Innovation & Collaboration for LGBT Health Equality

GLMA’s 32nd Annual Conference
Sheraton Inner Harbor | Baltimore, MD | September 10 – 13, 2014

★ Conference Program ★
GLMA would like to thank the following sponsors of the 32nd Annual Conference

**Pearl Sponsor**

**Platinum Sponsor**

**Silver Sponsor**

**Bronze Sponsors**

**Sponsors & Exhibitors**
### Table of Contents

- About GLMA................................................................. 2
- Maryland Governor’s Welcome................................. 4
- Maryland State LGBT Caucus Welcome....................... 5
- Baltimore Mayor’s Welcome........................................ 6
- GLMA President’s Welcome........................................ 7
- GLMA Education Committee Welcome....................... 8
- General Information.................................................. 9
  - Social Networking Information................................. 10
  - Conference Goals & Learning Objectives.................. 11
  - CME / CE & Evaluation Information......................... 12
- Special & Social Events Calendar............................... 13
- Student & Trainee Networking Events......................... 14
- GLMA Achievement Awards Gala............................. 15
- Hotel Map..................................................................... 16
- Schedule—at—a—Glance.............................................. 17
- Conference Schedule................................................ 18
  - Wednesday............................................................. 18
  - Thursday.............................................................. 19
  - Friday................................................................... 30
  - Saturday.............................................................. 40
- Oral Research Descriptions....................................... 47
- Poster Research Descriptions.................................... 56
- Keynote & Plenary Speaker Bios............................... 64
- Faculty Bios............................................................ 69
- Student / Trainee Scholarship Program.................... 93
- Exhibitor Descriptions............................................... 95
- GLMA Presidents...................................................... 98
- Get Involved in GLMA!.............................................. 100
GLMA: Health Professionals Advancing LGBT Equality, which was founded in 1981, is the world’s oldest and largest association of lesbian, gay, bisexual and transgender (LGBT) — and ally — healthcare professionals.

GLMA’s mission is to ensure equality in healthcare for lesbian, gay, bisexual and transgender (LGBT) individuals and healthcare providers. GLMA achieves its goals by using healthcare expertise in professional education, public policy work, patient education and referrals and the promotion of research. GLMA represents the interests of thousands of LGBT healthcare professionals as well as millions of LGBT patients across the country.

Board of Directors

Henry Ng, MD, MPH
President

Jesse Joad, MD, MS
President-elect

Gal Mayer, MD, MS
Secretary

Bobbi Dalley, MD
Treasurer

Desi Bailey, MD
Immediate Past-President

Amy Wilson-Stronks, MPP, CPHQ
Vice President for Education

Edwin Craft, DrPH, MEd, LCPC
Vice President for External Affairs

Jennifer Chaffin, MD
Vice President for Lesbian Health Fund

Members-at-Large

Adam Crosland*

Kristen Eckstrand, PhD

Laura Erickson-Schroth, MD*

Sarah C. Fogel, PhD, RN

Travis Gayles, MD, PhD*

Laura C. Hein, PhD, RN, NP

Brian Hurley, MD, MBA**

Scott Nass, MD, MPA

Travis Sherer, PA-C

Jeremy Toler, MD***

*Health Professional in Training Representative
**GLMA Delegate to the AMA
***GLMA Alternate Delegate to the AMA

GLMA Staff

Hector Vargas, Esq.
Executive Director

Emily Kane-Lee, MA
Education & Communications Manager

Alex Clinton
Membership & Development Associate

Shalini Batra
Conference & Outreach Associate

GLMA Office
1326 18th St, NW
Suite 22
Washington, DC 20036
(p) 202-600-8037 / (f) 202-478-1500
www.glma.org
GLMA would like to thank the many volunteers who have worked hard to make the 32nd Annual Conference a success! We are grateful for their service and commitment to helping GLMA achieve our mission of equality through this important educational programming.

Baltimore Host Committee

Whitney Burton, MPH, MSW
Edwin M Craft, DrPH, MEd, LCPC
Jill Crank, CRNP, MPH
Justin Donlan
Debbie Dunn
Julie Easton
Tom Edmondson, MD, CMD, AGSF
Carrie Evans, MA, JD
Becky Frank
Michael Franklin
Tracey Gersh, PhD
Darci Graves, MA, MA, MPP
Jamal Hailey, MA
Chad Henson, MD
Annie Lee, NP
Raymond Martins, MD
Diana Philip
Tonia Poteat, PA, PhD
Doug Rose
Carl Streed, Jr., MD
Chris Terndrup, MD
Jill Weaverling, MS
Cheri Wilson, MA, MHS, CPHQ
Brooks Woodward, DDS

Conference Volunteers

Alexander Boulos
Kathleen Carrick, MSW
Jerome Chelliah
Lauren Crook
Kelli Dunham, RN
Nwadiogo Ejigu, MA
Jennifer A. Hart, MPH
Chaz Holmon, MSW
Leo Kline, RN
Jennifer Letsome
Nathan Levin, RN, MA, BSN
Pamela Lin
Aaron Louie
Tracy McClair
Ramy Shukr
Tim Walsh
Jessie Xander

Conference Photographer

Syed A Naseeruddin, MD, FAAFP

2014 Peer-Review Committee

Rebecca Allison, MD
Paula Amato, MD
Christopher Blackwell, PhD, ARNP
Diane Bruessow, PA-C, DFAAPA
Whitney Burton, MPH, MSW
Ed Callahan, PhD
Kat Carrick, MSW
Peggy Chinn, RN, PhD
Edwin M Craft, DrPH, MEd, LCPC
John A Davis, PhD, MD
Kristen Eckstrand, PhD
Mickey Eliason, PhD
Sheldon D. Fields, PhD, RN, FNP-BC*
Laura Erickson-Schroth, MD
Sarah C Fogel, PhD, RN
Stephen Forssell, PhD
Michael Franklin
Travis Gayles, PhD, MD
Darci Graves, MA, MA, MPP
Jamal Hailey, MA
Laura C Hein, PhD, RN, NP
Ken S Ho, MD
Lynn E Hunt, MD, FAAP
Brian Hurley, MD, MBA
Jesse Joad, MD, MS
Michael Johnson, MSN, RN
Andrea Knittel
Steven P Kurtz, PhD
Pamela Levesque, RN
Liz Margolies, CSW, LCSW
Stuart D Martin, Jr, DDS
L'Oreal McCollum, LSW, MEd
Renee McLaughlin, MD*
Henry Ng, MD, MPH
Emmet Phipps, RN, BSN
Michael W. Plankey, PhD
Tonia Poteat, PA, PhD
Anita Radix, MD, MPH
Cody H. Reece, BSN, RN
Sarah Sanders, RN
Shane Snowdon, MA
Carl Streed, Jr, MD
Caitlin Stover, RN
Linda A Travis, PsyD
Amy Wilson-Stronks, MPP, CPHQ
A MESSAGE FROM GOVERNOR MARTIN O’MALLEY

Dear Friends:

It is my pleasure to welcome you to GLMA’s 32nd Annual Conference!

Since 1981, GLMA has been a leader in advancing healthcare for the LGBT community and the hard work and dedication of GLMA members has yielded great progress in LGBT health issues. Watching GLMA grow from an organization focused on HIV/AIDS issues to becoming an organization that has broadened its health agenda to include everything from cervical cancer to mental health is remarkable to say the least.

Here in Maryland, we know that diversity is our greatest strength. The members of GLMA have established a commitment to protecting the dignity of each and every individual. This commitment is captured in the theme of today’s event, “Innovation & Collaboration for LGBT Health Equality”. The spirit of innovation and dedication is what will allow GLMA to continue to make a positive impact in the LGBT community for years to come.

On behalf of all Marylanders, best wishes on a successful and memorable event.

Sincerely,

Governor
September 10, 2014

Dear Healthcare Leaders and Friends,

On behalf of the Maryland General Assembly’s Lesbian, Gay, Bisexual and Transgender (LGBT) Caucus, welcome to the Charm City and the great state of Maryland! We hope you will enjoy your time here in Baltimore and take time to explore all the great things our state has to offer.

We are proud members of Maryland’s General Assembly. In our work as members of the Senate and House of Delegates, we have the opportunity to help many Marylanders, including members of our own LGBT community.

Like you, we take the health of our community very seriously and are working to reduce the disparities Maryland’s LGBT communities face. Our state has been a leader in implementing the Affordable Care Act and other important reforms. We will continue to work on ensuring that LGBT Marylanders and their families are given equal treatment in healthcare and insurance. Legislation we have worked to pass over the past few years includes:

- The Fairness for All Marylanders Act, which prohibits discrimination against transgender individuals in the areas of employment, housing, public accommodations and credit.
- The Civil Marriage Protection Act, which expanded marriage to same-sex couples.

While we have made strides to achieving equality for LGBT Marylanders and their families, there is still much to be done. We look forward to helping with this work in Maryland. We wish you a successful conference and an enjoyable stay here in Charm City!

Sincerely,

Senator Richard Madaleno, Jr.
Delegate Luke Clippinger
Delegate Bonnie Cullison
Delegate Anne Kaiser
Delegate Maggie McIntosh
Delegate Heather Mizeur
Delegate Peter Murphy
Delegate Mary Washington
September 10, 2014

A message from Mayor Stephanie Rawlings-Blake:

On behalf of the citizens of Baltimore, it is my pleasure to extend greetings to GLMA: Health Professionals Advancing LGBT Equality on the occasion of your 32nd Annual Conference.

It is a great pleasure to welcome you to Baltimore in the wake of the passage of Maryland’s Civil Marriage Protection Act, allowing same-sex couples to obtain a civil marriage license in Maryland. In 2012, I worked with state leaders to pass the law and subsequent ballot initiative, and when the new law took effect on January 1, 2013, it was my great privilege to preside over the first same-sex marriages in Maryland’s history at a midnight ceremony at Baltimore’s City Hall.

One of the major issues facing Baltimore’s LGBT community is equal access to health care. As a city, we are committed to addressing health care access through policy, projects, and partnerships. This week’s conference is a great opportunity to highlight local initiatives to address LGBT health disparities.

Best wishes for a successful and memorable conference. Keep up the good work.

Sincerely,

Stephanie Rawlings-Blake
Mayor
City of Baltimore

phone: 410.396.3535  fax: 410.576.9425  e-mail: mayor@baltimorecity.gov
Dear Friends & Colleagues,

On behalf of the Board of Directors of GLMA: Health Professionals Advancing LGBT Equality, I welcome you to GLMA’s 32nd Annual Conference, in Baltimore, MD. We are thrilled to celebrate 32 years of coming together as a community of health professionals and students in the spirit of learning, inclusion and diversity to advance GLMA’s mission of LGBT health equality.

This year was exciting for GLMA and LGBT health equality! We continue to witness significant progress in the LGBT health field in many arenas. This summer, GLMA Board Members and staff were present at a White House Briefing on the Affordable Care Act (ACA) and the LGBT community, where we heard about the impact of the ACA on LGBT health. Over 8 million Americans signed up for healthcare through the Marketplace with an additional 4.8 million receiving Medicare coverage. These numbers include a significant number of LGBT people thanks to the #Out2Enroll Campaign. More states continue to join the ranks of those that support marriage equality as discriminatory marriage bans fall or move through the courts. For the first time, national health data was published by the Centers for Disease Control about the health of LGB people from the findings of the National Health Interview Survey (NHIS).

In an important milestone for the organization, this summer, GLMA’s Board of Directors voted to create sections within the organization, with the Nursing Section being our inaugural group. The GLMA Nursing Section was established to be a professional home for LGBT nurses and fill a critical need in the professional association landscape by providing a focal point for advocacy on LGBT nursing issues.

On a personal level, international LGBT events also occurred close to home. From my home town of Cleveland, we greeted people from all over the world in celebration of Gay Games 9. Tens of thousands of LGBT people worldwide and their families, friends and allies came in support of sport, diversity, acceptance, health and personal best. However, these joyous celebrations were tempered by the tragic loss of several health professionals and advocates who worked in HIV/AIDS on Malaysian Airlines flight MH 17. GLMA joined the global HIV community in grief at this great loss as well as in the celebration of their lives as we reflected on the impact these individuals had on so many around the world. We resolve to carry their memory and work forward to improve the health and well-being of our community.

While the LGBT community continues to face significant health disparities and lack of access to the quality healthcare we deserve, we are making progress in research, clinical care, health professional education and health policy. The GLMA Annual Conference is your opportunity to learn from and share the latest in LGBT health with the leading experts in the field. What you learn here—and the inspiration that comes from being together—will result in changes at your practice and institution that will make a real difference in the lives of LGBT people.

Once again, welcome to Baltimore…The Charm City! We are so happy you joined us for this educational program and networking time together.

Warmly,

Henry Ng, MD, MPH
President
GLMA: Health Professionals Advancing LGBT Equality
Dear Friends and Colleagues,

Welcome to GLMA’s 32nd Annual Conference! This year’s conference theme is *Innovation & Collaboration for LGBT Health Equality*. Successful improvement in healthcare for LGBT people is dependent upon effective collaboration among and between disciplines, involving LGBT patients and communities and creating innovative ways to improve systems of care to be responsive to the needs of LGBT people. This year’s conference aims to inspire participants to collaborate and innovate to advance equality for LGBT people—as patients, communities, families and health professionals.

We have key leaders across multiple professional disciplines presenting on topics including policy, multi-and interdisciplinary practice, behavioral and social influencers on LGBT health, organizational cultural competence for LGBT patients, LGBT veteran health, reproductive health and family systems, HIV, health professions curriculum, data collection to address LGBT health, end-of-life care, public health and global health considerations for LGBT people… just to name a few.

We are also honored to be joined by key leaders from the US Department of Health and Human Services (HHS) who will be providing the keynote address on Friday afternoon. Kathy Greenlee, Administrator of the Administration for Community Living and Assistant Secretary for Aging, Pam Hyde, SAMHSA Administrator, Jim Scanlon, MPP, Deputy Assistant Secretary for Planning and Evaluation, Jocelyn Samuels, Director of the Office for Civil Rights, and Matthew G Heinz, MD, Director of Provider Outreach for the Office of the Secretary, will be sharing the LGBT health priorities at HHS as well as innovative strategies the agency has taken to address LGBT health disparities.

The second GLMA Nursing Summit takes place on Wednesday September 10th as a pre-conference event. Last year’s Summit was highly successful and sparked the recent launch of the GLMA Nursing Section! The GLMA Nursing Section is dedicated to strengthening nursing’s presence in GLMA and providing an LGBTQ identity within the nursing profession.

This year we will also be hosting another second: the second GLMA Health Professionals in Training (HPIT) Mentorship Breakfast. We learned that mentors and mentees do not only define themselves by their professional degree and tenure, but that many participants identified as both mentor and mentee, perhaps for cross-purpose. This year, the HPIT Committee will host a speed networking event for students and trainees as well as the Mentorship Breakfast for those who are interested in having more detailed conversations about areas of mutual mentoring.

This year’s conference will end—quite literally—with a bang as we enjoy fireworks over the Inner Harbor (and view the marine life exhibits!) at the GLMA Achievement Awards Gala, which will take place at the National Aquarium.

Thank you for attending, and thank you to everyone who helped to make this Annual Conference possible—our Education Committee, Peer Reviewers, Host Committee and our committed staff.

Sincerely,

Amy Wilson-Stronks, MPP, CPHQ Linda Travis, PsyD
Vice President for Education Education Committee Co-Chair
MEETING DISCLAIMER
The scientific views, statements and activity represent those of the authors and speakers during the Annual Conference do not necessarily represent the views of GLMA.

