



HER HEALTH, HER HOUSING

IMPROVING SERVICES FOR WOMEN
EXPERIENCING HOMELESSNESS

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Distinct Health Disparities of LGBTQ
Women Experiencing Homelessness

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Disclaimer

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Learning Objectives

By the end of this webinar, participants will be able to:

1. Understand health and mental health disparities of LGBTQ women experiencing homelessness
2. Identify tools to assess, prevent, and treat specific health and mental health issues that impact this community
3. Develop models of engagement and outreach to address barriers to care and access for LGBTQ women experiencing homelessness

Presenters

Aruna Krishnakumar, LCSW
Director, Health Outreach to Teens
Callen-Lorde Community Health Center
New York, NY

Lazara Paz-Gonzalez, MPH
Professor
Monmouth University
West Long Branch, NJ

Rev. Julie Novas, JD, LCSW
Behavioral Health Coordinator
Callen-Lorde Community Health Center
New York, NY

Phyllis Pickens, RN
Adherence Nurse/Health Education Coordinator
Callen-Lorde Community Health Center
New York, NY

Juliet Widoff, MD
Clinical Director, Women's Health
Callen-Lorde Community Health Center
New York, NY

Topics

1. Gendered Roots of Homelessness & Research Limitations
2. Health Disparities
3. Best Practices as Healthcare Providers
4. Behavioral and Spiritual Health Issues & Techniques
5. Interventions for young LGBTQ women experiencing homelessness
 1. Screening & Assessment
 2. Outreach & Engagement
6. Cultural Competency and Humility
7. Policy and Advocacy Initiatives
8. Q&A

Setting the stage: Women & Homelessness

- Gaps in research around sexual orientation, gender identity and presentation with respect to homelessness, in particular women
- Experiences of trans and gender non-binary women deserves their own platform; will focus on experiences of cis-women who identify as lesbian/bisexual/queer or not straight

Gendered Landscape of Homelessness

Women & Families

- As of 2015, 565,000 people living in homelessness in US
 - Women and families are highest growing homeless population at 35%
 - 40% total population are women
 - Families experiencing homelessness – 84% headed by women; 71% single-parent families are female-headed and 60% have children under 18 years old
 - Children of same-sex couples have poverty rates twice those of children in heterosexual married couple households

LGBTQ Homelessness

- Approximately 9 million LGBTQ identified people in US; 50% are lesbian and bisexual women
 - 24% lesbian and bisexual women are poor (compared to 19% of heterosexual women and 13% of heterosexual/gay/bisexual men)

Youth

- 1.6 million youth experience homelessness each year
 - Over 40% homeless youth identify as LGBT

Gendered Roots of Homelessness

- Interpersonal Violence
 - 63% of the sheltered population are survivors of domestic violence, with 1 in 4 homeless women reporting domestic violence as the main factor for homelessness
 - In a study of homeless women in shelters (Kushel 2003), 32% of women had experienced physical or sexual violence in the past year
- Mental Illness
 - 47% of homeless women meet the criteria for depression (2 times the rate of housed women)
- Employment and Housing Discrimination
 - Over 50% of homeless mother do not have a high school diploma
 - Gender wage gap (79 cents to every \$1 working men make)
- Systemic oppression: racism, ethnocentrism and xenophobia, patriarchy, and homophobia

The Bigger Picture

- Stigma and Discrimination, both sexual identity and homelessness
- Internalized ~phobias
- “Minority Stress” Phenomenon
- Poverty and Affordable housing as a PH issue
- Unique mental health needs
- Higher risk for substance use, sexually transmitted diseases (STDs), cancers, obesity, isolation/rejection, mental/emotional illness, and suicide as compared to the general population
- Heightened risk of violent victimization: violence, abuse, and exploitation
 - Higher incidences of partner violence and stranger violence than family violence among homeless LGBTQ women*
- Higher rate of unintended pregnancies, as well as poor childbirth care and outcomes
- Increased engagement in sexual commerce and/or higher risk sexual behaviors

Sub-optimal Medical Attention

- Fragmented systems
- Barriers to service: personal, structural/systematic, provider, & financial
- Lack of health provider communication
- Receive poorer quality of care
 - Community and provider stigma
 - Discrimination due to homeless status and/or sexual identity
 - Lack of healthcare providers' awareness of (1) identity or (2) persons' who are homeless needs
 - Lack of cultural competency for intersecting identities
 - Insensitivity to the unique needs of this community
- Inadequate access to care/treatment
 - Health insurance concerns
 - Maintaining adequate documentation and managing appts
 - Managing of medications
 - Lack preventive care such as prenatal care, mammograms, and Pap tests
 - Higher rates of chronic illness

