

# LGBTQ TA CENTER

# Newsletter

Winter 2018 Newsletter

**Dear grantees,**

Happy New Year! We hope everybody enjoyed the winter holidays and feels recharged as we head into full implementation of the community-defined evidence programs/practices, and begin data collection for the evaluation plans developed in 2017.

Faggot, queer, sissy, gay, punk, tranny...sticks and stones may break my bones, but words wound me. The focus topic for this newsletter is **microaggressions**. In the LGBTQ community, researcher Kevin L. Nadal, PhD, describes microaggressions as "commonplace interactions that occur in a wide variety of social settings, including school or the workplace, among friends and family, and even among other LGBT people. These accumulated experiences are associated with feelings of victimization, suicidal thinking, and higher rates of substance abuse, depression, and other health problems among members of the LGBT community" (*That's so gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*).

In this newsletter, Suganya Sockalingam provides a thought-provoking discussion of where microaggressions originate and asks how the TA Center can support you on this topic. We have also provided several resources related to microaggressions and the LGBTQ community, with resources that focus specifically on LGBTQ elders, LGBTQ college students, and transgender people.

## Upcoming TTA Opportunities

### **Managing Disparities in Healthcare for People with Disabilities**

**Coming soon**

The LGBTQ TA Center is currently developing this webinar, with a date and time to be determined. More information will be available soon.

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### **Quarterly Collaboration Meeting**

**Thursday, January 25**

The purpose of the meeting is to provide mutual feedback in a collaborative, team building fashion and collaborate on activities to the extent possible. Technical Assistance Providers are responsible for organizing and facilitating these calls. The responsibility will

be rotated for each call.

## LGBTQ News and Resources

Visit the [LGBTQ TA Center website](#), where Equity News announcements and searchable Resources are added every month!

### Archived Webinars on the LGBTQ TA Center Website

Visit the LGBTQ TA Center Website > Resources > Resources for Grantees for password-protected project resources. "**Understanding the CRDP SOGI Core Measures**" (October 13, 2017) is now available as an archived webinar. In that session, Ken Einhaus discussed CRDP measures related to gender identity, sex at birth, sexual orientation, and gender expression.

### Grantee Highlight - LGBTQ Connection's Upvalley Expansion

LGBTQ Connection was recently recognized in the news for its plans to expand mental health services to Upvalley, Fairfield, and Sonoma Valley with CRDP funds. LGBTQ Connection, a program of On The Move, currently works through its Napa and Sonoma County offices. CRDP funds are going to be used to establish an Upvalley support group to support LGBTQ youth, as well as to open Sonoma Valley and Fairfield centers.



#### LOCAL NEWS

### Napa LGBTQ program prepares for Upvalley expansion

### Health Policy Brief - Demographic and Health Characteristics of Transgender Adults in California: Findings from the 2015-2016 California Health Interview Survey

This report provides the first look at demographics, health, and health care access among transgender adults in California who participated in the 2015-2016 California Health Interview Survey (CHIS). The outcomes reflect the systemic oppression and discrimination many transgender and gender nonconforming people experience. Compared to cisgender adults, transgender adults are more than three times more likely to have ever thought about suicide and nearly six times more likely to have ever attempted suicide. These findings call for future research to explain existing disparities and similarities, as well as for the creation of structural and clinical interventions that will improve health care access and mental and physical health outcomes for the transgender population.

HEALTH POLICY BRIEF

Health Policy Brief

October 2017

Demographic and Health Characteristics of Transgender Adults in California: Findings from the 2015-2016 California Health Interview Survey

Jody L. Herman, Bianca D.M. Wilson, Tara Becker

*Transgender adults are similar to cisgender adults in many ways but experience disparities in mental health, disability status, and health care access.*

