



1st part of a 3-part webinar series

Sponsored and hosted by the National Council of Urban Indian Health

Conducted by the National Native American AIDS Prevention Center

Who is NCUIH

The National Council of Urban Indian Health is a 501(c)(3), membership-based organization devoted to support and development of quality, accessible, and culturally sensitive health care programs for American Indians and Alaska Natives living in urban communities.

NCUIH fulfills its mission by serving as a resource center providing advocacy, education, training, and leadership for urban Indian health care providers.

Who is NNAAPC

The National Native American AIDS Prevention Center is a national non-profit that seeks to address the impact of HIV/AIDS on American Indians, Alaska Natives, and Native Hawaiians through culturally appropriate advocacy, research, education, and policy development in support of healthy Indigenous people

NNAAPC provides training, technical assistance, resource brokering, capacity building and materials development services

In Honor of NNHAAD

The first day of spring is National Native HIV/AIDS Awareness Day

A time of growth, rebirth, renewal and hope for many Native cultures





- By the end of the webinar, participants will be able to
 - Explain the diversity that exist within the LGBTQ community
 - Define common concepts of sex and sexuality
 - Explain the difference between homophobia and heterosexism
 - Identify resources and services that are appropriate for providing support to LGBTQ people
 - Identify best practices for serving Native LGBTQ people in a clinical setting

Content

This webinar will present material in a general fashion.

The hope is to create a foundation of knowledge that can then be honed to match the specific culture and reality of your clients and community

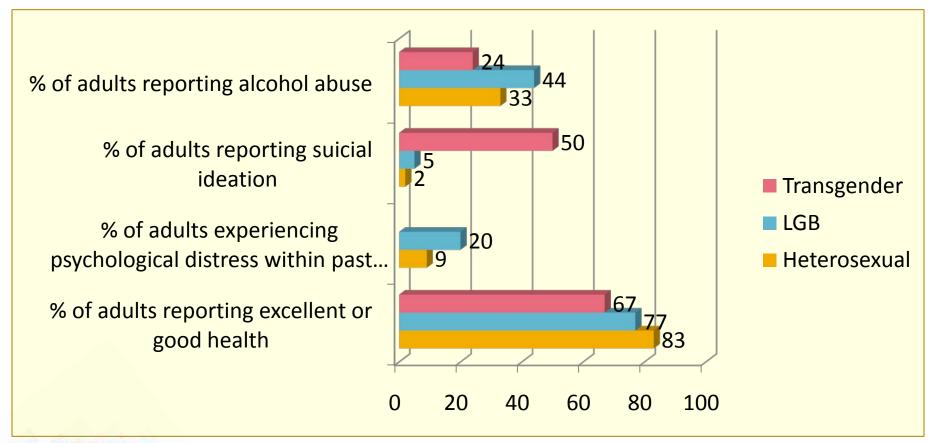


Rationale

- NCUIH heard about a need for some skills building about working with LGBTQTS people
- LGBTQTS people are facing health disparities
- Access to quality care is the right of all Native peoples

