



[Workers' Comp](#)

Treating LGBTQ Injured Workers: Gaining Cultural Competence, Building Trust

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7 MIN READ

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Health care disparities based on sexual orientation have become more prevalent, with statistics to prove it. Lack of trust between patient and provider can have a significant impact in workers' comp, says Genex branch manager, Chikita Mann, MSN, RN, CCM, who explains how bias and cultural misunderstanding can significantly delay an injured worker's recovery. For more information on the topic, [read Chikita's full article](#) in *Care Management Magazine*, "Cultural Competence and the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Patient."

Tom Kerr (TK): I'm Tom Kerr. Health care disparities based on sexual orientation have become more prevalent, with statistics to prove it. In today's podcast, Chikita Mann addresses how these cultural issues affect injured workers in workers' comp. Chikita, thanks for joining us.

Chikita Mann (CM): It is a pleasure to be here. Thank you for having me.

TK: Chikita, what are some common misconceptions in treating members of the LGBTQ community?

CM: We have so many stereotypes regarding this community, and the one thing that you have to realize about them overall is that first, they're an individual; and so, as an individual, it's just like a snowflake —no two are alike. So basically, it's to the disadvantage of anyone to assume that [members of the LGBTQ community] are going to look like this, this is where they're going to live. It really hinders the process overall.

TK: Are there unique health concerns that are more prevalent in this population?

CM: Yes, the statistics that I have are actually from the Institute of Medicine and the Kaiser Family Foundation. And they have found that, No. 1, LGBTQ individuals are more likely to delay or to not get the medical treatment

that they need, because of the discrimination that they have received.

Also, unfortunately, they also have higher risk of substance and alcohol abuse. Partly this is because of what they're having to deal with regarding stigmatization, discrimination and some people just refusing to care for them.

Now, a lot of them, too, are also at high risk for psychological issues, especially depression. Depression can really hinder the return-to-work process, because they will have diminished motivation to even go back to work.

And, a lot of them are less likely to be financially secure, because, unfortunately, they are unable sometimes to maintain long-standing employment anywhere, because of these issues.

TK: So, when developing a return-to-work plan, what are factors that might delay an injured worker's progress?

CM: The primary one in some states is there's lack of legal protection for them, and so sometimes they may not even report the injury because they don't want anyone to know. There may be something that they just want to keep it to themselves.

Another thing, workers' comp is exempt from HIPAA, and so they may not want to disclose anything to any physician because, basically, they know that some of that information may get back to their employer and, they feel, it could easily open up a can of worms that they're not willing to deal with.

If they're already facing some discrimination from coworkers or their peers, it's going to decrease their productivity, it's going to decrease the job satisfaction, and they just may not be motivated to go back to work.

TK: So, trust issues are a big problem then, right?

CM: You have a population that has endured discrimination, rejection, and sometimes abuse, and denial of access to just basic health care services. So, when you've gone through that the majority of, unfortunately, your life, you may develop kind of what we call the "Clint Eastwood hard-guy persona" and you may not be as receptive to receiving the help that maybe a work comp professional can provide for them. So, the work comp professional, they have a hard road to go, because they got to break down this wall.

TK: In our next Inside Workers' Comp, Chikita explains how health care professionals can build trust and improve outcomes with injured workers in the LGBTQ community. Until then, thanks for listening.

Part 2

In part 2 of her podcast on addressing health care disparities based on sexual orientation and gender identity, Genex branch supervisor, Chikita Mann, MSN, RN, CCM, suggests ways workers' comp professionals can build a more inclusive environment to help injured LGBTQ workers return back to their jobs safely and efficiently. For more information on the topic, [read Chikita's full article](#) in *Care Management Magazine*, "Cultural Competence and the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Patient."

Tom Kerr (TK): I'm Tom Kerr. In part one of our podcast on cultural competency and the LGBTQ community, Chikita Mann discussed health care disparities that exist in treating this population. In part two, Chikita will offer insight on how to address these issues.

Chikita, how can workers' comp professionals address trust issues with injured workers in the LGBTQ population?

Chikita Mann (CM): We have to stress the fact that, first of all, they're an individual and they have rights as an individual. They have the right to be treated with respect, they have the right to be treated with dignity, and their lifestyle should not dictate what they have access to in regards to their health.

We have to make sure that we also are doing away with our own biases, because if we have hangups, if we have stereotypes, can you truly say that we would be a good advocate for that injured worker?

Let's focus on the fact that this is an individual who wants to go back to work, and we need to do what we can to make sure that they are able to go back to work after they have received the appropriate medical treatment that they need.

When it comes down to it, too, the company's culture really has a lot to do with getting the LGBTQ individual back to work. Sometimes, there may have to be an assessment of the culture of a company. If [LGBTQ individuals] feel that the culture of the company is not accepting of them, you have another brick wall as to trying to get them back to work, because it starts from the organization and it trickles down to the workers.

TK: You say that case managers can play a unique role in helping injured workers in the LGBTQ community return to work. How so?

CM: If you have any of the certifications such as CCM, CRC, or CVMS, it is within the standards of conduct that we have to make sure that we are, first of all, giving respect to the patient regarding their wishes, and that we're showing them dignity, and also that we are willing to be able to step up and say, "This is what this patient needs. This is the medical treatment that they need."

We actually have our certification standing behind us to advocate for us doing that for them.

TK: And what are some strategies to help build a trusting relationship with an LGBTQ worker and a health care provider?

CM: I would reiterate seeing them as an individual, but also understand that, their support system may not be — and I put this in quotation marks — "the norm." When people feel that they are being really treated with respect and with dignity, we're going to get the buy-in that we need from the individual in order to get back to work.

It's even more critical with the LGBTQ individual, that we use the motivational interviewing skills. That process alone is person-centered, and we are letting them know that, "We're here for you. We're going to do our best to help you get the medical treatment that you need," and also it just goes to show that we value them, which, you know, it's a basic human need. Everybody wants to be needed, and everybody wants to be shown that they have value, and if we can do that, that will go a long way with the LGBTQ individual.

TK: Thanks, Chikita. In our next inside workers' comp, we'll introduce you to a real-life Robocop. The story of New Mexico police officer Jeremy Romero is one you won't want to miss. Until, then thanks for listening.



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