Meeting the Health Care Needs of Lesbian, Gay, Bisexual, and Transgender People: The End to LGBT Invisibility

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Continuing Medical Education Disclosure

- **Program Faculty**: Harvey J Makadon, MD
- **Current Position**: Director, the National LGBT Health Education Center, Fenway Health, Boston, MA
- **Disclosure**: No relevant financial relationships. Content of presentation contains no use of unlabeled and/or investigational uses of products.

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Who We Are

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 transgender (LGBT) people.

- HRSA (BPHC) National Cooperative Agreement
  - Training and Technical Assistance for Health Centers
- Grand Rounds for Faculty, Staff, and Trainees
- Consultation on Creating Strategic Change
- Resources and Publications
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

The Fenway Institute
- Research, Education, Policy
Learning Objectives

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

1. Describe how health disparities affect LGBT people
2. Discuss LGBT definitions and dimensions/constructs
3. Describe how to overcome barriers to providing better care to LGBT people
   - List strategies to collect data on sexual orientation and gender identity in clinical settings
   - Describe what you can do to improve care for LGBT people at your organization
   - Identify how to create an environment supportive of LGBT staff and patients
Why LGBT Health?

- Bias in Health Care
- Stigma and Discrimination
- Social Determinants

Health Care Disparities

Adapted from IOM 2011: The Health of Lesbian, Gay, Bisexual and Transgender People
Bias in Health Care Persists

- 2003 survey: 71% of medical residents did not ask sexually active adolescents about sexual orientation regularly; 93% of those reporting said this was because they were too uncomfortable to ask (Kitts, J Homosexuality, 2010)

- Kaiser Family Foundation survey: 6% of physicians nationally were uncomfortable treating gay or lesbian patients (Kaiser Family Foundation, 2002)

- 2011 National Transgender Discrimination Survey: 24% of respondents reported being denied equal treatment at a doctor’s office or hospital (Grant et al, 2011)

- 2005/6 surveys of medical students:
  - 15% reported mistreatment of LGBT students at schools
  - 17% of LGBT students reported hostile environments (AAMC reporter, 2007)
The Impact of Stigma and Discrimination
Health Disparities Throughout the Life Course

Depending on the stage of life, a person may experience different factors leading to morbidity and mortality.
Health Disparities Throughout the Life Course
Childhood and Adolescence

- The burden of HIV continues to fall disproportionately on young men, particularly young black men who have sex with men.
- LGBT youth are at increased risk for suicide attempts and depression. Small studies suggest the same may be true for transgender youth.
- Rates of smoking, alcohol consumption, and substance use may be higher among LGBT than the general youth population.
- The homeless youth population comprises a disproportionate number of LGBT youth.
- LGBT youth report experiencing elevated levels of violence, victimization, and harassment.
- There are many challenges regarding the care of gender non-conforming children and adolescents.
Early/Middle Adulthood

- On average, LGBT adults appear to experience more mood and anxiety disorders, more depression, and an elevated risk for suicide compared with the general population.
- LGBT people are frequently the targets of stigma, discrimination, and violence.
- HIV/AIDS continues to exact a severe toll on men who have sex with men.
- It is estimated that HIV prevalence may be as high as 68% among transgender women, and up to 75% among transgender women of color (Herbst et al AIDS Behavior 2008).
HIV Incidence by Transmission Category, United States, 2010

- Male-to-Male Sexual Contact (MSM): 63%
- Heterosexual Contact: 26%
- Injection Drug Use (IDU): 8%
- MSM/IDU: 3%
- Other: <1%

Sources:
HIV Incidence in the United States, 2006-2010

Incidence among MSM and MSM/IDU
(66% of new cases in 2010 were MSM)

Incidence among Black MSM 13-24
(Increased 60% from 2006-2010)

Sources:
http://www.cdc.gov/hiv/topics/surveillance/resources/reports/.
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
  - High HIV prevalence in black MSM networks
  - High prevalence of other STI’s which facilitate HIV transmission
Early/Middle Adulthood

- LGBT adults have higher rates of smoking, alcohol use, and substance use than the general population.
- Although gay men and lesbians are less likely to be parents than heterosexuals, children of gay and lesbian parents are well adjusted and developmentally similar to children of heterosexual parents.
- Lesbians and bisexual women use preventive health services less frequently than women in the general population.
Quality Preventive Care for Lesbians and Bisexual Women

POLICY FOCUS
Promoting Cervical Cancer Screening Among Lesbians and Bisexual Women

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.
Later Adulthood

- LGBT elders experience stigma and discrimination across the life course and may experience violence at higher rates than elders in the general population.
- LGBT elders may have less social support and experience more isolation than elders in the general population.
- Although HIV infection rates among young men are higher, older adults do get infected with HIV/AIDS. There are few, if any, HIV prevention programs that target older adults.
- By 2015, more than one-half of all HIV-infected individuals in the United States will be aged >50 years.
Family Matters

Marriage

Relationships

Parenting
LGBT Demographics
L,G,B,T Demographics
L,G,B Demographics in the U.S.

