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

Learning Module 1
Learning Objectives

At the end of this module, learners will be able to:

1. Describe health disparities in lesbian, gay, bisexual, and transgender (LGBT) populations
2. Explain LGBT definitions and concepts
3. Describe ways to overcome barriers to providing better care to LGBT people
Why LGBT Health?
Stigma and Discrimination
Effects of Stigma on Health

- Daily stressors caused by stigma and discrimination can lead to adverse mental and physical health outcomes
- Internalized stigma can cause self-harm and unhealthy risk behaviors
- Fearing discrimination by health care providers affects access to care

(Meyer, 1995 and 2003)
Health Issues Throughout the Life Course

Childhood & Adolescence
Early & Middle Adulthood
Later Adulthood
LGBT Disparities: Healthy People 2020

- LGBT youth are:
  - 2 to 3 times more likely to **attempt suicide**
  - More likely to be **homeless** (20-40% of homeless youth are LGBT)
  - At higher risk of **HIV and STDs**
LGBT Disparities: Healthy People 2020

- LGBT people smoke tobacco at much higher rates than the general population (30% vs 20%)
- LGBT people also have higher rates of alcohol and drug use
LG BT Disparities: Healthy People 2020

- Gay and bisexual men and transgender women are at much higher risk of HIV and STDs, especially among communities of color
- Lesbians are less likely to access preventive services for cancer
Transgender people experience very high rates of victimization and suicide attempts.

Older LGBT adults face additional barriers to health care because of isolation, fewer family supports, and a lack of social and support services.
Resilience in the LGBT Community

Despite the many challenges that LGBT people often face, both internal and community-derived resilience can be protective factors in the health and well-being of many LGBT people.
LGBT Definitions and Concepts
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
### Sexual Orientation

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

[www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)
Dimensions of Sexual Orientation

Identity
Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

Behavior
Do you have sex with men, women, both?

Attraction/Desire
What gender(s) are you attracted to?

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Gender Identity and Gender Expression

- Gender identity
  - A person's internal sense of their gender (e.g.: male, female, both, something else?)
  - All people have a gender identity

- Gender expression
  - How one expresses themselves through mannerisms, speech patterns, dress, hairstyles, etc.
  - May be more or less masculine or feminine
Transgender Definitions

- Transgender people have a gender identity that is not the same as their assigned sex at birth

- Common terminology
  - Transgender woman, trans woman, male to female (MTF)
    - Someone assigned male sex at birth whose gender identity is female
  - Transgender man, trans man, female to male (FTM)
    - Someone assigned female sex at birth whose gender identity is male
  - Genderqueer
    - Someone who identifies as neither gender, both genders, or a combination of male and female genders
  - Many other terms are used in U.S. and globally

- Cisgender: people who are not transgender
Gender Affirmation

- Gender affirmation (transition) is the process by which individuals are affirmed in their gender identity.
- Transgender people may choose to make social, medical, and/or legal changes to affirm their gender identity, including:
  - Social: e.g., clothing, pronouns, name
  - Medical: e.g., cross-sex hormones, surgery
  - Legal: e.g., changing their name and sex on birth certificate, driver’s license, etc.

(Grant, 2011)
Reviewing Terminology

**Gender Identity**
- What your internal sense tells you your gender is

**Sexual Orientation**
- Whom you are physically and emotionally attracted to
- Whom you have sex with
- How you identify your sexuality

**Sex**
- Refers to the presence of specific anatomy. Also may be referred to as ‘Assigned Sex at Birth’

**Gender Expression**
- How you present your gender to society through clothing, mannerisms, etc.
How Many People are LGBT in the U.S.?

- Identify as lesbian, gay, or bisexual
  - 3.5%
  - Women more likely than men to identify as bisexual
- Report same-sex sexual contact
  - 8.2%
- Report at least some same-sex attraction
  - 7.5 - 11%
- Identify as transgender
  - .3% (based on limited data)

(Laumann et al., 1994; Gates et al., 2011)
Same-Sex Couples/1000 Households by County: 2010 Census

(Gates, 2011)
Vulnerability to Poverty

- Children of LGB parents are especially vulnerable to poverty
  - 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%
  - Transgender respondents to the National Transgender Discrimination Survey (NTDS) were 4 times more likely than the general population to have a household income of less than $10,000

(Badgeett, Durso, Schneebaum, 2013)
Overcoming Barriers
Population Health: Ending LGBT Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked you about your gender identity?
Getting to Know Patients in Clinical Settings
The Core of the Cross-Cultural Interview

Respect

Curiosity

Empathy

(Adapted from Carillo, et al, 1999)
Communication Tips

- Get to know your patients as a person (e.g., jobs, partners, children, living circumstances)
- Use inclusive and neutral language, for e.g.,
  - **Instead of:** “Do you have a wife/husband or boy/girlfriend?”
  - **Ask:** “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”
- Listen to how people describe their own identities and partners--use the same terms, if comfortable
- Each individual is unique: If you know one LGBT person, you only know one LGBT person!