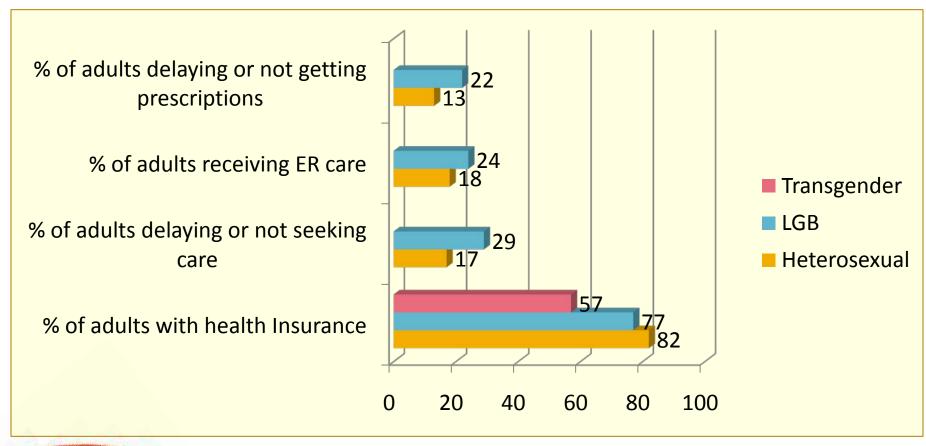


LGBT Health



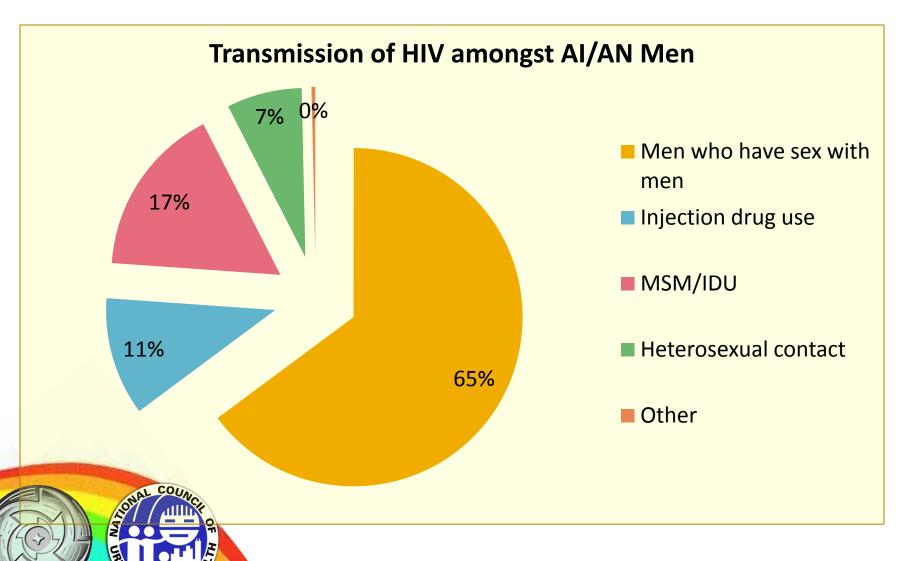


LGBT Access to Care





HIV in the Native MSM Community



Cultural Competency

- Ability to interact effectively with people of different cultures
- Cultural competence comprises four components
 - Awareness of one's own cultural worldview
 - Attitude towards cultural differences
 - Knowledge of different cultural practices and worldviews
 - Cross-cultural skills
- Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

Cultural Competency

Knowledge

Respect



What might each one look like?