POLICY ON PLANNER & PRESENTER DISCLOSURE
It is the policy of GLMA for planners and presenters to disclose real or apparent conflicts of interest for themselves and/or their spouses/partners, during the 12 months prior to their involvement in the GLMA Annual Conference planning process or presentation of accredited content, related to the topics of this educational activity. Presenters must also disclose if presentations include unlabeled/unapproved uses of drugs or devices. GLMA does not endorse any products or services referred to during the presentations.

WELCOMING & SAFE SPACE
The GLMA Annual Conference is a welcoming environment and safe space for all conference participants, staff and guests. GLMA is committed to offering education in a manner that fosters and reflects an inclusive culture, free from bias and sensitive to the richness that diversity offers. Our education programming is designed to be respectful of all forms of diversity, promote human dignity and does not discriminate on the basis of age, race, ethnicity, national origin, sexual orientation, gender, gender identity, gender expression, ability, religion, professional affiliation or any other personal characteristic.

Please protect the safety of our learning environment by engaging in respectful dialogue and exchange of ideas that promotes our shared goal of improving the health and well-being of LGBT people. If you have any questions or concerns, please contact a GLMA staff member or email us at annualconference@glma.org.

NAME BADGES
Your name badge is required for admittance to all conference functions, including receptions. Please wear it when you arrive at any GLMA event. For your safety, please remember to remove your name badge when leaving the conference hotel. Please Note: Some attendees have registered for specific days only. Therefore, name badges are color coded for specific days.

NO SMOKING POLICY
For the health and well-being of all participants, all conference events and spaces are designated nonsmoking.

RESTROOMS
Gender-free restrooms are located on the 3rd floor near Chesapeake Ballroom.

LACTATION LOUNGE
A lactation lounge is available for nursing parents in Board Room, located on the 2nd floor. This room will be out of service for this purpose during evening receptions. For more information, please inquire at the Conference Registration Desk.

SUNRISE YOGA
This year’s Annual Conference will include free morning group yoga led by GLMA Board Member Adam Crosland. Please meet in Chesapeake Gallery at 6:30am on Thursday & Friday mornings. If the weather is nice, yoga may take place outside on Potomac Terrace.

MORNING RUN/WALK
Meet in the lobby at 6:30am on Thursday, Friday & Saturday mornings for a group run exploring Baltimore’s Inner Harbor and/or surrounding area.
GLMA’s Annual Conference is the premier, interdisciplinary LGBT health conference and the world’s largest scientific gathering devoted to LGBT health issues and concerns.

GLMA’s Annual Conference educates practitioners and students—from across the health professions—about the unique health needs of LGBT individuals and families. The conference is a forum for discussion and exploration of how best to address these needs as well as the needs of LGBT health professionals and health profession students. GLMA’s Annual Conference also reports on research into the health needs of LGBT people.

This year’s conference theme—Innovation & Collaboration for LGBT Health Equality—highlights local, grassroots as well government (state and federal) and national initiatives to address LGBT health disparities.

Educational content at this year’s conference takes advantage of the rich diversity of Baltimore, its prominent place in healthcare and the proximity to state and federal government agencies and national organization’s working to improve healthcare and advance health reforms.

This year’s conference sessions explore innovation and collaboration in LGBT health and access to care, including topics that address:

- Community engagement as a means to improve care for LGBT people.
- Grassroots initiatives or campaigns to improve LGBT health and/or access to care.
- Federal or state government agency and community-based organization collaboration.
- Collaboration across the healthcare team.
- The role of the federal government and national organizations in LGBT health equality.
- Innovative strategies to improve patient/client outcomes.

Social Networking at the #GLMAConference

Don’t just attend sessions…tweet about them! We hope you’ll engage your social networks while at the 32nd Annual Conference. Share what you’re learning with your friends and followers who couldn’t be here, and share photos from our special events while you’re at it!

Join us on Facebook, Twitter and Instagram:

Like us on Facebook! Just search GLMA!

Follow us on Twitter: @GLMA_LGBTHealth
Live tweet the conference using #GLMAConference

Add #GLMAConference to your photos on Instagram!
The mission of GLMA’s Annual Conference is to educate healthcare providers and health profession students about the unique health needs of LGBT patients and the unique challenges faced by LGBT healthcare providers and health profession students. GLMA’s CME/CE programming also aims to encourage and report on research into the health needs of LGBT people.

At the conclusion of the conference, participants will be able to:
- Identify resources and avenues for healthcare access for the LGBT population.
- Describe recent research and advances in healthcare delivery specific to the LGBT patient population.
- Incorporate strategies for advocating for LGBT healthcare into their practice.

Professional competencies addressed at the Annual Conference:

1. **Healthcare Knowledge**: Healthcare knowledge is an understanding of the epidemiology, pathophysiology, diagnosis, management and prevention of disease.

2. **Interpersonal and Communication Skills**: Interpersonal and communication skills are important to effective information exchange with patients, patient family members, members of the healthcare team and the healthcare system.

3. **Patient Care**: Patient care is the ability to provide healthcare that is compassionate, appropriate, safe, and effective for the treatment of health problems and the promotion of health across the life span.

4. **Professionalism**: Professionalism is a commitment to personal development, individual accountability, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements in healthcare.

5. **Practice – based Learning and Improvement**: Practice – based learning and improvement is ongoing dedication to assess, evaluate and improve patient care practices.

6. **System – based Practice**: System – based practice encompasses the societal, organizational, political and economic environments in which healthcare is delivered.

Disclosure of Relevant Financial Relationships with Commercial Interests*

*Individuals with disclosures are indicated with an asterisk in conference program.

Sheldon D. Fields, PhD, RN, FNP-BC, Peer-Review Committee Member
*Received honoraria from Gilead for serving as an Advisory Board Member and from Medscape for being a speaker for a PrEP Webinar*

Kristen Frame, Speaker
*Received tobacco cessation grant from Pfizer*

Kenneth Mayer, MD, Speaker
*Received grants from Merck and Gilead*

Renee McLaughlin, MD, Peer-Review Committee Member and Speaker
*Employee of Cigna Healthcare*

All other GLMA 32nd Annual Conference speakers, staff and members of the Peer-Review Committee have declared they (including partners or spouses) do not have any financial relationships with relevant commercial interests. Please contact us at annualconference@glma.org with questions, concerns or grievances.
GLMA is going green!

Evaluations will be done online after the conclusion of the Annual Conference and required for anyone claiming CME/CE credits. Please use the Evaluation & CME/CE Tracking Form to track your attendance and evaluation of educational sessions during GLMA's Annual Conference. These forms can be found in your conference bag. Do NOT return this form; it is for your use only.

A link to the online evaluation will be emailed to you at the conclusion of the Annual Conference. After completing the evaluation, you will be eligible for your CME/CE certificate. CME and Nursing CE certificates will be emailed to participants after meeting the evaluation requirement and paying the administrative fee. Per the information below, behavioral health CE credits will be issued via mail approximately 4-6 weeks after meeting these requirements. In order to cover GLMA's administrative costs, there will be a $30 charge for issuance of CME and CE certificates. If you have any questions about this new process, please find a GLMA staff member at the Registration Desk or email us at annualconference@glma.org. If you require special accommodations to fully participate in the 32nd Annual Conference, please contact a GLMA staff member at the Registration Desk.

Continuing Medical Education Credits
GLMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. GLMA designates this live activity for a maximum of 19.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This Live activity, GLMA's 32nd Annual Conference, with a beginning date of 09/10/2014, has been reviewed and is acceptable for up to 19.25 Prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education Credits
GLMA is approved by the California Board of Registered Nursing, Provider Number 16038, to provide nursing continuing education credits. The 32nd Annual Conference is approved for 19 contact hours.

Continuing Education for Behavioral Health Specialists
Please Note: Only select sessions, indicated in the program schedule, are accredited for behavioral health continuing education.

Continuing Education (CE) credits (clock hours) for mental health professionals are being offered through PsychoEducational Resources, Inc. (PER). Participants may earn up to 10 CE credits.

PER is approved by the American Psychological Association to sponsor continuing education for psychologists. PER maintains responsibility for this program and its content.

PsychoEducational Resources, Inc. (PER) is an NBCC-Approved Continuing Education Provider (ACEPTM) and may offer NBCC-approved clock hours for events (or programs) that meet NBCC requirements. Sessions (or programs) for which NBCC-approved clock hours will be awarded are identified in the program bulletin (or in the catalogue or Web site). The ACEP is solely responsible for all aspects of the program.

PER is approved as a provider for continuing education by the Association of Social Work Boards, 400 South Ridge Parkway, Suite B, Culpepper, VA 22701. www.aswb.org. ASWB Approval Period: 4/15/12 - 4/15/15. Social workers should contact their regulatory board to determine course approval. The following recognize the ASWB program: AK, AL, AZ, CT, DC, DE, GA, ID, IN, IA, KY, MA, MD, MI, MO, MS, MT, NM, NC, ND, OK, OR, PA, RI, SC, TN, TX, UT, VA, VI, VT, WA, WI, and WY.

PER is approved as a Continuing Education Provider by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Provider #374 (exp. September 30, 2015). The individual sessions in this conference cover the following counselor skill groups: clinical assessment, ongoing treatment planning, counseling services, and legal, ethical and professional growth.

PER maintains responsibility for this program and its content.

For additional CE information please call PER at 800-892-9249 or e-mail support@per-ce.net.

To receive CE Certification you must complete the conference evaluation, an evaluation for each session you attend, the CE Tracking Form and sign in and out of the conference each day. CE Certification will be mailed to you approximately 4-6 weeks from the conclusion of the conference.
After a long day of learning the latest and greatest in LGBT health and healthcare, we hope you will take time to relax, network and enjoy yourself at our numerous social and special events! Of special note are two of GLMA’s most anticipated events of the year: The Lesbian Health Fund Reception & the GLMA Achievement Awards Gala.

Wednesday

**Welcome Reception**
5:30 – 7:00pm
Exhibit Hall
Harborview Ballroom

Join GLMA board members, staff, Nursing Summit attendees and your fellow conference attendees for a welcome reception with our exhibitors.

**Sunrise Yoga**
6:30 – 7:00am
Chesapeake Gallery

**Morning Run/Walk**
6:30am
Meet in Lobby

**Lunch & Learn**
12:30 – 1:30pm
Morton’s Restaurant (1st Floor)

**Networking Reception**
5:30 – 7:00pm
Harborview Ballroom

*An alcohol-free space is available in Patapsco during all onsite receptions.

**Lunch & Learn tickets are available for purchase at the Conference Registration Desk.

Thursday

**Sunrise Yoga**
6:30 – 7:00am
Chesapeake Gallery

**Morning Run/Walk**
6:30am
Meet in Lobby

**Trans* Identified Provider & Student Breakfast**
12:30 – 1:30pm
Severn I

**Behavioral Health Breakfast**
Severn II & III

**Lunch & Learn**
12:30 – 1:00pm
Potomac

Friday

**Sunrise Yoga**
6:30 – 7:00am
Chesapeake Gallery

**Morning Run/Walk**
6:30am
Meet in Lobby

**Trans* Identified Provider & Student Breakfast**
Severn I

**GLMA Membership Luncheon**
12:45 – 2:15pm
Chesapeake Ballroom

**GLMA Members & Registered Guests of Members Only**

**GLMA Achievement Awards Gala**
7:00 – 10:30pm
National Aquarium*
501 E Pratt Street
Baltimore, MD 21202

*Free admission to National Aquarium from 6-7pm for gala attendees.

Saturday

**Morning Run/Walk**
6:30am
Meet in Lobby

**Mentorship Breakfast**

**GLMA Membership Luncheon**

**GLMA Achievement Awards Gala**

**Lesbian Health Fund Reception & Fundraiser**
5:30pm – 7:30pm
Harborview Ballroom

Join us for this exciting special event dedicated to raising awareness of and increasing contributions for the Lesbian Health Fund! The reception will feature: Comedian Karen Williams, silent & live auctions, cash bar, hors d’oeuvres and posters of LHF-funded research. Join us for this exciting evening dedicated to improving the health and well-being of lesbians and other sexual minority women!

The mission of the Lesbian Health Fund (LHF) is to improve the health of lesbians and other sexual minority women (SMW) and their families through research. Over the past 20 years, LHF has awarded over $800,000 to fund lesbian health research, and is the only US research fund dedicated solely to the unique health needs of lesbians and other SMW.

LHF would like to thank Cigna for their generous sponsorship of the Lesbian Health Fund Reception.
Welcome students and trainees! This year’s GLMA Annual Conference features two unique events to facilitate networking among your peers and professionals in your field. We hope you enjoy them!

### Speed Networking

**Friday, September 12, 2014**
**12:30pm – 1:00pm**

*Potomac*

Students and trainees are invited to participate in a new event where they will have the chance to interact in quick succession in order to network and build relationships. Come armed with your business cards (if you don't have them, we'll provide you with some blank ones). Have fun getting to know new colleagues!

### Mentorship Breakfast

**Saturday, September 13, 2014**
**7:30am – 8:30am**

*Potomac*

Students, trainees and early career health professionals are invited to a Mentorship Breakfast with experienced leaders from a variety of fields. Attendees will have a chance to participate in small group discussions over breakfast (*available outside the room in Chesapeake Gallery*) about their career goals and get advice from LGBT health leaders, with the goal of creating connections and providing inspiration. Welcome remarks will be provided by Laura Erickson-Schroth, MD, GLMA Board of Directors Trainee Representative.

**Categories Include:**
- Working in LGBT Health Centers
- LGBT Health Education/Academia
- LGBT Health Policy
- Incorporating LGBT Health into a Practice
- Global LGBT Health
- LGBT Public Health
GLMA Achievement Awards Gala

You are cordially invited to the annual GLMA Achievement Awards Gala, a special evening dedicated to celebrating achievements in LGBT health equality. This year’s Gala will take place at the exciting National Aquarium, located in the heart of the Inner Harbor.

**Date:** Saturday, September 13, 2014  
**Time:** 7:00pm – 10:30pm  
**Location:** National Aquarium  
501 East Pratt Street, Baltimore, MD 21202

Featuring acclaimed comedian Karen Williams!

Purchase your tickets at the Registration Desk, while they last.

GLMA Achievement Award Recipients

GLMA’s Gala celebrates achievements in LGBT health equality and civil rights, and honors pioneers for their outstanding contributions to LGBT health and the LGBT community.

Congratulations to the 2014 GLMA Achievement Award Recipients:

Mickey Ellisson, PhD  
Nanette Gartrell, MD  
Maureen Kelly & Tania Villa, PA, Planned Parenthood of the Southern Finger Lakes  
Phoenix Matthews, PhD  
The Palm Center and Aaron Belkin, PhD  
Sean Tai, DO  
AMSA/GLMA LGBT Health Achievement Award Recipient

Meander through the exhibits teaming with sting rays and sharks as you make your way to the Pier 4 Marine Mammal Pavilion (AKA, the Dolphin Pavilion) for the Gala. Gala ticket holders receive free access to the Aquarium for one hour prior to the start of the Gala (6-7pm).