**SUMMARY:** This report provides the first look at demographics, health, and health care access among transgender adults in California who participated in the 2015-2016 California Health Interview Survey (CHIS). In California, about 10,000 to 15,000 people identify as transgender. Transgender adults are similar to cisgender adults in many ways but experience disparities in mental health, disability status, and health care access. Compared to cisgender adults, transgender adults are more than three times more likely to have ever thought about suicide, nearly four times more likely to have experienced serious psychological distress, and more than three times more likely to have emotions that interfere with their relationships, social life, ability to do chores, and work performance. In regard to health care access, transgender adults are nearly three times more likely than cisgender adults to delay getting medical care when needed by a doctor or to not get the medicine of all. There are no statistically significant differences between transgender and cisgender adults in some demographic characteristics, such as education and race/ethnicity, and in reports of various physical health conditions, such as diabetes and asthma. However, transgender adults appear more likely to have health conditions and other factors that call for future research to explain existing disparities and conditions, as well as for the creation of structural and clinical interventions that will improve health care access and mental and physical health outcomes for the transgender population.

**H** health disparities and inequitable health care access among marginalized groups are well-documented in the United States. Current national debates on the rights of transgender people in public accommodations, the military, and employment settings highlight the widespread marginalization of this population. However, this discriminatory climate is not uniform across states. While 50 other states do not have antidiscrimination policies in place to protect transgender people, California has communicated a state interest in the well-being of the transgender community by passing several statutes and other public policies intended to protect the rights of transgender people.<sup>1,2</sup> The aim of this study was to document health and health care access among transgender Californians compared to cisgender people, in the context of a complex climate characterized by a mix of national and state-level public policies.

Knowledge about the characteristics, experiences, health, and well-being of the transgender population is limited by a lack of representative data collected about this population from representative samples. Nearly all published articles and reports about transgender people's health have been based on data collected through clinical or administrative record samples such as

## Winter Topic in Focus: Microaggressions

### Racial Microaggression

Suganya Sockalingam, PhD

In Derald Wing Sue's article on "[Racial Microaggressions in Everyday Life](#)," he explores microaggressions by providing a variety of everyday experiences of people of color. He then explains the meaning of the term "microaggression" as "**brief and everyday slights, insults, indignities and denigrating messages sent to people of color by well-intentioned White people who are unaware of the hidden messages being communicated.**" He goes on to describe the harmful effects of these microaggressions.

I wondered how soon these experiences begin in the life of a person who is not representative of mainstream culture. Does it begin for a toddler when, as a 9-month old, she enters daycare and providers express discomfort at having to deal with her afro-textured hair?

Or does it begin in kindergarten, when the two Asian boys in the classroom are called each other's name because the teacher cannot differentiate between them "because all Korean boys look alike."

Maybe it starts later, when teens start using social media as their primary mode of communication. Without in-person social boundaries that hold society together, teens now feel free to viciously denigrate others whom they feel are "different." Bullying often now switches from being race-based to perceived, or real, differences in sexual orientation.

When does it all begin?

Sue hopes to explore other questions, such as "How do people of color cope with the daily onslaught of racial microaggressions?" and "How do other socially marginalized groups like women, LGBTs, those with disabilities, and religious minorities experience microaggressions?"

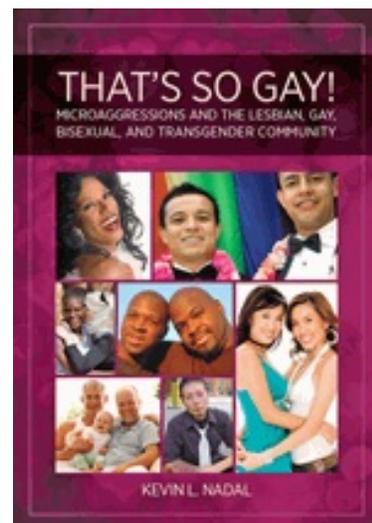
Is it possible to be born and raised in the United States--or, in reality, any place including countries with majority non-white populations--and not inherently experience gender, sexual and gender orientations, and racial biases?