Knowledge

Respect



Cultural Competency

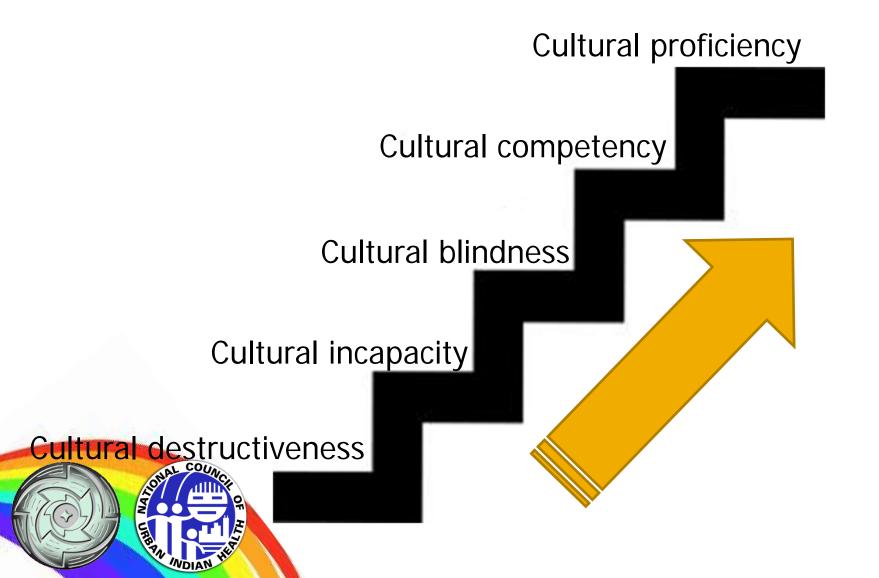
Respect

Willingness

Knowledge



Moving Towards Cultural Competency



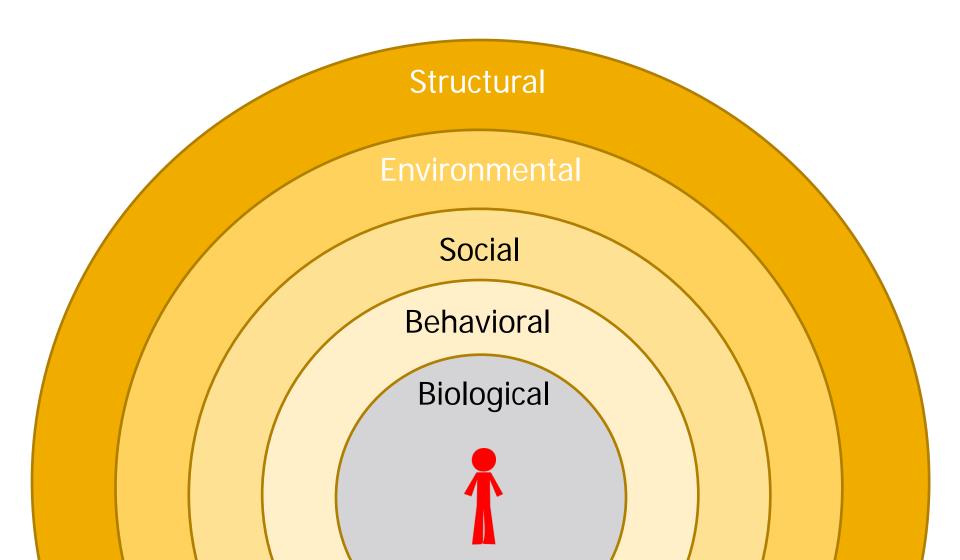
Institutional Cultural Competency

- Valuing diversity
- Having the capacity for cultural self-assessment
- Being conscious of the dynamics inherent when cultures interact
- Having institutionalized cultural knowledge
- Having developed adaptations of service delivery reflecting an understanding of cultural diversity
- Having policies and procedures that honor the cultural diversity of the staff and service recipients

How do you get to a place of respect?

- See some of the other in your self
 - Looking for similarities
- Honoring the differences
- Cultural humility
 - Admitting that your culture isn't superior, and does not contain all the answers
- Personal humility
 - Admitting that you, as a person, don't know it all, or aren't perfect





Structural

International, national and local governance, economic, and social policy, history



