LGBT (Lesbian, Gay, Bisexual, & Transgender)
Primary Care Update for PCPs

Dr. Tom Greely
Dr. Marcy A. Haas
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
4. Explain unique health needs of LGBT people
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)
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?
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.
The T in LGBT: Transgender

- Transgender
  - Umbrella term
  - Gender identity or expression not congruent/aligned with assigned sex at birth
  - Alternate terminology
    - Transgender women, trans woman
    - Transgender men, trans man
  - Transsexual: traditionally a term used to describe transgender individuals who have undergone some form of medical conformation surgery and hormone treatment

- Gender affirmation – process by which individuals are affirmed in their gender identity
  - Social, medical, legal
Definitions

LGBT- Lesbian, Gay, Bisexual and Transgender.

Lesbian - A woman who identifies as being sexually attracted to and/or engaging in sexual behavior with another woman.

Gay - Someone who identifies as being sexually attracted to and/or engaging in sexual behavior with persons of the same sex. This term can be used for both men and women but is generally associated with men.

Bisexual - Someone who identifies as being sexually attracted to and/or engaging in sexual behavior with people of both sexes.

Transgender - Refers to an individual who identifies as belonging to an opposite or different gender category from the individual’s biological sex.
Gender - A socially-constructed category referring to specific characteristics such as appearance, behaviors and roles that distinguish between the categories of being a man or woman, boy or girl.

Gender Expression - How a person represents or expresses one’s gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

Gender Identity - An individual’s internal sense of being male, female or something else.

Sexual Orientation - A term describing a person’s attraction to members of the same or different sex. Who the person is attracted to.

Transgender Female - a term for a transgender individual who currently identifies as a woman.

Transgender Male - a term for a transgender individual who currently identifies as a man.
**Queer** – A more all-encompassing and politicized term to define gender and/or sexual identity used by men, women or transgender people who are sexually attracted to and/or engaging in sexual behavior with members of the same sex or gender.

**Transition**– The period during which a person begins to live as their new gender. This may include changing one’s name, taking hormones, having surgery, changing legal documents to reflect their new gender, and/or none of the above.

**Intersex**– A term used for people who are born with external genitalia, chromosomes, or internal reproductive systems that are not traditionally associated with either a “standard” male or female.

**Cross-dresser**– A term for people who dress in clothing traditionally or stereotypically worn by the other sex, but who generally have no intent to live full-time as the other gender.
• M to F- Male to female

• F to M- Female to Male

• **Sexual Reassignment Surgery**- Surgical procedures that change one’s body to make it conform to a person’s gender identity. This may include “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals). Contrary to popular belief, there is not one surgery; in fact there are many different surgeries.
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)
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 19.2% among transgender women, and over 50% among transgender women of color (Herbst et al AIDS Behavior 2008, Baral et al Lancet 2013).
Early/Middle Adulthood

- LGBT adults have higher rates of smoking, alcohol use, and substance use than the general population.
- Lesbians and bisexual women use preventive health services less frequently than women in the general population.
- Transgender men and women also need preventive health services and cancer screening based on sex assigned at birth and current anatomy.
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.
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%

HIV Prevalence in Trans* Community

- National Transgender Discrimination Survey 2011
  - Reported 4x higher HIV rates than the national average
  - Highest HIV rates among transgender people of color

- CDC 2010 data
  - Newly diagnosed HIV: 2.1% test positive in trans persons
    - Compared to 1.2% male, 0.4% female
  - Highest percentages in African Americans (4.1%), Hispanics (3%), and Native Americans (2%)

www.cdc.gov/hiv/risk/transgender/
www.TheTaskForce.org
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
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)

[Graph showing trends in HIV incidence from 2006 to 2010.]
Preventative Healthcare For LGBT
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.
PRIMARY CARE FOR GAY MEN MSM

- **Immunizations** *(per U.S. HHS vaccines.gov)*
  - Hep A
  - Hep B
  - Gardasil
  - Meningococcus prn

- **STD (now STI) testing/screening**
  - GC, RPR, Chlamydia – annually
  - Hep C
  - HIV – at least yearly

- **What’s new in HIV care?**
  - Post-exposure prophylaxis
  - PrePEP
PRIMARY CARE FOR GAY MEN MSM

- Cancer Screening
  - The usual
  - Prostate Ca

- Other considerations
  - Alcohol/Tobacco/Rec Drugs
  - Acute retro-antiviral syndrome
  - Depression/Suicide
  - Domestic Violence
Clinical Care of Transgender People Requires Knowledge of Gender Identity and Sex Assigned at Birth
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: 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.
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.
Preventive Screening

This is not too complicated!

