Meeting the Health Care Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Ending Invisibility and Improving Quality Care

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Grand Rounds Presentation
Why LGBT Health?

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

Health Care Disparities
A Long History of Bias in Health Care

- 1999 survey (CA): 18.7% of physicians sometimes or often uncomfortable providing care to gay patients (Smith and Mathews, 2007).
- 2007 survey: 30.4% of patients would change providers upon finding out their provider was gay/lesbian (Lee et al., 2008)
- 2005/6 surveys of medical students (AAMC reporter, 2007)
  - 15% reported mistreatment of LGBT students at schools
  - 17% of LGBT students reported hostile environments
- 2011 - www.transequality.com/ngltf
  - Refusal of care: 19% of sample reported being refused medical care due to their transgender or gender non-conforming status, with even higher numbers among people of color.
  - Uninformed doctors: 50% of the sample reported having to teach their medical providers about transgender care.
The Impact of Stigma and Discrimination
At the request of the National Institutes of Health (NIH), the Institute of Medicine convened a consensus committee to:

- Conduct a review and prepare a report assessing the state of the science on the health status of lesbian, gay, bisexual and transgender populations;
- Identify research gaps and opportunities; and
- Outline a research agenda that will assist NIH in enhancing its research efforts in this area.
Health Disparities Exist Across the Life Cycle
Disparities: Healthy People 2020

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbians are less likely to get preventive services for cancer.
- Gay men are at higher risk of HIV and other STDs, especially among communities of color.
- Lesbians and bisexual females are more likely to be overweight or obese.
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide, and are less likely to have health insurance than heterosexual or LGB individuals.
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- LGBT populations have the highest rates of tobacco, alcohol and other drug use.
“Gays and lesbians getting married—haven’t they suffered enough?”
Life Cycle: Family Matters!

- Marriage / Commitment
- Reproduction
- Parenting
LGBT Demographics, Concepts, and Terminology
There is diversity of expression in our own communities
Understanding Sexual Orientation

Identity

Attraction

Behavior
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)
Intersection of LGBT and Communities of Color

Hispanic Same-Sex Couples

Black Same-Sex Couples


LGB 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)
Gender nonconformity refers to the extent to which a person’s gender identity differs from cultural norms for people of a particular sex.

Terminology is culturally and time dependent and is rapidly evolving.

Transgender people persistently identify and/or express their gender as the opposite of their biologic birth sex and often have hormonal and surgical treatment (sometimes called transsexualism).

People who define themselves as a gender outside the either/or construct of male/female – e.g., having no gender, being androgynous, or having elements of multiple genders (some use the term bi gender or genderqueer)

People who enjoy the outward manifestations of various gender roles and cross dress to varying extents (cross dressing)
Overcoming Barriers to Change
LGBT Invisibility in Healthcare

- When you last saw a clinician for primary care, how many of you were asked to discuss your sexual history?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?
How well do you know the people coming to your health center? How do you find out?

New Patients

New Lesbian/Gay Patients

How do people 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

*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
- Helps develop a better understanding of patients’ lives
- Allows comparison of patient outcomes with national survey samples of LGBT people
Healthy People 2020

- Health care providers should “appropriately inquire about and be...supportive of a patient’s sexual orientation to enhance the patient-provider interaction and regular use of care.”
LGBT data can be gathered at patient contact points during the process of care, and integrated into the EHR.

Self Report of Information on Sexual Orientation (S.O.) and Gender Identity (G.I.)

- Data Input At Home
- Arrival
- Register Onsite
- SO/GI data reported
- Information Entered into EHR

Provider Visit Input From History

- SO/GI data not reported
- Information Entered Into EHR

YES
NO
Enter the Electronic Health Record (EHR)
Institute of Medicine, 2011

- As part of meaningful use, recommends collecting data on sexual orientation and gender identity in electronic health records.
- Also, recommends structured data elements to allow for the comparison and pooling of data to analyze the unique needs of LGBT people.
- HHS currently gathering public comment on adding this to demographics required to meet meaningful use criteria.
Collecting Demographic Data on Sexual Orientation (Example)

<table>
<thead>
<tr>
<th>2.) Employment Status</th>
<th>3.) Racial Group(s)</th>
<th>4.) Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Employed full time</td>
<td>❑ African American/Black</td>
<td>❑ Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>❑ Employed part time</td>
<td>❑ Asian</td>
<td>❑ Not Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>❑ Student full time</td>
<td>❑ Caucasian</td>
<td></td>
</tr>
<tr>
<td>❑ Student part time</td>
<td>❑ Multi racial</td>
<td></td>
</tr>
<tr>
<td>❑ Retired</td>
<td>❑ Native American/Alaskan</td>
<td></td>
</tr>
<tr>
<td>❑ Other ________________</td>
<td>❑ Native/Inuit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ Pacific Islander</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ Other _________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.) Country of Birth</th>
<th>7.) Do you think of yourself as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ USA</td>
<td>❑ Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td>❑ Other ______________________</td>
<td>❑ Straight or heterosexual</td>
</tr>
<tr>
<td></td>
<td>❑ Bisexual</td>
</tr>
<tr>
<td></td>
<td>❑ Something else</td>
</tr>
<tr>
<td></td>
<td>❑ Don’t know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.) Marital Status</th>
<th>9.) Veteran Status</th>
<th>10.) Referral Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Married</td>
<td>❑ Veteran</td>
<td>❑ Self</td>
</tr>
<tr>
<td>❑ Partnered</td>
<td>❑ Not a Veteran</td>
<td>❑ Friend or Family Member</td>
</tr>
<tr>
<td>❑ Single</td>
<td></td>
<td>❑ Health Provider</td>
</tr>
<tr>
<td>❑ Divorced</td>
<td></td>
<td>❑ Emergency Room</td>
</tr>
<tr>
<td>❑ Other ______________________</td>
<td></td>
<td>❑ Ad/Internet/Media Outreach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ WorkerSchool</td>
</tr>
</tbody>
</table>

