

Sample Sexual and Gender Minority Cultural Competency Assignment

Part 1. HIV Among LGBT Youth

Adolescents ages 15-24 made up about 20% of the new HIV cases in 2017 and more specifically, a majority of those cases included individuals within the LGBT community (Center for Disease Control and Prevention [CDC], 2019). LGBT youth are at an increased risk for HIV and other STIs due to their increased likelihood of engaging in high risk sexual behaviors but the exact prevalence is unknown due to the lack of national surveillance on the group as a whole (Robinson & Espelage, 2013; Benson & Hergenroeder, 2005). To address this lack of data, Healthy People 2020 included several objectives to not only improve the gap in data collection, but also objectives to reduce HIV risk behaviors among LGBT youth and the proposal for 2030 objectives appears to continue to focus on these issues (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2020).

Disparities

While LGBT youth experience a health disparity regarding acquisition of HIV and other STDs, it is important to note that there are disparities within LGBT youth in HIV and other STD rates. In addition, it is imperative to discuss the social and behavioral factors that lead to these disparities. There is limited research on disparities in the acquisition of HIV and other STDs within sexual minority adolescents. One trend that has shown to be consistent over the years is that young men who have sex with men (YMSM) have the highest rates of HIV infection among young people (Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011). According to the CDC (2019), in 2017, adolescent and adult gay and bisexual men accounted for 70% of new HIV cases. There are racial disparities regarding new HIV cases among gay and bisexual men from the ages of 13 to 34 (CDC, 2019). African American gay and bisexual men represented the majority of new HIV cases followed by Hispanics/Latinos and Whites (CDC, 2019).

One study discussed risky behaviors that could potentially explain why disparities exist among and within LGBT youth and acquisition of STIs. A study conducted by Everett, Schnarrs, Rosario, Garafalo, and Mustanski (2014) examined these risky behaviors and found that bisexual adolescents were more likely to engage in risky sexual behaviors such as having multiple and concurrent sex partners and having their first sexual encounter at a younger age compared to heterosexual YMSM and YMSW (young men who have sex with women). Other determinants are involved in why sexual minority youth experience high rates of STIs such as condomless sex, a lack of knowledge on safe sex practices, and testing and comprehension of acquisition of STDs (Robinson & Espelage, 2013). Bullying is also shown to be a factor in the increase in engagement in risky sexual behavior. One study found that LGBTQ middle and high schoolers were more likely to engage in risky sexual behavior if they were bullied than their heterosexual peers who also experienced bullying (Robinson and Espelage, 2013).

Current guidelines for HIV testing are not sufficient to address this increased burden of HIV on LGBT youth. Current guidelines for special populations include both adolescents and LGBT but no exclusive section for LGBT youth (CDC, 2015). The CDC (2015) outlines different guidelines for each section, which can lead to confusion for LGBT youth since they are both adolescents and a member of the LGBT community. Although these guidelines exist, LGBT youth are not only often reluctant to seek care due to fear of how health care providers may judge them but also are unaware of where they can receive these counseling services (Garafalo & Katz, 2001; Philip, Ybarra, Prescott, Parson & Mustanski, 2015). Though the guidelines are an initial step towards progress, addressing the barriers to accessing HIV testing for LGBT youth serves as an opportunity for intervention.

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Part 2. Targeted Audience to Address HIV Counseling Among LGBT Youth

Both school nurses and health care providers can play a vital part in increasing the amount of LGBT youth who are tested for HIV because of how frequently they are in contact with LGBT youth. However, there are barriers preventing LGBT youth from openly communicating with health care providers regarding their sexual orientation and HIV testing. Fisher, Fried, Macapagal, and Mustanski (2018) found in their study that adolescent men who have sex with men (AMSM), 23% had to have parental permission to receive HIV testing and less than 50% reported that they had not received HIV prevention from their health care provider. In addition, Fisher et al. (2018) found that physicians who asked LGBT youth about their sexual orientation were more likely to answer those questions and they were more comfortable talking to school nurses about their sexual orientation than with a medical doctor. Despite this finding, the comfortability was more associated with nurses who were inviting and were not perceived to be judgmental (Rasberry et al., 2015).