Don’t miss your chance to hang out with marine life while celebrating LGBT health equality!
*Conference Registration is located on the 2nd Floor, near Sassafras.
<table>
<thead>
<tr>
<th>Wednesday, September 10, 2014</th>
<th>GLMA Nursing Summit (pre-conference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30am – 5:00pm</td>
<td>Registration is Open</td>
</tr>
<tr>
<td>4:00 pm – 7:00pm</td>
<td>Welcome Reception (with exhibitors)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thursday, September 11, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am – 7:00pm</td>
</tr>
<tr>
<td>7:00am – 7:00pm</td>
</tr>
<tr>
<td>7:00am – 8:00am</td>
</tr>
<tr>
<td>8:00am – 9:30am</td>
</tr>
<tr>
<td>8:30am – 9:30am</td>
</tr>
<tr>
<td>9:45am – 10:45am</td>
</tr>
<tr>
<td>10:45am – 11:45am</td>
</tr>
<tr>
<td>11:15am – 12:15pm</td>
</tr>
<tr>
<td>12:30pm – 1:30pm</td>
</tr>
<tr>
<td>1:45pm – 4:00pm</td>
</tr>
<tr>
<td>4:15pm – 5:15pm</td>
</tr>
<tr>
<td>5:30pm – 7:00pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friday, September 12, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am – 5:30pm</td>
</tr>
<tr>
<td>7:00am – 2:00pm</td>
</tr>
<tr>
<td>7:00am – 8:00am</td>
</tr>
<tr>
<td>8:00am – 9:30am</td>
</tr>
<tr>
<td>9:45am – 10:45am</td>
</tr>
<tr>
<td>10:45am – 11:15am</td>
</tr>
<tr>
<td>11:15am – 12:15pm</td>
</tr>
<tr>
<td>12:15pm – 1:30pm</td>
</tr>
<tr>
<td>1:45pm – 4:00pm</td>
</tr>
<tr>
<td>4:15pm – 5:30pm</td>
</tr>
<tr>
<td>5:30pm – 7:30pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Saturday, September 13, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 3:00pm</td>
</tr>
<tr>
<td>7:30am – 8:30am</td>
</tr>
<tr>
<td>8:30am – 10:00am</td>
</tr>
<tr>
<td>10:00am – 10:30am</td>
</tr>
<tr>
<td>10:30am – 12:45pm</td>
</tr>
<tr>
<td>12:45pm – 2:15pm</td>
</tr>
<tr>
<td>2:30pm – 4:00pm</td>
</tr>
<tr>
<td>7:00pm – 10:30pm</td>
</tr>
</tbody>
</table>

*Ticketed event. Tickets available while they last at the Registration Desk.
**GLMA’s Lunch & Learns take place during the lunch break on Thursday and Friday. Tickets for the Lunch & Learns will be available while they last at the Registration Desk.
GLMA Nursing Summit

8:30am – 5:00pm, Chesapeake Ballroom
(For Nursing Summit registrants only)

Registration & Breakfast
7:30am – 8:30am, Chesapeake Gallery

Goal
The goal of the GLMA Nursing Summit is to bring together LGBT and ally nurses and nurse supporters to develop an action plan to improve critical LGBT issues in the nursing profession.

Learning Objectives
By the end of the GLMA Nursing Summit, participants will be able to:
- Describe major recent accomplishments in nursing related to LGBT health.
- Report, evaluate and build on progress toward a GLMA-sponsored action plan for LGBT health in nursing relating to: education and curricula, patient/clinical care, policy, research and climate (including homophobia in the profession).
- Provide a forum of opportunities for mentorship, support and networking for nurses and nursing students in the areas of research, academia, policy, and patient care.
- Assign leadership for fulfilling the goals of the action plan.
- Identify key areas for focus in strengthening nursing participation in GLMA.

Annual Conference Registration Open
4:00pm – 7:00pm, Sassafras

Welcome Reception
5:30pm – 7:00pm
Harborview Ballroom

You are invited to join your fellow conference goers and GLMA Board Members in the Exhibit Hall as you arrive at the Annual Conference on Wednesday evening for a Welcome Reception. Relax, network and see what our fabulous exhibitors have to offer!
Sunrise Yoga
6:30am – 7:00am, Chesapeake Gallery

Morning Run/Walk
6:30am, Lobby

Registration
7:00am – 7:00pm, Sassafras

Continental Breakfast
7:00am – 8:00am, Harborview Ballroom

Welcome & Announcements
8:00am – 8:30am, Chesapeake Ballroom
Henry Ng, MD, MPH, GLMA President
Hector Vargas, JD, GLMA Executive Director
Invited Special Guests


Behavioral Health CE-Accredited, Intermediate

Paula Neira, RN, JD, CNE
Allyson Robinson

Transgender patriots have served honorably in the United States Armed Forces since the Revolutionary War. However, they have served in the closet. With the repeal of Don’t Ask, Don’t Tell (DADT), many believe that transgender individuals can serve openly in the military. While DADT repeal allowed gay, lesbian and bisexual patriots to serve openly; it did not alter the regulatory scheme that bars transgender service. The military is a tradition-bound, conservative institution resistant to change. The military medical standards that bar transgender service, primarily those addressing genitalia and psychological health, are over 50 years old. In early 2014, for the first time, medical experts reported that these standards are not supported by medical science. The World Professional Association for Transgender Health (WPATH) standard of care is embraced by all major American medical associations. But, the military still rejects it. This presentation will provide participants an overview of transgender military service, the applicable regulations and the health disparities caused by those regulations for the thousands of transgender service personnel now in the armed forces. Participants will understand that these regulations end careers but also deny medically necessary healthcare to those in service. The presentation will also provide insight into the advocacy and public education approaches to military and other audiences to rally support for changing the medical standards.

By the end of this session, participants will be able to:
- Explain how transgender individuals remain barred from open and authentic service in the United States military.
- Describe the impact regulations have on creating healthcare disparities for transgender service personnel by denying access to medically necessary transgender-related healthcare.
- Discuss the complexities of creating an advocacy and public education strategy to support changing military medical regulations to allow transgender service.

Concurrent Workshop Sessions I
9:45am – 10:45am

Potomac
Using a Multi-Disciplinary Team to Provide Comprehensive Care for Trans* Identified Patients
Katie Imborek, MD
Michelle Miller, PharmD, BCACP
Nicole Nisly, MD
Volker Thomas, PhD, LMFT

Transgender and gender-nonconforming people have a difficult time accessing healthcare from competent providers. As part of transition-related care, many trans* identified patients seek welcoming and affirming practitioners to provide counseling and hormone therapy. This workshop details how one non-urban Midwest academic institution utilizes a team approach to better care for trans* identified patients. The UI LGBTQ Clinic provides primary care services including chronic disease management, preventative healthcare, acute care and hormone therapy under the direction of a family physician and general internist. The majority of new trans* identified patients at the clinic have been unable to find an experienced therapist. We have a direct referral process established with the University of Iowa doctoral program in Couple and Family Therapy. This relationship provides an important service for these patients/clients. Importantly, it also trains future practitioners in this area to further increase overall access to care. An integral member of our healthcare
team is the clinical pharmacist. She reviews risks, side effects and the timeline of changes regarding masculinizing and feminizing medications with patients throughout their treatment. She determines the lowest cost pharmacies and assists the patients in obtaining insurance coverage for medications. This session will provide a unique perspective from primary care providers, a mental health professional and a pharmacist. Innovative practices with regard to respectfully caring for patients/clients in a training environment will be discussed. Health professionals from a variety of disciplines will learn from this important collaborative model and take implementable ideas back to their home institutions.

By the end of this session, participants will be able to:

- Describe ways in which a multidisciplinary approach can improve practitioner efficiency, patient access to care and quality of care delivered to trans* patients.
- Identify potential team members available to optimize healthcare delivery.
- Create an action plan for next steps in a collaborative effort to improve LGBTQ health.

**Loch Raven I**

**Hormone Therapy for Transgender Individuals**

Barbara Lewis, PA-C

We at Whitman-Walker Health have provided transgender care for over 15 years. A lot has changed but some basic things have remained the same. This session will present treatment options for transgender hormone therapy, and facilitate discussion and sharing of one’s own experiences as providers and consumers as well.

By the end of this session, participants will be able to:

- Describe the use and formulations of hormones used in transgender care.
- Discuss wanted effects from hormone therapy for transgender individuals.
- Discuss mild, moderate and sometimes serious side effects.

**Loch Raven II**

**Providing Quality Care for LGBT Patients: A Continuous Quality Improvement Approach to Organizational Cultural Competence**

Cheri Wilson, MA, MHS, CPHQ

Health disparities and the poor quality of care provided for LGBT people have been well-documented in works such as the Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual and Transgender (LGBT) Health; the IOM report The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding; 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; National Stakeholder Strategy for Achieving Health Equity; and Healthy People 2020. Researchers at the Hopkins Center for Health Disparities Solutions developed the Clearview Organizational Assessments-360 (COA360), a suite of evidence-based organizational assessment tools designed to evaluate the readiness of healthcare organizations to meet the needs of a rapidly diversifying US population. The tools provide a 360-degree view of healthcare organizations from the perspective of administrators, clinical staff, non-clinical staff and patients. The tools, which assess cultural competency (including the Human Rights Campaign Healthcare Equality Index Core Four), health literacy and patient experience/satisfaction, enable healthcare organizations to identify strengths and improvement opportunities, a vital component of the COA360 continuous improvement (CQI) cycle. The broad view of diversity, measured in terms of race, ethnicity, language, religion/spirituality, gender identity and sexual orientation, allows all performance domains to be stratified by the diversity groups. This presentation will provide the aggregate results of the COA360, stratified by gender identity and sexual orientation, to demonstrate how the quality of care for LGBT people could be improved.

By the end of this session, participants will be able to:

- Define culture, cultural competency and organizational cultural competency.
- Discuss changing US and state demographics related to race, ethnicity, language, gender identity and sexual orientation.
- Demonstrate how a continuous quality improvement approach can be deployed to improve organizational cultural competency and quality care for LGBT people.

**Camden**

**Medical – Legal Partnerships: The Intersection of LGBT Health and Justice**

Dan Bruner, JD, MPP

Tracey Gersh, PhD

Aaron Merki, JD

Lesbian, gay, bisexual and transgender (LGBT) people have unique legal and healthcare needs. Systemic inequality and acute discrimination have a direct, negative effect on their
health, particularly if they are low-income or persons of color. For instance, discrimination in employment, housing and healthcare can lead to or exacerbate poverty, poor nutrition and poor health. Legal and medical professionals in Washington DC, through Whitman Walker Health, were among the first to address the intersections of LGBT health, wellness and justice in the United States. In Baltimore, the FreeState Legal Project and Chase Brexton healthcare recently formed an LGBT-focused Medical Legal Partnership (MLP) with an initial focus on reducing the legal barriers to healthcare for members of the trans community. This session will present the innovative work being undertaken in Washington, DC and Baltimore as the presenters address the interaction of health and legal needs of America's LGBT communities. This topic focuses directly on the overlapping health and legal needs of a specific minority population that suffers both from poorer health than the general population and systemic legal barriers and disadvantages. The underlying proposition is that in order to effect broad improvements to the health of LGBT communities in the US, we must also address legal obstacles to their achieving comprehensive wellness.

By the end of this session, participants will be able to:

- Describe the basic intersections of LGBT health, law and justice.
- Articulate the specific strategies employed by health and legal advocates in Washington DC and Baltimore focused on ameliorating health and legal disparities experienced by low-income LGBT communities.
- List the umbrella goals and intended outcomes of an LGBT-focused Medical-Legal Partnership.

**Severn I**

**Building the LGBT Health Workforce: Trainee and Faculty Perspectives and Discussion**

Nelson Sanchez, MD

Between June and September of 2013, a mixed-methods study was conducted to collect data on LGBT healthcare trainees’ and professionals’ perspectives on academic medicine careers and institutional climate. The study was implemented at the 2013 LGBT Health Workforce Conference and the 2013 annual GLMA Health professionals Advancing LGBT Equality Conference. Three hundred and eighteen individuals completed a survey, 60 of which also participated in a focus group. Survey participants represented several notable demographics: 49% male, 34% non-white and 77% LGB-identified. 103 faculty, 118 non-faculty health care professionals and 87 students or trainees participated. Data collected from study participants included: Factors influencing interest in academic careers; Engagement in LGBT-related academic scholarship; research, teaching and service; Institutional climate. This workshop will summarize findings from the LGBT Health Workforce Study and then engage workshop participants by assessing their level of agreement with the findings and next steps to improve institutional climate to support the personal and professional development of trainees and faculty.

By the end of this session, participants will be able to:

- List common health professional facilitators and barriers in pursuing an academic career.
- Describe initiatives academic institutions can undertake to facilitate LGBT trainee and health professional academic preparation and professional development.
- Describe initiatives academic institutions can undertake to enhance institutional climate for LGBT staff and trainees.

**Oral Research Session I: Severn II & III**

See Oral Research Descriptions for More Information

**Moderator:** Lynn Hunt, MD

**Cancer Diagnosis and Cancer Risk Factors Among Australian Women of Diverse Sexuality**

Rhonda Brown, PhD

**Sexual and Reproductive Health Among Sexual Minority Female Youth in the United States**

Samantha Tornello, PhD

**The Other Mother: A Narrative Analysis of the Postpartum Experiences of Nonbirth Lesbian Mothers**

Michele McKelvey, PhD, MSN

**Coffee Break, Harborview Ballroom & Poster Research Session I, 2nd Floor Foyer**

See Poster Descriptions for More Information

10:45am – 11:15am
**Potomac**

**HA(ART) Making ART Possible: Reproductive Possibilities for HIV Positive Individuals and Families**

Nikole Gettings, MSN, CNM

This session is an ideal opportunity for non-HIV Specialists and HIV specialists alike to learn how to integrate fertility planning for individuals who are affected by or living with HIV. Updated guidelines from respected leaders in medicine have exhorted clinicians to be prepared to address questions, provide answers and deliver competent care for individuals or families who are living or affected by HIV who are seeking care for desired fertility planning. These organizations include the American College of Obstetricians and Gynecologists (ACOG, December 2010), Center for Disease Control (CDC, 2001) and The American Society for Reproductive Medicine (ASRM, 2012). This presentation will update participants on the literature supporting provision of fertility services to HIV+ individuals and their families, review fertility options available for HIV+ individuals and their families and also provide guidance on becoming competent at providing clinical care and information to all members of our community.

By the end of this session, participants will be able to:

- Competently address the reproductive life planning needs of HIV positive patients, without judgment and affording the patient every respect.
- Describe fertility options for individuals living with HIV and increase competence to make knowledgeable recommendations for serodiscordant women/couples wanting to conceive, including use of assisted reproductive technology (ART) procedures available.
- Identify resources in the literature for clinical guidance in care and expected outcomes of fertility programs offering services to individuals living with HIV.

**Loch Raven I**

**Improving Transgender Healthcare Quality: A Case Based Discussion**

Henry Ng, MD, MPH

In this session participants will be presented a variety of patient care cases illustrating a variety of transgender health concerns across an age spectrum as they intersect with complex medical, surgical and psychosocial factors. Special emphasis will be placed on the intersection of the medical, surgical, mental health factors in each case as well as the environment of care.

By the end of this session, participants will be able to:

- Articulate factors in the environment of care which affect patient satisfaction in the cases presented.
- Recognize intersections and interactions among medical, surgical and psychosocial issues in transgender healthcare.
- Develop strategies to improve healthcare delivery to transgender, gender creative and non-conforming populations.

