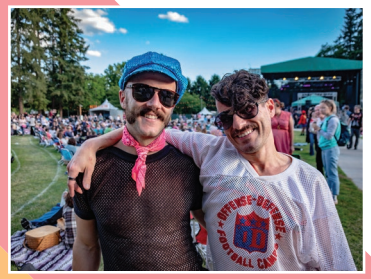
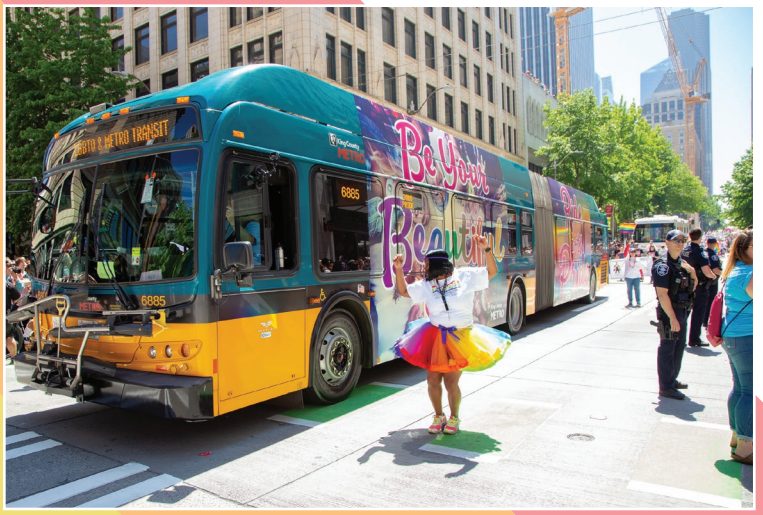
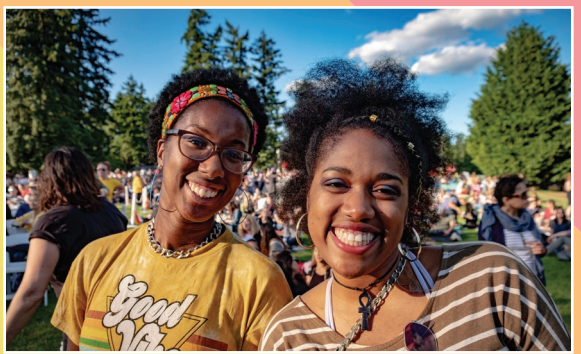
King County Community Health Needs Assessment 2018/2019







LGBTQ Community Spotlight

King County Hospitals for a Healthier Community

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Executive Summary

Executive summary

This spotlight on the lesbian, gay, bisexual, transgender, and queer (LGBTQ) population of King County is a special addition to the 2018/2019 King County Community Health Needs Assessment (CHNA) – a King County Hospitals for a Healthier Community collaborative product that fulfills Section 9007 of the Affordable Care Act. In this section of the report, we examine the health inequities affecting the LGBTQ population, in particular for youth and young adults, as well as provide information about community health needs.

We present findings from a series of eight listening sessions with 72 LGBTQ youth (ages 13-17) and young adults (18-24) living throughout the county, and from seven key informant interviews with advocates who work with LGBTQ youth. To complement these qualitative findings, we present relevant survey data (a) for adults, from the Behavioral Risk Factor Surveillance System (BRFSS), (b) for youth, from the Healthy Youth Survey (HYS), and (c) for homeless youth and adults, from the Count Us In Survey of King County's sheltered and unsheltered homeless population.

The transition from childhood to early adulthood is challenging for everyone. As youth assume more responsibility for decisions about their activities and relationships, interactions with the adults around them can become stressful and sometimes contentious.

Our conversations with key informants and youth participants revealed considerable variability in the ways this delicate negotiation plays out for LGBTQ youth – some that support and some that threaten adolescent health during a key time of identity development. Survey data bolster these conclusions.

WHAT WE HEARD FROM YOUTH & YOUNG ADULT LGBTQ COMMUNITIES

Key informants and youth participants were asked to reflect on access to and experiences with healthcare for LGBTQ youth and young adults in King County. Participants described a set of interpersonal barriers, structural barriers, and societal stressors that make it difficult for youth to get the supportive healthcare they need.

