

Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People

A Four-Part Webinar Series

Part 1

Understanding the Health Needs of
LGBT People: An Introduction



GLMA

Health Professionals
Advancing LGBT Equality

General Housekeeping

- If you experience any technical difficulties during the webinar, please contact GoToMeeting.com Customer Support at:

1-888-259-8414

or

1-805-617-7002

About Us



*Hopkins Center for
Health Disparities Solutions*

“Exploration and Intervention for Health Equality...”



NIMHD

Designated a “National Center of Excellence”
by the National Institutes of Health,
National Institute on Minority Health and Health Disparities



Cultural Competency Organizational Assessment-360 (COA360)



COA360TM

<http://www.coa360.org>

Culture Quality Collaborative (CQC)



CQC

CULTURE QUALITY
COLLABORATIVE

<http://www.thecqc.org>

Upcoming Webinars

- “A Continuous Quality Improvement Approach to Organizational Cultural Competence”
 - Tuesday, June 26, 2012, 3:00 p.m.-4:30 p.m.



*Hopkins Center for
Health Disparities Solutions*



About GLMA

- * GLMA works to ensure equality in healthcare for lesbian, gay, bisexual and transgender individuals and healthcare professionals.
- * Multidisciplinary membership
- * GLMA's 30th Annual Conference (September 19-23, 2012)

Core Identity

LGBT healthcare equality is our goal;
Policy, advocacy and education are our strategies;
Professional membership is our core strength.



Webinar Series Faculty

- * Today's presenters:
 - * Jason Schneider, MD, FACP
Assistant Professor
Atlanta, GA
 - * Gal Mayer, MD
Medical Director
New York, NY





Disclosures & COI

* None to report



Learning objectives

By the end of this learning activity learners will be able to:

1. Define terminology and describe concepts associated with LGBT populations
2. Describe the ways in which marginalization and discrimination impact the health of LGBT people
3. Discuss the health disparities experienced by LGBT people



An introduction to definitions

Basic LGBT Terminology





Lesbian, Gay, Bisexual and Transgender (LGBT)

- * Umbrella term often used to describe all sexual and gender minorities
- * Diversity within each group
 - * Race & ethnicity
 - * Socioeconomic status
 - * Geographic location
 - * Age





Gender

- * Gender is different from *sex* (determined by chromosomes and anatomy) and different from *sexual orientation*
- * **Gender Identity** – The psychological awareness or sense of where one fits on the man-woman spectrum
- * **Gender Expression** – The way in which one communicates his or her gender identity through appearance and behavior
- * **Gender Role** – That part of behavior that is influenced by society's expectation of what is gender-appropriate



Transgender

Transgender, Gender Variant, Gender Non-Conforming, Gender Different

- * Umbrella terms used to group the many gender different communities
- * A person whose gender identity or gender expression differs from the sex assigned to them at birth



Transgender

Transgender **Transsexual**

- * Biological men and women whose gender identity most closely matches the other gender
- * “Transsexual” is sometimes used more specifically to specifically describe transgender people who have undergone genital surgery



Transgender

- * **Genderqueer** – Used to describe people whose gender identity does not fit neatly into either male or female categories
- * **Crossdresser** – Individuals with a desire to wear the clothing of the other sex but not to change their gender; many are heterosexual men who crossdress for erotic arousal; previously called transvestite
- * **Drag Queen/King** – Individuals, usually in the gay/lesbian community, who crossdress for entertainment purposes and/or to challenge social stereotypes



Sexual Orientation

“Are you gay or straight?”

- * It's not that simple!
- * Behavior ≠ identity ≠ orientation



Sexual Orientation

Sexual Attraction

- * Who you are attracted to in your sexual fantasy life (e.g. heterosexual, homosexual, bisexual)
- * An internal identity; you only know your own for sure
- * Develops very early and is not a choice
- * Also called “Orientation”

Sexual Behavior

- * Who you choose to have sex with
- * Can be aligned with Sexual Attraction, or not



Sexual Orientation

Sexual Identity

- * A label you choose to call yourself in order to tell others what you want them to understand about your sexual orientation (e.g. straight, gay, bi, lesbian, dyke, etc.)
- * May include emotional, social & lifestyle preferences
- * Can be reflective of your Sexual Attraction and Sexual Behavior, or not



A Combination of Traits

SEX

Genetic XY ←———— XXY (Klinefelter), XYY, XO (Turner) —————→ XX

Anatomic Male ←———— CAH, Androgen Insensitivity —————→ Female

GENDER

Identity Man ←———— Transgender, Genderqueer —————→ Woman

Role Masculine ←———— Neutral —————→ Feminine

Expression Masculine ←———— Androgynous —————→ Feminine

SEXUALITY

Attraction Homosexual ←———— Bisexual —————→ Heterosexual

Identity Gay, Lesbian, Straight, Queer, Butch, Fag, Bi, Femme, Dyke

Behavior Same Sex ←———— Both, None —————→ Other Sex



LGBT Demographics



Sexual Orientation Prevalence in U.S.

