Achieving Health Equity for Lesbian, Gay, Bisexual and Transgender People

Harvey J Makadon, MD
The National LGBT Health Education Center, The Fenway Institute
Professor of Medicine, Harvard Medical School
Our Roots

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

www.lgbthealtheducation.org
LGBT 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, and (LGBT) people.

- Training and Technical Assistance
- Grand Rounds
- On Line Learning
  - Webinars and Learning Modules
  - CE, and HEI Credit

Resources and Publications

www.lgbthealtheducation.org
Our Partner in This Work

Human Rights Campaign Foundation

- Non-profit, tax-exempt 501(c)(3)
- Educational arm of Human Rights Campaign in Washington, D.C.
- Founded in 1980
- Mission: To improve the lives of lesbian, gay, bisexual and transgender people by working to increase understanding and encourage the adoption of LGBT-inclusive practices and policies
- HRCF encompasses various programs and projects, including the Health & Aging Program
Why Programs for LGBT People
The Impact of Stigma and Discrimination
Effects of Stigma on Health

- LGB people who experienced a prejudice-related stressful life event (e.g., assault, being fired from a job) were three times more likely than those who did not to suffer a serious physical health problem over a one-year period (Frost, Lehavot, & Meyer, 2011)

- Exposure to discrimination was related to number of sick days and number of physician visits in gay/bisexual men (Huebner & Davis, 2007)

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008)
Health Issues Throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood

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LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)
  - Risk of HIV, STD's

- MSM are at higher risk of HIV/STDs, especially among communities of color

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

- Lesbians are less likely to get preventive services for cancer
Transgender individuals experience a high prevalence of HIV/STD’s, victimization, mental health issues, and suicide

- They are also less likely to have health insurance than heterosexual or LGB individuals

Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services
LGBT Concepts
L,G,B,T 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
- 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?

- Attraction/Desire
  - What gender(s) are you attracted to physically and emotionally?

- Behavior
  - Do you have sex with: men? women? both?

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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
The T in LGBT: Transgender

- **Transgender**
  - Umbrella term
  - 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)
    - Genderqueer-one who rejects the gender binary
Reviewing Terminology

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

**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

**Sexual Expression**
- How you present your gender to society through clothing, mannerisms, etc.

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

- While children generally have higher rates of poverty than adults, 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

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
Proportion of Physicians Discussing Topics with HIV-Positive Patients

<table>
<thead>
<tr>
<th>Topic</th>
<th>Proportion</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>

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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/
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
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 risks and issues of LGBT populations)
- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
- Use inclusive and neutral language
  - 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?”
- For all patients
  - Make it routine
  - Make no assumptions
  - Put in context and assure confidentiality
Taking a History of Sexual Health

- 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
Algorithm for Taking Sexual Histories

Set the Stage

- Bring up the sexual history as part of the overall history
- Explain that you ask these questions of all patients
- Ensure confidentiality

Begin with Three Screening Questions

1. Have you been sexually active in the last year?
2. Do you have sex with men, women, or both?
3. How many people have you had sex with in the last year?

- Multiple Partners, New Partner
- Long-term Monogamous Partner
- Not Sexually Active
Multiple Partners, New Partner

Ask about:
- STD/HIV protection
- Partners
- Substance use
- History of STDs
- Trauma/violence
- Pregnancy plans/protection
- Sexual function and satisfaction
- Other concerns

Follow up as appropriate
(e.g., STD and HIV testing, counseling and education, referrals)
Long-term Monogamous Partner

Ask about:
- Pregnancy plans/protection
- Trauma/violence
- Sexual function and satisfaction
- Other concerns

Follow up as appropriate
(e.g., STD and HIV testing, counseling and education, referrals)
Not Sexually Active

Ask about:
• Past partners (if patient is new)
• Any questions or concerns

Follow up as appropriate
(e.g., STD and HIV testing, counseling and education, referrals)
Enter the Electronic Health Record
IOM Reports