Listening session participants and key informants described the lack of control that LGBTQ youth feel over their own health. Comments were usually set in the contexts of relationships with family, other supportive adults, and healthcare providers.

Control over personal health

Youth want to be involved in decisions about their health and treatment, but generally feel isolated from decision-making processes, largely because of their age. They expressed frustration over doctors and parents discussing their health without soliciting input

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from them. Many stated that doctors – and in some cases their parents – dismissed the health needs they articulated. Youth felt that the inability to speak and be heard by their caregivers and providers created barriers to accessing contraception, puberty blockers, and other types of mental and sexual health services.

Relationships & trust

Support from family & reliable adults

Youth who had stable and nurturing relationships with their families and trusted adults felt safe and supported. Those without these trusting relationships had extreme difficulty getting their health and healthcare needs met. Key informants reported that, for many LGBTQ youth, lack of family support affected mental health, self-esteem, and their ability to effectively navigate the healthcare system.

In many cases, youth do not want to share their concerns in front of their parents, but often do not feel welcome to talk to providers privately. They would like more opportunities to speak privately with their providers, and feel strongly that this needs to be initiated by the provider.

Patient-provider relationships

A strong message from youth was that they needed to feel safe and develop trusting relationships with their providers before they could comfortably talk with them about their physical, mental, and emotional health needs – all of which extend beyond just sexual health. Negative experiences with providers affect their ability to open up to their providers and can discourage them from seeking healthcare in the future.

Key informants and youth both described limited time during the visit as a barrier to comprehensive care and relationship building. When physicians are rushed, youth perceive those interactions as hurtful and dismissive.

Visibility & acknowledgement

A safe and supportive clinical environment can reduce barriers to care. Two signs of a safe and supportive environment are use of inclusive language and acknowledgement of the possibility that patients/clients may be gender non-conforming, non-binary[i], or transgender. Youth recounted stories of being misgendered, of being told they had to choose a gender, and of having providers who refused to use the appropriate name or pronouns. These youth said they immediately felt disrespected, which affected the quality of subsequent interactions with that provider.

i Describes a person whose gender identity falls outside of the traditional gender binary structure. This can include people of defined, culturally-specific genders other than male and female (Two-spirit, Fa'afafine, etc.), as well as people of any culture who do not feel an internal sense of alignment with binary genders. Non-binary people may or may not experience gender dysphoria and may or may not seek gender-affirming care (hormone therapy, surgery, etc.).

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Having a queer provider offers many queer youth a sense of ease because they feel accepted just as they are. Some youth imagine that the quality of care from a queer provider would be better because the patient would not carry the burden of educating the provider about who they are and how to deliver care to them.

Youth felt validated when intake forms allowed them to specify their pronouns, distinguish their sex from their gender, or select a gender other than male or female. When an initial encounter did not make them feel "othered" and isolated, youth were more able to engage in open and trusting communication when they entered the treatment room.

Navigating healthcare settings

Youth and key informants described challenges, such as: accessing and navigating health insurance and healthcare settings, lack of provider training to work effectively with LGBTQ patients, and lack of youth education about diverse aspects of human sexuality and healthy interpersonal relationships.

Many LGBTQ youth face barriers when they're unsure about issues related to insurance coverage and confidentiality. Transgender youth face unique challenges related to knowing how and when to disclose their gender and what their options are for gender-affirming care. Many also encounter barriers when trying to understand and navigate regulations regarding confidentiality, parental permission, and documentation. Patients with health insurance can be prevented from receiving care if they don't have up-to-date legal documents that accurately reflect their name and gender.

Standards in medical charting that assume heterosexual, cisgender patients also create barriers to care. Electronic health records often use fixed categories with limited options for gender and only populate a patient's legal name, so mistakes in addressing transgender patients by the appropriate name and gender are perpetuated throughout the chart and repeated with each interaction. Similarly, sexual health questions assume heterosexual interactions and prevent youth from being able to accurately describe their sexual health and create additional stigma around these relationships.

Provider training

Depending on their area of focus, healthcare providers may have few opportunities to acquire the knowledge and skills needed to work effectively with LGB, transgender, and gender-non-conforming patients. Key informants expressed an across-the-board need for more training of medical and mental health providers– especially in pediatrics, family practice, and primary care.