- * Exact prevalence remains unknown
- * Measurements vary widely by geography, race/ethnicity, education levels, suggesting strong influence of stigma
- * *The Social Organization of Sexuality* (Laumann, 1994):

	Women	Men
Same-sex Attraction	7.5%	7.7%
Same-sex Behavior since puberty	4.3%	9.1%
Identity as homosexual or bisexual	1.4%	2.8%



Transgender Prevalence

No reliable data:

- * 1:500-1:2000 TG identity¹
- * 1:2000 TG hormones (Belgium)
- * 1:2900 MtF surgery/hormones (Singapore)²
- * 1:11900 MtF surgery/hormones (Netherlands)³
- * 1:30400 FtM surgery/hormones (Netherlands)³
- * 1:30000 MtF surgery (USA)

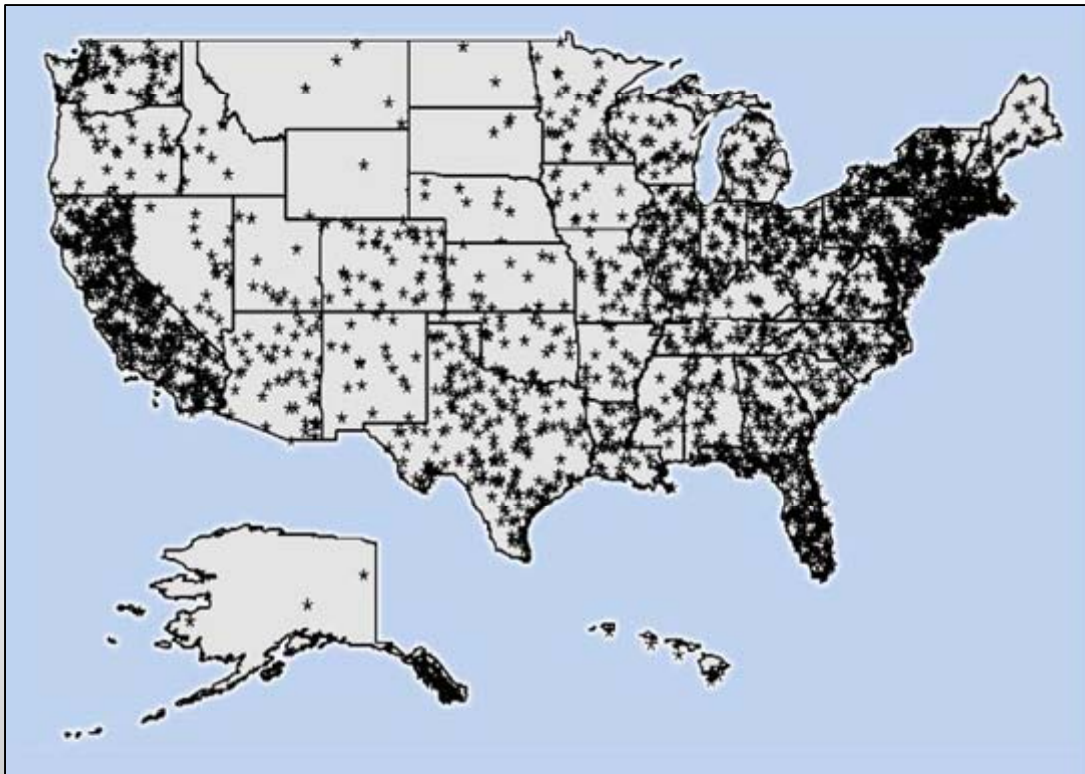
0.002%



0.00003%



Same Sex Households in US



2000 census :

