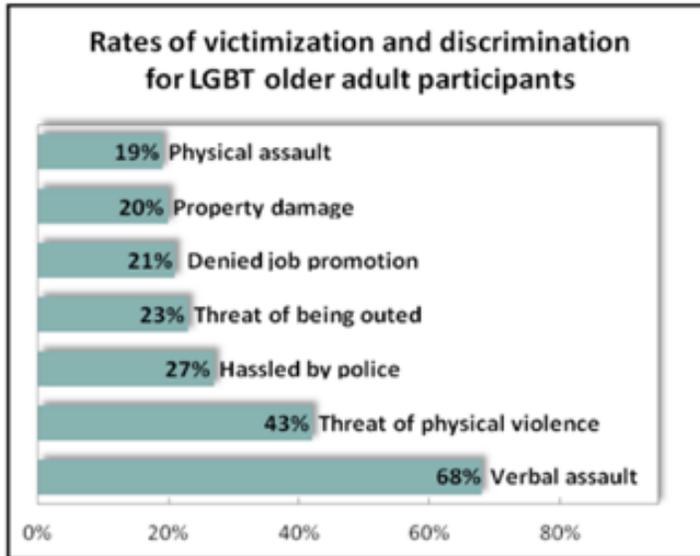
**Biological sex** is how we are born: Objectively measurable organs, chromosomes, hormones. For people who have a combination of typically male and female biological markers for sex they may use the term intersex or DSD – differences in sex development

**Sexual orientation** is who you are physically, spiritually and emotionally attracted to based on their gender in relation to your own. Homosexual, heterosexual and many terms for being in-between such as bisexual, pansexual, bi-curious, etc. Orientation is based on attraction; may not be an outward “identity” shared with world.



### Challenges faced by LGBT older adults

- More than 20% do not disclose their sexual orientation or gender identity to their doctor
- Almost 2/3 have been victimized three or more times
- 13% have been denied or received inferior health care
- Nearly 1/3 have a disability
- 1/3 report depression



*Those 80 and older have the highest rates of internalized stigma and the lowest rates of victimization*

### Health Disparities

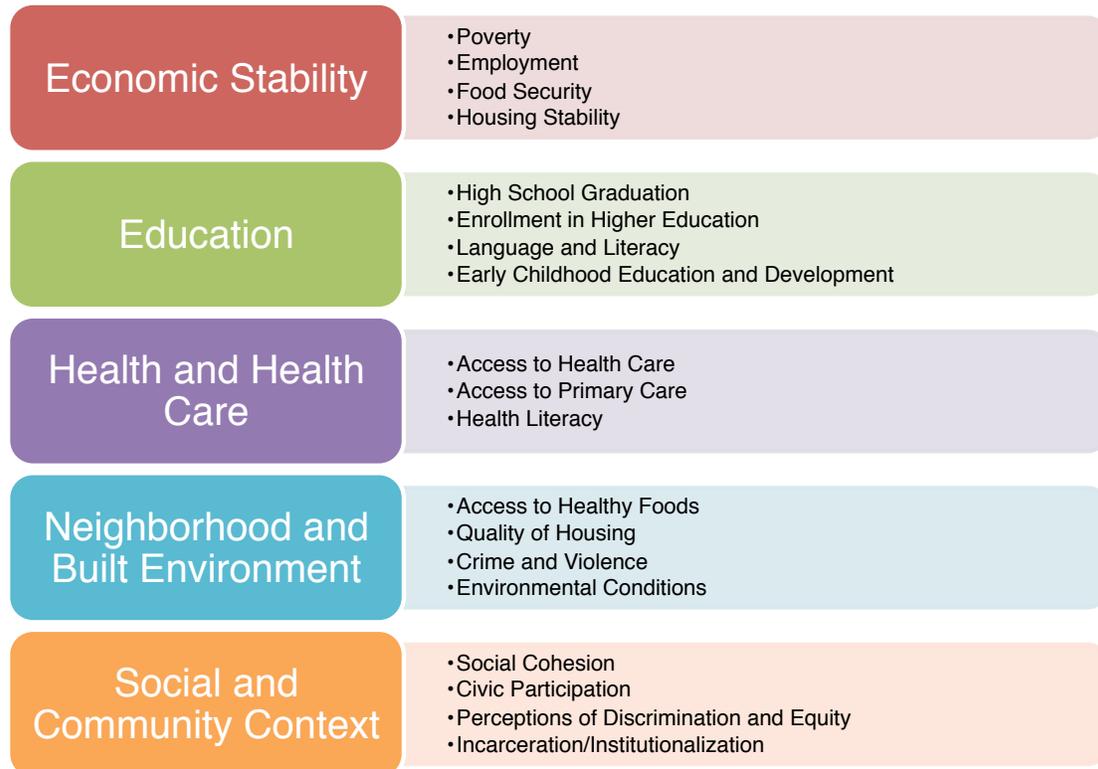
Am J Public Health. 2017;107:1332–1338. doi:10.2105/AJPH.2017.303922