Structural

Environmental housing, legal status, access to healthcare, violence



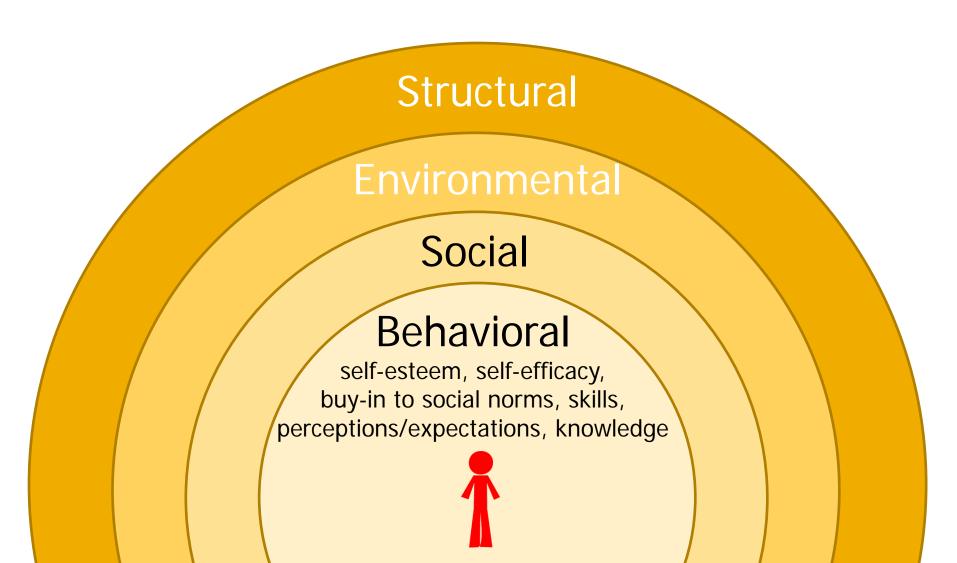


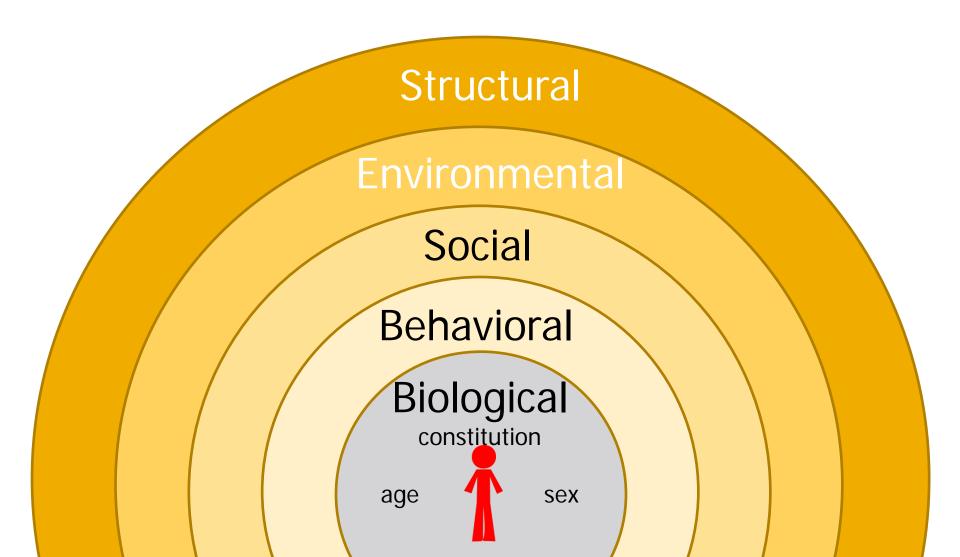
Environmental

Social

education, occupation, age, income, class, race, ethnicity, gender, religion, culture