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Using Correct Pronouns

- It is important to use a patient’s preferred pronouns
  - Most trans women prefer “she” or “her” and most trans men prefer “he” or “his”
  - Some people may use pronouns which are unfamiliar to you, such as “they” or “zie” (singular)
- Ask if you are unsure what pronoun to use
- New terms may make people uncomfortable, but our goal is to make our patients feel affirmed
- If you accidentally use the wrong pronoun?
  - “I’m sorry. I didn’t mean to be disrespectful.”
Taking a History of Sexual Health

- The core comprehensive history for LGBT patients is the same as for all patients (keeping in mind unique health issues and disparities of LGBT populations)
  - Make it routine for all patients
  - Make no assumptions
  - Put it in context (e.g., as part of social history)
  - Assure confidentiality
Taking a History of Sexual Health

Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers
New Edition: August 2014

www.lgbthealtheducation.org/publications
Sample Sexual History Questions

- Ask about behavior and risk
  - *Have you had sex with anyone in the last year?*
  - *Did you have sex with men, women, or both?*
  - *How many partners did you have?*

- Ask about sexual health, sexual and gender identity
  - *Do you have any concerns about your sexual function?*
  - *Have you had any changes in sexual desire?*
  - *How satisfied are you sexually?*
  - *Do you want to talk about your sexuality, sexual identity, or gender identity?*

- Ask about reproductive health and desires
  - *Traditionally, discuss contraception*
  - *Discuss desires to have children and methods- surrogacy, adoption*
The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions to help focus on key issues.

www.cdc.gov/std/treatment/2010/clinical.htm
Collecting Data on Sexual Orientation and Gender Identity in Electronic Health Records
IOM Reports

- **The Health of LGBT People: Building a Foundation for Better Understanding (2011):** “Data on sexual orientation and gender identity should be collected in electronic health records.”

- **Collecting SOGI Data in Electronic Health Records (2012):** “…data collection should start now to better understand the health care issues experienced by LGBT people.”
Why Gather Data on Sexual Orientation and Gender Identity?

- Increases ability to screen, detect, and prevent conditions more common in LGBT people
- Helps develop a better understanding of patients’ lives
- Patients may feel safer discussing their health and risk behaviors once they’ve been asked, even if they haven’t disclosed
- Allows comparison of patient outcomes within health care organizations and with national survey samples of LGBT people
Collecting Demographic Data on Sexual Orientation (Example)

<table>
<thead>
<tr>
<th>1. Which of the categories best describes your current annual income? Please check the correct category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &lt;$10,000</td>
</tr>
<tr>
<td>□ $10,000–14,999</td>
</tr>
<tr>
<td>□ $15,000–19,999</td>
</tr>
<tr>
<td>□ $20,000–29,999</td>
</tr>
<tr>
<td>□ $30,000–49,999</td>
</tr>
<tr>
<td>□ $50,000–79,999</td>
</tr>
<tr>
<td>□ Over $80,000</td>
</tr>
</tbody>
</table>

| 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? (check ALL that apply)**
  - 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? (Check One)**
  - Male
  - Female
  - Decline to Answer

- **What is your preferred name and what pronouns do you prefer (e.g. he/him, she/her)?**
  - ___________________
Gathering LGBT Data During the Process of Care

DATA INPUT AT HOME
ARRIVAL
REGISTER ONSITE
SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)

SO/GIDA NOT REPORTED
PROVIDER VISIT INPUT FROM HISTORY
YES
NO
INFORMATION ENTERED INTO EHR
INFORMATION ENTERED INTO EHR

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Preparation for Collecting Data in Clinical Settings

- **Clinicians**: Need to learn about LGBT health and the range of expression related to identity, behavior, and desire. Staff needs to understand concepts.

- **Patients**: Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately.

