Achieving Health Equity for Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) People

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The Fenway Institute

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health

The Fenway Institute

- Research, Education, Policy
LGBTQ Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people.

- Training and Technical Assistance
- Grand Rounds
- On Line Learning
  - Webinars and Learning Modules
  - CE, and HEI Credit
- Resources and Publications
Continuing Medical Education Disclosure

- **Program Faculty:** Alex Keuroghlian, MD, MPH
- **Current Position:** Interim Director of Education and Training Programs
- **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

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Learning Objectives

1. Explain LGBTQ terminology and demographics
2. Describe health disparities in LGBTQ populations
3. Discuss ways to overcome barriers to effective HIV care and prevention
4. List strategies to collect data on sexual orientation and gender identity in clinical settings
Why Programs for LGBTQ People
Stigma, Discrimination and Health

- Interpersonal Stigma
- Structural Stigma

Intrapersonal Stigma

Stress/Anxiety/Depression

Health Disparities/Inequities

Fig. 1. Diagram from “Introduction to the special issue on structural stigma and health”¹
Interpersonal Stigma
Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.

Under New York City Law, all persons have the right to use the restroom that matches their gender identity or expression.
Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that he himself does not believe, he can come to experience a special kind of alienation from self and a special kind of wariness of others.”²
Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior.³

- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 female to male (FTM) transmasculine people.⁴
Health Issues Throughout the Life Course

- Childhood & Adolescence
- Early & Middle Adulthood
- Later Adulthood
LGBTQ Disparities:

- **Youth**
  - 2 to 3 times more likely to attempt suicide
  - More likely to be homeless (20-40% are LGBTQ)
  - Risk of HIV, STDs

- Despite an overall decrease in HIV incidence from 2008-2014 reported for the first time in 2017, incidence remains high and stable among black MSM, and is now increasing among gay and bisexual Latino men (20%) and those ages 25-34 (35%).
Health Disparities

- The 2015 U.S. Transgender Survey found that: 
  - 39% of respondents experienced serious psychological distress in the month prior, compared with only 5% of the U.S. population
  - 40% had lifetime suicide attempt (compared to 4.6% of US population)
  - 55% of those who sought coverage for gender-affirming surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied
LGBT Disparities: Healthy People 2020

- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services.
L,G,B,T,Q Concepts
Gender Identity and Sexual Orientation: The Basics

Gender Identity, Sexual Orientation, Transgender, Trans-Masculine, Trans-Feminine, Bisexual, Queer, Ally, Desire, Gender Expression, Trans-Woman, Asexual, Non-Binary, MSM, FTM, Straight, Gay, Lesbian, Trans-Man, Masculine, Feminine.
Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
  - How people identify can change
  - Terminology varies
- Gender Identity ≠ Sexual Orientation
Gender Identity and Gender Expression

- Gender identity
  - A person's internal sense of their gender (do I consider myself male, female, both, neither?)
  - All people have a gender identity

- Gender expression
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  - May be on a spectrum
In a 2013 community-based survey of 452 transgender adults, 40.9% of respondents described themselves as having a “non-binary gender identity.”
The T in LGBTQ: Transgender

- Gender identity not congruent with the assigned sex at birth
- Alternate terminology
  - Transgender woman, trans woman, male to female (MTF)
  - Transgender man, trans man, female to male (FTM)
- Non-binary, genderqueer
  - Genderqueer
  - Transmasculine, Transfeminine
- Gender identity is increasingly described as being on a spectrum
Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior:
  - Men who have sex with men- MSM (MSMW)
  - Women who have sex with women- WSW (WSWM)
- Identity:
  - Straight, gay, lesbian, bisexual, queer--other

Dimensions of Sexual Orientation:

- **Identity**
  - Do you consider yourself gay, lesbian, bisexual, straight, queer?
- **Behavior**
  - Do you have sex with: men? women? both?
- **Attraction/Desire**
  - What gender(s) are you attracted to physically and emotionally?
Intersectionality
A Web of Factors

- Disability
- Legal Status
- Level of Education
- Mental Health
- Housing
- Age
- Physical Mobility
- Religious background
- Physical Health
- Intersectionality
- Gender Expression
- Native Language
- Culture
- Food Security
- Class
- Race
- Socio-Economic Status
- Gender Identity
- Ethnicity
Intersectionality is the study of intersections between forms or systems of oppression, domination or discrimination. An example is black feminism, which argues that the experience of being a black woman cannot be understood in terms of being black, and of being a woman, considered independently, but must include the interactions, which frequently reinforce each other.
Vulnerability to Poverty