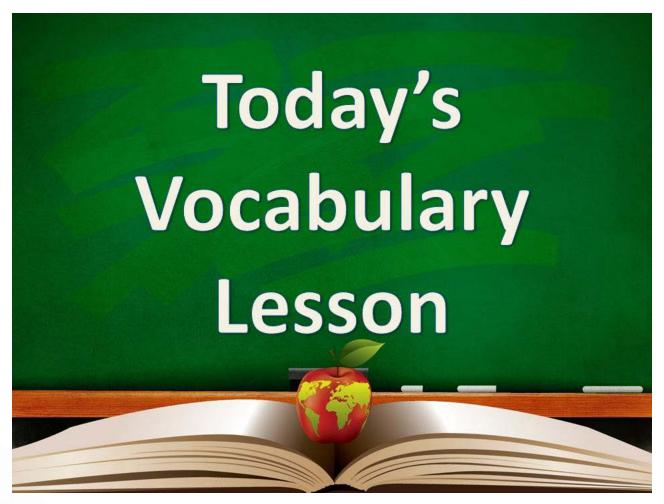




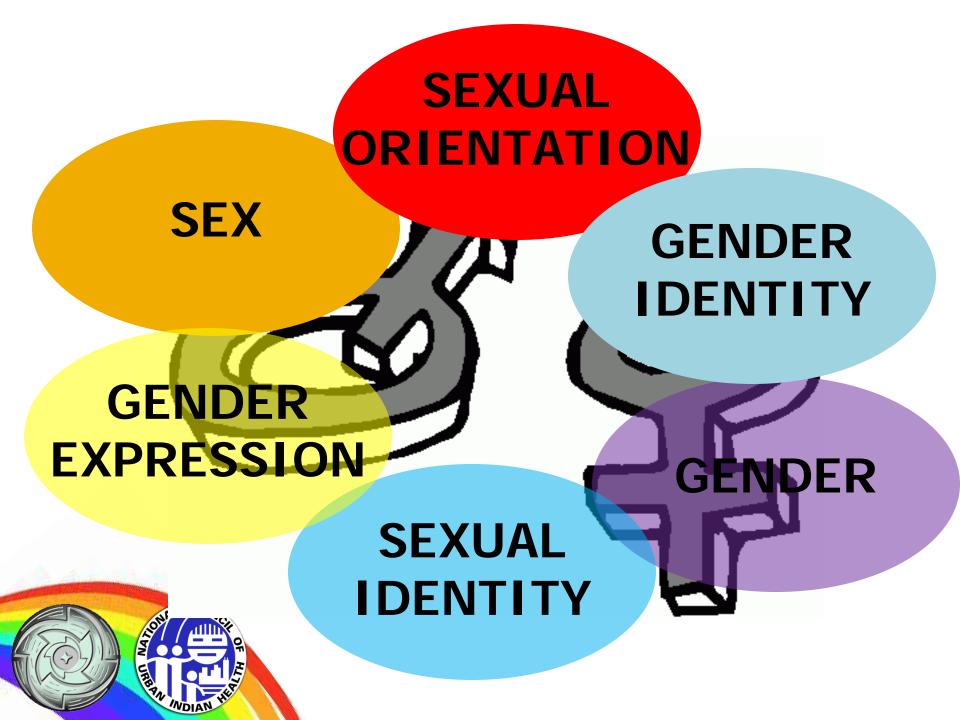
Why Social Determinants of Health?

- LGBTQ is just one piece of an identity
 - How that identity is shaped and expressed is influenced by cultural values and norms
- Understand the social pressures that lead to homophobia and heterosexism
 - That ultimately led to health disparities









QUESTIONING

LESBIAN

GAY

LGBTQITS = ????????

INTERSEX

TWO SPIRIT



Formation of a Gay Identity

IDENTITY CONFUSION

Personalization of information regarding sexuality.

IDENTITY COMPARISON

Accepts possibility s/he might be homosexual.

IDENTITY TOLERANCE

Accepts probability of being homosexual, recognizes sexual / social / emotional needs of being homosexual.

IDENTITY ACCEPTANCE

Accepts (vs. tolerates) homosexual self – image and has increased contact with Gay / Lesbian subculture and less with heterosexuals.

IDENTITY PRIDE

Immersed in Gay / Lesbian subculture, less interaction with heterosexuals. Views world divided as "gay" or "not gay".

IDENTITY SYNTHESIS

Gay / Lesbian identity integrated with other aspects.

Coming Out

- Lifelong process of exploring one's sexual orientation and identity
- Sharing it with family, friends, coworkers and the world
- One of the most significant developmental processes in the lives of Gay and Lesbian people
- Recognizing, accepting, expressing and sharing ones' sexual orientation with oneself and others



Is There a Gay Culture?