Regarding healthcare preferences among LGBT youth, Hoffman, Freeman, and Swann (2009) categorized provider qualities into two categories, personal/interpersonal and knowledge and experience. In their study, they found that LGBT adolescents highly ranked personal/interpersonal characteristics such as respectfulness, honesty, being welcoming, having a non-judgmental attitude, and treating them like non-LGBT youth (Hoffman et al., 2009). General competency, competency regarding HIV and LGBT issues, prior experience with youth, and consulting were highly ranked knowledge and experience characteristics (Hoffman et al., 2009).

Seeing that youths in general spend a majority of their time in school, school nurses can play a significant role in increasing the awareness of HIV and/or increasing the proportion of LGBT youth who test for HIV (Bradley, Kelts, Davis, Delger, & Compton, 2013). A cross sectional survey revealed that among school staff, LGBT youth in the sample chose school nurses as the staff members they would be the most comfortable with to discuss sexual health

topics such as HIV testing (Rasberry et al., 2015). The caveat to this was regarding nurses the students perceived as not judgmental or naturally friendly and engaging (Rasberry et al., 2015). Although the willingness to have these conversations are essential, it is only the primary step to addressing HIV counseling. Beeson et al. (2016) and Rasberry et al. (2016) discussed the importance of having a robust referral system in order to bridge the gap between students knowing they need confidential services but are unaware of where to get these services. This referral system should not only be responsible for making the referrals but also for follow up with students (Rasberry et al, 2016). In addition to a referral system, another study noted that although referral for outside clinics are instrumental, not all students can feasibly access such a clinic (Rose & Friedman, 2017). Student interviews and focus groups revealed that students perceived school nurses as not understanding of their lifestyle, therefore school nurses should incorporate cultural competency in their work (Rose & Friedman, 2017; Rasberry, 2016).

Hickerson, Hawkins, and Hoyt-Brennan (2018) conducted a pilot study using simulation with student nurses to incorporate cultural competencies related to LGBT health issues. Learning objectives consisted of creating a safe and welcoming environment, using inclusive language, learning skills to conduct a sexual health history, encouraging adherence to recommendations, and increasing students' confidence in gaining these competencies (Hickerson et al., 2018). Student nurses reported that they were confident in communicating with and welcoming LGBT patients (Hickerson et al., 2018). This study shows that there may be advantages to incorporating cultural competencies related to LGBT health issues during health professional education. Creating a culturally competent tool kit for health care providers and school nurses can address barriers to testing as well as help increase the number of LGBT youth who get tested for HIV.

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Part 3: Cultural Competence Toolkit for School Nurses to Address HIV Counseling Among LGBT Youth

Among the draft materials in our toolkit, we addressed cultural competency in several ways, such as using inclusionary language, understanding students' perspectives by asking open-ended questions, knowledge, and skills on how to engage with LGBT youth about HIV and HIV testing.

Although ideally, medical records should have inclusive language, we understand a school nursing office functions as part of a school system that may still have binary answers for gender identity and sexual orientation on their forms. Our toolkit materials, specifically our talking points, address that gender identity and sexual orientation is on a spectrum by recommending nurses to allow their students to disclose this information verbally. This is asked through an open-ended question, with no answer options to allow the student to self-identify their gender identity and sexual orientation as they see fit. This forces the school nurses to first and foremost take responsibility in educating themselves in deepening their knowledge regarding various gender identities and sexual orientations. Beyond this, deepening their knowledge also increases their awareness of any health disparities within the community, such as an increased risk for HIV among the LGBT community. Related, the focus on inclusionary language also allows nurses to reflect and respect the desires of their students by not assuming they are of particular gender identity or sexual orientation. Furthermore, open-ended questions allow students to self-define their sexual history and prevent nurses from making assumptions regarding students' sexual activity.

