Caring for LGBT Persons: Achieving Equity in Health and Making Care Environments More Welcoming

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Who we are

The goal of the National LGBT Health Education Center is to foster high-quality, affirmative, cost-effective care for LGBT people by providing educational programs, resources, and consultation.

- Training and technical assistance
- Grand rounds
- On-line learning
- Resources and publications

www.lgbthealtheducation.org
Objectives

- Review LGBT concepts and demographics
- Summarize health disparities affecting LGBT populations
- Discuss clinical practice guidelines that pertain certain LGBT populations
- Understand how to overcome barriers to communication with LGBT persons and make health care environments more LGBT-friendly
Concepts and demographics
Behavior ≠ identity

- **NHANES:** < 50% of people who report same-sex sexual behavior identify as L, G, or B \(^{(1, 2)}\)
- **NYC Survey:** 73% of MSM identified as heterosexual \(^{(3)}\)

**Bottom Line:**

1. You don’t know someone’s sexual identity until they tell you.
2. It is whatever they say it is.

Transgender

Definition
Having a gender identity that is not congruent with one’s sex assigned at birth

More terms:
- Transgender woman, trans woman, male-to-female (MTF) person
- Transgender man, trans man, female-to-male (FTM) person
- Genderqueer/fluid
- Cisgender
- Gender dysphoria
Transgender people may be of any sexual orientation.

Sexual orientations reported by 6,450 respondents to a national survey of transgender individuals

Gender affirmation

Also known as transition
The number of Americans who identify as LGB is closest to the population of which state?

A. Wyoming
B. Iowa
C. Ohio
D. California
The number of Americans who identify as LGB is closest to the population of which state?

A. Wyoming (600,000 people)
B. Iowa (3 million people)
C. Ohio (11 million people)
D. California (38 million people)
The number of transgender adults in the US is closest to the population of which state?

A. Wyoming
B. Alaska
C. Missouri
D. Kansas
The number of transgender adults in the US is closest to the population of which state?

A. Wyoming (600,000 people)
B. Alaska (700,000 people)
C. Missouri (6 million people)
D. Kansas (3 million people)

LGBT individuals are more likely to be non-white and have lower incomes.

Stigma and discrimination
Discriminatory experiences are common for LGBT adults.

How do stigma and discrimination affect health?

- **Minority Stress Model:**
  - Stressful prejudice events
  - Everyday micro-aggressions
  - Expectations of rejection
  - Cognitive burden of negotiating “outness”
  - Internalized homo- and transphobia

- **Avoidance of health care** due to the expectation of discrimination

For many LGBT persons, LGBT- and racial/ethnic-based stigma intersect.

“A gay man has to deal with homophobia. A black man has to deal with racism. But a black gay man will have to deal with homophobia and racism (often at the same time)....he will face racism inside the LGBT community and homophobia in the black community.”

Health disparities
MSM face higher burdens of several conditions compared to other men.

- Smoking
- Substance abuse
- Depression
- Sexual assault
- Limited health care access
- Syphilis
- HIV
- Anal cancer

In which group is the incidence of HIV rising?

A. Black MSM
B. White MSM
C. Black heterosexual women
D. Injection drug users
The majority of new HIV infections occur in MSM.

New HIV infections in 2013

- MSM and MSM-IDU: 68%
- Heterosexual
- IDU
- IDU
- Other

HIV incidence increased 20% among young, black MSM from 2008-2010.

Why are black MSM disproportionately burdened by HIV?

- Sexual behavior
- Substance abuse
- Limited health care access
- Less frequent HIV testing
- Delayed treatment of STIs
- High HIV prevalence in black MSM networks

HIV among African American gay and bisexual men. CDC. 2015. Available at: https://www.cdc.gov/hiv/group/msm/bmsm.html
PrEP: A game-changer for prevention?