**Loch Raven II**

**Making the Case for LGBT Asylum: How Can Medical Professionals Get Involved?**

Paul Krieger, MD
Joseph Loy, JD, MPA

Over 1,000 individuals contact Immigration Equality—a not-for-profit legal services organization supporting the LGBT/HIV+ community—each year seeking information about asylum in the US based on their status as an LGBT/HIV+ individual. Violence, torture and discrimination against LGBT/HIV+ people have been well documented and include: rape to “cure” their homosexuality; criminal prosecution; police brutality; hate crimes, including debilitating physical violence; persistent verbal abuse; bullying at school; denial of employment, housing or health services. An asylum seeker must prove that he or she has suffered past persecution or has a well-founded fear of future persecution based on at least one of five statutory grounds, which includes membership to in a particular social group (eg, sexual orientation and gender identity). Although roughly 50% of applicants are denied relief, Immigration Equality, in conjunction with a network of law firms offering pro bono legal services, has a success rate of 99%. Health professional are often needed to substantiate claims of torture, abuse and physiological trauma. Medical practitioners, working in collaboration with a refugee’s legal counsel, conduct examinations to determine whether the injuries sustained by an applicant are consistent with the account of his or her experiences. Providers prepare an affidavit in support of the case and in certain instances may also be asked to testify in court before an immigration judge. This session will discuss the pro bono legal process for LGBT people seeking asylum and how medical professionals can provide invaluable assistance.
By the end of this session, participants will be able to:

- Describe why LGBT immigrants frequently seek asylum in the United States and describe the process for providing pro-bono council for LGBT refugees.
- Describe how medical providers can become involved with pro-bono LGBT asylum cases and provide specific examples of cases that require a medical provider affidavit or testimony.
- List resources for medical providers to assist LGBT patients requesting help with asylum.

**Camden**
**Strategies for Improving LGBTQ Access and Quality of Care in Local Health Departments**
Joanne Gener, PA
Carla Goad, MA, LMFT

LGBTQ population utilizing programs and services of local health departments are often invisible and receive substandard care. Intake forms and health histories lack the necessary questions and data elements; clinics and program staff are uncomfortable with LGBTQ vocabulary; and the general environment needs signs of welcoming. With local health department strapped for funding, what is there to do? This is a case study of how a local health department, Contra Costa County Health Services (CA), through a staff-driven LGBTQ Pride Initiative instituted innovative approaches with practical applications. Through this work Contra Costa Health Services was designated in 2013 as a Leader in Healthcare Equality by the Human Rights Campaign and is educating health departments and healthcare systems on these strategies. Learn how the mission of the Pride Initiative integrated policies and procedures that foster an inclusive and accepting environment, instituted quality and appropriate healthcare and improved the awareness and acceptance of lesbian, gay, bisexual, transgender and queer clients and staff.

By the end of this session, participants will be able to:

- Identify 3 welcoming approaches for LGBTQ clients.
- Utilize strategies for understanding LGBTQ health inequities.
- Act on integrating LGBTQ language into policies and procedures.

**Severn I**
**Participatory Digital Media and LGBT Populations: The Camouflage Closet and Creating Change Through Patient Narratives**

Heliana Ramirez, MSW, LISW
Michael Nedelman

VideoVoice, the innovative use of digital media and peer group discussion (Catalani et. al., 2012), is a community-based participatory method that captures the voices of marginalized populations. For example, the U.S. military’s “Don’t Ask Don’t Tell” policy, prevented LGBT service members from participating in social science research, rendering them virtually unknown to healthcare practitioners (Trivette, 2010). This presentation examines the use of digital media to capture LGBT Veterans’ personal accounts of trauma and recovery, including key health factors such as PTSD, depression, suicidality, isolation and military sexual trauma (Cochran et al., 2013, Blosnich et al., 2012, McDuffie and Brown, 2010 and Burks, 2011). Camouflage Closet film participants received the tools and training to create their own short video narratives, culminating in a 45-minute documentary film that aims to raise awareness among the medical, LGBT and Veteran communities. Alongside an educational resource summarizing research on LGBT Veteran health, the distribution of this project — including screening venues such as Veterans Affairs, universities and film festivals — attempts to draw attention to the specific health needs of LGBT Veterans and the unique forms of resilience among a previously silenced community. This workshop explains the methodology of VideoVoice and how to tailor it to LGBT populations. Through a step-by-step guide to the VideoVoice process, a discussion of other projects highlighting the variability and impact of VideoVoice and an interactive exercise, the workshop gives a practical, behind-the-scenes look at the use of participatory digital media to increase visibility and advocacy for LGBT people.

By the end of the session, participants will be able to:

- Discuss LGBT Veteran health through the lenses of sexual orientation, gender identity and military status in a participatory digital media project.
- Demonstrate the VideoVoice methodology as a unique, culturally relevant way to elicit stories from LGBT Veterans and other LGBT populations rendered voiceless by homophobia, biphobia and transphobia.
- Describe the adaptation of digital media for the purposes of needs assessment, health-related problem and asset formulation and advocacy for marginalized populations.
LGBT Hate Crimes in South Carolina
Laura Hein, PhD, RN, NP

LGBT persons face challenges when accessing and receiving healthcare, beginning with finding a provider who is knowledgeable about LGBT health. Despite national recommendations for training and education to remediate disparities there is little LGBT-specific curricula in medical trainee education. To address these gaps in medical education, Mount Sinai Beth Israel implemented a unique educational initiative delivering comprehensive training for residents and fellows in internal medicine, family practice and geriatrics. This initiative focuses on best practices and evidence-based practices in culturally and clinically competent healthcare for LGBT patients. The program also provides opportunities for residents and fellows to engage in supervised clinical primary care with LGBT patients and in LGBT community wellness education. Evaluation data collected on the residency training indicates significant increases from pre to post test, in LGBT knowledge and practice confidence and high course satisfaction ratings. Evaluation also was useful in refining and enhancing course content and approaches. This panel will describe components of the post-graduate training initiative, curricula content, approaches to delivering the training, development of the practice opportunities, outcomes and lessons learned from delivery and evaluation and next steps in enhancing and expanding the post-graduate training experience.

By the end of this session, participants will be able to:
1. Describe a model for the delivery of post graduate medical education in best and evidence-based practices in LGBT primary and geriatric care.
2. Describe process for and resources on curricula content and approaches in training delivery including use of case studies, videos and discussion groups.
3. Analyze evaluation data to discuss curricula and approach enhancement and expansion.

Loch Raven
Progress on LGBT Health and Data Collection: Updates on Three Fronts from HHS

Gem Daus, MA
Christina Dragon, MSPH, CHES
David Dean, PhD

This workshop will discuss three recent examples of efforts within the Department of Health and Human Services (HHS) to focus on the needs and issues of LGBT Health and Healthy Communities. First, Christina Dragon will speak on behalf of the Healthy People 2020 LGBT Health topic area about recent efforts to develop objectives to monitor the number of data systems used to track Healthy People objectives that report data on LGBT populations.
Next, David Dean will provide an update on the work of the Substance Abuse and Mental Health Services Administration (SAMHSA’s) LGBT Data Workgroup to institute SAMHSA-wide LGBT identity data collection, where appropriate, in surveillance and grantee reporting. He will also describe the programs SAMSHA funds that address the behavioral health needs of the LGBT community. Finally, Gem Daus will provide an overview of the Health Resources and Services Administration’s (HRSA’s) grantee programs that specifically serve LGBT communities, as well as the agency’s data collection efforts as they contribute to Healthy People 2020 and LGBT health. The workshop will culminate with the presenters sharing thoughts about the future direction of LGBT health specifically related to the agency initiatives as discussed within the presentation.

By the end of this session, participants will be able to:
- Enumerate the data systems currently used within Healthy People 2020 that also regularly collect LGB or T data and discuss future data systems that may include LGB or T demographics in the near future.
- Describe the actions SAMHSA is working on to include LGBT demographics in their surveys.
- Describe the actions HRSA is taking to improve LGBT health and include LGBT demographics in their surveys.

**Loch Raven II**

**LifeLines: A National LGBT End-of-Life Care Engagement Campaign**

Christopher Harris, MD
Catherine Smith, MS, MS

Considered the model for quality compassionate care for people facing a terminal illness, hospice provides medical and palliative care, along with emotional and spiritual support expressly tailored to the patient’s needs and wishes. However, as valuable a role as hospice plays, it is still widely misunderstood. Confusion around hospice’s mission and services has limited exposure to what is a critically important service that is beneficial for all. Historically, the LGBT community has had a fractious relationship with the organized health care system, including hospice providers. If hospice providers wish to create meaningful impact, it is critical to connect with medical professionals, national and local LGBT organizations and cultural developers, such as designers and activists, who can offer creative insight into the complex end-of-life care needs of the LGBT community.

By the end of this session, participants will be able to:
- Introduce the attendees to LifeLines, a new, innovative LGBT national end-of-Life care engagement campaign, which is intended to promote collaboration between the LGBT community, and health care systems and hospice organizations.
- Demonstrate that GLMA may serve as the national resource center for LGBT persons facing terminal illness; and, in turn, become the national cultural competency training resource for hospice organizations.
- Illustrate the ways that hospice organizations may implement a creative engagement strategy that acknowledges, respects, and empowers end of life experiences for all LGBT persons.

**Camden**

**Navigating Your Health Benefits: An Insider’s Perspective**

Renee McLaughlin, MD*

An increasing number of transgender people have access to health insurance to assist in financing at least a portion of the healthcare costs related to gender transition. While this is tremendous progress, it presents new challenges to people as they attempt to exercise these benefits. Dr. Renee McLaughlin is a senior medical director with Cigna Healthcare and has a deep knowledge of the health insurance industry. She also underwent a gender transition herself and has first-hand experience in navigating the labyrinth of transgender healthcare and health insurance as it relates to “trans” people. In this presentation she will provide the attendee with a basic understanding of commercial health insurance from the perspective of the consumer and share recommendations on understanding and maximizing transgender health insurance benefits.

By the end of this session, participants will be able to:
- Describe the basics of commercial health insurance.
- Discuss the process by which health insurance companies determine eligibility for coverage of transgender-related services.
- Exercise his/her transgender health insurance benefits.
**Severn I**  
Disparities in Health Care Access and Cancer Care for WSW: Evidence and Cultural Competence Tools  
Nan Van Den Bergh, PhD, LCSW

Large scale epidemiological research has shown that lesbian women have greater risks factors and barriers to quality healthcare than heterosexual females. The disease constellation that these women face with greater risk factors include: breast, gynecological cancer, lung cancer and cardiovascular disease. The factors that contribute to the increased risks and barriers are biologic, lifestyle and structural. The latter have included fewer economic resources as well as experiences with discriminatory and homophobic providers, as well as heterosexist healthcare systems. This presentation will provide the evidence based data on these risks and barriers, as well as underscoring the specific disease risks for WSW. A special focus will include evidence-base disparities in the receipt of cancer services including screening, treatment as well as oncology psychosocial services. The findings from community-based research undertaken by the author, with over 1,000 WSW respondents will also be shared, which highlight the greater health risk factors for WSW under age 30. Principles of cultural competence will then be explored that focus on ways for clinicians to demonstrate greater cultural competence, in addition to outlining agency and organizational policies and procedures that will enhance cultural sensitivity. Strategies for primary prevention to multicultural and multigenerational WSW, as well as survivorship services that are culturally competent, will be explored via attendee workgroups.

By the end of the session, participants will be able to:
- Describe the evidence-base risk factors and barriers to quality healthcare experienced by WSW.
- Describe evidence-based disparities in cancer screening, treatment and survivorship services for WSW.
- Describe and apply principles of cultural competence in clinical, organizational and community outreach for multigenerational and multicultural groups of WSW.

---

**Moderator:** Tonia Poteat, PA, PhD

**Case-Control Study of Health Disparities in 5,135 Transgender Veterans Receiving Care in the Veterans Health Administration**  
George Brown, MD, DFAPA

**A National Survey of Faculty Knowledge, Experience and Readiness for Teaching LGBT Health in Baccalaureate Nursing Programs**  
Fidelindo Lim, DNP, RN

**Transgender Health Needs Assessment in Lesotho**  
Tonia Poteat, PA, PhD

---

**Potomac**  
PrEP: Sorting Fact from Fiction, and the Provider's Role  
Jim Pickett  
Ken Mayer, MD

There has been a vigorous debate both about the science and morality of delivering PrEP (pre-exposure prophylaxis). This panel will discuss the evidence base for delivering PrEP, the benefits and risks of PrEP and the approach providers should take to PrEP delivery.

By the end of this session, participants will be able to:
- Discuss the issues involved in the debate surrounding the science and morality of delivering PrEP.
- Discuss the evidence and the benefits and risks of PrEP.
- Apply strategies for PrEP delivery in one’s practice.
Loch Raven I
Theory of Mind and the Intolerance of Ambiguity: Review, Treatment Considerations and Two Case Studies of Individuals with High – Functioning Autism Spectrum Disorders and Gender Dysphoria

Behavioral Health CE-Accredited, Advanced

Laura Erickson-Schroth, MD
Laura Jacobs, LCSW
Aron Janssen, MD
Elizabeth Hair, PhD
Amy Williams, MD

Transgender and gender non-conforming people who fulfill diagnostic criteria for autism spectrum disorders (ASDs) often present to mental health providers with concerns that are distinct from those without ASDs. Gender Dysphoria (GD) and ASDs have been proposed to share etiologic mechanisms and there is evidence that ASDs may be more common in transgender and gender non-conforming people. Through two case studies of high-functioning individuals with ASD and GD diagnoses, the authors discuss ways in which deficits in Theory of Mind (ToM), along with the intolerance of ambiguity as a manifestation of the cognitive rigidity characteristic of ASDs, may present special difficulties to gender identity formation and consolidation. ASDs do not preclude clinical support for gender transition but may pose particular challenges. The authors consider possible challenges for clinicians and suggest techniques for assisting people in this population in exploring their gender identities.

By the end of this session, participants will be able to:
- Discuss the research related to transgender identity and autism spectrum disorders.
- Describe 3 challenges faced by clinicians working with transgender people on the autism spectrum.
- List 3 treatment techniques that may be helpful when working with transgender people on the autism spectrum.

Loch Raven II
Creating Change Within Institutions: Trans Inclusive Health Insurance

Carl Streed, Jr, MD
Jesse Yang, MD

Johns Hopkins has a conflicted history regarding transgender healthcare. In 1966, it became the first US medical center to offer gender affirming surgery. However, by 1980, Johns Hopkins had reversed its positions, stating gender affirming surgery was a failure. Since that time, advocates of transgender healthcare have faced multiple barriers to establish access to medical and surgical therapies. Fortunately for advocates, years of research have come to highlight the efficacy and need of these therapies. This research has facilitated the expansion of transgender-specific healthcare coverage. This expansion in coverage has occurred at the city-level (eg Seattle) and state-level (eg Vermont). Institutions of higher education, historically conservative in approach, have also begun to expand their insurance coverage. Notable examples include Duke and the University of Illinois. After years of advocacy, Hopkins now stands poised to provide student and employee insurance coverage for transgender healthcare. This workshop will detail how this has been achieved.

By the end of this session, participants will be able to:
- Discuss an overview of transgender research history.
- Anticipate barriers to advocating for inclusive insurance coverage.
- Develop solutions for advocating for inclusive insurance coverage.