I am all for embarking on these questions and finding a forum in which to air them. **How can we at the LGBTQ TA Center support you in exploring these issues through dialogues? Let us know!**

### ***Resources Related to Microaggressions***

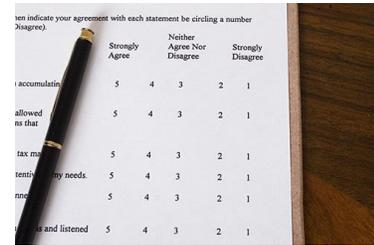
#### **[Book - That's so gay! Microaggressions and the lesbian, gay, bisexual, and transgender community](#)**

In this book, Dr. Nadal provides an overview of the literature on discrimination and microaggressions toward LGBTQ people. He focuses on case examples of microaggression incidents, with discussion questions for reader reflection. The book includes advice for mental health practitioners, organizational leaders, students, and others who want to adopt and advocate for LGBTQ-affirming practices and positions.



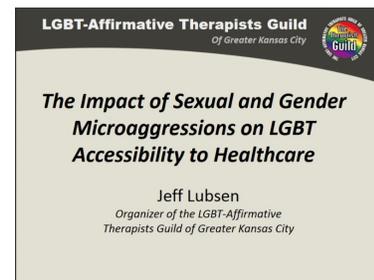
## [Research Article - The Racial and Ethnic Microaggressions Scale \(REMS\): construction, reliability, and validity](#)

This study, also by Dr. Nadal, presents a quantitative instrument to document and measure the racial and ethnic microaggressions that people of color experience. The REMS includes 45 microaggression incidents (e.g., "I was told that I should not complain about race," "Someone assumed that I spoke a language other than English") categorized into six subscales. One of the conclusions of the study was that people are able to identify microaggressions when they happen to them and label them as being race related. This finding is important because of the relationship between perceived discrimination and mental health.



## [Presentation - The Impact of Sexual and Gender Microaggressions on LGBT Accessibility to Healthcare](#)

This presentation was delivered to the LGBT-Affirmative Therapists Guild of Greater Kansas City. Presenter Jeff Lubsen provides a detailed discussion of microaggressions that patients who are LGBTQ experience when seeking health care services. Referencing available research, he explains the "chilling affect" that microaggressions have on patients' access to appropriate health care. He provides recommendations for health care providers and agencies, with a focus on mental health services.



## [Presentation - It IS a Big Deal: The Impact of Microaggressions on LGBTQ Mental Health and Academic Success](#)

This presentation was part of the [California Community Colleges + Lesbian, Gay, Bisexual, Transgender and Queer \(CCC + LGBTQ\) Summit](#) held in November 2017 at UC Riverside. Presenter Patrick Rock, PhD, provides examples of LGBTQ microaggressions and their effects; describes the impact of microaggressions on LGBTQ student mental health and success; and outlines best practices in supporting LGBTQ students and colleagues.



## [Article - How Sexual Microaggressions Have an Effect on Healthcare](#)

The LGBTQIA Healthcare Guild compiled excerpts from multiple journal articles on microaggressions and sexual orientation for this article. It includes a discussion of subtle and covert heterosexism in the therapy environment, the consequences of microaggressions for patients who are LGBTQ, and suggestions for reducing heterosexism in clinical language.



## **Research Article - Health Disparities among LGBT Older Adults and the Role of Nonconscious Bias**

This paper describes the significance of key findings from a major 2010 study, [Caring and Aging with Pride: The National Health, Aging and Sexuality Study](#). The authors of this article, Mary Beth Foglia and Karen I. Fredriksen-Goldsen, discuss the microaggressions that study participants described as older LGBTQ adults. They offer recommendations for more affirming practice, with a focus on the role of clinical ethicists.



## **Blog Post - 7 Microaggressions Trans People Face in Health and Mental Healthcare Settings**

Jesse Kahn, a gender nonconforming clinical social worker and psychotherapist, describes some common microaggressions that trans people face in health care settings. Examples of these microaggressions include:

- Showing intrusive curiosity or expressing assumptions about sex and bodies
- Focusing on gender and sexuality when it isn't the issue in treatment
- Expressing cisnormative assumptions about trans people's goals for transitioning



**Contact the LGBTQ TA Center:**

<http://lgbtq-ta-center.org/contact-us/>  
1-877-568-4227

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