If you have ‘an organ,’
it must be screened according to
current guidelines....

(of course, EHR and insurance may not agree that a
‘male’ needs a PAP ... )
USPTF Cancer Risk & Screening

• Breast
  • FTM
  • MTF (no data but later exposure to estrogen could change risk and onset of screening)

• Cervix & Anus

• Ovarian & Uterus
  • no data to support increase Cancer risk with Testosterone

• Prostate
• Everything else
Routine Visits & Exams
sensitivity crucial

• Pelvic exams & Paps
• Breast exams & screening
• Prostate exams & screening
• STI screening
Family Matters

Marriage

Relationships
Family Matters

- 14 states + DC currently have equal marriage for same-sex couples while 6 have civil unions or domestic partnership (as of 10/28/13)
- As many as six million American children and adults have an LGBT parent
- Same-sex couple parents and their children are more likely to be racial and ethnic minorities
- States with the highest proportions of same-sex couples raising biological, adopted or step-children include Mississippi (26%), Wyoming (25%), Alaska (23%), Idaho (22%), and Montana (22%) (The Williams Institute, 2013)
- Children from families with same-sex parents scored higher than the national average for overall health and family cohesion, while there was no statistical difference between them and children of heterosexual couples in areas such as emotional behavior, self-esteem, and time spent with parents (Crouch Et. Al.)
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
LGBT Demographics
Getting to know patients in clinical settings
The Core of the Cross-Cultural Interview

Respect

Curiosity

Empathy

Adapted from Betancourt and Green
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*
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?
Gathering LGBT Data During the Process of Care

DATA INPUT AT HOME → ARRIVAL → REGISTER ONSITE

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

SO/GI DATA NOT REPORTED:
- PROVIDER VISIT INPUT FROM HISTORY
  - YES: INFORMATION ENTERED INTO EHR
  - NO: INFORMATION ENTERED INTO EHR

SO/GI DATA REPORTED:
- INFORMATION ENTERED INTO EHR
Collecting Demographic Data on Sexual Orientation

<table>
<thead>
<tr>
<th>1. Which of the categories best describes your current annual income? Please check the correct category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &lt;$10,000</td>
</tr>
<tr>
<td>□ $10,000-$14,999</td>
</tr>
<tr>
<td>□ $15,000-$19,999</td>
</tr>
<tr>
<td>□ $20,000-$29,999</td>
</tr>
<tr>
<td>□ $30,000-$49,999</td>
</tr>
<tr>
<td>□ $50,000-$79,999</td>
</tr>
<tr>
<td>□ Over $80,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Employment Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Employed full time</td>
</tr>
<tr>
<td>□ Employed part time</td>
</tr>
<tr>
<td>□ Student full time</td>
</tr>
<tr>
<td>□ Student part time</td>
</tr>
<tr>
<td>□ Retired</td>
</tr>
<tr>
<td>□ Other ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Racial Group(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ African American/Black</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Caucasian</td>
</tr>
<tr>
<td>□ Multi racial</td>
</tr>
<tr>
<td>□ Native American/Alaskan Native/Inuit</td>
</tr>
<tr>
<td>□ Pacific Islander</td>
</tr>
<tr>
<td>□ Other ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>□ Not Hispanic/Latino/Latina</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Country of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ USA</td>
</tr>
<tr>
<td>□ Other ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Language(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English</td>
</tr>
<tr>
<td>□ Español</td>
</tr>
<tr>
<td>□ Français</td>
</tr>
<tr>
<td>□ Português</td>
</tr>
<tr>
<td>□ Русский</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Do you think of yourself as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td>□ Straight or heterosexual</td>
</tr>
<tr>
<td>□ Bisexual</td>
</tr>
<tr>
<td>□ Something Else</td>
</tr>
<tr>
<td>□ Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Married</td>
</tr>
<tr>
<td>□ Partnered</td>
</tr>
<tr>
<td>□ Single</td>
</tr>
<tr>
<td>□ Divorced</td>
</tr>
<tr>
<td>□ Other ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Veteran Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Veteran</td>
</tr>
<tr>
<td>□ Not a veteran</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Referral Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self</td>
</tr>
<tr>
<td>□ Friend or Family Member</td>
</tr>
<tr>
<td>□ Health Provider</td>
</tr>
<tr>
<td>□ Emergency Room</td>
</tr>
<tr>
<td>□ Ad/Internet/Media/Outreach Worker/School</td>
</tr>
<tr>
<td>□ Other ____________</td>
</tr>
</tbody>
</table>
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 is your preferred name and what pronouns do you prefer (e.g. he/him, she/her)?