- PrEP is indicated for individuals at high risk of HIV infection.
- Once daily, oral tenofovir-emtricitabine is the only medication FDA-approved for PrEP.
- Common side effect = nausea; serious side effects rare
- Efficacy is highly dependent on adherence.
In the real world, PrEP can work at least as well as in RCTs.

**PROUD (Lancet 2015)**
- **Population:** 545 high-risk MSM in the United Kingdom
- **Intervention:** Immediate or deferred oral tenofovir-emtricitabine
- **Results:** Reduced HIV acquisition by 86%

**U.S. Demo Project (IAS 2015)**
- **Population:** 557 MSM and transgender women
- **Intervention:** Oral tenofovir-emtricitabine
- **Results:** HIV incidence 0.43 per 100 person-years

**Kaiser (Clin Infect Dis 2015)**
- **Population:** 657 people in San Francisco, predominantly MSM
- **Intervention:** Oral tenofovir-emtricitabine
- **Results:** 0 HIV infections; ~9% incidence expected
But, barriers are numerous for some high-risk groups

CDC recommends yearly STI screening for sexually-active MSM

- HIV serology
- Syphilis serology
- NAAT for *Chlamydia trachomatis* and *Neisseria gonorrhea*
  - In the urine, rectum, and pharynx, depending on the patient’s sexual practices
  - Pharyngeal testing for *C. trachomatis* is not recommended
  - Regardless of history of condom use
- At least once: Hepatitis B serologies

2015 Sexually Transmitted Disease Treatment Guidelines. CDC. Available at: www.cdc.gov/std/tg2015/default.htm
MSM face an increased risk of anal cancer.

Cancer incidence, cases per 100,000

WSW face health disparities.

- Smoking
- Substance abuse
- Depression
- Sexual assault
- Limited health care access
- Overweight/obesity

WSW are less likely to be screened for cervical cancer than other women.

- Common reasons for lack of screening are (1):
  - No insurance
  - Prior negative experiences with screening
  - Belief that screening is unnecessary for WSW
- HPV and HSIL are detected in some exclusive WSW (1).
- Most self-identified lesbian women report prior sexual experiences with men (2).

Several conditions are more common among transgender persons than the general population.

- Smoking
- Substance abuse
- Depression
- Limited health care access
- Partner violence
- HIV

Cancer screening for transgender persons

**Trans Men**

- **Breast:** Mammography unless a full chest reconstruction has been performed
- **Cervical:** Pap smears unless cervix removed in its entirety and no history of high-grade lesions

**Trans Women**

- **Breast:** Mammography if older than 50 and at least 5 years of hormone use
- **Cervical:** Not needed for surgically-constructed neovaginas
- **Prostate:** Not removed in gender-affirming surgery; screening problematic

General prevention and screening. Center for Excellence in Transgender Care. 2015. Available at: http://transhealth.ucsf.edu/trans?page=protocol-screening#S1X.
Overcoming barriers to communication
Demonstrate openness, avoid assumptions

- You cannot know people’s sexual orientation or gender identity until they tell you.
- Avoid assumptions about clients’ relationships to people they bring with them; politely ask, instead.
- Listen to how people describe their identities, partners, and families; use the same terms.
The core sexual history is the same for LGBT and non-LGBT patients.

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

Available at: www.cdc.gov/std/treatment/Sexual History.pdf
Tips for taking the sexual history

- Make it routine, confidential, and free of assumptions.
- Explain why it is important to ask about sexual behavior.

Helpful questions:
- Are you in a relationship?
- Do you have a romantic partner?
- Are you sexually active?
- Do you have sex with men, women, or both men and women?
- What types of sex do you have (e.g., oral, anal, vaginal, etc.)?
Use preferred names/pronouns for transgender individuals.
LGBT patients, in their own words
Creating a welcoming environment
TEN THINGS:
CREATING INCLUSIVE HEALTH CARE ENVIRONMENTS FOR LGBT PEOPLE

July 2015
LGBT-affirming care

1. Revise processes and forms to reflect the diversity of LGBT people and their relationships.

2. Train all staff members, including frontline desk workers, about LGBT-friendly care.

3. Develop a policy of non-discrimination on the basis of sexual orientation, gender identity, and gender expression and display it prominently.