**99% of counties
in the US include
households with
“unmarried
same-sex
partners”**

Map Courtesy of J. Bradford & K. Barrett, SERL, VCU Gates and Ost, 2004

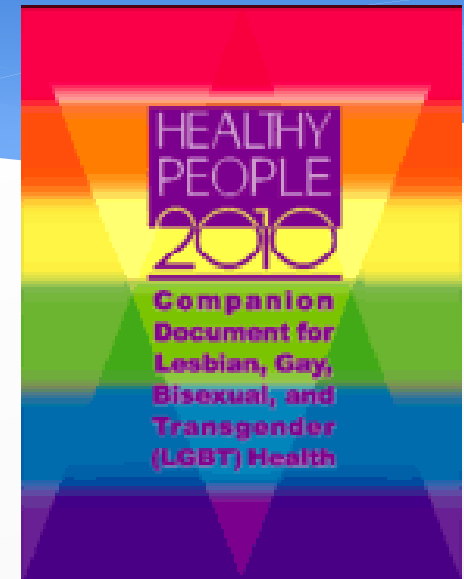


What is LGBT Health?



Disparities in LGBT health

- * **Institute of Medicine Report on Lesbian Health** conclusions (1999): Enough evidence to support more research; develop better methods of conducting that research
- * **Healthy People 2010** goal: Eliminate health disparities that occur due to differences in sexual orientation
- * **Institute of Medicine 2011** report
- * **Healthy People 2020**





Barriers to progress

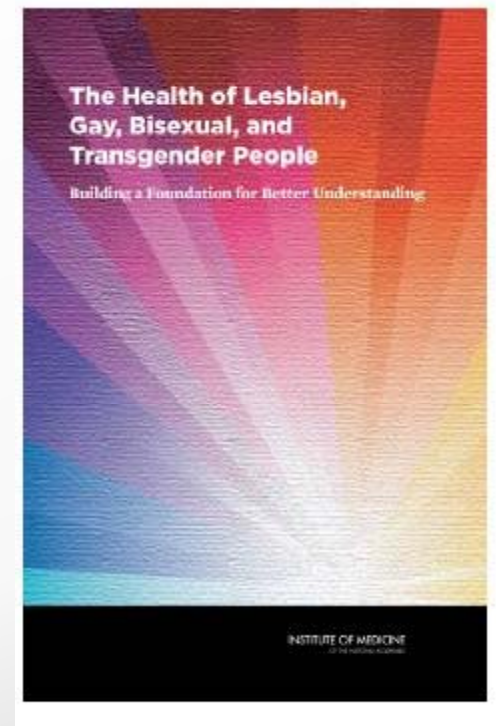
- * 2009: Only 0.21% of publications related to human health included an LGBT-related keyword, as indexed in PubMed (*Boston Globe*, 10/10/11)
- * Why?
 - * Sexual orientation & gender identity are complex & mutable
 - * Reluctance to ask or answer sensitive questions
 - * Resource intensive to study minority populations
- * Data from non-probability samples



2011 Institute of Medicine Report

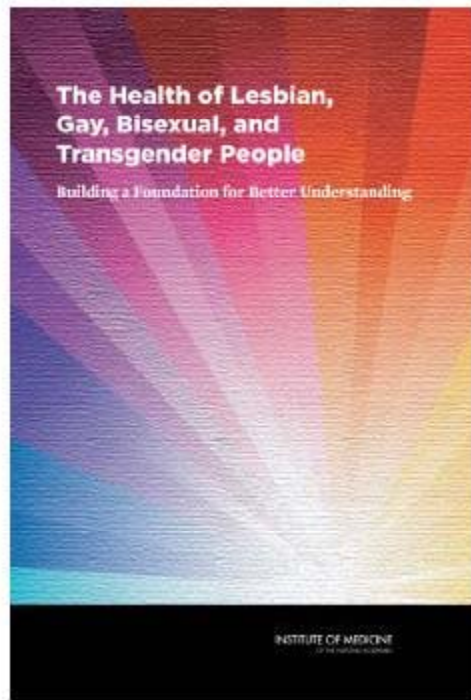
The Health of Lesbian, Gay, Bisexual, and Transgender People

- * “NIH should implement a research agenda designed to advance knowledge & understanding of LGBT health.”
- * “Data on sexual orientation & gender identity should be collected in federally funded surveys and in electronic health records.”
- * Standardization of measures





More from the IOM Report



- * Support methodological research that relates to LGBT health
- * Create a comprehensive research training approach to strengthen NIH LGBT health research
- * Encourage NIH grant applicants to address inclusion or exclusion of sexual & gender minorities in their samples



Why this focus?