What we know about health disparities for LGB women:

- Access to Care
- Medical disparities
- Mental Health Disparities

Health & Health Care Disparities of Homeless Women by Race/Ethnicity

Health and Health Care Disparities Variables	White (N=278)	African American (N=648)	Latina (N=405)	Total (N=1331)
Health Disparities (Need variables)				
Alcohol problem, (past year (%)	32	28	15	25
Drug problem, past year (%)	64	59	45	56
Sexually transmitted disease (%)	32	37	13	29
Physically assaulted as an adult (%)	47	34	24	34
Sexually assaulted as an adult (%)	41	35	15	30
Mean psychological well-being (SD)	50.7 (21.8)	58.6 (21.2)	69.2 (22.2)	60.2 (22.6)
Hospitalized for mental illness (%)	19	18	7	15
Depression, past year	48	27	19	29
Having bodily pain, past month (%)	68	59	58	60
Health status fair or poor health (%)	41	4	33	38

SD = Standard deviation;

*p < 0.05;

**p < 0.01;

***p < .001

Health and Health Care Disparities Variables (CONTINUED)	White (N=278)	African American (N=648)	Latina (N=405)	Total (N=1331)
Health care Disparities (Utilization variables)				
Physician/Hospital care				
Unmet need for general medical care, past year (%)	57	22	10	23
Hospitalization, past year (%)	31	29	14	25
Any outpatient visits, past year (%)	55	56	43	52
Preventive services				
HIV test, past 6 months (%)	54	58	25	47
Pap smear, past year (%)	53	71	53	62
TB test, past year (%)	54	68	47	59

From: "Health and Health Care Disparities among Homeless Women," Teruya et al, Women Health, 2010. Dec; 50(8):719-736

Synthesizing this data/Best Practices

- Trauma informed Care
- Harm Reduction

Behavioral and Spiritual Health for Working with LGB Homeless Women

- Strengths Based & Relational
- Crisis Intervention
- Solution Focused Therapy (appx 3-10 sessions)
- Dialectical Behavioral Therapy
- TRE (Tension/Trauma Releasing Exercises)

Trends that impact Mental Health of LGB Homeless Women

- Navigating Oppressive & Gatekeeping systems/institutions.
 - Family, religious, medical industrial complex, criminal justice system
 - Interplay of other marginalized identities (race, age, ability, education)
- Becoming homeless at a younger age (often due to LGB identity)
 - Family rejection based on sexual orientation/gender identity
 - Being forced out by parents after coming out
- Lack of access to:
 - Services once they reach age 24.
 - Basic hygiene products.
 - LGB specific/sensitive comprehensive services.
- Great difficulty finding shelters that accept/respect them.
- Heightened risk of violence, abuse, and exploitation.
- Greater risk for physical/mental health problems and substance use.

Behavioral Health Techniques to Utilize in Real Time

Emotional/Mental Wellness

- Be present (eye contact, body language, etc.)
- Validation
- Motivational Interviewing
- Reflecting/Paraphrasing
- Countering
- Reframing
- Problem solving
- Use of Self, when appropriate

Behavioral Health Techniques to Utilize in Real Time

Spiritual Wellness

- Tremoring
- “Baby Shakes”
- Mindfulness Meditation (breath, sound, feeling tones)
- Self Soothing with the Six Senses
- Self-Massage
- Affirmations/Inspirational Cards
- Wellness Kits

How do we utilize mobile health to reach homeless LBQ young women?

- Screening & treatment for STIs and HIV
 - More common to have vaginitis and lesions (herpes, tears)
 - Genital care: Assess the need for pelvic exam and explore readiness. This can be considered invasive for adolescents who are having an exam for the first time or are survivors of incest/sexual violence
 - Pregnancy testing – assess history for having sex with cis-gender men and trans women

How do we utilize mobile health to reach homeless LGBTQ young women?

- Prevention and Health Maintenance
 - Safer sex for lesbians. Helping them to create safer sex kits that work for them. Cots, dental dams, gloves, saran wrap, female condoms. What ever works for them.
 - Breast self-exam
 - Update vaccinations
- Helping clients with chronic illnesses such as asthma, type 2 diabetes, anemia (encourage one lifestyle change at a time)
- First-Aid
- Teaching them about their bodies

Outreach & Engagement

- Providing basic needs such as food, hot tea and cocoa in the winter, providing personal care items such as underwear, sanitary pads, lip balm, toothbrush.
- Nuanced Psychosocial Assessment:
 - How they are surviving on the streets?
 - What issues are they facing? Safety concerns (domestic violence, power dynamics, employment and education.
 - Who is their community or chosen family? Support system?