- Rates of disability and mental distress were higher among LGB older adults.
- LGB older adults were significantly more likely than heterosexual older adults to have a weakened immune system and low back or neck pain.
- Sexual minority older women were more likely to report having arthritis, asthma, a heart attack, a stroke, a higher number of chronic conditions, and poor general health.
- Sexual minority older men were more likely to report having angina pectoris or cancer.

### Previous studies:

- LB Women: Higher rates of cardiovascular disease and obesity; Less likely to have mammograms; Higher rates of smoking
- Men: Higher rates of HIV; Higher rates of smoking

## Social Determinants of Health ([louisville.edu](http://louisville.edu))



Healthy People 2020. Social determinants of health. 2016; <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed July 6, 2016.

## SOCIAL AND COMMUNITY CONTEXT- LGBT SPECIFIC ([louisville.edu](http://louisville.edu))

- **Social Isolation**
  - 57% of transgender individuals have experienced rejection by their families.<sup>1</sup>
- **Negative Repercussions of being LGBT**
  - harassment
  - Assault- 19% of LGB youth have been assaulted at school, compared to 5% of heterosexual youth.<sup>2</sup>
  - bullying
  - corrective rape
  - murder
- **Institutionalized Discrimination**
- Lack of legal protection and recognition
- **Minority Stress**

How are health disparities, health risks and social determinants of health related? ([louisville.edu](http://louisville.edu))

### PROPOSED EXAMPLE 1\*

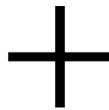
Example health disparity: Lesbian and bisexual women have higher rates of breast cancer mortality than heterosexual women.<sup>1</sup>

#### Health and Health Care

Lack of LGBT cultural competency training with health care professionals due to history of stigma

#### It's Impact

Lesbian and bisexual women report low levels of trust of providers due to Experiences of discrimination or lack of culturally competent care



**Risk factor contribution** Lesbian and bisexual women tend to delay routine care such as screenings out of fear of discrimination



**Health disparity** Lesbian and bisexual women have higher rates of breast cancer mortality than heterosexual women.

1. Cochran SD, Mays VM. Risk of breast cancer mortality among women cohabiting with same sex partners: findings from the National Health Interview Survey, 1997-2003. J Womens Health (Larchmt). 21(5):528-33, 2012.

Group Discussions: Oppression & Language Bias (approx. 15 minutes per topic) [2<sup>nd</sup> option is to remain on 1<sup>st</sup> topic if students are engaged and still discussing]

### Topic 1

**OPPRESSION:** The combination of prejudice and institutional power which creates a system that discriminates against some groups (often called “target groups”) and benefits other groups (often called “dominant groups”). Examples of these systems are racism, sexism, heterosexism, ableism, classism, ageism, and anti-Semitism. These systems enable dominant groups to exert control over target groups by limiting their rights, freedom, and access to basic resources such as health care, education, employment, and housing.

#### Four Levels of Oppression/“isms” and Change:

- **Personal:** Values, Beliefs, Feelings
- **Interpersonal:** Actions, Behaviors, Language
- **Institutional:** Rules, Policies, Procedures
- **Cultural:** Beauty, Truth, Right

#### As a group discuss the following:

- Institutional policies that have limited the rights of individuals that identify as LGBT
  - Government
  - Religious
  - Medical
  - Other
- What are examples of laws/policies that have changed within the past 40 years that were different for current older adults that were coming of age in the 60s and 70s?
- What are examples of cultural practices/images/media that have changed over the years (literature, movies, TV, music, etc.)
- What stereotypes are still being promulgated?
- How might issues pertaining to prejudice and institutionalized oppression be different for older adults compared to younger adults?
- What are specific institutional forms of oppression in the health arena?