Camden
Promoting HPV Vaccination Among LGBT Adult Patients 18-26

Catherine Basham
Jennifer Potter, MD
Kiefer St. Pierre, RN
Sara Wolfrum, MPH

HPV vaccination coverage remains suboptimally low among U.S. adolescents and young adults. In 2012, 34.5% of females aged 19–26 years reported receiving one or more doses of the HPV vaccine. Among males 19-26, vaccine coverage was 2.3%. The vaccine is recommended for women up to age 26 and men up to age 21, with special recommendations for subpopulations including men who have sex with men, who are 17 times more likely to develop anal cancer than men who only have sex with women. HPV causes approximately 70% of cervical cancers in women. While vaccination data specific to LGBT populations do not exist, a variety of factors may contribute to decreased vaccine uptake, including reduced access to preventive services, the belief that sexually transmitted infections cannot be passed between female partners and/or that the HPV vaccine is for children or adult women only. This session provides an overview of vaccine coverage and key strategies for overcoming patient, provider and system barriers to series completion. Lessons learned from a
vaccine implementation program at Fenway Health—a Boston, MA based community health center—will be shared, including patient education materials, provider reminder systems and methods to improve access to immunization appointments.

By the end of this session, participants will be able to:
- Summarize current Advisory Committee On Immunization Practices (ACIP) HPV vaccination recommendations and describe evidence-based strategies that have been shown to increase vaccine uptake.
- Evaluate patient educational materials and counseling strategies to improve vaccine acceptance.
- Analyze provider and system barriers at their home institutions and identify two action steps to increase vaccination rates.

**Severn I**

**Innovative Interventions to Improve Sexual Minority Women’s Health**

Jane McElroy, PhD
Michele Eliason, PhD
Dawn Harbatkin, MD
Sarah Davis Redman
Tess Gilbert, MHS

A recent survey of NIH funding for sexual minority health studies found that few resources had been expended for sexual minority women’s studies, and there was a dearth of intervention studies. This session provides initial data from three intervention projects funded by the Office on Women’s Health for the “Healthy Weight Initiative for Lesbian/Bisexual Women.” Lyon Martin Health Services in San Francisco describes a healthcare provider training using motivational interviewing and Health At Every Size™ models to reduce the stigmas associated with sexual orientation, gender identity, and weight. Project LOLA in Missouri focuses on distinguishing between metabolically healthy versus unhealthy obese women and explores the implications for treatment recommendations. Finally, Doing It For Ourselves (DIFO) in San Francisco reports on differences between disabled and nondisabled participants and challenges of developing an intervention that is inclusive of, and sensitive to, women with disabilities.

By the end of this session, participants will be able to:
- Discuss how motivational interviewing and Health At Every Size™ models can be used to teach body size and sexual minority cultural competency to health care providers.
- Differentiate between metabolically healthy and unhealthy obese individuals and discuss implications for care.
- Explore how disability status affects health, wellbeing, and inclusion in sexual minority women’s communities and health interventions.

**Oral Research Session IV: Severn II & III**

*See Oral Research Descriptions for More Information*

Moderator: Jesse Joad, MD, MA

**Mental Health and Wellbeing of Sexual Minority Medical Students: A Medical Student CHANGES Report**

Behavioral Health CE-Accredited, Beginner

Julia Przedworski

**Knowledge and Awareness of Congregate Care Staff Working with LGBT Youth**

Behavioral Health CE-Accredited, Intermediate

Hilary Haseley, MSW

**Exploring LGBTTQI Home Care Access in Ontario: Service Users Share Their Experiences**

Behavioral Health CE-Accredited, Intermediate

Judith MacDonnell, PhD, MEd, MScN

**Plenary II**

4:15pm – 5:15pm, Chesapeake Ballroom

**LebMASH Among Organizations Bringing LGBT Health to the WHO**

Hasan Abdessamad, MD
Julie Dorf
Omar Fattal, MD
Javier Vasquez

Thailand and the United States (U.S.), member states of the World Health Organization (WHO), requested to add an item about LGBT (lesbian, gay, bisexual, and transgender) health to the agenda of the WHO Executive Board meeting in Geneva in May 2013. The regional WHO offices for the
Eastern Mediterranean (EMRO) and for Africa (AFRO) within the Executive Board of the WHO object categorically to the inclusion of any items relating to LGBT health on the WHO agenda. The Council for Global Equality has lead an effort to mobilize non-governmental organizations from countries around the world to advocate for inclusion of LGBT health discussion within the WHO. Realizing that Lebanon is a member state of the WHO executive board, Lebanese Medical Association for Sexual Health (LebMASH) joined these efforts. LebMASH has taken several initiatives within the EMRO and AFRO regions to lobby and rally civil society to brainstorm on how to best approach this issue in a culturally sensitive way. Albeit mostly U.S. focused, GLMA provides a unique framework to raise the issue of LGBT health inclusion on the agenda of the WHO in order to solicit further support for this effort and recruit other organizations with direct interests and networks in EMRO and AFRO to help.

By the end of this session, participants will be able to:

- Explain barriers to and importance of discussing LGBT health within the WHO.
- Brainstorm the role health and human rights organizations can play on this front.
- Describe LebMASH’s role in the Middle East to advocate for inclusion of LGBT health on WHO agenda.

**Networking Reception**
5:30pm – 7:00pm
*Harborview Ballroom*

Relax and network with friends and colleagues after a long day of learning the latest in LGBT health.
Trans-identified health professionals can be sparse enough that networking within our own institutions or even our own communities can be difficult or impossible. Trans-identified physicians, nurse practitioners, PA’s, students and other health professionals are invited to spend breakfast together to make new connections with each other, and potentially envision a more institutionalized way of finding each other in the future. This meeting is by self-identification: If you feel you belong here, then you belong here! Grab breakfast and come in. However, please respect that this is not intended as a meeting for allies seeking to learn more about trans issues.

By the end of this session, participants will be able to:

- Identify the diverse causes of increased HIV risk for gay and other men who have sex with men and transgender women.
- Develop individualized strategies for MSM patients to help protect them from HIV acquisition or transmission.
- Identify ways that they can help address structural issues that are potentiating HIV spread.

Across the globe, men who have sex with men and transgender women are disproportionately impacted by the HIV epidemic. The reasons for the increased disease burden include biological factors, such as the increased efficiency of anal HIV transmission and concomitant STDs, epidemiological factors, such as the high concentration of HIV in physical and virtual venues (e.g. bath houses and websites, respectively), and social/structural factors, such as homophobia impeding access to preventive health services. Thus, effective HIV prevention strategies will need to incorporate multifaceted approaches that address individual, dyadic, and community sources of vulnerability and risk. Recent advances in HIV research, such as the recognition that early antiretroviral treatment can decrease HIV transmission, and the use of pre-exposure prophylaxis, offer new tools to facilitate HIV prevention. However, programs that address root causes of HIV risk, such as maladaptive responses to internalized homophobia because of growing up in a non-affirming environment (e.g. depression, substance use) are a needed to optimize the uptake of these new prevention technologies. This is particularly true for racial and ethnic minority MSM youth, who may grow up in environments where they experience multiple sources of stigma. Among the most important change agents in the current era are health providers, who can create normative environments for sexual and gender minority people, and can provide needed health education and access to medication that will prevent the further spread of HIV in heavily impacted communities.
competent care? Workshop presenter Timothy Rodden will discuss how he has worked to effect change from within a hospital system in his role as Director of Pastoral Services for Christiana Care Health System. The presenters will facilitate a group discussion about how health professionals, researchers, advocates, students, patients and others collaborate to increase LGBT equity and inclusion at local hospitals.

By the end of this session, participants will be able to:
- Understand and leverage the key factors that lead hospitals to improve their policies and practices vis-à-vis LGBT patients and employees.
- Describe and advocate for the best practices currently recommended to hospitals in the LGBT realm.
- Deploy strategies for influencing hospitals to attend to LGBT concerns.

**Loch Raven I**
*Trans* Advocacy in Maryland: From State House to City Streets
Keith Thirion
Carl Streed, Jr, MD
Saida Agostini, MSW, LGSW
Carrie Evans, MA, JD

Working to achieve trans* equality is a multi-faceted and inter-disciplinary endeavor. In Maryland advocates and service providers, including healthcare providers, have spearheaded some unique approaches that this workshop will explore. During this workshop we will discuss specific legislative and policy issues that LGBT healthcare providers can be involved with; working with diverse populations of trans* Marylanders, including Latin@ and African American trans* individuals; working on issues that intersect in the lives of trans* individuals, eg, poverty, racism and immigration; and an overview of the Transgender Action Group (TAG). This one-of-a-kind late-night harm reduction intervention program provides trans* sex workers with immediate access to HIV/STD health services, drug overdose services and free legal representation, as well as referrals to a variety of social, medical and support services.

By the end this session, participants will be able to:
- Identify legislative and policy areas that LGBT health professionals can engage on in their communities.
- Provide an overview of working with diverse populations within the trans* communities.
- Discuss TAG’s impact and identify opportunities to replicate this model in other communities.

**Loch Raven II**
*If You Have It, Check It: Overcoming Barriers to Cervical Cancer Screening with Patients on the Female-to-Male Transgender Spectrum*
Ida Bernstein
Jennifer Potter, MD
Sarah Peitzmeier, MSPH

The American College of Obstetricians and Gynecologists (ACOG) and the Center of Excellence for Transgender Health at the University of San Francisco, California recommend that transgender patients on the female-to-male (FTM) spectrum with a cervix follow the same cervical cancer preventive screening guidelines as non-transgender women. However, there are unique multilevel barriers to screening in the FTM patient population, including, among others: gendered clinical settings and expectations of clinic staff, substandard provider-patient interactions due to lack of provider awareness and sensitivity, varying patient levels of disconnect between biological sex and gender identity and effects of long-term intramuscular androgen administration on the cervix. Even at Fenway Health, an LGBT clinic where providers have requisite experience and training, FTM patients are about one-third less likely to be up-to-date on Pap tests and 10 times more likely to have inadequate Paps than non-transgender women. Few resources offer guidance to enhance cervical cancer screening rates despite documented disparities and associated barriers to care in FTM patients. This session will review the multilevel barriers—including the institutional, patient-provider and individual patient-levels—to recommended cervical cancer screening experienced by FTM patients. The range of experience and comfort with cervical cancer screening among FTM patients will be explored via analysis of common challenges encountered when presenting for preventive care and discussion of illustrative case examples in small breakout groups. Methods to facilitate access to cervical cancer screening will be reviewed and options to customize the exam to individual patient needs will be discussed.

By the end of this session, participants will be able to:
- Identify barriers to recommended cervical cancer screening experienced by patients who identify on the FTM spectrum.
- Describe strategies to partner with FTM patients to increase the acceptability of a cervical Pap test and to enhance comfort during the exam.
- Commit to taking one action step to facilitate access to preventive cervical cancer screening for FTM patients within their home institutions.
Camden
Supporting LGBT Caregivers in a Clinical Setting: SAGE and Chase Brexton’s Innovative Partnership
Behavioral Health CE-Accredited, Intermediate
Catherine Thurston, LCSW
Tracey Gersh, PhD

Services and Advocacy for GLBT elders (SAGE), the nation’s oldest and largest organization dedicated to improving the lives of LGBT older adults and Chase Brexton healthcare, founded in Baltimore in 1978 to provide multiple clinical supports to the LGBT and other underserved communities have joined forces to increase access to care, caregiving supports and essential resources to LGBT older adults and their caregivers by replicating SAGE’s SAGECAP (Caring and Preparing) caregiver support program created in 2009 in New York City. This project aims to serve a dual purpose: offering essential service and healthcare options to LGBT older adults and caregivers in Baltimore as well as serving as a pilot project for training that will support replication in targeted FQHCs in other communities across the country.

By the end of this session, participants will be able to:

- Identify the challenges that LGBT caregivers experience and how they differ from those of their heterosexual cohort (including, impact of isolation, lack of family support and absence of legal protections and effects on mental and physical health of LGBT older adults and caregivers).
- Describe the LGBT-specific services and resources offered by Chase Brexton, a Federally Qualified Health Center.
- Articulate the process integral to successful program replication including creation of program theories, needs assessments and creation of curriculum and materials necessary to ensure successful integration of program components.

Severn I
A Snapshot of Programs, Products and Services on Behalf of LGBT Populations of the Substance Abuse and Mental Health Services Administration, DHHS
Edwin Craft, DrPH, MEd, LCPC
Brian Altman, JD
Michelle Carnes, PhD
David Dean, PhD
Humberto M Carvalho, MPH

Behavioral health plays a major role in the lives of LGBT individuals. Issues from family acceptance, bullying, self-acceptance, the coming out process and multiple health disparities often lead to both mental health and substance abuse disorders throughout the lifespan. This workshop will inform participants on how SAMHSA is helping to address these issues and improve the quality of life for sexual and gender minority populations across the nation, through its policy development efforts; grant programs, collaboration with other Federal government agencies within and outside of DHHS; cultural competency training tools; and targeted educational efforts for families, behavioral health service providers and state and local governments. Identification of LGBT behavioral health needs and how to most effectively address them through improved data collection and research will also be addressed.

By the end of this session, participants will be able to:

- Describe SAMHSA policy initiatives, capacity building efforts, workforce development and expansions efforts, grant resources and stakeholder outreach strategies. that target LGBT populations.
- Discuss the relationship between substance abuse and infection with HIV and other infectious diseases, strategies for preventing these infections through effective substance abuse treatment and SAMHSA efforts to reduce HIV infection in young minority MSM populations, which are the most vulnerable to new infections.
- Identify successful strategies for preventing LGBT youth suicide and how healthcare providers and organizations can learn more about implementing these approaches in their own practices/operations.
Oral Research Session V: Severn II & III
See Oral Research Descriptions for More Information

Moderator: John A Davis, PhD, MD

HIV Testing Behavior Among MSM Who Use Smartphone Apps to Meet Sexual Partners
Eric Schrimshaw, PhD

Smartphone Apps, Websites and Other Sexual Venues: Association with Number of Partners, Condom Use and STI Diagnosis
Eric Schrimshaw, PhD

Social Media Use and HIV Transmission Risk Behavior Among Ethnically Diverse HIV – Positive Men Who Have Sex With Men: Results of an Online Study in Three US States
Sabina Hirshfield, PhD

Coffee Break, Harborview Ballroom & Poster Research Session II, 2nd Floor Foyer
See Poster Descriptions for More Information
10:45am – 11:15am
Thank you to our coffee break sponsor: Compassion & Choices

Plenary IV: Kimberly Clermont Memorial Lecture on Lesbian Health
11:15am – 12:15pm, Chesapeake Ballroom

Making the Connections: LGBTQ People and Reproductive Health, Rights and Justice

Behavioral Health CE-Accredited, Intermediate

Kimberly McGuire
Ashland Johnson, JD

Dignity and bodily autonomy are central tenets in both LGBTQ and reproductive justice movements. So why do these movements so often operate outside of each other? The truth is that reproductive health and justice issues intersect with issues faced by LGBTQ communities in many ways. In this workshop, participants will learn about the reproductive justice framework, the health disparities faced by LGBTQ people of color and how reproductive justice and LGBTQ organizations are using the reproductive justice framework to do advocacy work that bridges the movements together while remaining within their organizational missions. The workshop will highlight this intersection by focusing on how LGBTQ people are impacted by the recent wave of state religious refusals targeting contraception and abortion care by drawing out the connections and overlaps between religious refusals for contraception and abortion care and refusals of care impacting the LGBTQ community, including the transgender community. Finally, the workshop will allow healthcare professionals to engage with their own understandings of religious refusals, how refusals impact their ability to provide optimal patient care and how refusals interact with other factors in systems-based practice.