- *Collecting SOGI Data in Electronic Health Records* (2012): “...data collection should start now to better understand the health care issues experienced by LGBT people.”
Gathering LGBT Data During the Process of Care
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>
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<tr>
<td>□ $10,000–14,999</td>
</tr>
<tr>
<td>□ $15,000–19,999</td>
</tr>
<tr>
<td>□ $20,000–29,999</td>
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<tr>
<td>□ $30,000–49,999</td>
</tr>
<tr>
<td>□ $50,000–79,999</td>
</tr>
<tr>
<td>□ Over $80,000</td>
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</tbody>
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<thead>
<tr>
<th>2. Employment Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Employed full time</td>
</tr>
<tr>
<td>□ Employed part time</td>
</tr>
<tr>
<td>□ Student full time</td>
</tr>
<tr>
<td>□ Student part time</td>
</tr>
<tr>
<td>□ Retired</td>
</tr>
<tr>
<td>□ Other ____________</td>
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</tbody>
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<tr>
<th>3. Racial Group(s):</th>
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</thead>
<tbody>
<tr>
<td>□ African American/Black</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Caucasian</td>
</tr>
<tr>
<td>□ Multi racial</td>
</tr>
<tr>
<td>□ Native American/Alaskan Native/Inuit</td>
</tr>
<tr>
<td>□ Pacific Islander</td>
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<tr>
<td>□ Other ____________</td>
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</tbody>
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<tr>
<th>4. Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>□ Not Hispanic/Latino/Latina</td>
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<thead>
<tr>
<th>5. Country of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ USA</td>
</tr>
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<td>□ Other ____________</td>
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<tr>
<th>6. Language(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English</td>
</tr>
<tr>
<td>□ Español</td>
</tr>
<tr>
<td>□ Français</td>
</tr>
<tr>
<td>□ Portugês</td>
</tr>
<tr>
<td>□ Русский</td>
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<tr>
<th>7. Do you think of yourself as:</th>
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<tbody>
<tr>
<td>□ Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td>□ Straight or heterosexual</td>
</tr>
<tr>
<td>□ Bisexual</td>
</tr>
<tr>
<td>□ Something Else</td>
</tr>
<tr>
<td>□ Don’t know</td>
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<tr>
<th>8. Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Married</td>
</tr>
<tr>
<td>□ Partnered</td>
</tr>
<tr>
<td>□ Single</td>
</tr>
<tr>
<td>□ Divorced</td>
</tr>
<tr>
<td>□ Other ____________</td>
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<tr>
<th>8. Veteran Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Veteran</td>
</tr>
<tr>
<td>□ Not a veteran</td>
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<thead>
<tr>
<th>1. Referral Source:</th>
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<tbody>
<tr>
<td>□ Self</td>
</tr>
<tr>
<td>□ Friend or Family Member</td>
</tr>
<tr>
<td>□ Health Provider</td>
</tr>
<tr>
<td>□ Emergency Room</td>
</tr>
<tr>
<td>□ Ad/Internet/Media/Outreach Worker/School</td>
</tr>
<tr>
<td>□ Other ____________</td>
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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)?
  ___________________

Center of Excellence for Transgender Health UCSF
Education About Culturally Appropriate Care
Focus on Specific Issues

- HIV Prevention
- LGBT Youth Issues
- Transgender Health
- Smoking and Tobacco Use
- Cancer Prevention
- Resilience
Clinical Practices to Improve HIV Prevention and Care for MSM and Transgender People
HIV Incidence by Transmission Category, United States, 2013

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


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HIV Incidence by Region of Residence, United States, 2013

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

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.
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 STI’s which facilitate HIV transmission
  - High HIV prevalence in black MSM networks, especially among those who identify as gay.
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.
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

(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
LG BT Youth
Developmental Challenges For LGBT Youth

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 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

- LGBT youth 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 LGBT 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)
  - See the Family Acceptance Project for resources: [http://familyproject.sfsu.edu/](http://familyproject.sfsu.edu/)
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.

1-800-243-7692
hotline@gmhc.org
www.gmhc.org

the institute
GMHC

FOR GAY MEN'S HEALTH
GAY MENS HEALTH COUNSELING

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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
Smoking and Tobacco Use
Decreasing tobacco Use
Research on Tobacco use among LGBT People

- Studies consistently show LGBT smoking prevalence is 35-200% higher than the general population
- Smoking among LGBT people of color is even higher
- LGBT may be less likely to use Quitlines
Motivations for Smoking

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

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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 (Charlton, J Adolesc Health, 2011)

▪ A recent study from NYC indicates that lesbian/bisexual women over 40 are significantly less likely to have had a mammogram than heterosexual women (2013, Empire State Pride Agenda Foundation)

▪ Educational programs should emphasize the need for women who exclusively have sex with women, and bisexual women, should be screened according to usual guidelines
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.
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.
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
The Joint Commission

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Field Guide
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.
Creating a Caring and Inclusive Environment

- Are clinicians and staff taught about the health needs of LGBT people?
- Do LGBT employees feel respected and safe at work?
- Do forms reflect the full range of sexual and gender identity and expression?
Adding Affirmative Imagery and Content to Education and Marketing Materials
Do Ask, Do Tell: Talking to your Provider about being LGBT

Do Ask, Do Tell
Talking to your health care provider about being LGBT

Do Ask, Do Tell
Let your provider know if you are LGBT.
Your provider will welcome the conversation.
Start today!

Pregunte y dígalo
Deje que su proveedor sepa si usted es LGBT.
Su proveedor apreciará la conversación.
¡Comience hoy!

www.lgbthealtheducation.org
Our Challenge:
Quality Care for All, Including LGBT People

Data Collection
Clinical Education
Consumer Education
Patient Centered Care

Do Ask, Do Tell:
Talking to your health care provider about being LGBT

Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health
2nd Edition
Harvey J. Makadon, MD
Kenneth H. Mayer, MD
Jennifer Potter, MD
Hillary Goldhammer, MS

National LGBT Health Education Center
A Program of the Fenway Institute
Resources to Help You!

- Webinars with Free CME/CEU
- Publications
  - Patient handouts
  - Clinical briefs
- Fenway Guide to LGBT Health
- Learning Modules
- www.lgbthealtheducation.org

- Coming Out Guides
- Youth Reports
- Healthcare
- Children, Youth and Family
- www.hrc.org/resources