Health Centers Serving Lesbian, Gay, Bisexual and Transgender Populations

Special Populations Enrichment Call
Tuesday, June 24
1:30 – 2:30 pm, ET

Hosted by:
Bureau of Primary Health Care
Office of National Assistance and Special Populations
AGENDA

Welcome & Introductions
• Tonya Bowers, Deputy Associate Administrator, BPHC, HRSA
• CDR Jacqueline Rodrigue, Chief, National Partnerships Branch, ONASP, BPHC, HRSA

Meeting the Health Care Needs of Lesbian, Gay, Bisexual, and Transgender People
• Dr. Harvey Makadon, Director, National LGBT Health Education Center

LGBT Health – Primary Care Association Perspective
• Jonathan Chapman, Executive Director, Louisiana Primary Care Association
• Aaron Price, Community Development Coordinator, Louisiana Primary Care Association

LGBT Health – Health Center Perspective
• Avein Saaty-Tafoya, CEO, Adelante Healthcare

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

Harvey J Makadon, MD
Director, National LGBT Health Education Center
The Fenway Institute, Boston, MA
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. Based at The Fenway Institute, Fenway Health, a FQHC located in Boston, MA

- HRSA (BPHC) National Cooperative Agreement
  - Training and Technical Assistance for Health Centers
  - Resources and Publications
  - Webinars
- Grand Rounds for Faculty, Staff, and Trainees
- Focused Workshops on Critical Issues
- Consultation on Creating Strategic Change
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
   a) Collecting Data on Sexual Orientation and Gender Identity
   b) The Environment of Care
LGBT Health Disparities
Health Disparities throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood
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/STI’s, victimization, mental health issues, and suicide
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services
Basic LGBT Concepts
Uncouple Gender Identity from Sexual Orientation

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

- Sexual orientation – how a person identifies their physical and emotional attraction to others
- Straight, gay, lesbian, bisexual, queer
Transgender

• Umbrella term
• Gender identity (what one’s internal sense of their gender is) is not congruent/aligned with assigned sex at birth
• Alternate terminology
  • Transgender woman, trans woman (MTF)
  • Transgender man, trans man (FTM)
  • Genderqueer - blurs the gender binary

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
Transgender People

- Gender affirmation – process by which individuals are affirmed in their gender identity.
  - Social, medical, legal
- Transgender people can be of any sexual orientation
- Cisgender –
- Non-transgender

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
Overcoming Barriers
Continue

- Ending Invisibility
- Taking a History of Sexual Health
- Patients, Staff, Students
- Collecting Data in EHRs
- Educating Clinicians and Staff
- Resources
How well do you know those coming for care?
How do you find out?

New Patients

New Lesbian/Gay/Bisexual/Transgender Patients
Getting to Know Patients in Clinical Settings
## Talking to HIV-Positive Patients

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<td>Adherence to ART</td>
<td>84%</td>
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<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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Taking a History of Sexual Health

http://www.lgbthealtheducation.org/publications/top/briefs/sexual-history-toolkit
• 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
Making Patients Comfortable, Setting the Context

• “I am going to ask you a few questions about your sexual health and sexual practices. I understand these are very personal, but also important for your overall health.”

• “I ask these questions of all my adult patients. Like the rest of our visit, everything we discuss is confidential.”

• “Do you have any 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?
  • How satisfied are you sexually?
  • Do you want to talk about your sexuality, sexual identity, gender identity, or sexual desires?
  • Have you had any changes in sexual desire?

• Ask about reproductive health and desires
  • Traditionally, discuss contraception
  • Discuss desires to have children and methods- surrogacy, adoption
• Data on Sexual Orientation and Gender Identity Should be Collected in Electronic Health Records
• Direct benefit to individual patients, insuring quality, and evaluation of disparities at practice level to learn about educational needs for clinicians and staff.
# 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

9. **Veteran Status:**
   - Veteran
   - Not a veteran

10. **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)? __________
Collecting Data on Sexual Orientation and Gender Identity

Policy Focus
Asking Patients Questions about Sexual Orientation and Gender Identity in Clinical Settings
A Study in Four Health Campuses

THE FENWAY INSTITUTE

Center for American Progress
Culturally Appropriate Care
Quality Cancer Prevention

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.
Cervical Cancer and 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
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.
HIV Prevention for MSM and Transgender Women

Creating Effective Programs in Health Centers
Opportunities to Improve HIV Prevention in Health Centers

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
3.2 million Americans are 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
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.
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
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?
Best Practices for a Transgender-Affirming Environment

Affirmative Care for Transgender and Gender Non-Conforming People:
Best Practices for Front-line Health Care Staff
Adding Affirmative Imagery and Content
Talking with Patients about SOGI

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

Let your provider know if you are LGBT,
Your provider will welcome the conversation.
Start today!
We are here to help you!

Adrianna Sicari, Hilary Goldhammer, Harvey Makadon

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Louisiana Primary Care Association
Louisiana PCA - LGBT Focus

- Recognition of the Need
  - Participation in HIV/AIDS services organizations planning activities
- Our Efforts
  - Distribute educational information and opportunities to health centers
  - Host training at health centers and conferences
- Successes, Challenges, Lessons Learned, Best Practices
  - Having the discussion, providing information
  - Lack of awareness, cultural barriers
  - Recent State Legislation
  - Accessibility, prioritization
- Future Plans
  - Seek feedback, enhance distribution of information, continue efforts
America’s Health Care Safety Net

- LGBT Special Population Survey
- HRC Healthcare Equality Index
LGBT Migrant/Farmworker Health

Health Disparities
- Higher than average rates of HIV/AIDS/STDs
- Family/communal/workplace isolation
- Domestic/communal/workplace violence
- Depression and Suicide
- Lack of support services in rural areas
- Lack of transportation
- Lack of health insurance
- Fear of identifying as LGBT

Established Support Groups
- Conexiones, Santa Cruz County, CA
  - Safe place for Latino LGBT migrant farmworkers
  - Promotes advocacy, recognition, education, health resources, peer support groups, and social services
Thank you for joining us today!

Please fill out the session evaluation!