- * LGBT people face same health risks as larger society
- * Effect of multiple additional factors
 - * History
 - * Stigma
 - * Laws & policies
 - * Barriers to patient-centered care
 - * Demographic factors



History

Homosexuality as Disease

Homosexuality was considered a psychiatric disease until 1973 when the American Psychological Association (APA) removed it from the Diagnostic and Statistical Manual (DSM)





History

Transgender Identity Pathologized

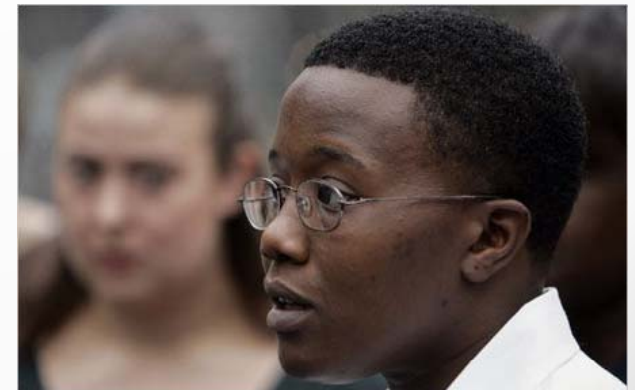
Being transgender is still considered a psychiatric illness (Gender Identity Disorder) in the DSM





Stigma Harassment and Bullying

- * Overall 4.5% in national secondary school sample report harassment
- * LGBT students in public schools:
 - * 86.2% verbally harassed
 - * 44.1% physically harassed
 - * 22.1% physically assaulted
- * No federal law prohibiting harassment based on sexual orientation or gender identity



Source: Gay, Lesbian and Straight Education Network (GLSEN), 2008



Stigma

Family Acceptance

- * LGBT youth whose families accept them experience less:
 - * Depression
 - * Substance use
 - * Suicide





Laws & Policies

- * Same-sex married couples have less depression & stress and more meaning in life (Riggle, et al. 2010) BUT...
- * Defense of Marriage Act (DOMA) prohibits federal recognition of civil marriage → barring access to **1138(!)** rights & privileges:
 - * Immigration
 - * Survivor benefits
 - * FMLA inapplicable to unmarried partners
 - * Visitation rights (new HHS regulations address this)
 - * Employer-sponsored health plans