Definitions were abridged from: © Leaven 2003 Doing Our Own Work: A Seminar for Anti-Racist White Women © Visions, Inc. and the MSU Extension Multicultural Awareness Workshop Retrieved from: <https://www.amsa.org/advocacy/action-committees/gender-sexuality/lgbt-local-projects-in-a-box/> Oct. 19, 2017

## Faculty-Led Follow-Up Discussion: Impact of discrimination, oppression & bias LGBT Health in Older Adults (10-15 minutes)

- Solicit key themes that came out in small group discussions
- Highlight key timeline events if not identified/ terms to avoid in order to be more inclusive
- How do we, from an interdisciplinary perspective, work together and support each other to undo these 'isms.
- Highlight importance for both Individual commitment to cultural competency & inclusive practices as well as addressing policies at the institutional level or government level

\*\*\* If discussions are short, add topic 2. If discussions need more time, skip topic 2 and last portion of workshop will be additional full-group wrap-up/closing thoughts

## Wrap Up: Closing thoughts from the session (5 minutes)

How will lessons learned in today's workshop impact you in your professional practice?

Additional Questions to pose to students to consider...

- How does this issue impact you as an individual?
- As a professional?
- As a member on an interprofessional team?
- As a member of society?

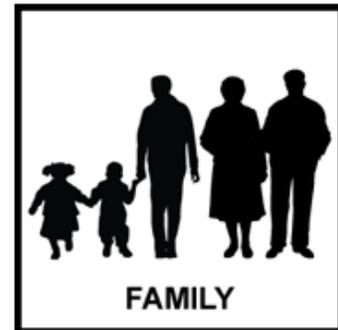
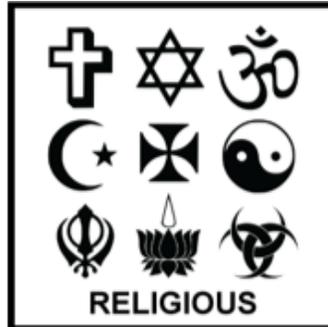
### 2. How can YOU make a difference? ([louisville.edu](http://louisville.edu))

- Embrace educational experiences that include opportunities to:
  - Assess one's own assumptions and attitudes towards LGBT older adults
  - Learn clinically relevant information
  - Learn and practice skills for delivery of culturally competent care
- Gain more exposure to people in this population
- Advocate on behalf of LGBT older adults in health care environments and in public policy
- Familiarize yourself with key resources for LGBT older adults

## Key Events

- Psychological theory portrayed homosexuality as pathological, resulting from dysfunctional parent-child relationships. As a result, many LGB older adults lived their first half of their life in the closet for fear of being institutionalized as mentally ill.
- 1935 – homosexuality was banned in all motion pictures
- 1940's -70's – institutionalization was common for LGBT folks by their families – promising cures. Cruel and inhumane treatments consisted of castrations, torture drugs, shock therapy, and lobotomies
- 1948 Kinsey studies – argued homosexuality was as normative as heterosexuality (but not accepted in American culture)
- 1940s and 50s – McCarthy Hearings targeted gays and lesbians, along with presumed Communists and others, as a threat to the stability of the country
- Media (Time, Life, etc.) portrayed gay men (women ignored) as poorly adjusted, lonely, isolated, and interested in seducing others into their lifestyle
- US government fired gays and lesbians from federal jobs on the threat of having their sexuality revealed made them susceptible to blackmail and that was a security threat
- After WWII was over, an average of 1,000 gays and lesbians dishonorably discharged in the 40's and in 50's ...the average rose to 2,000
- Medical authorities depicted homosexuality as an illness to be cured, and religious authorities viewed it as a lapse of moral conviction
- 1969 – Stonewall Riots – riots lasted for days, triggered by a police raid, and harassment of gays at the inn
- 1970 – First gay pride parades (NYC, Chicago, SF, LA)
- 1973 – Homosexuality no longer classified as a mental disorder
- 1981 – The AIDS Crisis
- 1987 – First openly gay member of Congress elected
- 1993 – Don't ask, don't tell implemented in the military (gays prevented from openly serving in the military, estimated 13,000 people were expelled from the Armed Forces because of it)
- 1996 – DOMA – Defense of Marriage Act enacted – defined marriage as a union between a man and a woman only; Struck down in 2013
- 2000s – First civil union state 2001, first equal marriage state 2004, multiple other states; several states pass anti-discrimination legislation
- 2010 - U.S. Department of Health and Human Services awarded a historic grant to establish the National Resource Center on LGBT Aging
- 2011 – Ended ban on serving in the military (Don't Ask Don't Tell)
- 2015- Marriage Equality became Law of the Land in the U.S. for federal marriage rights
- 2016 - The Stonewall National Monument was established at the site in 2016
- 2017 Anti Transgender tweets - Bathroom use & serving in the military

Take home: A history of discrimination leaves many LGBT older adults with a general distrust of mainstream institutions.