The other material included in our toolkit is an infographic for school nurses on how they should address HIV and HIV testing among LGBT students. Cultural competency is incorporated in the infographic via knowledge and skills that school nurses can include in their daily practices and interactions with LGBT students. Knowledge is included in the infographic to inform school nurses of the health disparity regarding HIV among LGBT youth. As discussed

previously, it is important that school nurses know the statistics of HIV among LGBT youth and how LGBT youth can increase protective factors and lower the risk factors to prevent HIV. Having this information will help school nurses better engage with LGBT students. School nurses must know and learn how to interact with LGBT students who may come into their offices. The infographic includes a list of pointers for school nurses, such as providing a warm and welcoming environment for LGBT students. This serves as a way of getting LGBT students to open up to the nurses and be willing to have a discussion. Other pointers include not being judgmental and being knowledgeable, but to also not assume anything about LGBT students and that it is encouraged to ask LGBT about their sexual preferences. Lastly, the infographic contains resources for nurses and students that will provide knowledge about LGBT issues, sexual orientation, and HIV. This will further serve to enhance LGBT cultural competence in school nurses and allow school nurses to provide information for LGBT students. The information in the infographic is based on a study previously discussed, which found that LGBT youth highly ranked health care provider qualities such as having knowledge about HIV and prevention, being non-judgmental, respectful, and friendly (Hoffman, Freeman, & Swann, 2009).

HIV Testing Talking Points with LGBT Youth	
Instead of...	Do this...
Assuming your students' sexual orientation or gender identity...	Allow your student to disclose their sexual orientation or gender identity by asking questions like: <i>Who do you find yourself attracted to? What is your current gender identity?</i>
Jumping into sensitive topics...	Build rapport with your student.
Not involving the student in the transition of conversation to their sexual health...	Give power to the student by asking for permission to talk about sexual health. <i>It's important for us to talk about keeping you sexually healthy so do you mind if we talk about your sexual health for a little bit?</i>
Asking closed ended questions about their sexual history, use of protection, and testing history...	Ask open ended questions to allow the student to not feel pressured to choose options you give them. <i>What kind of sex are you having? What kind of protection are you using? When was the last time you were tested for HIV?</i>
Assuming students know or don't know about testing recommendations or places for testing for HIV...	Allow the student to tell you about their knowledge regarding their sexual health and use this as a reference to give more information about testing if necessary. <i>What can you tell me about the recommendations for HIV testing? Do you know where you can get tested for HIV?</i>
Ending the conversation by asking if they have any questions...	Ask open ended questions to allow the student to control the conversation for further discussion. <i>What questions do you have? What other topics would you like to discuss?</i>



JUST ASK!

How School Nurses Can Discuss HIV Testing Among LGBT Youth

Did You Know?



Accounted for new HIV cases in 2017



Accounted new HIV cases among adolescent and adult gay /bisexual men



Young African American gay/bisexual men accounted for new HIV cases

How LGBT Youth Can Increase Protective Factors/Reduce Risk Factors:

- Increase condom use
- Limit number of partners
- Talk openly and honestly with health care provider



Dear School Nurses...



In Order For LGBT Students to Talk to You About HIV/HIV Testing, You Must...

- Be warm and welcoming
 - Start each interaction with a "Hey! How are you doing?" or "How are your classes going?" or "Is there anything you would like to discuss before we get started?"
- Provide a nonjudgmental environment
 - It's okay to ask students about their sexual preferences...just don't be judgy!
- Be knowledgeable
 - Know that HIV is a health issue among LGBT youth but don't equate HIV as only an LGBT issue
 - Don't assume!

SCHOOL NURSES CAN HELP LGBT STUDENTS BY PROVIDING HELPFUL RESOURCES

FOR SCHOOL NURSES:

QR CODES INCLUDED

- AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)



- ADVOCATES FOR YOUTH (AFY): LGBTQ RESOURCES FOR PROFESSIONALS



FOR STUDENTS:

QR CODES INCLUDED

- HEALTHY CHILDREN



- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
 - RIGHT SIDE PANEL CONTAINS A HIV PREVENTION SERVICES BAR



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