Achieving Health Equity for Lesbian, Gay, Bisexual, and Transgender 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
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 transgender (LGBT) people.

- Training and Technical Assistance
- Grand Rounds
- On Line Learning
  - Webinars and Learning Modules
  - CE and HEI Credit
- Resources and Publications
Why Programs for LGBT People
The Impact of Stigma and Discrimination
Stigma, Discrimination and Health

**Interpersonal Stigma**

**Structural Stigma**

**Intrapersonal Stigma**

**Stress/Anxiety/Depression**

**Health Disparities/Inequities**

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)

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

- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 FTM transmasculine people. Reisner et. al. 2015
Health Issues Throughout the Life Course

- Childhood & Adolescence
- Early & Middle Adulthood
- Later Adulthood

www.lgbthealtheducation.org
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
LGBT Disparities: Healthy People 2020

- 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
L,G,B,T Concepts

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What’s in a Word?
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
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)
  - Non-binary, genderqueer
    - Gender identity is increasingly described as being on a spectrum
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

**Gender Expression**
- How you present your gender to society through clothing, mannerisms, etc.
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
Patients, Staff, Students

Population Health

Resources

Clinical Education

Environment of Care

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Population Health: Ending LGBT 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>
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<tbody>
<tr>
<td>Adherence to ART</td>
<td>84%</td>
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<tr>
<td>Condom use</td>
<td>16%</td>
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<tr>
<td>HIV transmission and/or risk reduction</td>
<td>14%</td>
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“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 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
Enter the Electronic Health Record
Institute of Medicine 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.”
# Collecting Demographic Data on Sexual Orientation (Example)

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<tbody>
<tr>
<td>□ &lt;$10,000</td>
<td>□ Employed full time</td>
<td>□ African American/Black</td>
<td>□ Hispanic/Latino/Latina</td>
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<tr>
<td>□ $10,000–14,999</td>
<td>□ Employed part time</td>
<td>□ Asian</td>
<td>□ Not Hispanic/Latino/Latina</td>
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<tr>
<td>□ $15,000–19,999</td>
<td>□ Student full time</td>
<td>□ Caucasian</td>
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<tr>
<td>□ $20,000–29,999</td>
<td>□ Student part time</td>
<td>□ Multi racial</td>
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<td>□ $30,000–49,999</td>
<td>□ Retired</td>
<td>□ Native American/Alaskan</td>
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<tr>
<td>□ $50,000–79,999</td>
<td>□ Other</td>
<td>Native/Inuit</td>
<td></td>
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<tr>
<td>□ Over $80,000</td>
<td></td>
<td>□ Pacific Islander</td>
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<tr>
<td></td>
<td></td>
<td>□ Other</td>
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| □ USA | □ English | □ Lesbian, gay, or homosexual | □ Married |
| □ Other | □ Español | □ Straight or heterosexual | □ Partnered |
| | □ Français | □ Bisexual | □ Single |
| | □ Portugês | □ Something Else | □ Divorced |
| | □ Русский | □ Don’t know | □ Other |

| 9. Veteran Status: | 10. Referral Source: |
| □ Veteran | □ Self |
| □ Not a veteran | □ 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)?
  ____________________

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

- HIV Prevention
- Transgender Health
- Cancer Prevention
- Youth
- 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%
- Heterosexual Contact: 25%
- MSM/IDU: 3%
- Injection Drug Use (IDU): 7%
- Other: <1%

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HIV Incidence by Region of Residence, United States, 2013

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

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.
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
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

- 2.7 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
Clinical Care of Transgender People Requires Knowledge of Gender Identity and Sex Assigned at Birth

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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 a 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

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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.
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.
LGBT 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 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.

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

the institute
GMHC

FOR GAY MEN’S HEALTH
GAY MEN’S HEALTH
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
Creating a Caring and Inclusive Environment

- Does your center have a non-discrimination policy that includes sexual orientation, gender identity and gender expression?
- 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
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

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

The Fenway Institute

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