Workers' Comp

Return-to-work strategies for LGBTQ+ Injured Employees

June 25, 2024
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Tom Kerr (TK): June is Pride Month, when we celebrate the extraordinary courage and contributions of the LGBTQ+ community and we reflect on the progress made in pursuit of equality, justice, and inclusion of all individuals.

With that in mind, we thought this would be a good opportunity to revisit a topic we covered back in 2017 regarding health care disparities based on sexual orientation to see how far we've come and how far we need to go in addressing this issue.

With that in mind, I'd like to welcome back a case manager who has written and discussed this issue in our industry, Genex case manager, Chikita Mann, MSN, RN, CCM.

Chikita, thanks for joining us today.

Chikita Mann (CM): It's great to be here. I'm glad to be able to do this with you.

TK: You and I talked about this topic seven years ago. How has the issue of health care disparities for LGBTQ+ individuals improved over that time? Are more health care professionals getting the message?

CM: More health care professionals are getting the message — I will start with that — mainly because they are being assertive with requesting the training they feel they need in order to interact appropriately and also effectively with LGBTQ individuals.

However, when it comes down to the health care disparities, there has been slow progress. And part of that is because you have certain states who still are not receptive to there being legislation in place for LGBTQ individuals to get the health care that they need.

And a lot of it is mainly psychological, but it's also sexual and reproductive and cardiovascular disparities that we're continuing to see with this community, mainly because there's still the lack of training, which,-goes back to what we were discussing before.

A lot of it is still the lack of training for health care professionals. The health care professionals want the training, but unfortunately, it's still not as readily available as it should be at this time.

TK: Let's talk about some of the disparities that LGBTQ+ still face when it comes to receiving health care services.

CM: Most of it centers around sexual reproductive health, mental health, cardiovascular, and cardiac-related outcomes. I don't know if most of us realize the importance of being able to have those annual visits.

So, if you don't trust your health care professional, if you do not feel that you're going to be taken seriously, if you are constantly dealing with discrimination, going to those annual visits is not likely going to happen for this individual.

So, they may not end up going to the doctor for those annual visits. And so, when they do have an issue that comes up, when they finally do go to the doctor, it's almost a plethora of things that they really need to address in addition to the thing that they did come to the doctor for in the first place.

So, I truly feel that, now more than ever, we have to make their health care, their physical health and their mental health, a priority in order to have a healthier population.

TK: And when it comes to workers' comp injuries for the LGBTQ+ population, how do these issues affect return to work?

CM: Well, mainly if they are hesitant about going to the doctor for their non-work-related issues, they're definitely not going to be comfortable with going to a doctor for their work-related issues.

They may not even report an injury because they may be having issues, say, with other coworkers that would cause them to not want to feel comfortable enough to even report the injury.

And that is something, unfortunately, that I've seen in research is happening a great deal. A lot of times, they're just not reporting the injury. And then there's the flip side of it: ok, they did go to the doctor, but the case manager may be sensing some resistance and getting them back to work.

Part of that could be the interaction that they're having with coworkers. It may not be great to have that interaction with coworkers. They may feel that "I don't want to go back to a place where I'm being ostracized, where I'm being discriminated against, where I feel like I'm not being taken seriously."

So, you got one side of "I didn't report the injury. I'm hesitant to go to this doctor." And then you have the flip side, "Yes, I went to the doctor. Yes, he's giving me these restrictions, but I'm not too keen on wanting to hurry up and go back to work because I don't want to have to deal with the things that I was dealing with prior to the injury."

TK: And you had mentioned that there's often a trust issue here. What can health care professionals do to help build trust between themselves and patients who identify as LGBTQ?

CM: I would have to say, No. 1 is really utilizing gender-affirming actions when interacting with a client. And it seems simple, but I would say the most paramount way to begin building trust is to respect the pronouns. That goes a long way with this population because then they feel that they are being accepted as individuals, and we all want to be accepted as individuals. Everyone wants to be accepted. That's one of the major needs in life. So, respecting the pronouns would go a long way.

I would also have to say using inclusive language. Respect when they say, "OK, this is how I want to be addressed," And I think also one thing that is happening now more than ever, especially with transgender individuals, the name changes.

TK: Yes, and you had a case in which you encountered a person who changed her name. Can you tell us about it?

CM: I applaud this case manager greatly because she wanted to do whatever she could to make sure this person felt comfortable enough to get the care that they needed, but she also didn't want to say the wrong thing. The case manager really wanted to encourage this person to get the care needed.