- There is undoubtedly a gay community
- A 'gay culture' is still a controversial idea





Influence of Sexuality on Gay Culture

- Defined by sexual relationships
 - Homo+sexual
 - Still happens today
- Denied acceptance of relationships
 - Public and clandestine sex
 - Secret bars
 - Secret relationships
 - Internalized homophobia

What is an MSM?

- Term to define men who engage in homosexual activities
 - Gay
 - Do not define themselves as gay
 - Can also be applied to women
 - Includes bisexuals
- Is that possible????????





Down Low

- Brought into the spotlight
 - J.L. King
 - Terry McMillan
 - HIV on the rise among heterosexual women
- Has been happening for a long time and will continue to happen as long as there is open and accepted homophobia





Why is it Important to Think about MSM?

- Reminds us of the coming out process
- Reminds us of homophobia
- Gives power to the individual to define themselves as they see fit
- As service providers, we can focus on behaviors and not always labels



How did MSM Fit into Gay Culture?

- MSM who do not fit into gay culture unless they want to
 - One is behavior, one is culture
 - They fit into disease prevention efforts because that can be more about risk behavior
- Crossovers exist



Heterosexual Privilege

- The advantages granted to heterosexuals (straight people) by their sheer membership with the dominant sexual identity
 - External (physical, environmental, legal)
 - Internal (thoughts, perceptions)





Examples of Heterosexual Privilege

- The right to know your normalcy
- The right to talk openly about your intimate relationships
- The right to marry
- The right to bear children without question
- The right to adopt children without question
- The right to kiss or show affection in public
- The right to be open about apartment hunting with a significant other
- The right to be validated by your religion
- The right to be socially accepted by neighbors and your neighborhood
- The right to feel comfortable in children's schools
- The right to dress without worrying about what it represents

- The right not to resent the media for its heterosexual references
- The right not to be excluded by the media
- The right to share holidays with your lover and your family
- The right to openly discuss politics without fear of assumptions
- The right to have children be comfortable with their friends
- The right to share insurance with your partner
- The right to visit your partner in the hospital
- The right to donate blood
- The right to be who you are all the time
- The right to not have to explain who you love to everyone
- The right not to hide friends, and social activities geared to the same sex



Heterosexism

- Is the assumption most people make that everyone is heterosexual and those who aren't are abnormal or deviant.
- Is the belief that heterosexuality and heterosexual people are superior to and more valuable than homosexuality and homosexual people



The Term 'Homophobia'

- Homophobia is a psychological term coined by psychologist George Weinberg in 1972
 - Refers to an irrational fear or hatred of homosexual and homosexuality, usually in others but also in oneself
- Misnomer
 - Phobia is a mental disorder
 - Patholigizes homophobia
- Most discriminatory activity against LGBTQ people can be explained
- Thus it is not irrational

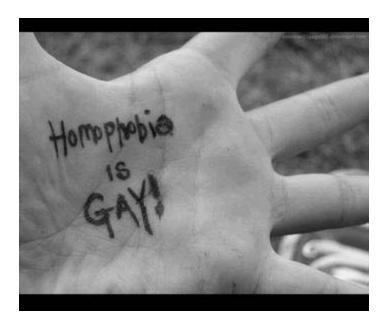
- Any action, attitude, or behaviour that discriminates against or unfairly limits same-sex attracted people because of their sexuality
- Any fear or loathing of homosexuality, homosexual people, lesbian, gay and bisexual identity, and refers to the values and behaviours which express this fear and loathing.





Kinds of Homophobia

- Interpersonal homophobia
- Personal (or Internalized) homophobia
- Institutional homophobia
- Cultural homophobia







Think of a time...