- While children generally have higher rates of poverty than adults, children of LGB parents are especially vulnerable to poverty.⁸
  - African American children in gay male households have the highest poverty rate (52.3%) of any children in any household type.
  - The rate for children living with lesbian couples is 37.7%.
Vulnerability to Poverty

- The 2015 U.S. Transgender Survey found that:
  - 29% of transgender people live in poverty, compared to 14% in the U.S. population
  - Transgender people have a 15% unemployment rate (compared with 5% in the U.S. population)
  - 16% of transgender people report homeownership, compared to 63% of the U.S. population
  - Nearly 30% of transgender people experienced homelessness in their lifetime
  - 12% report past-year homelessness due to being transgender
Overcoming Barriers
Patients, Staff, Students

Ending Invisibility

Environment

Clinical Education

Communications
Population Health: Ending LGBTQ Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?
Getting to know patients in clinical settings
Proportion of Physicians Discussing Topics with HIV-Positive Patients

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to ART</td>
<td>84%</td>
</tr>
<tr>
<td>Condom use</td>
<td>16%</td>
</tr>
<tr>
<td>HIV transmission and/or risk reduction</td>
<td>14%</td>
</tr>
</tbody>
</table>
Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

*The Hidden Epidemic*
Institute of Medicine, 1997
Taking a History of Sexual Health

http://www.lgbthealtheducation.org/publications/
Taking a History of Sexual Health

- The core comprehensive history for LGBTQ patients is the same as for all patients (keeping in mind unique health risks and issues of LGBTQ populations)
- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
  - “Tell me about yourself”
- Use inclusive and neutral language
- For all patients
  - Make it routine
  - Make no assumptions
  - Put in context and assure confidentiality
Institute of Medicine Reports


- *Collecting SOGI Data in Electronic Health Records* (2013): “...data collection should start now to better understand the health care issues experienced by LGBT people.”
Collecting SO/GI Information

www.lgbthealtheducation.org/topic/sogi/
Gathering LGBT Data During the Process of Care
# Collecting Demographic Data on Sexual Orientation (Example)

1. Which of the categories best describes your current annual income? Please check the correct category:
   - <$10,000
   - $10,000-14,999
   - $15,000-19,999
   - $20,000-29,999
   - $30,000-49,999
   - $50,000-79,999
   - Over $80,000

2. Employment Status:
   - Employed full time
   - Employed part time
   - Student full time
   - Student part time
   - Retired
   - Other __________

3. Racial Group(s):
   - African American/Black
   - Asian
   - Caucasian
   - Multi racial
   - Native American/Alaskan Native/inuit
   - Pacific Islander
   - Other __________

4. Ethnicity:
   - Hispanic/Latino/Latina
   - Not Hispanic/Latino/Latina

5. Country of Birth:
   - USA
   - Other __________

6. Language(s):
   - English
   - Español
   - Français
   - Portugês
   - Русский

7. Do you think of yourself as:
   - Lesbian, gay, or homosexual
   - Straight or heterosexual
   - Bisexual
   - Something Else
   - Don’t know

8. Marital Status:
   - Married
   - Partnered
   - Single
   - Divorced
   - Other __________

8. Veteran Status:
   - Veteran
   - Not a veteran

1. Referral Source:
   - Self
   - Friend or Family Member
   - Health Provider
   - Emergency Room
   - Ad/Internet/Media/Outreach Worker/School
   - Other __________
## Collecting Demographic Data on Gender Identity

- **What is your current gender identity?**
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Gender Queer
  - Additional Category (please specify) __________

- **What sex were you assigned at birth?**
  - Male
  - Female
  - Decline to Answer

- **What is the name you use?**
- **What are your pronouns (e.g. he/him, she/he, they/them)?**
Education About Culturally Appropriate Care
Focus on Specific Issues

- HIV Prevention
- Transgender Health
- Effective Communications
Clinical Practices to Improve HIV Prevention and Care for MSM and Transgender People
Estimated annual HIV infections in the U.S. declined 18% between 2008 - 2014 infections fell from 45,700 to 37,600.