- **Data Collection**: Critical, and has to be done sensitively without assumptions, routinely on all, along with other demographic data.
Clinical Education for Culturally Appropriate Care
Focus on Specific Issues

- HIV Prevention
- Smoking Cessation
- Preventive Screening
- Youth Issues
- Transgender Health
Clinical Practices to Improve HIV Prevention and Care for MSM and Transgender Women
HIV Incidence by Transmission Category, United States, 2013

- Male-to-Male Sexual Contact (MSM): 65%
- Heterosexual Contact: 25%
- Injection Drug Use (IDU): 7%
- MSM/IDU: 3%
- Other: <1%

(CDC, 2013)
HIV Incidence by Region of Residence, United States, 2013

South: 51%
Midwest: 13%
Northeast: 19%
West: 17%

(CDC, 2013)
HIV Incidence in the United States, 2008-2013

There are approximately 50,000 new HIV diagnoses each year in the US.

Incidence among MSM and MSM/IDU increased 15% from 2008 to 2011. Young black MSM accounted for more than half of new infections among MSM aged 13-24 over this time.

(CDC, 2013)
Why is HIV Incidence Highest Among Black MSM?

- Sexual risk behaviors and substance use do not explain the differences in HIV infection between black and white MSM.
- The most likely causes of disproportionate HIV infection rates are:
  - Barriers to access health care
  - Low frequency of recent HIV testing
  - Delayed treatment of STIs which facilitate HIV transmission
  - High HIV prevalence in black MSM networks, especially among those who identify as gay.

(Millett et al, 2007 and 2012)
Transgender Women are also at High Risk

- Estimated HIV prevalence in transgender women
  - 28% in US
  - 56% in African-Americans
  - 18-22% worldwide

- Transgender women are nearly 49 times more likely to have HIV than other adults of reproductive age

- Risk factors for HIV include
  - Social and economic marginalization
  - High unemployment, engaging in sex work
  - Limited health care access
  - Lack of familial support

Baral, 2013; Herbst, 2008; Schulden, 2008
Where do Transgender Men fit into all of this?

- While transgender men are less likely to have HIV than transgender women, their rates of infection are still higher than that of the general population.
- Evidence also suggests high risk of, and rates of, STD’s.
Continuum of Engagement in HIV Health Care

HIV Testing

Linkage to HIV Care Interventions

Retention in HIV Care Interventions

Re-engagement in HIV Care Interventions

Unaware of HIV Status

Not tested or never received results.

Aware of HIV status but not in HIV medical care (not referred to care, did not attend initial visit)

Received initial HIV medical care visit

Lapse in HIV medical care

Resumed medical care after lapse

In long-term, continuous HIV medical care.

(CDC, 2013)

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Basic Steps to Improve HIV Prevention in Clinical Settings

Universal HIV Screening

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

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

Reduce HIV Incidence

(USPSTF, 2013 and CDC, 2010)
Hepatitis C and MSM with HIV

- 3.2 million infected with chronic HCV
- Growing evidence of sexual spread among HIV infected MSM
- Screening is important especially in light of effective new treatments
- Recommended for all HIV infected MSM at least once, and for elevation in hepatic transaminases
- Emphasize use of condoms to prevent spread

(The National LGBT Health Education Center, 2014)
Smoking and Tobacco Use
Studies of Tobacco use among LGBT People

- LGBT people smoke at much higher rates than non-LGBT individuals
- 30.8% of LGB adults smoke vs. 20.5% of heterosexual adults
  - Bisexual rates may be higher (38-39%)
- 30% of transgender people smoke (based on limited data)

Motivations for Smoking

- Smoking may be used for coping with stress related to stigma
- Smoking norms were historically established in LGBT social venues (bars, clubs)
- Tobacco companies target marketing directly to LGBT communities/media

(ALA, 2010)
Targeted Marketing

Las Autoridades Sanitarias advierten que el tabaco perjudica seriamente la salud.
Nic.: 8,9 mg, Alq.: 12 mg.