Youth education

Key informants attributed some of the health concerns and disparities among LGBTQ youth to the paucity of

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accurate and culturally competent health information provided to young people in schools. Youth confirmed that school sex-education courses did not prepare them for the relationships they were actually having.

Youth expressed a desire for information about how to navigate healthcare – including clear communication concerning their rights, confidentiality, and what services they can access without parental consent, especially related to therapy, contraception, and gender-affirming care.

Societal stressors

Key informants emphasized the multiplicative effects of intersecting oppressions on many of the health disparities experienced by LGBTQ youth and young adults. Inequities associated with race, place, income, language, and homelessness are magnified among LGBTQ youth. LGBTQ youth experiencing homelessness were identified as a severely burdened and vulnerable population. Key informants described the unique challenges and inequities experienced by these youth.

WHAT WE LEARNED FROM THE SURVEYS

Findings from surveys of adults (the Behavioral Risk Factor Surveillance System), youth (Healthy Youth Survey), and homeless King County residents (Count Us In survey) reaffirmed some of our listening session and interview findings.

Note: The Count Us In survey collected data on LGBTQ+ populations whereas BRFSS and HYS surveys did not offer response options beyond straight, lesbian or gay, or bisexual; hence, the use of "LGB" when referencing those data sources.

Safety concerns

Survey data showed that LGB youth were consistently more likely than heterosexual youth to report feeling unsafe at school, feeling unsafe on dates, being bullied, having been physically abused by adults, and lacking emotional support from adults. LGB youth were also more likely than heterosexual youth to have carried a weapon to school. Individuals who identified as LGBTQ+[ii] were disproportionately represented among King County's homeless population, and more than half of homeless LGBTQ+ survey respondents reported histories of domestic violence or partner abuse. Among LGBTQ+ respondents to the Count-Us-In survey, 7 out of 10 first experienced homelessness in childhood or before age 25.

The compounding effects of multiple oppressions

For many indicators, the strong relationship between

ii The '+' acknowledges that it is not possible to list every term that people use to describe their sexual orientation or identity.

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LGB identification and exposure to potentially traumatizing experiences persisted across analytic breakdowns – typically racial/ethnic groups. For some indicators, belonging to another subgroup appeared to further magnify risk among those identifying as LGB. For example, LGB youth were significantly more likely than heterosexual youth to report feeling unsafe at school, furthermore, Black LGB youth and LGB youth who identified their race/ethnicity as "other" – had exceptionally high rates of feeling unsafe at school. Additional evidence of compounding of risks were found among:

- Asian, Black, Hispanic, "other" race/ethnicity, and South Region LGB youth for not having an adult to talk to.
- South Region LGB youth for obesity.
- Black and Hispanic LGB youth for binge drinking.
- Black LGB youth for marijuana use.

Substance use & health-related behaviors

Behavioral patterns observed in teens can set the scene for behaviors – and illnesses – later in life. Some of the health-related behaviors reported in this section involve use of potentially addictive substances (tobacco, alcohol, and marijuana), and can be difficult to change in adulthood. Disparities by sexual orientation among youth for cigarette smoking, binge drinking, and marijuana use were mirrored in adult data on the same behaviors. Similar patterns of youth and adult disparities by sexual orientation showed up on mental health indicators.

Discontinuities between youth and adult data

A few indicators showed significant differences by sexual orientation among youth (higher rates of obesity, inadequate physical activity, and lack of social support for LGB youth), but not for adults. And for some adult indicators (frequent mental distress, binge drinking, and marijuana use), rates peaked in young adulthood. Although some LGB adults experience high rates of substance use, mental illness and disability, or chronic disease, most become healthy and productive adults.

CONCLUSION

Youth participants and key informants identified a complex set of systemic and interpersonal barriers and oppressions that affect the health outcomes of LGBTQ populations and contribute to inequities that impact these communities in King County. The quantitative analyses supported what we heard in listening sessions and interviews, and can be used to raise awareness among the parents, teachers, healthcare providers, and other trusted adults whose support is important to LGB youth as they navigate this vulnerable period of development.