[Logo: The Fenway Institute]
Collecting Demographic Data on Gender Identity (Example)

1. What sex were you assigned at birth? (Check one)
   - [ ] Male
   - [ ] Female
   - [ ] Decline to answer

2. What is your current gender identity? (Check and/or circle ALL that apply)
   - [ ] Male
   - [ ] Female
   - [ ] Transgender Male/Transman/FTM
   - [ ] Transgender Female/Transwoman/MTF
   - [ ] Genderqueer
   - [ ] Additional category (please specify): ________________________________
   - [ ] Decline to answer

3. What pronouns do you prefer? ________________________________

Adapted from: Primary Care Protocol for Transgender Patient Care, April 2011. Center of Excellence for Transgender Health. University of California, San Francisco, Department of Family and Community Medicine
Getting to Know Patients in Clinical Settings
Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

- Adherence to ART 84%
- Condom use 16%
- HIV transmission and/or risk reduction 14%

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)

- For a new patient coming in for primary care, may talk about sexual orientation or gender identity by simply asking: “Tell me about yourself….”

- Avoid judgment or bias

- Assure confidentiality – and ask permission to include sexual orientation and gender identity in medical record
Taking a Sexual History

- Make it routine
- Place in the context of general history
- Be straightforward, but non-judgmental
- Use statement such as:
  - “I am going to ask you some questions about your sexual health that I ask all my patients. The answers to these questions are important for me to know to help keep you healthy. Everything is confidential.”
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?

- Assess comfort with sexuality
  - Do you have any concerns or questions about your sexuality, sexual identity, or sexual desires?
Discussing 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 can ask if patient has questions about gender identity.
- Follow up as appropriate.
Creating Change at Home: Better Environments for Caring, and Working
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
Assessing the Current Environment

- Do you know if LGBT patients feel welcome and feel safe to disclose their sexual behavior and identity?
- Do you know if LGBT clinicians, staff, and students feel safe and accepted?
- Does everyone feel comfortable being themselves?
- Can everyone talk freely with colleagues?
- Are clinicians and staff being taught about LGBT health needs?
- Is the Board on board and clear on LGBT health issues?
- Is there a organizational structure to adjudicate concerns?
The Patient Environment

- Create intake forms that include the full range of sexual and gender identity and expression
- Ensure confidentiality on forms
- Train all staff to be respectful of LGBT clients, and to use clients’ preferred names and pronouns
- Post non-discrimination policy inclusive of sexual orientation and gender identity
- Display images that reflect LGBT lives (e.g., posters with same-sex couples, rainbow flags)
- Provide educational brochures on LGBT health topics
- Provide unisex bathrooms
Accountable Care Act: Innovation to Enhance Clinical and Cost Effectiveness

Health Center

Patient Centered Medical Home
PCMH 2011 Core Standards

- PCMH 1: Enhance Access and Continuity
- PCMH 2: Identify and Manage Patient Populations
- PCMH 3: Plan and Manage Care
- PCMH 4: Provide Self-Care and Community Support
- PCMH 5: Track and Coordinate Care
- PCMH 6: Measure and Improve Performance
Implementing Change

- **Elements of Population Health**
  - Define and Identify Populations
  - Understand Unique Health Issues
  - Develop Best Practices
    - Quality
    - Cost

- **LGBT Health**
  - Transgender Health Care
  - Behavioral Health
  - HIV Prevention and Care
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
HRSA (BPHC) National Cooperative Agreement: awarded 2011

- Training and Technical Assistance
- Grand Rounds for Faculty, Staff, and Trainees
  - Co-sponsored by the American Medical Association
- Consultation on Creating Strategic Change
- Resources and Publications
The National LGBT Health Education Center: How Can We Help You?

- Discuss what we can do for health centers in your area
- Sign up for our updates and newsletter
- Contact us to speak with a member of our team:

  Harvey Makadon, Hilary Goldhammer,
  Dirk Williams, Jeffrey Walter,
  T 617.927.6354

  lgbthealtheducation@fenwayhealth.org
  www.lgbthealtheducation.org
Resources

- National LGBT Health Education Center
  - www.lgbthealtheducation.org

- The Joint Commission Field Guide for the LGBT Community
  - www.jointcommission.org/lgbt/

- Center of Excellence for Transgender Health
  - http://transhealth.ucsf.edu/

- Gay and Lesbian Medical Association Resources
  - www.glma.org
Resources


- Institute of Medicine: *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding*  