## Topic 2

**Language Bias:** Every clinician should consider the potential impact of language bias when speaking with patients/families/clients from various marginalized groups, including older adults, people of color and sexual minorities. Using inclusive language can help to build rapport and trust.

**As a group discuss the following:**

- Terms used to refer to older adults  
What terms should be avoided? Why?
- Terms used to refer to gender/sexual minorities  
What terms should be avoided? Why?
- Terms used to refer to racial/ethnic/religious minorities  
What terms should be avoided? Why?
- How do you address your patients? How do you want your patients to address you?
- Does it matter?

**Microaggression:** Subtle, verbal and nonverbal slights, insults, indignities, and denigrating messages directed toward an individual due to their group membership, often automatically and unconsciously. Usually committed by well-intentioned folks who are unaware of the hidden messages being communicated.

- What are some examples of “micro-aggressions”?
- Which of these may be more common among older adults that identify as LGBT?
- Does anyone want to share any personal examples that were particularly bothersome?
- What are the best ways to handle micro-aggressions when you hear them?
  - in the workplace?
  - at school?
  - said by a peer/fellow clinician?
  - said by a superior/instructor/boss?
  - said by a patient?
  - said by a family member?

## Faculty-Led Follow-Up Discussion: Impact of discrimination, oppression & bias LGBT Health in Older Adults (10-15 minutes)

- Solicit key themes that came out in small group discussions
- Highlight that the first step in cultural “competency” is self-awareness and acknowledging our own biases
- How does the hierarchy that sometimes exists in clinical settings impact the likelihood that an individual that they observe committing a microaggression against a patient or another clinician?
- What can happen if we don’t speak up?
- Whom do we talk to? How can we get support? How do we address with the patient?
- How can something as simple as an intake form have microaggressions built into it?
- How can we work together to improve?

Additional resources:

### Minority Stress vs. Resilience Theory

89% feel positive about belonging to the LGBT community



<https://www.sageusa.org/>



### Health Equality Index (HEI)

- National LGBT Benchmark Tool
- Evaluates healthcare facilities policies and practices related to equity and inclusion of LGBTQ patients, visitors, and employees

## NATIONAL RESOURCES

### The Fenway Institute National LGBT Health Education Center

The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy. They produce a variety of clinical resources, including FREE CME/CEUs through their website.

<http://fenwayhealth.org/the-fenway-institute/education/the-national-lgbt-health-education-center/>

### Gay and Lesbian Medical Association (GLMA) [www.glma.org](http://www.glma.org)

GLMA's mission is to ensure equality in healthcare for lesbian, gay, bisexual and transgender (LGBT) individuals and healthcare providers. GLMA provides the following resources pertinent to our discussion today:

*GLMA: Guidelines for Care of LGBT Patients*

[http://www.qahc.org.au/sites/default/files/docs/GLMA\\_guide.pdf](http://www.qahc.org.au/sites/default/files/docs/GLMA_guide.pdf)

**The Gay, Lesbian, Bisexual and Transgender (GLBT) National Help Center** An organization that provides vital peer-support, community connections and resource information to people with questions regarding sexual orientation and/or gender identity. [www.glnh.org](http://www.glnh.org)

### **The Healthcare Equity Index (HEI)**

The national LGBT benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBT patients, visitors and employees. The HEI 2014 evaluated a total of 1504 healthcare facilities nationwide. <http://www.hrc.org/campaigns/healthcare-equality-index>

### **Healthy People 2020**

US Department of Health and Human Services, Office of Disease Prevention and Health Promotion created Healthy People 2020 to create goals for elimination of our country's health disparities, including those of the LGBT community.

<http://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

**The Joint Commission** An independent organization, that accredits and certifies more than 20,500 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

*Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide* (Oakbrook Terrace, Illinois: The Joint Commission, 2011).

This field guide from The Joint Commission urges U.S. hospitals to create a more welcoming, safe and inclusive environment that contributes to improved health care quality for lesbian, gay, bisexual and transgender (LGBT) patients and their families.

<http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

### **Lambda Legal**

Through litigation, education and policy advocacy, Lambda Legal protects the rights of LGBT people seeking health care and works to ensure that medical professionals and healthcare facilities understand their responsibility to treat LGBT patients fairly.

*When Health Care Isn't Caring. Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV.*

<https://myhs.ucdmc.ucdavis.edu/documents/41620/0/When+Health+Care+Isn't+Caring+small.1.pdf/534b6486-094b-4093-a213-e94a84e51e7b>