LGBTLEP: Now What?

Overview

Individuals with limited English proficiency face significant barriers when trying to access health care, as do individuals who are lesbian, gay, bisexual or transgender (LGBT).

- How are these barriers heightened when the person is both LEP and LGBT?
- What unique barriers are faced by LGBT people who happen to also be LEP?
- How can language access programs adapt to promote inclusion for marginalized groups within the LEP communities?

Terminology

Use this	Not this
gay, lesbian, bisexual	homosexual, homo, fag, faggot, dyke
transgender or trans (adj.)	transgendered, tranny, cross-dresser, transvestite
sexual orientation, gender identity or gender	Sexual preference, gay lifestyle, same-sex
expression	attraction, sexual identity

Barriers Faced by LGBT people:

- Systemic discrimination around sexual orientation and gender identity and expression and lack of cultural competency in the health care system
 - LGBT people are misunderstood, mistreated, or openly discriminated against by health care providers who are not familiar with or sympathetic to their needs
 - the terms "family," "parent," and "spouse" are commonly interpreted to exclude LGBT families on the basis of a lack of access to the rights and benefits of legal marriage
 - experiences of discrimination in the health care system often discourage LGBT individuals from accessing appropriate preventive care, thus providing insurers with a pretext for denying them coverage for vital services
 - about 30% of transgender people postponed care when sick or injured and postponed preventive health care due to discrimination and disrespect by providers
 - 1 in 5 transgender people has been denied services by a doctor or other provider due to their gender and/or gender identity. Racial and ethnic minority transgender people are more likely to be denied services.
- Low rates of health insurance coverage
 - o few employers extend coverage to their employees' same-sex partners
 - due to widespread employment discrimination and lack of relationship recognition, LGBT people are more likely to be without prior insurance coverage and are thus disproportionately affected by practices that preclude or limit coverage based on pre-existing conditions
 - high rates of joblessness and poverty among transgender people, especially those of color and transgender youth, often result in a lack of health insurance or underinsurance
 - health insurance coverage for transgender-specific health services continues to be commonly excluded by most U.S. health care insurers
 - For example, transgender men who have a lifelong need for ongoing gynecological care find their insurance policies will not cover it after they transition to male
 - These insurance exclusions also contribute to widespread self-medication of hormones by transgender people who feel the urgent need to medically transition

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Other factors that contribute to LGBT health disparities:

- High rates of anti-LGBT violence
 - Studies have shown that gay men experience 2 types of violent victimization: criminal violence based on their sexual minority status, and violence from a male intimate partner. Gay men are disproportionately at risk for hate crime victimization because nearly all hate crimes based on the victim's sexual orientation target sexual minorities
 - 30.6% of lesbian women experienced intimate partner physical violence; 11.6% of respondents reported they had experienced severe violence
 - Nearly 3 times as many bisexual adults reported experiencing intimate partner violence compared to heterosexual adults
 - Up to 60 percent of transgender people were survivors of physical assault or abuse, and up to 66 percent were survivors of sexual assault

Body image

- For some gay and bisexual men, the pressure to achieve the perfect body has resulted in compulsive exercising, steroid use, poor body image, and eating disorders.
 - problems with body image are more common among gay men than their heterosexual counterparts
 - gay men are much more likely to experience an eating disorder such as bulimia or anorexia nervosa
- Lesbians, in comparison to heterosexual women, possess somewhat different attitudes about beauty, rejecting cultural norms of excessive thinness in women. Compared to heterosexual female college students, lesbians and bisexual women were both more likely to be overweight or obese.

Substance abuse

- Some studies still demonstrate that gay men have higher rates of alcohol dependence and abuse than heterosexual men
- Lesbians also have higher rates of alcohol use, poor nutrition, and obesity. These factors may increase the risk of breast, endometrial, and ovarian cancers, and other cancers.
- Access to treatment services for substance abuse can be very difficult for transgender people who need
 them. Barriers to access include: discrimination; provider hostility and insensitivity; strict binary gender
 (male/female) segregation within programs that result in excluding transgender people; lack of
 acceptance in gender-appropriate recovery groups; and hormonal therapy being regarded as
 "continuing drug use" by some programs, requiring transgender clients to stop using hormones in order
 to access treatment.

Suicide

- Studies have shown that factors such as verbal and physical harassment, experiences related to "coming out" (including family acceptance), substance use, or isolation of gay men and youth thought of as sexually different from their heterosexual peers contribute to their high rates of suicide.
- Bisexual men and women report higher levels of self-harm, suicide attempts, and thoughts of suicide than heterosexuals, and in many studies, higher than gay men and lesbians.

HIV

- men who have sex with men (MSM), and gay men in particular, are the population most severely affected and at increased risk of human immunodeficiency virus (HIV) infection
- o HIV infection is highest among transgender women of color

Sources: Healthy People 2020, National Coalition for LGBT Health, National Healthcare Disparities Report and the Movement Advancement Project