

INDIGENOUS AND LGBTQ2

*TREATING NATIVE AMERICAN
GENDER AND SEXUAL MINORITIES*



TRIBAL HEALTH

TRANSFORMING INDIGENOUS HEALTHCARE

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COMPASSIONATE CARE. CLINICAL INTELLIGENCE.

One of the most positive healthcare changes in recent years has been a spotlight on LGBTQ2 (lesbian, gay, bisexual, transgender, queer, and Two Spirit) health concerns.

Identified as a “health disparity population” by the National Institute on Minority Health and Health Disparities, this community experiences barriers to quality care that compound the devastating impact of discrimination. In response, providers have focused on developing a better understanding of LGBTQ2 issues to foster patient trust and stronger treatment outcomes.

But Native American LGBTQ2 patients are often forgotten – and adopting an intersectional lens is critical to addressing their care gaps.

Any LGBTQ2 person can run into misunderstandings in a healthcare environment. Providers may not understand the difference between same-sex attraction and gender identity; they may not know how to connect a transgender patient’s medical history to their current symptoms. They may not realize that lesbians are less likely than other women to seek preventive care or that men who have sex with men (MSM) may identify as heterosexual.

Greater awareness can help healthcare professionals understand the right questions to ask and helpful practices to adopt. In creating an informed and welcoming healthcare environment, we can encourage more LGBTQ2 patients to embrace their healthcare journey.

LGBTQ2 HEALTH DISPARITIES



How do sexual and gender orientation affect patient health? That question isn't always top of mind when providers treat a new patient. But the LGBTQ2 experience can have a strong impact on patients' medical and behavioral health.

Homophobia and discrimination are associated with high rates of psychiatric disorders, substance abuse, and suicide. High rates of alcohol dependence and tobacco use are common when people feel bars are their only safe havens. Violence, social ostracism, and discrimination in employment and housing can impact health too.

Consider that LGBTQ2 youth are more likely to be homeless than other kids - or that 30% of LGBTQ seniors avoid medical care because of past discrimination. 1 in 10 seniors have been neglected by a caregiver because of their orientation.

These struggles can have an even more destructive effect when someone feels they can't turn to their family for support or show their true self to their community. The LGBTQ2 community isn't immune to racism, nor are Tribal communities immune to homophobia - which can increase a sense of disconnection and loneliness for someone with a foot in both worlds.

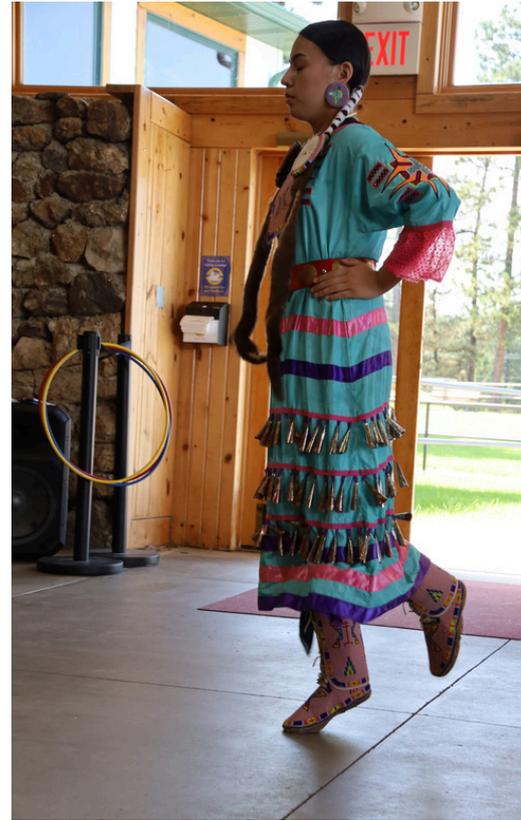


LGBTQ2 people don't all share the same challenges, lifestyles, or choices - but most experienced elevated healthcare risks.