Everyday Homophobia



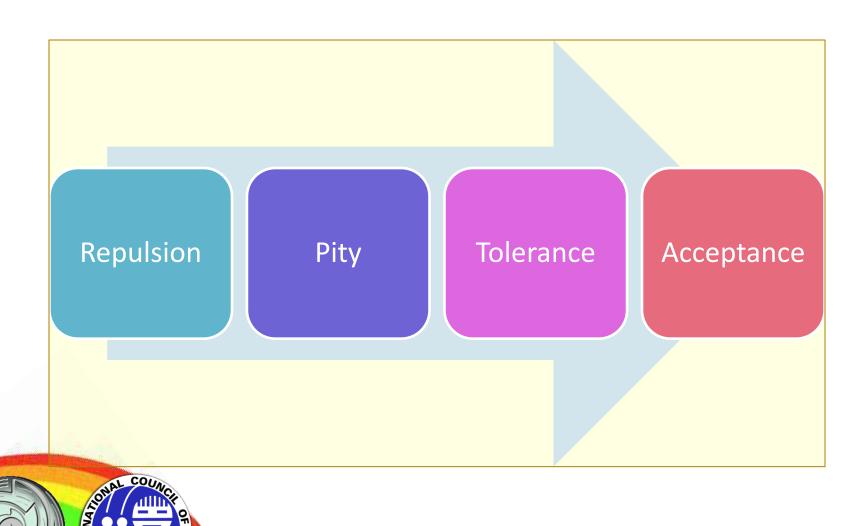


Think of a time...

Everyday Heterosexism



Homophobic Levels of Attitude



Homophobia and Heterosexism in Society

- GLB are at increased risks for:
 - Contracting HIV/AIDS
 - Being victims of murder
 - Being unemployed
 - Shorter life expectancy
 - Mental health issues
- Pre-Mature death rates
 - Suicide = 818 to 968 deaths per year
 - Smoking = 1232 to 2599 deaths per year
 - Alcohol abuse = 236 to 1843 deaths per year
 - Illicit drug use = 64 to 74 deaths per year
- All associated financial and societal costs

Homophobia and Heterosexism at Work

- Hiding one's sexual orientation and/or pretending to be straight for fear of unequal treatment or harassment
- Concealing one's true self can lead to:
 - Inability to talk about one's private life
 - Problems asking for consideration when a partner is ill
 - Constant pressure of being "on guard"
 - Harassment in the form of jokes and innuendos, homophobic comments, threats to "out" a person
 - Fear of reporting harassment and of not being taken seriously; being accused of over-sensitivity, of lacking a sense of humour, of "bringing it on themselves"
 - Not having access to spousal entitlements in areas like parenting leave, relocation allowances or superannuation

What does this mean in a clinical setting?

- Want to know that they are not going to be discriminated against
- Want to know that their services are going to be met
- Want to feel valued and not judged
- Can see where people are in their identity formation
- Can understand the nature of high risk



Create a Safe Space



- Don't assume a sexual orientation or gender identity
- Be comfortable asking about sexual practices and sexual identity
- Learn to use the language that your patient is comfortable with
- Ensure confidentiality
- Is your space welcoming?
- Do not judge!



Address Health Concerns



- Understand the other health needs of LGBTQTS people
- Talk about HIV risk with all MSM



Reach Out to the LGBTQTS Community



- Advertise in gay periodicals
- Connect with LGBTQ and two spirit groups
- Advertise a nondiscriminatory stance



Institutional Processes



- Non-discrimination clause
- Training for staff
- Friends and partners of LGBTQTS people should be respected
- Allow LGBTQTS patients to provide you direct feedback
- Examine forms and documentation for heterosexism



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Resources

- Gay and Lesbian
 Medical Association
- American Medical Association
- Two Spirit Societies
- Local GLBT Community Centers
- PFLAG
- SAMHSA LGBTQ2-S
 Working Group

- Human Rights Campaign
- Group for the Advancement of Psychiatry LGBT Issues Committee
- National Gay and Lesbian Task Force
- Center for American Progress





Thank You!!



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