



# Diabetes in the LGBTQ Community: Integrating Inclusive Practices into Delivery of Diabetes Self-Management Education/Support

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## OBJECTIVES

1. Discuss diabetes risk and disease prevalence among common subgroups within the LGBTQ community.
2. Describe strategies diabetes educators may use to promote inclusiveness in delivery of DSMES services in community and in-patient settings.
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## DIABETES IN THE LGBTQ COMMUNITY

- ❖ True prevalence of prediabetes and diabetes in the LGBTQ community is not well-established; most prevalence studies use self-report of prediabetes and diabetes diagnoses suggesting rates are underreported in the LGBTQ community.
- ❖ Diabetes may affect an estimated 1.8 million LGB individuals or 5% of the population of people with diabetes.<sup>1</sup>

### Behavioral Risk Factor Surveillance System Data<sup>2,3</sup>

Group	Obesity	Prediabetes	
Lesbian Women	33.4% (AOR = 1.27; 95% CI 1.01, 1.59)*	8.8% (AOR = 1.07; 95% CI, 0.69-1.64)	7.8 (AOR = 0.97; 95% CI, 0.67-1.41)
Bisexual Women	36.3% (AOR = 1.31; 95% CI 1.04, 1.66)*	7.9% (AOR = 1.09; 95% CI, 0.70-1.70)	6.3% (AOR = 0.81; 95% CI, 0.60-1.08)
Straight Women	29.1%	8.0%	10.3%
Gay Men	24% (AOR = 0.70; 95% CI, 0.51-0.97)*	9.7% (AOR = 1.27; 95% CI, 0.82-1.98)	12.0% (AOR = 1.28; 95% CI, 0.86-1.93)
Bisexual Men	33% (AOR = 1.04; 95% CI, 0.67-1.62)	8.2% (AOR = 1.09; 95% CI, 0.62-1.89)	17.4% (AOR = 1.78; 95% CI, 1.00-3.14)*
Straight Men	32%	8.0%	11.1%

AOR – adjusted for age, ethnicity, income, education, depression, health care access; p ≤ 0.05;

- ❖ Bisexual women in this sample were younger, poorer and less educated.
- ❖ Other studies show lesbian women have double risk for developing T2D<sup>4,5</sup>, though risk is equal in women over age 50.<sup>4</sup>
- ❖ Lesbian women have 2.5 times greater prevalence of PCOS.
- ❖ Sexual minority women NHANES participants were 1.5 times more likely to have an A1C values consistent with prediabetes.
- ❖ Men treated for HIV disease have quadruple risk for T2D.<sup>8</sup>

## COMMON HEALTH PROBLEMS SEEN IN SEXUAL MINORITY ADULTS

- ❖ Body of literature on chronic health problems in LGBTQ community, other than HIV disease in sexual minority men and breast cancer in sexual minority women is limited. This includes care needs for LGBTQ individuals with diabetes.<sup>6</sup>
- ❖ Cardiovascular risk is particularly high in sexual minority women.<sup>7</sup>
- ❖ Mental health disorders in the LGB community have been better studied.

	Lesbian Women	Bisexual Women	Gay Men	Bisexual Men
Depression	X	X	X	X
Tobacco Use	X	X	X	X
Alcohol Use	X	X	X	X
Illicit Drug Use	X	X	X	X
Sexual Dysfunction	X	X	X	X
Eating Disorders			X	X

## PSYCHOSOCIAL CONSIDERATIONS IN DIABETES CARE

- ❖ Avoidance or delay in routine health screenings and preventative activities.
- ❖ Ageism and greater focus on physical appearance within gay community may create conflict in when and how to disclose diabetes status.
  - ❖ May lead to avoidance of social situations and isolation.
- ❖ Wearable therapies and monitoring devices create visual evidence of diabetes.
- ❖ Homeless rates are greater in LGBTQ youth.
- ❖ Food insecurity is greater in LGBTQ individuals.
- ❖ Interpersonal violence rates are higher in lesbian/bisexual women.
- ❖ More likely to live alone and report lack of support system; particular concern with older adults.



## DIABETES CARE NEEDS OF SEXUAL MINORITY WOMEN

- ❖ **Cardiovascular Risk Reduction**
  - Guidance and support in management of overweight/obesity
  - Fitness prescription
  - Smoking cessation support
  - Screening and referral for substance abuse disorder
- ❖ **Mental Health Screening and Referral**
- ❖ **Reproductive Life Planning/Preconception Care**
- ❖ **GU Complaints**
  - Urinary tract infection, GU infection, overactive bladder
- ❖ **Menopause Related Changes**
- ❖ **Oral Health**



## DIABETES CARE NEEDS OF SEXUAL MINORITY MEN

- ❖ **Cardiovascular Risk Reduction**
- ❖ **Mental Health Screening and Referral**
- ❖ **Sexual Health**
  - Comprehensive history of sexual practices; traditional definitions of erectile problems may not translate to the sexual minority men
  - Dermatitis/candidiasis
  - Erectile dysfunction
    - may have unique implications for sexual practices of gay and bisexual men
- ❖ **Oral Health**



## DIABETES CARE NEEDS OF TRANSGENDER INDIVIDUALS

- ❖ Diabetes in transgender individuals is very limitedly studied.
- ❖ Cardiovascular risk reduction is a priority.
- ❖ Male to female individuals taking estrogen may have increased risk for T2D.
- ❖ Female to male individuals may have increased risk for PCOS.
- ❖ Past or present use of masculinizing or feminizing endocrine agents – prescribed and non-prescribed.

## INTEGRATING LGBT INCLUSION PRACTICES INTO DSMES

- ❖ National Standards for Diabetes Education and Support (Standard 7) – **“The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team member(s) will develop an individualized DSMES plan.”**
- ❖ Diabetes educators should gain insight into the health and lifestyle practices of LGBTQ individuals as an underrepresented group of people with diabetes or diabetes risk.
- ❖ Review intake documentation with regard to framing of related to gender/marital status, sexual health, and distribution of household roles in questioning – evaluate for traditional “heteronormality” practices which may be exclusionary and fail to capture a full history and impede delivery of effective care.
- ❖ Provide inviting environment for patient and support system.
- ❖ Review DSMES curriculum for inclusion of LGBTQ-specific content. Incorporate culturally appropriate content, materials and resources into curriculum.
- ❖ Evaluate support group/services resources for inclusivity.
- ❖ Develop list of community and on-line LGBTQ provider and support resources.
- ❖ Support research to investigate best-practices into DSMES delivery.

## CREATING LGBT INCLUSIVE HEALTH CARE ENVIRONMENTS

- ❖ All healthcare providers must strive to provide culturally congruent care.
- ❖ Many healthcare providers often fall short on their ability to deliver culturally competent care to LGBTQ populations.
- ❖ Healthcare environments are sometimes resistant to acceptance of diversity inclusive of differing sexual orientations and gender identities.
- ❖ Healthcare professionals have the opportunity to work together to serve as change agents both in gaping knowledge deficits in the delivery of culturally competent care to LGBTQ clients and ensuring equitable working environments for one another.
- ❖ Resources such as GLMA, HRC’s *Healthcare Equality Index*, and other LGBTQ-health oriented organizations can equip professionals with the tools necessary to provide equitable care to LGBTQ persons.

## REFERENCES AND RESOURCES

- ❖ Available as handout from presenters at conference.