- 56% decline among people who inject drugs
- 36% decline among heterosexuals
- 26% decline among gay and bisexual men aged 35-44 years
- 18% decline among gay and bisexual men aged 13-24 years

Gay and bisexual men remain most affected.

37,600 New HIV Infections in 2014

Gay and bisexual men 26,200 infections
People who inject drugs 1,700 infections
Gay and bisexual men who inject drugs 1,100 infections
Heterosexuals 8,600 infections

Fig. 2: From CROI HIV Incidence Press Release¹¹
Basic Steps to Improve HIV Prevention in Clinical Settings

Universal HIV Screening

HIV Positive
- HIV care / antiretroviral therapy / Counseling / Adherence

Reduce HIV Incidence

HIV Negative
- Safer sex
- Address STIs
- PEP or PrEP
- Counseling / Adherence

Fig. 3: From DHAP Turning the Tide on HIV\textsuperscript{12}
Clinical Care of Transgender People Requires Knowledge of Gender Identity and Sex Assigned at Birth
Appropriate Screening: Jake R.’s Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from unknown primary cancer.
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts.
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer.
Quality Care for Transgender People: Louise M.’s Story

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery.
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy.
- No one asked her about her gender identity or knew she was transgender.
Communications: The Whole Team
Anticipating and Managing Expectations

- You are almost certainly not the first health care staff person an LGBT individual has met.
- If the patient has experienced insensitivity, a lack of awareness, or discrimination, he or she may be on guard, or ready for more of the same from you.
- Don’t be surprised if a mistake, even an honest one, results in an emotional reaction.
- Don’t personalize the reaction.
- Apologizing when patients have uncomfortable reactions, even if what was said was well intentioned, can help defuse a difficult situation and re-establish a constructive dialogue about the need for care.
Avoiding Assumptions

- You cannot assume someone’s gender or sexual orientation based on how they look or sound.
- To avoid assuming gender or sexual orientation with new patients:
  - *Instead of:* “How may I help you, sir?”
  - *Say:* “How may I help you?”
  - *Instead of:* “He is here for his appointment.”
  - *Say:* “The patient is here in the waiting room.”
  - *Instead of:* “Do you have a wife?”
  - *Say:* “Are you in a relationship?”
  - *Instead of:* “What are your mother and fathers’ names?”
  - *Say:* “What are your parents’ names?”
Pronouns

- People may use a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears). To ask for a patient’s pronouns, remember not to make assumptions and if not already asked simply say: “I would like to refer to you respectfully. What are your pronouns?”

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Examples</th>
</tr>
</thead>
</table>
| He         | Him       | His        | He is in the waiting room.  
The doctor is ready to see him.  
That chart is his. |
| She        | Her       | Hers       | She is in the waiting room.  
The doctor is ready to see her.  
That chart is hers. |
| They       | Them      | Theirs     | They are in the waiting room.  
The doctor is ready to see them.  
That chart is theirs. |
| Ze         | Hir       | Hirs       | Ze is in the waiting room.  
The doctor is ready to see hir.  
That chart is hirs. |
Keeping Up with Terminology

- Obvious “don’ts” include
  - Use of any disrespectful language
  - Gossiping about a patient’s appearance or behavior
  - Saying things about someone not necessary for their care
    - “You look great, you look like a real woman/ real man”
    - “You are so pretty I cannot believe you are a lesbian”
Putting What You Learn into Practice....

- If you are unsure about a patient’s name or pronouns:
  - “I would like be respectful—what name and pronoun would you like me to use?”

- If a patient’s name doesn’t match insurance or medical records:
  - “Could your chart/insurance be under a different name?”
  - “What is the name on your insurance?”

- If you accidentally use the wrong term or pronoun:
  - “I’m sorry. I didn’t mean to be disrespectful.”
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
Adding Affirmative Imagery and Content to Education and Marketing Materials
Do Ask, Do Tell: Talking to your Provider about being LGBTQ
Our Challenge:
Quality Care for All, Including LGBTQ People

Data Collection
Clinical Education
Consumer Education
Patient Centered Care

Fenway GUIDE TO LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH
2nd Edition
Harvey J. Makadon, MD
Kenneth H. Mayer, MD
Jennifer Potter, MD
Hilary Goldhammer, MS
The National LGBT Health Education Center provides educational programs, resources, and consultation to healthcare organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.

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TRANSGENDER TRAINING FOR HEALTHCARE PROVIDERS