By the end of this session, participants will be able to:

- Identify important health policy issues at the intersection of the LGBT movement and the reproductive health, rights and justice movements.
- Discuss the connections between conscience clauses for abortion/contraception and the public health history and current state of these types of refusals being used against LGBTQ people.
- Explain the connections between reproductive health impacts of refusals for contraception distribution and abortion care or referral in relation to treatment refusals for transition-related care for trans people.
Potomac
Trans* Insurance: Coding, Guidelines & Getting Coverage
André Wilson
Jamison Green, PhD

Many major employers and colleges have negotiated health benefits plans for employees, students and dependents that cover clinically indicated treatments related to transgender (aka trans*) transition. Most health insurance plans in the US still contain “transgender exclusions” denying coverage for medically necessary services to this small and stigmatized population and many people encounter difficulties using the newly inclusive plans. We’ll start by discussing the continuing barriers to access reported by healthcare providers and patients alike both in inclusive plans and those with exclusions: challenges in prior authorization and claims processing, limited provider networks and outdated insurer medical guidelines. We’ll provide information on documentation, procedure and diagnosis codes so providers can minimize denials and succeed with billing and appeals and discuss strategies for direct advocacy with insurers. A brief exercise will ask participants to use their experience to brainstorm model coverage that really works. We’ll continue with an overview of progress towards inclusion, best practices and indispensable advocacy tools such as the Human Rights Campaign (HRC) Equality Indexes (MEI, CEI) and professional association interventions. Convincing data shows low costs: the number and cost of claims has been low and even smaller companies report no premium increases. Comparing progress towards trans*-inclusive benefits in the healthcare industry with other professional sectors, we’ll consider the role healthcare providers can play in eliminating exclusions in their own sector. We’ll conclude with questions and ask participants to share their own advocacy experiences and challenges.

By the end of this session, participants will be able to:
- Explain three common issues related to prior authorization, billing or claims processing for services with trans* patients and how these can be addressed.
- Discuss the role of insurance carrier medical guidelines as potential barriers and/or facilitators in accessing trans* transition-related & other healthcare.
- Describe recent progress in achieving trans*-inclusive health plans, including which plans are easiest to change and the most important mechanisms for achieving change.

Loch Raven I
Improving Outcomes to Increase Access to Care, Treatment and Resources in Support of the National HIV/AIDS Strategy Care Continuum

Evelyn Tomaszewski, MSW, ACSW

The collaborative efforts of federal, state and local agencies -via research, policy, funding and programmatic decisions – has helped to move the U.S. National HIV/AIDS Strategy forward. These efforts have taken the dialog to the next level – understanding the HIV Continuum of Care/ HIV Care Continuum. The care continuum is being used to identify issues and opportunities related to improving the delivery of services to people living with HIV. These very issues – health disparities, accessing care and treatment, staying on medications and other treatments and reducing risk-taking behaviors and preventing HIV transmission – are the very work of social workers across diverse fields of practice. With the mandate for affordable care in
By the end of this session, participants will be able to:
- Describe the scope and history of patient advocacy programs and their adoption to transgender advocacy programs in an academic medicine setting.
- Discuss the difference between empowerment and charity models of transgender healthcare delivery.
- Outline strategies for engaging transgender communities in healthcare accessibility efforts.

**Camden**

**Postmortem Collection of Sexual Orientation and Gender Identity Data: A Critical Step in Identifying and Addressing Mortality Disparities**

Ann Haas, PhD

Andrew Lane

It is increasingly recognized that the lack of systematic mortality data for LGBT people significantly limits our understanding of health risks and disparities in these populations and hence our ability to develop and implement appropriate and effective treatments, interventions and prevention programs. This workshop will focus on recent efforts to encourage the collection of systematic, valid and reliable postmortem data on sexual orientation and gender identity (SO/GI), focusing in particular on persons who die by suicide. It will begin with an overview of what we know – and don’t know – about completed suicide in LGBT people, emphasizing how the absence of SO/GI data on the death certificate limits understanding of the prevalence of suicide death in our communities and the intersection of SO/GI with age, race, ethnicity and other identities recorded on the death certificate. We will then describe an initiative launched by the American Foundation for Suicide Prevention and the Johnson Family Foundation to engage the CDC, state agencies, medical examiners, coroners and death investigators in developing and testing a protocol to determine SO/GI in death investigations. Finally, we will discuss the implications of this collaborative project for closing information gaps related to mortality due to other causes, including violence, certain forms of cancer and other conditions for which LGBT individuals may have elevated risk. Workshop participants will be encouraged throughout to contribute their experiences, insights and ideas about how health professionals can encourage broader postmortem identification of SO/GI within their healthcare systems and local jurisdictions.

By the end of this session, participants will be able to:
- List three ways in which the exclusion of sexual orientation and gender identity from the death certificate negatively impacts LGBT health.
Describe a model protocol for collecting sexual orientation and gender identity data in the context of a death investigation.

Identify at least one specific action step they can take to encourage broader postmortem identification of SO/GI within their healthcare system or community.

**Severn I**

*Adding the “I” to LGBTI: Research Priorities for the NIH LGBTI Initiative*

Arlene Baratz, MD
Katherine Dalke, MD

In 2013, recognizing common community needs, NIH added intersex conditions to its LGBT care initiative. The presenters are authors of AIS-DSD Support Group’s (AIS-DSDSG) response to National Institute for Child Health and Human Development’s (NICHD) Request for Information (RFI) on Critical Issues in Child Development for Children and Families Affected by DSD. Although a recent AIS-DSDSG study showed members’ top priorities are increasing psychological support and eliminating unnecessary surgery, much DSD research focuses on gender biology and cosmetic surgical outcomes. A 2006 international consensus concluded that most care is based on weak evidence, but multiple medical and psychosocial issues remain poorly studied. Genetic/molecular diagnosis to guide optimal care is generally unavailable. Screening tests are needed to balance gonadal cancer risk with benefits of endogenous hormones and potential fertility. The often-protracted diagnostic process, emphasizing gender assignment, creates family cognitive and emotional distress that impairs decision-making for irreversible treatments including genitoplasty and gonadectomy. Gender variance and dysphoria, vital to concordant assignment, are poorly studied, as is medical care itself, including genital examinations and photography, which may affect long-term psychosexual well-being. Although the WHO, UN and Swiss Ethics Commission endorse postponing elective surgeries until informed consent can be obtained from the affected individual, pediatric genitoplasty continues despite no data on its benefits. There are no data on adaptation in children who do not undergo surgery. Given the rarity of many individual conditions, participation of US clinicians and patient advocates in existing international projects and databases could accelerate research into areas that enhance patient well-being.

By the end of this session, participants will be able to:

- Articulate top healthcare priorities of people living with differences of sex development (DSD).
- Describe gaps on current research on medical and psychosocial care.
- Identify directions of future research into areas that will directly benefit well-being of affected people.

**Oral Research Session VI: Severn II & III**

See Oral Research Descriptions for More Information

**Moderator:** Laura Hein, PhD, RN, NP

**HPV Vaccination Uptake in Women Who Have Sex With Women**

Nicole Makris, RN, BSN

**Guys Get Pap Tests Too: Developing Cervical Cancer Screening Patient Outreach Material for male – to – Male Transgender Patients**

Ida Bernstein

**Systematic Review of Racial Disparities in Anal Cancer, Anal Dysplasia and Human Papilloma Virus among Men Who Have Sex With Men**

Tim Walsh

Concurrent Workshop Sessions VII

3:00pm – 4:00pm

**Potomac**

*Cancer in the LGBT Community: The Same Only Scarier*

Liz Margolies, CSW, LCSW

There is a growing body of evidence that LGBT people have dramatically increased cancer risks, including high rates of alcohol and tobacco use, HPV infections, nulliparity and HIV. Until now, there has been very little research on LGBT cancer experiences after diagnosis. While it is often said that “cancer doesn’t discriminate”, the healthcare system often does. LGBT cancer survivors face multiple additional challenges. This workshop will present the results of a large online study of LGBT cancer survivors conducted in 2011 by the National LGBT Cancer Network. Analysis of the (optional) personal narratives reveals 6 distinct themes, many of which offer insights into how the healthcare system can better meet LGBT patients’ needs.
By the end of this session, participants will be able to:
- Describe why we don’t know how many LGBT cancer survivors there are, but why we assume we are carrying a disproportionate burden of the disease.
- Identify the additional challenges faced by LGBT cancer survivors.
- Discuss how the patient centered care model offers a more accurate means of assessing LGBT care.

**Loch Raven I**

**Using Change Management to Improve LGBT Health in Academic Medicine**

Kristen Eckstrand, PhD  
Jesse Ehrenfeld, MD, MPH  
Stephen Forssell, PhD  
Barbara Warren, PsyD, LMHC  
Baligh Yehia, MD, MPP

Lesbian, gay, bisexual and transgender (LGBT) individuals face well-documented structural, financial, personal and cultural barriers when interacting with the healthcare system. These barriers have led to a number of disparities in health outcomes, including increased rates of cardiovascular disease, obesity, certain types of cancers, substance abuse, depression and anxiety. Provider bias, even when subtle, can accentuate the unequal treatment of LGBT patients – particularly when combined with a lack of LGBT-specific health education curricula and few institution-wide programs that accommodate the needs of ensuring cultural sensitive healthcare for LGBT communities. The breadth of these barriers across academic medical institutions necessitates an institution-wide approach dedicated to ensuring cultural sensitive healthcare for LGBT communities. Since 2012, four academic medical centers have made great strides in their efforts to improve LGBT healthcare, establishing novel programs within their institutions. The leaders of these programs each utilized the strategic implementation of change management to build programs adapted to their institutions. Similar initiatives are needed across the country for continued progress; this session presents the experiences of these institutions and the shared change management model for improving LGBT health in academic medicine to promote and accelerate change. Success factors, change agents, stakeholders and identifiable next steps are discussed.

By the end of this session, participants will be able to:
- Identify opportunities and goals for strategic change at their own institutions.

**Loch Raven II**

**Healing the Legacy of Intersex / DSD Treatment**

Kimberly Zieselman, JD  
Ellen Feder, PhD

For decades, standard medical treatment of intersex children included early surgery to “normalize” atypical looking genitals. Often, the patient was not given complete information about the condition. It has not been common practice to follow patients with DSD into adulthood, but many doctors believe their own patients are doing well. However, many intersex adults have spoken out strongly to say they are unhappy about the care they received. Some medical providers, believing that they did the best they could to help their patients, have felt the criticism was unfair. Communication between the medical and patient community remains strained. This makes it harder for affected adults to heal emotionally and stands in the way of doctor’s efforts to improve care for today’s children with DSD. How can we know what is best for these special children without hearing from adults who have lived with an intersex condition? AIC’s Resolve project aims to open a line of communication between patients and doctors. The conversation begins with intersex adults, youth and parents of children with DSD writing letters to their doctors and hospitals. The goal is to let doctors know how patients and parents experienced treatment, to contribute to the healing process for patients, parents and doctors and to recognize the struggles medical providers face in the treatment process. When appropriate, the letters may also request an apology. In this workshop we will review the Resolve project and both its successes and challenges and discuss the framework of restorative justice and medical apology.

By the end of this session, participants will be able to:
- Describe the Resolve project.
- Discuss the restorative justice model as applied to medicine and intersex doctor-patient relationships.
- Analyze the possibilities of expanding this model to other areas of medicine.
Camden

The National CLAS Standards: A Tool to Advance Equity, Improve Quality and Help Eliminate Healthcare Disparities For All

Behavioral Health CE-Accredited, Beginner

Darci Graves, MA, MA, MPP

The National Standards for Culturally and Linguistically Appropriate Services in Health and healthcare (The National CLAS Standards) from the Office of Minority Health at the US Department of Health and Human Services establish an inclusive blueprint for the successful implementation of services that are respectful of and responsive to a diverse set of health beliefs and practices, including the LGBT community. Utilizing a broad and dynamic definition of culture, the National CLAS Standards combine the historic lens of race and ethnicity with cultural identities such as socioeconomic status, spirituality, disability status, sexual orientation and gender identity. The 15 Standards provide health professionals and organizations a means to identify barriers and facilitators to care and services in a systematic and inclusive manner – one which embraces the multiple and changing cultural identities of our patient populations.

Implementation of the National CLAS Standards throughout an organization, at every point of patient contact and by all members of the organization will help to advance health equity, improve quality and eliminate healthcare disparities. This workshop will offer participants an opportunity to learn about the National CLAS Standards, their implementation guide, A Blueprint for Advancing and Sustaining CLAS Policy and Practice (The Blueprint) and to discuss strategies for adoption and implementation with their colleagues.

By the end of this session, participants will be able to:
- Describe the National CLAS Standards.
- State the purpose of the National CLAS Standards.
- Discuss ways to adopt/implement the National CLAS Standards at their organization.

Severn II

Growing the GLMA Safe Provider List for Your State: Missouri Case Study

Jane McElroy, PhD
Jenna Jordan
Theresa Drallmeier

Consistent results from research illustrate unique challenges in accessing the healthcare system faced by sexual and gender minorities (SGM). Both actual and anticipated bad experiences are well documented in the literature. Until the normative behavior is for all health professionals to treat SGM individuals with respect and dignity, identifying safe healthcare professionals can be an effective work-around solution. The Out, Proud and Healthy project elected to grow the GLMA safe provider list (Provider Directory) for Missourians by involving the SGM community in the provider referral process. In the fall of 2012, five providers were listed on the Missouri GLMA Safe Provider List. Currently over 125 healthcare professionals are listed representing many parts of the state. This presentation will describe our strategies, share data on our successes and provide materials that proved effective. Further, issues about a centralized list will be discussed. Trusted friends or local resource centers often receive questions from SGM individuals about good doctors in the area. This translates into “who is a health professional that treats SGM individuals with dignity and respect in my area?” A centralized list, such as the GLMA Provider Directory, can make it easier to identify safe providers. Additionally, it makes this information accessible not only to individuals that are out and connected with their local SGM community, but to all who have internet access and would benefit from going to a safe healthcare professional.

By the end of this session, participants will be able to:
- Describe strategies for growing a safe health professional list.
- Compare advantages and disadvantages to using a centralized listing.
- Describe outstanding issues when using a centralized listing.
GLMA’s 32nd Annual Conference

Friday, September 12

Conference Schedule

Oral Research Session VII: Severn II & III
See Oral Research Descriptions for More Information

Moderator: Kat Carrick, MSW

Group Sex Encounters Associated with Depression, Drug Use and Inconsistent Condom Use in Men Who Have Sex With Men
Sabina Hirshfield, PhD

Anxiety Among LGBTQ Women: The Role of Bullying During Adolescence
Karen Roberts, PhD

The Influence of Acculturation on Substance Use Behaviors Among Latina Sexual Minority Women: The Mediating Role of Discrimination
Phoenix Matthews, PhD

Plenary V: Keynote Session
4:15pm – 5:30pm, Chesapeake Ballroom

LGBT Health Priorities at the US Department of Health and Human Services
Kathy Greenlee, Administrator of the Administration for Community Living and Assistant Secretary for Aging
Pam Hyde, SAMHSA Administrator
Jim Scanlon, MPP, Deputy Assistant Secretary for Planning and Evaluation
Jocelyn Samuels, Director of the Office for Civil Rights

Moderator: Matthew G Heinz, MD, Director, Provider Outreach, Office of the Secretary

Since the beginning of the Obama Administration, the US Department of Health and Human Services (HHS) has undertaken unprecedented and significant strides to address the health needs of LGBT Americans. During this plenary session, key HHS leadership will share both agency accomplishments and future initiatives aimed at improving the health and well-being of LGBT Americans. In addition to initiatives focused on substance abuse, mental health and aging, the panelists will provide updates from the Office of Civil Rights on the latest efforts to ameliorate discrimination in healthcare as well as discuss results from the National Health Information Survey (NHIS), which, for the first time in its history, included questions on sexual orientation.