So, in this case, there was this injured worker going through the process of transitioning. And she wanted to be addressed by the new name that she had chosen. And she wanted that information on the paperwork.

So, the case manager came to me at that time and said, "You know, Chikita. I want to do the right thing, and I want to make sure this person's needs are addressed." So, we did our research and found out, legally, that changing the person's name on official paperwork could interfere with this person getting paid and receiving benefits associated with the prior name. So, with her Social Security number, the new name was not going to correlate.

And so, I had instructed the case manager, "We're going to put the preferred name on all the correspondence. However, if she has not submitted paperwork for the new name, we may not be able to make that change for all documents. I said, "But please reassure this patient that we will embrace the new name. We will use the pronouns. And we will continue to be advocates."

And it ended up being such a great process. The case manager said she learned so much from that experience that she was definitely willing to speak with her other coworkers about how we work through the issues that we may have with LGBTQ clients in getting the health care that they need while respecting their needs.

TK: That's amazing, because you can't always cut through the red tape, but you take appropriate steps to simply recognize that individual and address that person the way he or she wants to be addressed. It seems like it really did make a huge difference.

CM: It did. And I feel like I learned a lot, too. Because even with doing the research, it wasn't until that happened that I truly realized that, “OK, we really have to get better with educating health care professionals and helping them to interact effectively.” Because, this is a community, unfortunately, that’s dealt with stigma and discrimination almost every single day. And, you know, it'd be nice for them to be able to interact with someone that they feel is at least making the effort to be an ally for them and also respect them as an individual.

The case manager’s efforts here went a long way in meeting that objective. I truly feel that she was able to get that person back to work simply because she acknowledged the employee as an individual and acknowledged her choices and used inclusive language.

And, to go along with that, it’s really important we embrace their support system. Because their support system will look a little different sometimes. We all should have someone who is there for us, regardless of what is going on. But the health care professional making the effort to embrace that, that's part of their healing process also.

TK: And we talked about health care professionals, but what can employers do to help boost return to work among this population and create a more inclusive work environment for everyone?

CM: That is a great question. Again, respecting those pronouns. But another thing that I have noticed is embracing the gender-neutral dress code. That is very important for these individuals. If it is promoted and not frowned upon, it helps them feel like they are being accepted.

Because, when you think about the number of hours that we spend on the job, 8 to 12 hours, that's a long time to be with people who you don't feel are accepting of you. The use of the inclusive language. Again, acknowledging "I want to be called this name" and making an effort to call them by that name shows that "Hey, you're making an effort to accept me as an individual, and you're not seeing me as different."

I think, also, for the employer, do they have allies? Are there specific allies on the job for these individuals, someone who can reach out to them and say, "Hey, how are things going for you? Are there any issues that you're having at this time?" And then also taking the next step to say, "OK, these are the issues that you've given to me. Let's work on them together."

TK: Yeah, that's great. And one of the things you mentioned early on is health care professionals understand the need for more training opportunities in treating this population, but they often have a difficult time finding them. Can you offer some suggestions?

CM: Kaiser Forum has a great deal of training. The programs help you to not only see how cultural disparities affect health care, but you get an extended view of how all these different factors come together. Because, a lot of times, we tend to feel like, "OK, what happens at home, that happens at home. And then what happens at work, it happens at work." And we are finding out that, now more than ever, there's an interchange going on to a certain degree. You're bringing part of home to work.

And, fortunately and unfortunately, sometimes you're taking work home. Or, for a lot of us, we work from home so, these trainings really help the individual see how they can incorporate different things, from the person's home life and from their social life and be able to help them with their health care.

TK: Thanks, Chikita. Was there anything else that you wanted to add that we didn’t cover today?

CM: I would just definitely say to those who are listening, being an ally … it doesn't have to be a big thing. You know, it can be just as small as respecting the pronouns and being willing to listen to their unique challenges.

And sometimes, people just need someone to listen. They may not always need you to fix it. But if we are willing to at least be a listening ear, I feel that we can make a real difference with this population.

Also, for health care professionals, it’s important to pay attention to legislation that is occurring regarding this population. I feel like the way to be an effective advocate is to know what's available for the individual.

TK: And what types of legislation should we be looking for?

CM: For instance, you have some states that are in the process of making it legal for LGBTQ+ individuals to have their partner or their significant other included on their insurance. And that is a major thing right now for the LGBTQ population. They’re not always able to have their significant other or their partner included on their health insurance, which, again, affects their ability to be able to get medical treatment.

TK: Great information, Chikita. Thank you. And we’ll be back with another podcast soon. Until then, thanks for listening.



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