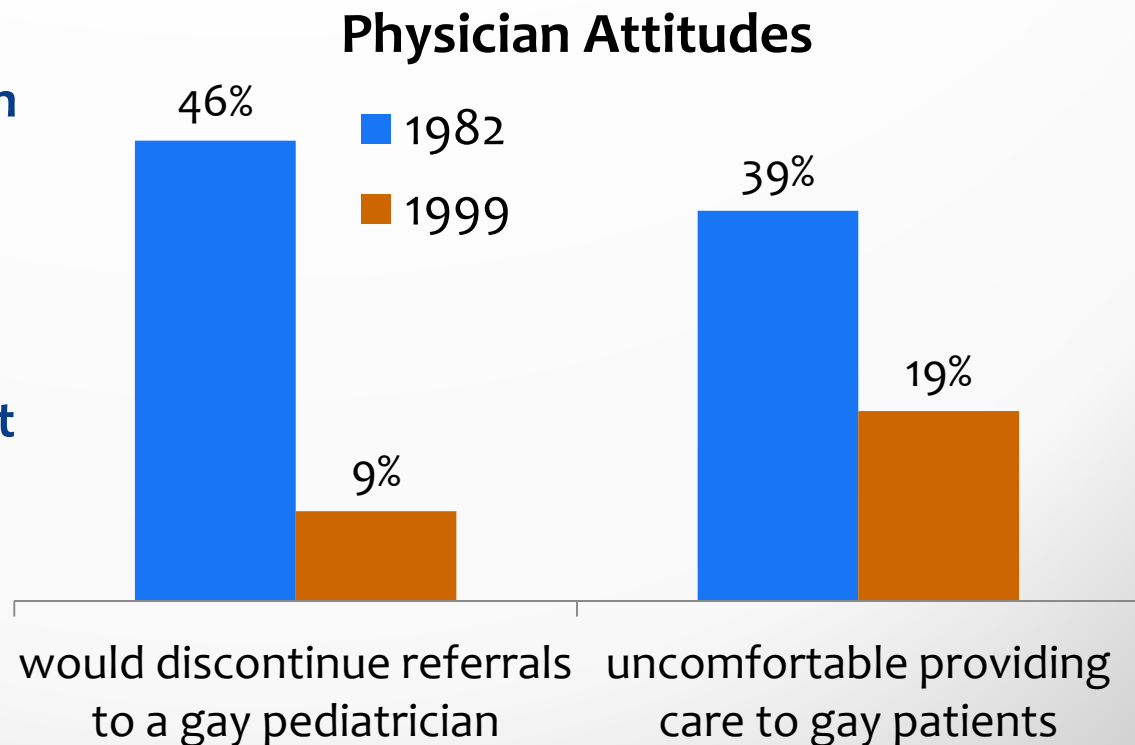
Barriers to care: Healthcare Access

- * GBT (L?): **lower incomes** than other people with similar educations and occupations (IOM Report, 2011)
- * Lack of federal marriage recognition → tax and insurance differences → **less disposable income** for LGBT people
- * LGBT are **less likely to be insured** than other of similar socioeconomic backgrounds (Harris Poll, 2002)
- * Most insurance plans specifically **exclude transgender care** from coverage



Barriers to care: Healthcare Provider Attitudes

Multiple studies of many types of providers (doctor, nurse, physician assistant, student, trainee) have shown that prejudice against LGBT patients is improving with time but still unacceptably high



Sources: Matthews (1986); Smith and Matthews (2007)



Barriers to care: Healthcare Provider Attitudes

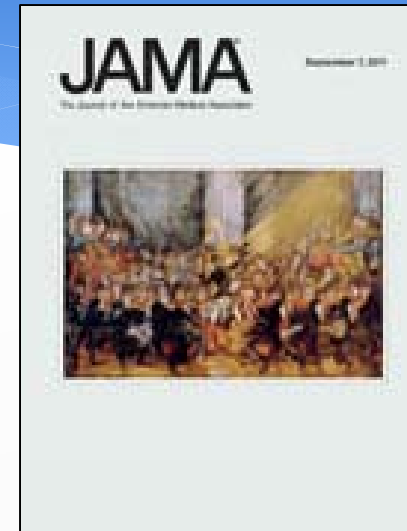
- * Lesbians who are out to their primary care provider are more likely to:
 - * Seek health and preventive care
 - * Have a Pap test
 - * Not smoke
 - * Discuss difficult issues

Source: White & Dull, 1998



Barriers to care: Healthcare Provider Training

- * 2009-2010 survey of medical school deans
- * 132 complete responses from U.S. allopathic & osteopathic schools
- * Median time for LGBT content in curriculum: **5 hours**
- * Schools with no LGBT content in curriculum
 - * Pre-clinical: 9
 - * Clinical: 44
 - * Neither: 5



Source: JAMA 2011; 306: 971-977



Demographic factors

Family Structure

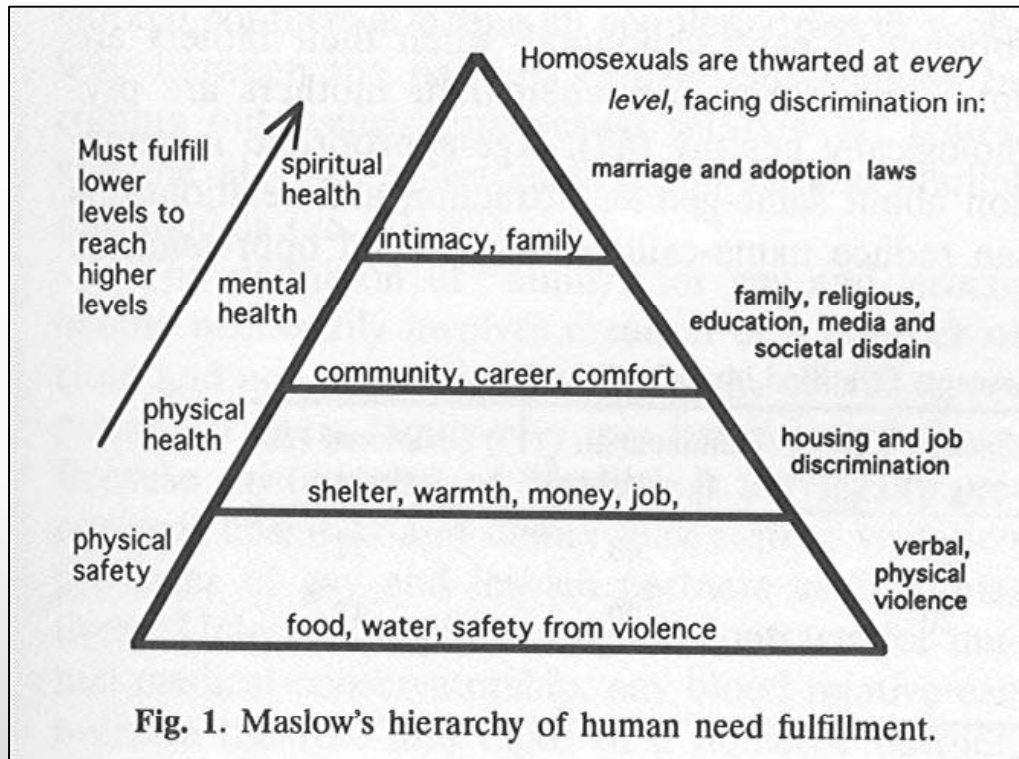
- * LGBT people are less likely to be parents
- * Children of lesbian and gay couples and transgender individuals are well-adjusted and developmentally similar to those of heterosexual/non-TG peers