4. Make the physical environment welcoming to and inclusive of LGBT people.

5. Collect data on sexual orientation and gender identity from all clients.
Why collect information on sexual orientation and gender identity?

- Recommended by the Institute of Medicine and the Joint Commission
- Ability to capture this information is a new Meaningful Use requirement for electronic medical records
- Essential for measuring the quality and satisfaction with care experienced by LGBT individuals
- These questions are acceptable and understood by patients (even those who are not LGBT).
- Helps communicate a welcoming atmosphere
Ask a multiple-choice question about sexual orientation

<table>
<thead>
<tr>
<th>1. Which of the categories best describes your current annual income? Please check the correct category:</th>
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<tbody>
<tr>
<td>□ &lt;$10,000</td>
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<tr>
<td>□ $10,000–14,999</td>
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<tr>
<td>□ $15,000–19,999</td>
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<tr>
<td>□ $20,000–29,999</td>
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<td>□ $30,000–49,999</td>
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<td>□ $50,000–79,999</td>
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<td>□ Over $80,000</td>
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<th>2. Employment Status:</th>
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<tr>
<td>□ Employed full time</td>
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<tr>
<td>□ Employed part time</td>
</tr>
<tr>
<td>□ Student full time</td>
</tr>
<tr>
<td>□ Student part time</td>
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<tr>
<td>□ Retired</td>
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<tr>
<td>□ Other</td>
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<th>3. Racial Group(s):</th>
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<tbody>
<tr>
<td>□ African American/Black</td>
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<tr>
<td>□ Asian</td>
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<tr>
<td>□ Caucasian</td>
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<tr>
<td>□ Multi racial</td>
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<tr>
<td>□ Native American/Alaskan Native/Inuit</td>
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<tr>
<td>□ Pacific Islander</td>
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<td>□ Other</td>
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<th>4. Ethnicity:</th>
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<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
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<td>□ Not Hispanic/Latino/Latina</td>
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<th>5. Country of Birth:</th>
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<td>□ USA</td>
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<td>□ Other</td>
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<th>6. Language(s):</th>
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<tbody>
<tr>
<td>□ English</td>
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<tr>
<td>□ Español</td>
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<tr>
<td>□ Français</td>
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<td>□ Portugês</td>
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<tr>
<td>□ Русский</td>
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<th>7. Do you think of yourself as:</th>
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<tbody>
<tr>
<td>□ Lesbian, gay, or homosexual</td>
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<tr>
<td>□ Straight or heterosexual</td>
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<tr>
<td>□ Bisexual</td>
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<tr>
<td>□ Something Else</td>
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<tr>
<td>□ Don’t know</td>
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<th>8. Marital Status:</th>
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<tbody>
<tr>
<td>□ Married</td>
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<tr>
<td>□ Partnered</td>
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<td>□ Single</td>
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<tr>
<td>□ Divorced</td>
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<tr>
<td>□ Other</td>
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<th>8. Veteran Status:</th>
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<tr>
<td>□ Veteran</td>
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<tr>
<td>□ Not a veteran</td>
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<th>1. Referral Source:</th>
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<tbody>
<tr>
<td>□ Self</td>
</tr>
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<td>□ Friend or Family Member</td>
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<tr>
<td>□ Health Provider</td>
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<tr>
<td>□ Emergency Room</td>
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<tr>
<td>□ Ad/Internet/Media/Outreach Worker/School</td>
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<tr>
<td>□ Other</td>
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Ask 3 questions related to 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)?
  ____________________________

Take-home points

- LGBT individuals face several health disparities.
- Clinical practice guidelines address STI screening in MSM.
- Keys to effective communication include demonstrating openness and avoiding assumptions.
- Strategies to become more LGBT friendly include training of all staff, inclusive imagery, and the routine collection of information on sexual orientation and gender identity.
Thank you

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