Providers can help their patients by being aware of some common health disparity patterns.

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- ▶ Bisexual adults report lower emotional well-being and higher rates of suicidal ideation than all other orientations.
 - ▶ Gay men and MSM are at higher risk of HIV and other STIs.
 - ▶ 42% of transgender women are HIV positive - and transgender individuals have a higher prevalence of mental health issues.
 - ▶ Lesbians and bisexual women are at higher risk for breast and gynecological cancers than heterosexual women.
 - ▶ 56% of transgender and gender non-conforming Native Americans have attempted suicide.
 - ▶ 65% of Native American transgender women in one study were HIV positive.
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NATIVE AMERICAN AND LGBTQ2



Since the arrival of European colonists, Native American tribes have experienced brutality, forced assimilation, and dispossession. A legacy of loss, starvation, and poverty has torn Native families and communities apart.

Cumulative and collective, historical trauma reverberates across generations. Common symptoms include depression, self-harm, low self-worth, anger, anxiety, survivor's guilt, and substance misuse.

For Native LGBTQ2 people, this trauma is compounded. We know this because:

- 1 in 3 LGBTQ2 Native Americans have experienced hate violence.
- 26% were kicked out of their family home after coming out.
- 65% of Native respondents a US Transgender Survey reported being sexually assaulted.
- 60% said they had been denied equal treatment, verbally harassed, or physically attacked in the past year.

But while Indigenous LGBTQ2 people may need supportive resources more than most patients, they often face high barriers to equitable healthcare. Provider shortages are common in rural and Tribal communities; so is a lack of broadband access, limiting access to digital health resources.