Demographic factors Multiple Minority Status

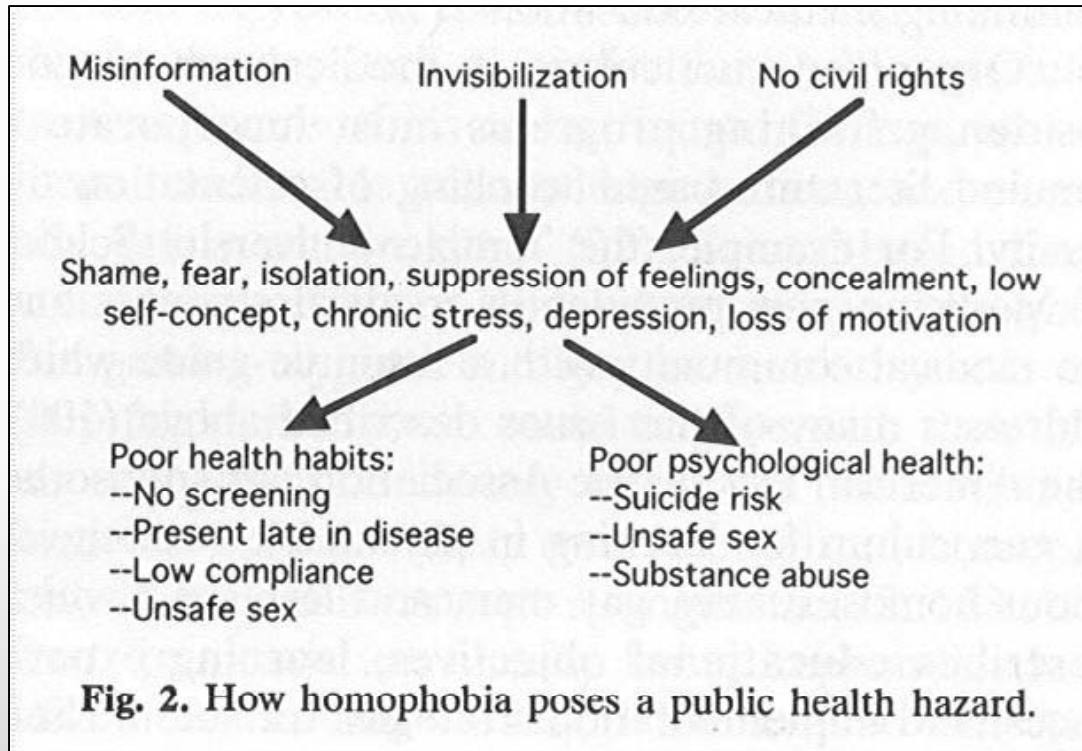
- * Social determinants of health that are traditional obstacles to care are magnified in people who are also LGBT:
 - * Race/ethnicity
 - * Low income
 - * Low education
 - * Immigrant status
 - * Limited English proficiency

The Impact of Psychosocial Stressors on Health



O'Hanlan, et al. A review of the medical consequences of homophobia with suggestions for resolution. *JGLMA* 1997;1:25-39.