- What sex were you assigned at birth? (Check One)
  - Male
  - Female
  - Decline to Answer
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
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
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
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?”
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?

- Ask about reproductive health and desires
  - Traditionally, discuss contraception
  - Discuss desires to have children and methods—surrogacy, adoption
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
TJC: Patient-Centered Communication Standards for Hospitals

- **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.
Physician Attitudes Have Changed Over Time

- Survey of San Diego physicians given in 1982 and repeated in 1999
  - Would you admit a highly qualified homosexual applicant to medical school?
    - 1982: 30% would not admit
    - 1999: 3% would not admit

- Would you discontinue referrals to a gay pediatrician?
  - 1982: 46% would discontinue
  - 1999: 9% would discontinue
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?
Adding Affirmative Imagery and Content to Education and Marketing Materials
The Impact of Stigma and Discrimination
Take Easy Steps
When it's time for Open Enrollment, you can count on us

Inside: Free classes and programs that promote your health

John Muir Health Foundation:
Your donation can make a difference

pg 2 Our national honors mean peace of mind for you
pg 3 Is your child overdoing sports?
pg 3-5 Vital updates on cancer
pg 8 Relief for your aching back
Resources

- LGBT Task Force John Muir Medical Center
  lgbttaskforce@johnmuirhealth.com

- Rainbow Community Center
  rainbowcc.org
  2118 Willow Pass Rd Suite 500, Concord, 94520
  (925) 692-0090
Resources

- UCSF Center of Excellence for Transgender Health Primary Care Protocol - transhealth.ucsf.edu

- WPATH Standards of Care, 7th Version - wpath.org

- Lyon-Martin Health Center Consult Line project-health.org/transline

- Fenway Health Care protocols and webinars lgbthealtheducation.org
References - Youth


References - Miscellaneous


Resources – General and Youth

- National Center for Transgender Equality: Injustice at Every Turn: National Transgender Discrimination Study; 2011
  
  www.transequality.org

- Physicians for Reproductive Health (PRH), part of the Adolescent Reproductive and Sexual Health Education Program (ARSHEP):
  
  http://prh.org/new-updated-educational-modules-available/

- Title X brochures on Trans Fertility and Self Care
Building Cultural Fluency
immerse yourself.... many more excellent books and films

BOOKS:
She’s Not There, A Life in Two Genders, Jennifer Boylan
Second Son, Ryan Sallans
Trans Bodies, Trans Selves, Ed. Erickson-Schroth
Transgender Emergence, Arlene Lev

FILMS:
I’m Just Anneke
No Dumb Questions
Southern Comfort
Straightlaced- How Gender’s Got Us All Tied Up
TransParent (on Amazon Prime)
Trans, The Movie
Websites:


- [lgbthealtheducation@fenwayhealth.org](mailto:lgbthealtheducation@fenwayhealth.org)
- [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

- Center of Excellence for Transgender Health
  University of California, San Francisco
  550 16th Street, 3rd Floor
  UCSF Mail Code 0661
  San Francisco, CA 94158-2549 USA
  Fax: 415-476-5348
Questions?

marcy.haas_md@johnmuirhealth.com
thomas.greely_md@johnmuirhealth.com