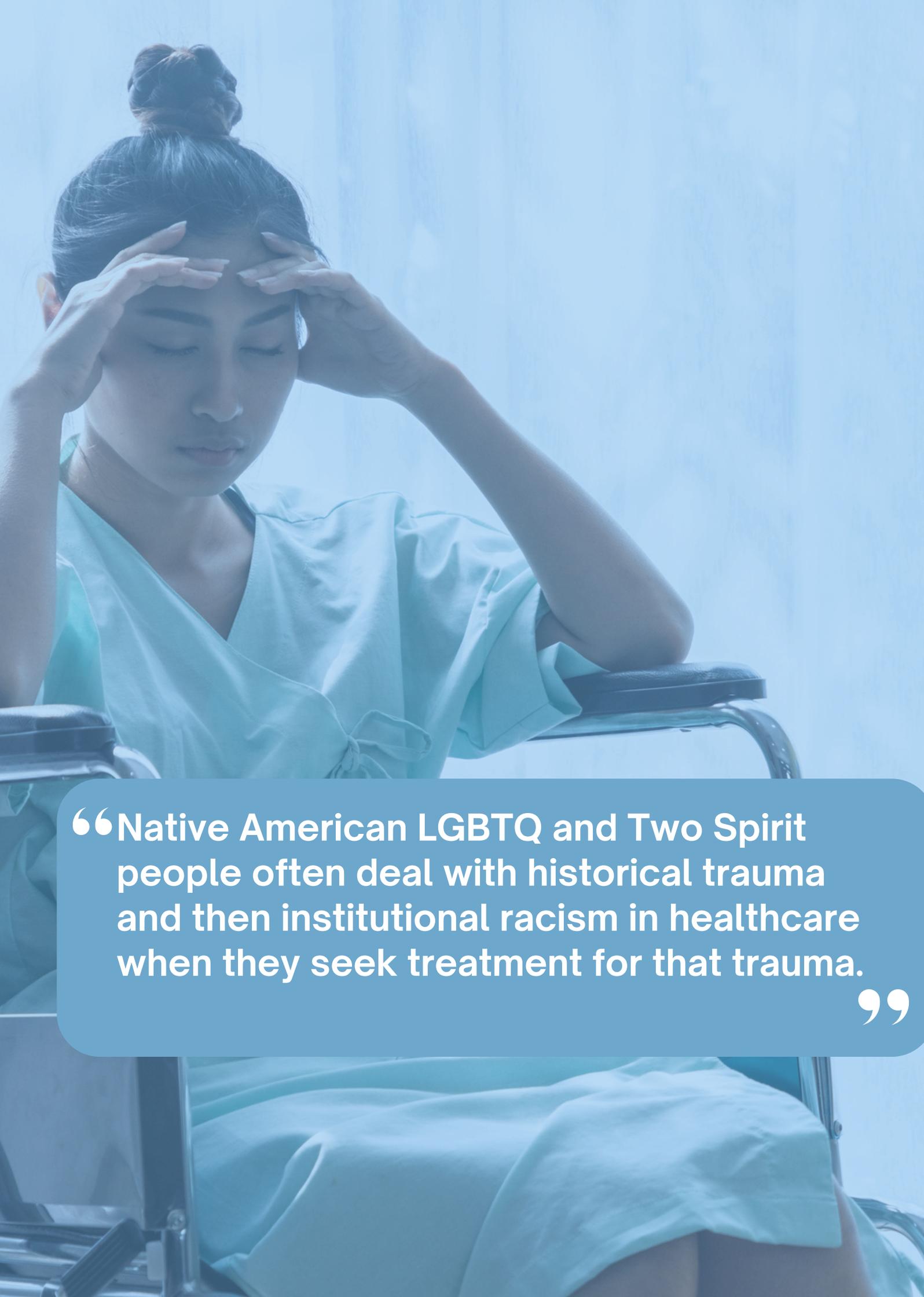
Distrust and Bad Data

A long history of unethical medical practices from the U.S. government has fostered valid distrust toward social services and public health programs. Data collection and public health initiatives often omit Indigenous people as a class or may group them as “Other” in surveys and research, erasing their specific experiences of being Native American and LGBTQ2.



While there’s been a groundswell of victim outreach programs and survivor counseling options in recent years, these groups rarely reach out to Tribal communities - and they can feel unwelcoming to Indigenous people in crisis.

As a result, LGBTQ2 Indigenous people struggling with illness, violence, homophobia, or mental health issues may feel too vulnerable to turn to facilities that have traditionally treated them with dismissal and scorn.



“Native American LGBTQ and Two Spirit people often deal with historical trauma and then institutional racism in healthcare when they seek treatment for that trauma.

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UNDERSTANDING TWO SPIRIT IDENTITIES



Most people have heard the term “Two Spirit” but few know what it really means. Also called In-Between People or The Sacred Ones in some tribes, Two Spirit is often assumed to be synonymous with being LGBTQ, transgender, or non-binary. But Two Spirit has a specific meaning that encompasses culture, spirituality, gender, and sexuality.

The term was coined in 1990 to provide a unifying label. But the identity existed long before then, with some tribes possessing their own terminology. The Two Spirit community was accepted and respected, with some playing ceremonial and leadership roles until European colonization erased those traditions.

Today, many Two Spirit people find themselves singled out for violence - and, like other Native American LGBTQ2 people, they can face institutional racism from healthcare systems when they seek treatment for their trauma.

Today, Indigenous lesbian, gay, bisexual, and transgender people have created healthcare resources and social programs that better served their community.

Some conferences focus on celebration, awareness, healing, and transformation for LGBTQ2 Native Americans. Two Spirit national and regional gatherings focus on reviving lost traditions and ensuring youth receive the correct Tribal teachings for their identity as they grow up.

But perhaps those most helpful change has been the adoption of cultural and clinical practices that can create a more effective healing environment for patients seeking care.