By the end of this session, participants will be able to:
- List HHS accomplishments that are aimed at improving the health and well-being of LGBT Americans, including initiatives from SAMHSA and the Administration for Community Living.
- Describe strategies under development by the Office of Civil Rights to address discrimination in healthcare for LGBT people.
- Discuss results from the National Health Information Survey and how the data can be used to further LGBT health equality.

Lesbian Health Fund Reception & Fundraiser

Join us for a special evening dedicated to supporting lesbian health! The event will feature: Comedian Karen Williams, silent & live auctions, LHF-funded research posters, cash bar and complimentary hors d’oeuvres.

5:30pm – 7:30pm Harborview Ballroom

Special thanks to our reception sponsor: Cigna
Saturday, September 13

GLMA’s 32nd Annual Conference

Conference Schedule

Morning Run/Walk
6:30am, Lobby

Registration
7:30am – 3:00pm, Sassafras

Continental Breakfast
7:30am – 8:30am, Chesapeake Gallery

Student Mentorship Breakfast
7:30am – 8:30am, Potomac

Plenary VI
8:30am – 10:00am, Chesapeake Ballroom

Innovation & Collaboration on LGBT Inclusion in Health Professional School Curricula
Moderator: Marc Nivet, EdD

Increasingly, health profession schools are recognizing the importance of addressing LGBT health, but how do we ensure sustainable reform reaches the majority of health profession education programs—across disciplines and across the country? Organizations that represent higher education in the health professions are developing strategies to achieve this goal. This moderated, multi-disciplinary panel will address the state of LGBT health inclusion in the curriculum and LGBT student and staff climate issues in health professional schools from the association, big-picture perspective. Panelists will discuss steps they have taken to address curriculum and climate issues as well as barriers to this work.

By the end of this session, participants will be able to:
- Describe work being done to address curriculum reform by associations from across the health professions.
- Discuss ways interprofessionalism can help address barriers to implementing change aimed at improving the health and well-being of LGBT patients.
- Identify opportunities for students, faculty, staff and those outside health profession schools to support efforts to improve curriculum and climate changes.

Coffee Break, Harborview Ballroom & Poster Research Session III, Chesapeake Gallery
See Poster Descriptions for More Information
10:00am – 10:30am

Concurrent Workshop Sessions VIII
10:30am – 11:30am

Potomac
Assisted Reproduction Options for Gay, Lesbian and Transgender People
Samuel Pang, MD

Historically, lesbians who have not had children through prior heterosexual relationships have utilized donor sperm insemination to have children. Similarly, gay men who have not had children through prior heterosexual relationships may adopt children, or create co-parenting arrangements with a lesbian couple or single woman. With the availability of assisted reproductive technologies (ART), more gay and lesbian couples are utilizing ART to have children. Gay men may have genetic offspring by doing in vitro fertilization (IVF) with donor eggs and gestational surrogacy. While most lesbians continue to use alternative insemination with donor sperm to have children, some opt to do reciprocal IVF, where one partner provides the eggs which are inseminated with donor sperm and the resulting embryo is transferred into the uterus of the other partner who gestates the pregnancy. Reciprocal IVF allows both women in the relationship to be part of the process of having their child(ren) together. Prior to gender reassignment hormonal treatment and/or surgical procedures, transgender individuals who would like to have genetic offspring may bank their gametes (sperm or eggs) which could then be used in future to build their families with ART. Those who have initiated hormonal treatment would need to discontinue hormonal treatment in order to allow resumption of gametogenesis, after which their sperm or eggs may be used for procreation utilizing ART procedures. This presentation will review gamete cryopreservation, IVF and related ART procedures and describe how ART may be used very successfully to build families for gay, lesbian and transgender people.

By the end of this session, participants will be able to:
- Describe the process of IVF utilizing donor eggs & gestational surrogacy for gay male couples and reciprocal IVF for lesbian couples and the financial and legal implications of conceiving children through IVF utilizing donor eggs and gestational surrogacy for gay men and donor sperm and reciprocal IVF for lesbians.
- Discuss fertility preservation and family building options utilizing gamete cryopreservation, donor gametes, IVF and gestational surrogacy available to transgender individuals who would like to have genetic offspring.
Engage in an informed discussion with gay, lesbian and transgender patients who may have questions about family building using assisted reproductive technologies and/or third party reproductive options and refer them to appropriate GLBT-welcoming providers of assisted reproduction services for culturally sensitive care.

**Loch Raven I**

Health Provider and Health Organizational Response to LGBTQ Experiences of Violence

*Behavioral Health CE-Accredited, Intermediate*

James Heck, MS
Edward Strickler, MA, MPH
Maria Altonen, MA

Violence (sexual violence, partner violence, hate violence, often in combination) occurs in LGBTQ communities at a similar or higher rates than in heterosexual communities. All violence is difficult to assess with patients and other consumers of health services and assessment with LGBTQ individuals, families and communities has particular challenges. Appropriate assessment, referral and care of LGBTQ experiences of violence is critically important. Reviewing data from a nationally representative sample researchers advise that “Profound sexual orientation disparities exist in risk of PTSD and in violence exposure, beginning in childhood” are levels that describe "an urgent need for public health interventions aimed at preventing violence against individuals with minority sexual orientations and providing follow-up care to cope with the sequelae of violent victimization” (Roberts, AL, Austin, SB, Corliss, HL, Vandermorris, AK, & Koenen, KC, 2010). Other research findings describe an equal or greater urgent need for interventions to prevent and respond to violence with transgender communities. Presenters will provide overview from latest research regarding needs, issues and dynamics at stake, including (a) role of health organizations/clinic/providers to welcome diverse LGBTQ consumers, (b) evidence-based practices for prevention and intervention with LGBTQ experiences of violence and (c) the key role of screening/assessment for experiences of violence. Most time in the workshop will involve skills building through small group interviews with 'patients' using standardized scripts and both small group and large group discussions of issues raised. Intersectionality within LGBTQ communities experiencing violence and different provider approaches to screening/assessment will be included.

By the end of this session, participants will be able to:

- Discuss key data and best practice information regarding LGBTQ experiences of violence.
- Demonstrate key features of effective screening for LGBTQ experiences of violence.
- Describe a case study(ies) involving screening, response and referral of a LGBTQ consumer who has experienced violence.

**Loch Raven II**

The Mental Health Care of LGBT Inmates

Kevin Kapila, MD

The clinician working with incarcerated LGBT individuals brings unique challenges to be managed as part of comprehensive care. While anyone who is incarcerated experiences the loss of freedom and separation from loved ones, LGBT people who are incarcerated have the additional burden of being a minority that are at greater risk for discrimination, marginalization and physical and sexual abuse. This session will focus on identifying the challenges facing the LGBT inmate and provide some practical advise to clinicians working with LGBT inmates.

By the end of this session, participants will be able to:

- Identify the challenges in providing mental healthcare to LGBT inmates.
- Identify the unique challenges in providing culturally sensitive care to transgender inmate.
- Apply new skills to provide appropriate care to the LGBT inmate.

**Camden**

An Ecological Framework for Understanding Healthy Weight in Sexual Minority Women’s Communities

*Behavioral Health CE-Accredited, Intermediate*

Sarah Fogel, PhD, RN
Michele Eliason, PhD

Many studies find that sexual minority women (SMW) are heavier than heterosexual women, but few studies explore why this health disparity exists. This workshop presents a brief overview of the multitude of factors that might cause or contribute to larger size of SMW. Using an ecological framework infused with a minority stress model, upstream social determinants of health stemming from stigma and multiple minority identities as well as individual risk factors will be discussed. Specifically, stigma from being a woman,
large and identifying as a sexual minority will be layered with
gender expression, racial and ethnic influences, ageism,
community standards and current views of health and
fitness. We propose a lively discussion to explore the
intersections of oppressions as they apply in healthcare
settings; both in clinical areas and in healthcare professional
education. Putting the focus on systems and societal factors
may result in a decrease in individual-level victim blaming
and in interventions that do not address the root causes of
minority stress nor increased weight, but instead, may be
used to guide change in education, policy and political work.

By the end of this session, participants will be able to:
- Describe the advantages of using an ecological
  perspective in addressing weight and health with sexual
  minority women.
- Demonstrate how minority stress interacts with an
  ecological framework.
- Compare individual-level and societal-level contributions
to body size and satisfaction or dissatisfaction.

Severn I
Tips for Surviving Health Professional School: A Skill
Share for Queer, Trans* Students of Color and Allies
Training in Medicine
Nwadiogo Ejiogu, MA

One of the many ways queer and trans* people of color
(QTPOC) and allies love on our communities is by
becoming healers and healthcare providers. Often the hope
is to provide alternative healing spaces, within the medical
industrial complex, for our communities to engage in the process of
healing ourselves. Training in Western medicine, however,
takes a toll on us. This toll is due to the conservatism of
discipline and especially affects QTPOC’s who are also black,
indigenous, disabled, trans* and low-income. This interactive
workshop seeks to provide a space for QTPOC students and
allies in allopathic medicine to share survival skills, network
and build community. There is a burgeoning body of
research which speaks to the kinds of discrimination lesbian,
gay, bisexual and transgender (LGBT) health professional
students encounter throughout their training. Similarly, there
are a number of articles outlining the ways in which racism
complicates training in a medicine for students of color.
Unfortunately, the unique yet broad experiences of LGBT
students of color are often not included in either fields of
research. This marginalization makes it even more difficult
for queer and trans* students of color to make claims to
safer spaces within health professional training and makes a
workshop of this nature that much more significant. Building
a praxis of intersectionality in medicine allows not only for a
safer space for QTPOC students but could also facilitate the
creation of more spaces in medicine where we can be closer
to whole.

By the end of this session, participants will be able to:
- List general strategies for dealing with/addressing
  oppressive statements (ie, racist, transphobic, colonialist,
  homophobic, ableist, fatphobic, classist, sexist, etc.)
  made by colleagues, professors and patients.
- Identify supports and mentors within and outside of
  your institution.
- List tips for prioritizing self-care and avoiding burnout
  throughout their training in medicine.

Moderator: Edward J Callahan, PhD

Transgender Medicine: Replacing an Empty Mind with
an Open One
Vipul Shukla

LGBT Health: An Educational Session for Medical
Students Organized by Medical Students
Daniel Gutierrez

Predictors of Physician Assistants’ Knowledge of
Trends in Sexual and Gender Minority Healthcare
Amanda Reamy, PA

Potomac
Ass Class: Anal Health 101
Jeffrey Huyett, MSN

Discussion of anal health for the queer patient in primary
care can be laden with value and squeamishness. Most
nursing and medical providers learn only very basic anal
exam skills, predominantly the digital rectal exam (DRE),
to assess the prostate, but not the anal canal or tissue. Many
primary care providers do not feel equipped to exam, screen
for and treat common anal problems. Some internists and
HIV specialists become focused on virologic and laboratory
management and skim over genital, pelvic and anal exam skills. This often means queer patients are referred out merely to have their genitals and anus examined. This method of care for sexual health reinforces being "other" and marginalizes queer patients even further. Even in our LGBTQ health centers of excellence, developed because of sexual marginalization, not all providers are adept in anal health skills. Few standards of care have been developed. Few queer-identified anal specialists and surgeons exist. This session will review anal anatomy, typical exam findings, screening for common anal problems and conditions as well as routine anal tests for STI and dysplasia. Common treatment methods for hemorrhoids, fistulae, fissures, STI and dysplasia will be reviewed. This session will make room to revisit last’s years’ class and build on attendees’ experiences with interactive consult and learning. Word usage, history-taking and use of humor will be featured. Last year this session was the last of the conference and was standing room only!

By the end of this session, participants will be able to:
- Articulate the normal anal exam and how to assess.
- List common anal problems for LGBTQ patients and how to address them.
- List common methods to screen for STI and dysplasia and articulate how frequently to apply them.

**Loch Raven I**

**Transgender Healthcare: From Nursing and Medical Education to Practice**

Nathan Levitt, RN, MA, BSN

Transgender people face many barriers within healthcare. The lack of informed care, sensitive language, research and education prevents access to competent care. This workshop will explore ways to improve transgender health education in schools with curriculum ideas and case studies, with a particular focus on undergraduate and graduate nursing programs but applicable to all healthcare education. We will also discuss ways to integrate transgender informed healthcare in hospitals, health centers and social service organizations. Participants will learn how to incorporate this knowledge into medical and nursing practice, administration and social services to improve transgender healthcare and reduce barriers to care. This workshop will address transgender health education and training in order to enhance sensitivity and understanding throughout all aspects of healthcare.

By the end of this session, participants will be able to:
- Incorporate concrete tools into your school, organization, health center, hospital, etc. to improve transgender healthcare.
- Provide necessary transgender education and training in order to enhance sensitivity and understanding throughout all aspects of healthcare.
- Reduce barriers to care and improve screening, routine care and transgender-specific care.

**Camden**

**Integrating and Applying Competency-Based Medical Education in Advancing LGBT Health Equality**

Kristen Eckstrand, PhD
Andrew Hollenbach, PhD
Brian Hurley, MD, MBA
Scott Leibowitz, MD
Jennifer Potter, MD
Alison Alpert, MFA, MD

LGBT people seeking and receiving healthcare face various challenges, beginning with identifying a provider knowledgeable about LGBT health. The historic lack of LGBT-specific curricula at all phases of medical education contributes to this challenge. The educational gaps in undergraduate and graduate medical training programs’ paucity of LGBT health leaves many healthcare providers without a foundation in providing care for LGBT patients. To address this need, the Association of American Medical Colleges (AAMC) established a Lesbian Gay Bisexual Transgender and Difference in Sexual Development-Affected (LGBT & DSD) Patient Advisory Committee in 2012. Over the past two years, this committee articulated LGBT & DSD patient care competencies and objectives for medical education curricula and developed an anthology of effective practices, policies and guidelines that can be utilized across the nation’s medical schools. This session will be delivered by members of the AAMC LGBT & DSD-Affected Patient Advisory Committee and is intended to (1) introduce and review the LGBT and DSD-affected patient care competencies and their role in medical education and (2) foster a facilitated discussion of the best practices for implementing these competencies within medical curricula. Medical education does not exist within a vacuum and is dependent on institutional climate so the role of institutional climate and strategic methods for climate improvement and assessment will be reviewed.
By the end of this session, participants will be able to:

- Articulate the purpose and breadth of the competencies developed by the LGBT & DSD-Affected Patient Care Advisory Committee.
- Identify opportunities and challenges for integrating and assessing LGBT & DSD-affected patient care competencies into medical curricula and assessing their effect on education.
- Organize a strategy that capitalizes upon opportunities to enhance the learning climate within academic medical centers.