Cultural Competency & Humility

- Goal is to provide care that addresses the whole person in a culturally sensitive, nonjudgmental, and caring approach
- Providing visibility of the LBQ community. It is important to have representations of the LBQ community because it creates an open space for them to have tell their stories and talk about their lives, fears, and health concerns
- Being comfortable with discussions about their sexual history, health concerns, relationships is vital to our work. We develop relationships and trust with the clients, and this keeps them returning for care with us

What does it all mean?

- Gaps in and barriers to social, housing, and medical services still remain
- Most efforts have focused on youth; realities, research, and resources
 - Gaps in understanding “aging out” of supportive care system, poverty, and continued conflict
- Not one size fits all; different individuals have different needs
- Differential impact of acute, episodic, and chronic homelessness
- Complex interplay of sexuality, gender, and ethno-cultural identity
- Different needs for different age groups

What should we do?

- Collect accurate, ethical research and data with the intent to understand the numbers, demographics, social influences, & health inequities of unstably housed/homeless LGBTQ persons
- Develop wellness and intervention strategies that manage homelessness, included necessary social support systems
- Provide health care for these LGBTQ persons who may be homeless without bias, including preventive care, and do not withhold treatment based on concerns about lack of adherence
- Simplify medical regimens and address barriers, including transportation needs, for follow-up health care visits.
- Offer continuous training and technical assistance to providers on culturally appropriate care and available resources

Q&A

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Resources

- “Health and Health Care Disparities among Homeless Women,” Teruya et al, Women Health, 2010. Dec; 50(8):719-736
- <http://www.homelessprenatal.org/>
- <http://www.greendoors.org/facts/family-homelessness.php>
- <https://www.apa.org/pi/ses/resources/publications/homelessness-health.aspx>
- <https://www.hrc.org/resources/sexual-assault-and-the-lgbt-community>
- <https://lesley.edu/article/the-cost-of-coming-out-lgbt-youth-homelessness>
- <https://transequality.org/issues/housing-homelessness>
- <https://www.americanprogress.org/issues/lgbt/reports/2016/01/07/128323/discrimination-against-transgender-women-seeking-access-to-homeless-shelters/>
- <https://williamsinstitute.law.ucla.edu/williams-in-the-news/beyond-stereotypes-poverty-in-the-lgbt-community/>
- <https://link.springer.com/article/10.1007/s13178-014-0155-8>
- <https://positivepsychologyprogram.com/solution-focused-therapy/>
- <https://www.rhyttac.net/assets/docs/Research/research%20-%20samhsa%20tip.pdf>

Resources

- <https://noelbell.net/2012/01/26/how-to-devise-a-treatment-model-for-brief-therapy-or-short-term-counselling/>
- <https://howhousingmatters.org/articles/five-facts-housing-access-lgbt-people/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5126021/>
- <https://traumaprevention.com/>
- <http://urbanatabex.blogspot.com/>
- <http://www.coalitionforthehomeless.org/our-programs/crisis-services/crisis-intervention/>
- <https://www.nami.org/get-involved/law-enforcement-and-mental-health>
- <https://mashable.com/2016/04/13/homeless-women-challenges/#e6835rl7lsq5>
- <https://winnyc.org/wp-content/uploads/2018/04/forgotten-face-whitepaperFINAL4.3.2018.pdf>
- <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Homeless-Women#1>

Resources

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>
- <http://truecolorsunited.org/our-issue/>
- <http://www.nhchc.org/wp-content/uploads/2014/10/in-focus-transgender-sep2014-final.pdf>
- <https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>
- <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Homeless-Women>
- <https://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/lgbt-poverty-update-june-2013/>
- <https://www.apacenter.com/specialization/emotional-well-being/models-of-therapy/>
- <https://www.nhchc.org/wp-content/uploads/2017/04/lgbt-homeless-youth-policy-agenda-1.pdf>

Up next in *Her Health, Her Housing*

- March 20: Minority Stress: Racism and Women's Health
- March 21: How HCH Providers Can Deliver Better Care to Pregnant Women Experiencing Homelessness
- March 27: Safety Planning with Women Experiencing Homelessness
- March 28: Trauma-Informed Cervical Cancer Screening in Women with Experience of Homelessness