ADAPTING HEALTHCARE FOR A DIVERSE WORLD

Resilience, wellbeing, and generational change don't happen overnight. Efforts to improve social determinants of LGBTQ2 health can help mitigate disparities. Measures like stronger antibullying initiatives in school, legislation on employment and housing rights, and supportive social resources for LGBTQ2 youth and elders can build a more stable foundation for gender and sexual minorities of every age.

But in the end, the onus is on the healthcare industry to change its practices, from care delivery to clinical research to payer policies. The most significant practice: the adoption of culturally aligned care.

A recent report on gender and sexual violence against Indigenous people found that 85% of respondents preferred to access services specifically designed for Indigenous people. One survivor mentioned that “Cultural teaching would improve services because non-cultural classes and counseling did not help.”

For this reason, a Native lesbian cancer patient or an Indigenous Two Spirit person seeking substance abuse treatment may not fare well even in facilities and programs designed to welcome LGBTQ2 people. Many Native patients view recovery as a matter of spiritual, physical, emotional, and cognitive health – and when those components go unaddressed, those treatment programs may fail.

85% of Indigenous patients prefer to access clinical services specifically designed for Indigenous people



6 STEPS TO BETTER LGBTQ2+ HEALTHCARE



#1. Collect sexual orientation and gender identity (SOGI) data in health surveys and patient intake forms to better identify health disparities.

#2. Appropriately document a patient's sexual orientation or gender identity to anticipate potential needs and strengthen patient engagement.

#3. Train medical and nursing students in LGBTQ2 health issues and culturally competent care practices.

#4. Create supportive and knowledgeable healthcare environments, from health screenings to terminology usage.

#5. Increase access to health insurance, behavioral care, and LGBTQ2-friendly services.

#6. Create and publish public health campaigns for preventive care, mental health, and STI education.

BEST PRACTICES



Incorporate traditional therapies and culturally focused activities.

While these will vary between Tribal nations, culturally relevant services might include:

- Storytelling
- Ceremonial services
- Weaving and beading circles
- Tribal language classes
- Two Spirit talking circles
- Native youth camps
- Traditional foods
- Family-based services
- Indigenous birth ceremonies
- Cultural heritage days

Collaborate with community leaders and organizations.

Healthcare workers who care for Indigenous patients often observe that Western medicine is individually focused, while many tribes link community health and patient outcomes.

You can bridge this difference by working with elders to learn Tribal history, knowledge, and practices; reach out to community groups to create health fairs or involve spiritual healers in patient care plans. You'll build deeper patient trust and positive community relationships.



BEST PRACTICES



Train staff in trauma-informed care approaches.

Take a look at your staff onboarding - and consider adding courses on historical trauma and trauma-informed care.

Don't wait for LGBTQ2 Native Americans to "opt in" to trauma-centered care. It should be a foundational approach for all Native patients as people affected by historical trauma.

Build a culturally competent team.

Look for cultural competency courses that specifically address Native health. (Tribal Health offers a free course available at hello@tribalhealth.com.) Also helpful: most tribes have cultural workers and traditional healers who can help your facility adapt care delivery methods to make patients comfortable.

Finally, analyze your staff diversity. Do your clinicians bring a variety of backgrounds and cultures to the table? Do your patients see providers who look like them? If not, consider new ways to recruit and source your healthcare talent.





BUILDING A SAFER AND STRONGER FUTURE FOR LGBTQ2 NATIVE AMERICANS

No disadvantaged community can thrive until the healthcare industry understands and addresses their medical and behavioral needs. Treating a Two Spirit patient or designing a preventive care outreach program for the lesbian community may be new territory for some providers. But a more proactive understanding of LGBTQ2 issues will foster a fair and compassionate healthcare system that helps all patients live their truth with confidence, power, and joy.



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Tribal Health brings culturally sensitive care and world-class providers to every engagement. We tailor our services to your facility needs - whether that is locums staffing, practice management, consulting, behavioral health, or permanent placement and beyond.

If you're in search of sustainable healthcare change for Native communities, let's talk about how we can create healthcare transformation together.

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