- Identify as lesbian, gay, or bisexual
  - 1.7 - 5.6% (average 3.5%)
  - Women were more likely than men to say they were bisexual
- Same-sex sexual contact ever
  - 8.2%
- Same-sex attraction (at least some)
  - 7.5 - 11%
  (Laumann et al., 1994; Gates et al., 2011)
Transgender Demographics

- Population-based studies are limited
  - 0.5% of population between ages 18-64
- California LGBT Tobacco Survey
  - 0.1% of adult population
- Estimate in U.S. from the Williams Institute
  - 0.3% of adults
  - Approximately 700,000 people
Same-Sex Families/1000 Households by County: 2010 Census

Retrieved from United States – Census Snapshot 2010 by Gary Gates and The Williams Institute, September 2011
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?
Discordance between Sexual Behavior and Identity

- 2006 study of 4193 men in NYC (Pathela, 2006)
  - 9.4% of men who identified as “straight” had sex with a man in the prior year
  - These men were more likely to:
    - Belong to minority racial and ethnic groups
    - Be of lower socio-economic status
    - Be foreign born
    - Not use a condom

- 77-91% of lesbians had at least one prior sexual experience with men
  - 8% in the prior year (O’Hanlan, 1997)
Understanding the T in LGBT: The Transgender Umbrella

- Definitions vary across cultures and different gender communities

- **Transgender**: Refers to a person whose sex and/or gender does not correspond to the sex they were assigned at birth. May be used as an umbrella term and/or refer to an individual person’s gender identity
  - Additional terminology: Trans Man, Trans Woman

- **Transsexual**: Historically used as a medical term to refer to individuals seeking medical or surgical intervention to affirm their gender. People who identify as transsexual may have had some gender confirming procedure but not all take hormones or undergo surgeries. Not used as an umbrella term.

- **Genderqueer**: A term used by some individuals who have a gender identity other than binary construct of man or woman
Understanding the T in LGBT

- **Gender Dysphoria**: A diagnosis in the DSM-5 that describes individuals who have a strong and persistent cross-gender identification and persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

- **Cisgender**: is sometimes used to refer to people who are not transgender.
Differentiating Sexual Orientation and Gender Identity

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

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

**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.

Adapted from Sam Killerman
Overcoming Barriers
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
Population Health: Ending LGBT Invisibility in Health Care

- Has a clinician asked you about your history of sexual health?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?
How well do you know those coming for care?
How do you find out?

New Patients

New Lesbian/Gay/
Bisexual/Transgender Patients

How do clinicians and staff feel and what do they do when learning this?
Tools for Change!

**Policy Focus:**

*Why* gather data on sexual orientation and gender identity in clinical settings

**Policy Focus:**

*How to* gather data on sexual orientation and gender identity in clinical settings
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
Gathering LGBT Data During the Process of Care

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

SO/GI DATA REPORTED

INFORMATION ENTERED INTO EHR

PROVIDER VISIT INPUT FROM HISTORY

SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)

INFORMATION ENTERED INTO EHR

YES

NO

INFORMATION ENTERED INTO EHR
Collecting Demographic Data on Sexual Orientation

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
   - Português
   - 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 _______________

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
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)?
    ________________________
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>
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</tbody>
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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
The Core of the Cross-Cultural Interview

Respect

Curiosity

Empathy

Adapted from Betancourt and Green
Taking a History

- 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
  - Not to be equated with learning about LGBT health
Taking a Sexual History

- 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
  - Do you have any concerns about your sexual function?
  - How satisfied are you sexually?
  - Have you had any changes in sexual desire?
Taking a Sexual History

- Assess comfort with sexuality
  - *Do you have any concerns or questions about your sexuality, sexual identity, or sexual desires?*

- Reproductive health and desires
  - Traditionally, discuss contraception
  - Discuss desires to have children and methods—surrogacy, adoption
Discuss Gender Identity

- Can be complex due to fluidity of expression for some and rapidly changing terminology
- Information on gender identity may be best obtained in advance of visit, self report at home or at registration
- In clinical settings, a provider should ask if patient has questions about gender identity
- Follow up as appropriate
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
Appropriate Screening: Ari R’s story

- Ari 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 Ari that he needed routine breast cancer screening, even though his mother and sister also had breast cancer.
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?
Creating a Caring and Inclusive Environment

- Are there educational brochures on LGBT health topics?
- Are there gender neutral bathrooms?
- Are benefits for LGBT staff equitable?
Adding Same Sex Imagery and Content to Education and Marketing Materials
Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers

April 2013

Sexual Risk Assessment

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P’s:

- **Partners**
- **Practices**
- **Past History of STDs**
- **Protection from STDs**
- **Pregnancy Plans**

The following risk assessment questions are organized according to these categories.

**PARTNERS**

These questions should already have been covered during the First Three Questions of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (If both, ask the next question twice—once for male partners, and once for female partners)
- How many sexual partners have you had in the past six months?

Additional risk questions about partners:

- Have you ever had sex with someone you didn’t know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?

**PRACTICES AND PROTECTION FROM STDS**

Some patients respond better to open-ended questions about their sexual practices, and some prefer yes or no questions. For transgender patients, younger patients, and women who have sex with women, for example, you may find that open-ended questions are preferred and may bring you more

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2. This risk assessment has been adopted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: http://www.cdc.gov/ghishiv/

Best Practices for a Transgender-Affirming Environment

Affirmative Care for Transgender and Gender Non-Conforming People:
Best Practices for Front-line Health Care Staff

**BEST PRACTICES**                **EXAMPLES**

When addressing patients, avoid using
gender terms like “sir” or “ma’am.”
“How may I help you today?”

When talking about patients, avoid
pronouns and other gender terms.
Or, use gender neutral words such as
“They.” Never refer to someone as “It.”
“Your patient is here in the waiting room.”
“They are here for their 3 o’clock appointment.”

Politely ask if you are unsure about
a patient’s preferred name.
“What name would you like us to use?”
“I would like to be respectful—how would you like to be addressed?”

Ask respectfully about
names if they do not match
in your records.
“Could your chart be under another name?”
“What is the name on your insurance?”

Did you goof? Politely apologize.
“I apologize for using the wrong pronoun.
I did not mean to disrespect you.”

Only ask information that is required.
Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?
Our Challenge: Quality Care for All, Including LGBT People