SURGEON GENERAL’S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.
The Clinician’s Role is Critical

- Most who smoke see clinicians
- It is critical (and simple) to be prepared
- The 5 A’s
  - Ask about tobacco use
  - Advise to quit
  - Assess willingness to attempt to quit
  - Assist in quit attempt
    - Medication and Counseling
    - Interventions to increase likelihood to motivate in the future
  - Arrange follow up

(Milko, 2014)

www.lgbthealtheducation.org
Tobacco Cessation Resources for LGBT People

- LGBT patients may need additional resources/tools to help them quit

- Network for LGBT Tobacco Control: lgbttobacco.org
  - LGBTQ QuitGuide & QuitLine
Quality Preventive Care for Lesbians, Bisexual Women, and Transgender Men

Lesbians and bisexual women are as likely as heterosexual women to get cervical cancer, but are up to 10 times less likely to be regularly screened for it.
Cancer Prevention for Lesbians and Bisexual Women: Cervical Cancer & Breast Cancer

- Rates of cervical cancer are as high for lesbians and bisexual women as for heterosexual women.
- Studies have found that lesbians have significantly lower cervical cancer screening rates.
- A recent study from NYC indicates that lesbian/bisexual women over 40 are significantly less likely to have had a mammogram than heterosexual women.
- Educational programs should emphasize the need for women who exclusively have sex with women, and bisexual women, should be screened according to usual guidelines.

(Charlton, 2011, ESPAF, 2013, and Peitzmeier, 2013)
Transgender Men and Cervical Cancer Screening

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed
  - Cancers of female natal reproductive organs are still possible in these individuals, and cervical cancer has been documented in a male transgender patient

- Transgender men with a cervix should follow the same screening guidelines as natal females
  - Pap tests can be difficult for transgender men for a number of reasons

- Sensitivity to these unique barriers is important while still emphasizing the importance of regular screening
LGBTQ Youth
Developmental Challenges

Same as for all adolescents, PLUS need to:

- Establish a comfortable sense of own sexual/gender identity (some need to negotiate both ethnic and sexual identity)
- Decide when and to whom to “come out”
- Deal with internal & external homophobia/transphobia, bullying, marginalization
- Deal with feelings of isolation; may receive limited support from family, peers, and other adults; lack role models
Discussing Identity with Youth

- Youth may not disclose their sexual and gender identity to a clinician (that’s okay)
- Youth sometimes reject labels, and may see their sexual or gender identity as fluid
  - Some use “Queer” as all-encompassing label
- Let patients use their own terminology for their identity, even if it does not match their sexual behaviors
- Talk to patients about how comfortable they are with others knowing, including other provider referrals
Family Rejection and Acceptance

- LGBTQ youth who are rejected by parents are more likely to attempt suicide, report depression, use illegal drugs, and have unprotected sex

- Parental rejecting behaviors include:
  - Forbidding interaction with LGBTQ peers
  - Blaming child for being victim of bullies
  - Hiding child’s sexual identity from other family members and friends
  - Kicking child out of house
Family Acceptance Strategies

- Ask patients how their families have reacted to their coming out
- Explain to parents the negative impact of rejecting words and behaviors, even when they mean well
- Suggest parents support their child’s sexual orientation/gender identity as much as possible (okay to be uncomfortable; a little support goes a long way)
  - Resources: http://familyproject.sfsu.edu and www.pflag.org
MY SON IS MY LIFE

I know he is gay
and I don’t always understand,
but that doesn’t change my love for him.

1-800-243-7892
hotline@gmhc.org
www.gmhc.org

the institute
FOR GAY MEN’S HEALTH

GMHC
GAY MEN’S HEALTH CENTER

www.lgbthealtheducation.org
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 an 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.
Creating a Welcoming and Inclusive Environment for Caring, Working, and Learning
Experiences Shape Expectations

- LGBT people experience discrimination or prejudice from health care staff when seeking care
- Bad experiences are a big reason why LGBT people do not seek medical care
- Many report that they look for “clues” when arriving at a health care facility, such as the way they are greeted by staff, whether non-discrimination policies are posted in public areas, or if there are single-occupancy or gender-neutral bathrooms
TJC: Patient-Centered Communication Standards for Hospitals

- RI.01.01.01: The hospital respects, protects and promotes patient rights.
  - EP 28: The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of the stay.
  - EP 29: The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
Ten Best Practices for LGBT-Affirming Health Care Environments

1. The board and senior management are actively engaged
2. Key policies include LGBT identities and families
3. Registration/intake processes and medical histories include LGBT identities and relationships
4. Sexual orientation and gender identity information is collected and entered into electronic medical records
5. All staff receive training on culturally affirming care for LGBT people
6. Services incorporate LGBT health care needs
7. The physical environment welcomes and includes LGBT people
8. LGBT staff are recruited and retained
9. Outreach and engagement efforts include LGBT people in your community
10. Data is collected on LGBT patient satisfaction and quality
Adding Affirmative Imagery and Content to Education and Marketing Materials
Do Ask, Do Tell: Talking to your Provider about being LGBT
Our Challenge:
Quality Care for All, Including LGBT 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

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