The Impact of Psychosocial Stressors on Health



O'Hanlan, et al. A review of the medical consequences of homophobia with suggestions for resolution. *JGLMA* 1997;1:25-39.



Clinical Outcomes in LGBT Populations



A Note on Clinical Outcomes

- * Following sections outline many of the differences that have been demonstrated by studies
- * There are probably many more differences than we currently understand because of the lack of research
- * Source for most is the 2011 IOM Report:
“Although LGBT people share with the rest of society the full range of health risks, they also face a profound and poorly understood set of additional health risks due largely to social stigma.”



LGBT Youth Higher Risk

- * Harassment, victimization & violence
 - * Also experienced by youth *perceived* to be LGBT
 - * School-based harassment can lead to lower grades
- * Homelessness among LGB and TG women (no data on TG men)
- * Childhood physical abuse



LGBT Youth Mental Health

- * Higher prevalence of depression, suicidal ideation & attempts
 - * Particularly with homophobic victimization and family rejection
- * Higher prevalence of disordered eating, especially among MSM
- * Higher prevalence of smoking, alcohol consumption, & substance use among LGB (no research on TG youth)



LGBT Youth Medical

- * Higher prevalence of HIV, particularly among black MSM and TG women
- * Unwanted pregnancy rates may be the same or higher for WSW than for heterosexual women
- * Lesbian youth may have elevated BMIs compared with heterosexual young women



LGBT Adults Risk

- * Decreased utilization of preventive health services among lesbians & bisexual women
- * LGBT people are frequent targets of stigma and discrimination
- * Hate crimes:
 - * 1,472 anti-LGBT hate crimes reported to FBI (2006)
 - * 2,340 victims of anti-LGBT violence reported to National Coalition of Anti-Violence Programs (2007)

(Source: Fenway Institute)



LGBT Adults Risk

- * LGB lifetime risk of sexual assault 2-3x higher than non-LGB (Conron, 2008)
- * TG women sex workers at increased risk of sexual assault
- * Limited data suggesting that intimate partner/domestic violence among LGB is comparable to non-LGB



LGBT Adults Mental Health

- * Higher prevalence of depression and anxiety among LGB (no data on TG)
- * Higher prevalence of disordered eating among MSM (very little research on L & TG)
- * Higher prevalence of suicidal ideation & attempts among LGBT
- * Vast majority of TG patients who undergo genital surgery are satisfied with results



LGBT Adults Mental Health

- * LGB 2x more likely to smoke than heterosexuals
 - * Bisexuals may have higher smoking rates than LG
- * WSW have more alcohol and illicit drug use than heterosexual women
 - * Bisexual women may have higher rates of use than L
 - * Rates may not decrease with age as much as in general population



LGBT Adults Mental Health

- * MSM have higher use of some (club) drugs and similar alcohol use compared with heterosexual men
 - * May lead to increased sexual risk-taking and HIV infection
- * Limited data suggest substance use is high in TG people
- * TG have higher rates of injection drug use
 - * Including hormones, silicone



LGBT Adults Medical

- * HIV/AIDS for MSM and TG women, particularly among communities of color
- * Higher risk of STIs among MSM
- * Under-recognition of STIs that are transmitted by female-to-female sexual contact
- * V limited data on STI risk in TG people



LGBT Adults Medical

- * WSW may have higher risk for obesity
- * MSM, especially with HIV, have higher risk of anal cancer
 - * Growing area of research and screening/prevention guidelines
- * V little data on long-term risk of hormones in TG people, though most data shows it is generally safe



LGBT Older Adults Risk

- * LGBT elders less likely to seek health services than general population
- * Continued stigma, discrimination and victimization
- * Less likely to have children & receive care from adult children
- * V little data on long-term care
 - * LGBT-specific nursing/elder homes now emerging
- * Resilience and crisis competence may play a key role



LGBT Older Adults Mental Health

- * Higher rates of depression in LG elders (little data about BT)



LGBT Older Adults Medical

- * Under-recognition of cervical cancer risk in Lesbians and TG men
- * WSW may have higher risk for breast cancer
 - * V little data on TG men or women
- * Conflicting data on whether Lesbians are at higher risk for cardiovascular disease
- * Concerns about long-term use of hormones for transgender elders
- * HIV/AIDS—few prevention programs