**Severn I**

**LGBT Health Information Technology 101: A Patient's Perspective**

Allyson Robinson  
James Turner, JD  
Imani Woody, PhD  
Christopher Wood

Health information technology is rapidly and radically transforming healthcare delivery in America. From mobile apps to tablets, iPhone EKG applications to high definition videoconferencing, doctors and patients can connect, coordinate and monitor care like never before. While a boon for all Americans, these transformations in healthcare delivery offer potential significant benefits for LGBTQ communities enabling LGBTQ individuals to receive quality mental, behavioral and physical care by culturally competent practitioners regardless of location. The removal of physical and geographic barriers because of provides parity of access to mental and health services for LGBTQ communities throughout the United States.

By the end of this session, participants will be able to:

- Articulate current health IT policy change opportunities state and federal policymakers need to make.
- Speak about unique challenges facing LGBT patients and monitoring their own care.
- Offer solutions for addressing privacy concerns of data management for LGBT patients.

---

**Severn II & III**

**Disclosure: Walking HIV Positive Clients Through the Minefield of Sharing Who They Are**

*Behavioral Health CE-Accredited, Intermediate*

John Sovec, MA, LMFT

Every day, in an almost endless variety of circumstances, people living with HIV make decisions about when, where, why, how and to whom they are going to disclose their HIV status. While there are undoubtedly benefits to both individual and public health from safe, voluntary disclosure there are also still a significant number of potential negative ramifications that can result from disclosure. As front line resources, HIV/AIDS service organizations explore these questions on a daily basis both internally and with the populations they serve. This workshop will identify and explore the various issues that arise in the context of disclosure, answer questions regarding the obligations and options that HIV/AIDS service agencies and clinicians have with respect to disclosure, allow participants to share their own disclosure experiences and provide guidance as to the appropriate circumstances in which to disclose and possible approaches to employ when disclosing.

By the end of this session, participants will be able to:

- Identify the multiple contexts and circumstances in which the disclosure decision unfolds and the varying considerations that arise in each of these contexts.
- Recognize the benefits of disclosure, both on an individual and public health level.
- Articulate appropriate personalized strategies for safe, voluntary disclosure amongst their clients.

---

**GLMA Membership Luncheon**

12:45pm – 2:15pm, Chesapeake Ballroom

*For GLMA Members and registered guests of GLMA Members only.*

GLMA members and registered guests of GLMA members are cordially invited to join the GLMA Board of Directors and Staff for a luncheon celebrating GLMA’s achievements over the past year. Our work is made possible by your membership contributions. The luncheon is our opportunity to thank you and share how your support has made a difference! Please join us!

*Non-Members: Lunch On Your Own*
Potomac
Culturally Competent Transgender History Taking
Chelsea Fullerton
Richard Greene, MD

The skill of taking medical, social and sexual histories is one that takes time to develop; for transgender patients, it becomes especially critical that providers are aware, intentional and empathetic when having these discussions. However, in order to provide this intentional care, knowledge of transgender identities and experiences is a necessary foundation. Because transgender-specific care is rarely discussed in training programs for healthcare professionals, this knowledge is often absent, leading to the hurtful and even harmful treatment by providers reported by many transgender people. History taking is a crucial time to build patient-provider rapport and trust; thus, both healthcare providers and trainees alike can benefit from additional skill building in the area of culturally competent transgender history taking. In this session, we will provide a brief, foundational overview of transgender identities and experiences. Using a case study of the development of an Objective Structured Clinical Exam (OSCE) for medical students with a transgender standardized patient, we will review steps for writing transgender patient scenarios and discuss best practices for serving transgender patients and for transgender history taking. Workshop participants will also have an opportunity to draft their own transgender history taking case for implementation at their own institutions.

By the end of this session, participants will be able to:
- Define the term transgender and the need for more tools when it comes to transgender history taking in their home institution.
- Describe best practices for transgender history taking.
- List the step-by-step process for designing and implementing a transgender history-taking OSCE and write a draft of a transgender OSCE case.

Loch Raven I
Dirty Talk: The Need for Sex Positive Messaging and Cross-Institutional Collaboration to Engage Urban MSM and Transwomen in HIV Testing & Care
Kate Bishop, MSSA
Danielle German, PhD, MPH
Jamal Hailey, MA
Jennifer Han
Orrin D Ware, MPH
Whitney Burton, MPH, MSW, CPH

Despite their history of competition, in 2012, Project Re___, a unique collaboration between Johns Hopkins School of Public Health and University of Maryland School of Medicine was established to target MSM and transwomen of color for HIV testing and linkage of care in Baltimore City. The project developed a strategic plan with novel intervention strategies such as couples-based and mobile testing. It utilizes sex positive approaches that regard sexuality as healthy through comprehensive discussion that affirms all consensual sexual activity. This session will introduce sex positive philosophies, tie this approach to harm reduction interventions, and give participants a toolbox of techniques to incorporate these philosophies in HIV/STI screening and educational/outreach interventions. We will show how to build and maintain effective partnerships across competitive institutions to increase access to culturally sensitive HIV testing and linkage to care services. We will review collaborative successes and challenges throughout the project’s implementation.

By the end of this session, participants will be able to:
- Identify programmatic considerations and methods to improve cross-institutional collaborations.
- Describe how sex positive principles complement a harm reduction perspective to increase efficacy of HIV/STI prevention messages, outreach efforts and interventions.
- Demonstrate how sex positive messages and culturally appropriate HIV testing outreach techniques can be coupled with linkage to care services to support patient behavioral change goals.
Loch Raven II
Integration of Behavioral Health In Primary Care: Collaborating To Promote Health
Adarsh Krishen, MD
Jon Thomas, PhD
Amber Dowdy, MSW

Integrated models of care are touted for improvement of office efficiency, patient and physician satisfaction, as well as improved health outcomes at decreased cost. This session will outline the rationale for integrating behavioral health into primary care through a team approach that can improve patient safety. Five models for clinical implementation will be presented along with financial strategies for funding integrated care as part of a patient-centered medical home.

By the end of this session, participants will be able to:
- Describe integrated models of care for clinical implementation.
- Describe financial strategies for funding integrated care.
- Participants will be able to explain the rationale for considering an integrated model of care.

Camden
Advocating for LGBTIQ Health from Brunch to Legislative Briefings
Kristen Frame

According to the Network for Health Equity, an estimated $7.9 million goes from the pockets of the LGBT community to the coffers of tobacco companies. The report revealed that LGBT people spend 65 times more money on cigarettes, than all US foundations spend on LGBT funding. "It's a brutal truth," says the Network's Director Dr. Scout, "We're spending more on something that kills us than everyone else is spending to help us." Although, Healthy People 2020 identified the LGBTIQ community at a healthy disparity population, the National Institute of Health has not yet recognized it as such. This recognition would open funding opportunities and allow for greater research into the causes specific to LGBTIQ needs. How is it then that we as a community can create an urgency for LGBTIQ health advocacy? This workshop will consider opportunities for impacting LGBTIQ health disparities at both the organizational and individual level. We will entertain ways to engage in advocacy at every level. From small steps in conversations with friends to Washington visits with your Congressional rep, we'll discuss ways to expand your repertoire. While LGBTIQ families live in 93% of all US counties, LGBTIQ providers are concentrators in far fewer numbers. Like most vulnerable populations, there is a shortage culturally affirming LGBTIQ providers outside the major metropolitan areas. We’ll examine ways in which those in non-affirming communities can network with LGBTIQ peers and best serve clients in communities whose isolation contribute to their disparities.

By the end of this session, participants will be able to:
- Identify key issues in LGBTIQ health disparities.
- Craft a sixty-second elevator speech for LGBTIQ health advocacy.
- Connect with peers passionate about LGBTIQ health advocacy.

You’re invited to…
GLMA Achievement Awards Gala
7:00pm – 10:30pm
National Aquarium*
501 E Pratt Street
Baltimore, MD 21202

*Free admission for Gala ticket holders from 6:00pm – 7:00pm

**See page 15 for more details. **
Cancer Diagnosis and Cancer Risk Factors Among Australian Women of Diverse Sexuality
Rhonda Brown, PhD

Background: Cancer is a leading cause of illness in Australia with around 50,000 new cases of cancer diagnosed in women each year, with 25% of these breast cancer (Australian Institute of Health and Welfare & Australasian Association of Cancer Registries, 2012). Despite state and national surveillance on cancer prevalence no such data is collected about sexual minority women (SMW). To date there has been limited Australian research of cancer and related risk factors among (SMW). This paper reports results from a population based study that examined the potential relationship between sexual identity, cancer and cancer risk factors among Australian women. This research was funded in part by the Lesbian Health Fund. Methods: We conducted secondary data analysis on data from the Australian Longitudinal Study of Women’s Health (ALSWH). Participants in the study were born 1946-1951 (n=10,451) and were aged 64-69 years when last surveyed. Of the sample 10,200 identified as exclusively heterosexual and 251 as mostly heterosexual, bisexual, mostly lesbian or lesbian (SMW). Results: We found cancer rates increased as women aged but no differences between exclusively heterosexual and SMW. SMW did have several higher risk factors including: more likely to have never had a mammogram or pap smear, more hazardous alcohol intake, be current smokers and report higher rates of depression and physical abuse. Conclusion: Higher rates of known cancer related risk factors may not only place SMW at higher risk of cancer as they age but also other chronic health conditions.

Sexual and Reproductive Health Among Sexual Minority Female Youth in the United States
Samantha Tornello, PhD

Background: Sexual minority youth are at higher risk than their heterosexual peers for many negative health outcomes, including sexual and reproductive health issues. However, far more is known about sexual and reproductive health among male than among female sexual minority youth. Moreover, research has generally failed to differentiate between lesbian and bisexual girls. Methods: Data for this study were drawn from the 2006-2010 National Survey of Family Growth (NSFG), a nationally representative sample of female youth in the United States. We studied female participants aged 15-20 years who identified as heterosexual, homosexual, gay, lesbian, or bisexual (n = 2,664). Results: Sexual minority youth reported earlier ages at heterosexual sexual debut, more male and female partners and more experiences of being forced to have sex than their heterosexual peers. Bisexual participants reported higher rates of many negative sexual and reproductive health outcomes such as younger heterosexual debut, greater use of emergency contraception and more pregnancy terminations than did other participants, even after controlling for demographic group differences. Discussion/Conclusion: This study was the first to examine sexual and reproductive health behaviors among a nationally representative US sample of female, heterosexually active youth that afforded comparisons among heterosexual, lesbian and bisexual participants. It is clear that heterosexually active, female, sexual minority youth are at higher risk for many negative sexual and reproductive health outcomes. These findings suggest that sexual minority young women might benefit from educational opportunities and discussions tailored to their particular needs.

The Other Mother: A Narrative Analysis of the Postpartum Experiences of Nonbirth Lesbian Mothers
Michele McKelvey, PhD, MSN

Introduction: Although the incidence of lesbian motherhood has increased, the partners of biological lesbian mothers have meager legal rights. Background: As homosexuality has become more socially acceptable, many gay and lesbian couples are choosing to create families. The 2010 United States (US) census reported that one fourth of gay couples in America are raising children. Method: Riessman’s (1993; 2008) approach to thematic analysis was used to understand the postpartum experiences of nonbirth lesbian mothers. Ten nonbirth lesbian mothers were interviewed. Findings: Each mother shared a unique story of her first year of motherhood. Themes were individually analyzed within each story. The meta-story of the postpartum experiences of non-birth lesbian mothers revealed six overarching themes including: at the mercy of healthcare providers, nursing is the major difference between us, defined by who I am not, fighting for every piece of motherhood: The world can take them away, What’s in a name? and Epilogue: The new normal. Conclusions: The perspective of the nonbirth lesbian mother is virtually absent in the literature. These mothers have significant health disparities. This research is timely and aligns with the recommendations of The Joint Commission and the Institute of Medicine. It begins to address the deficit in the literature regarding the health of nonbirth lesbian mothers. This study compels healthcare providers to take a stand on lesbian health issues.
Oral Research Descriptions

Session II

M.O.V.E. (Making Our Vitality Evident!): Achieving Healthy Weight Among Lesbian and Bisexual Women in Washington, DC
Susan Wood, PhD

Background: Adult sexual minority women (SMW) are more likely to be overweight or obese compared to heterosexual women and at increased risk for chronic conditions. Achieving healthy weight mediated through diet and physical activity is recommended. Methods: Thirty-two lesbian and bisexual women aged 40+ with BMI 27+ completed a unique 12-week SMW-tailored intervention, incorporating SMW health risks and standards of beauty. They participated in two locations, having different racial composition (White/African American). Included were weekly support group sessions incorporating mindfulness, relaxation, meditation techniques, individual/group counseling with a registered dietician and gym membership. Data collected included weight, waist circumference, number of sessions and gym attendance. Results: Compared to less active (LA) women (n=20), highly active (HA) women (n=12) attended 8 group sessions and 11 gym visits. Average initial weight was 214.3 lbs. Average weight loss was 3.84 lbs. Average HA group loss was 7.82 pounds. Average LA group loss was 1.45 pounds. Average decrease in waist/height ratio for all women was -0.06. The HA decrease in waist/height ratio was -0.034 and was -0.004 for the LA group. Conclusion: Greater participation intensity in a program designed for sexual minority women resulted in greater weight loss.

Meta-Synthesis to Develop Culturally Appropriate Healthy Weight Initiatives for Sexual Minority Women
Samantha Garbers, PhD

Background: Adult sexual minority women (SMW) may face challenges in improving their health. As SMW are more likely to be overweight or obese compared to heterosexual women and therefore are at increased risk for numerous chronic diseases, weight loss mediated through changes in diet and physical activity is often recommended. Methods: A meta-synthesis of findings from qualitative studies gathering community input to develop healthy weight interventions for adult SMW was conducted to identify themes. De-identified verbatim transcripts from 11 focus groups with 56 lesbian and bisexual women age 40-80 were re-reviewed to classify intersections among themes in published literature and existing focus group reports and to identify new themes. Findings were mapped conceptually and recommendations for informing interventions specific to older SMW were extracted from the data. Results: Sexual minority women face barriers to physical activity and healthy eating at multiple levels. Aging and psychological and physical health were central inter-related factors. Subgroup differences within lesbian and bisexual communities were also cited. Participants noted a need for balance in navigating community norms about body size and prioritizing one’s health. A need for patient-centered care was a key theme. Conclusions: Provider recommendations to lose weight as a way to alleviate health conditions are frequently perceived as shaming and not constructive. Providers should offer guidance tailored to an individual’s ability, health conditions and functional status. Interventions incorporating awareness (sometimes termed mindfulness) were suggested as effective ways to help women set and achieve small goals to improve their health.

Additional Authors: Cheryl McDonnell, PhD; Anita Radix, MD, MPH; Sarah C. Fogel, PhD; Michele J. Eliason, PhD; Natalie Ingraham, MPH; Jane A. McElroy, PhD

LGBT Hate Crimes in South Carolina
Laura Hein, PhD, RN, NP

Background: In 2013, a multi-disciplinary team from the Harriet Hancock LGBT Center conducted a survey of self-identified LGBT people in South Carolina. Methods: Recruitment occurred online, at pride festivals, LGBT events, at bars and through hook-up apps such as Grindr. Surveys were completed online or paper-pencil. Results: Complete surveys were obtained from 963 participants. Racial composition was 87% White; 8% Black and 8% other races. Sexual orientation: 45% identified as gay, 27% lesbian; 12% bisexual; 4% queer; 6% straight; 1% questioning; 3% same-gender loving/ two spirit. Each county in SC was represented. Hate crimes are a problem in SC, 18% reported experiencing a hate crime due to their sexual orientation and/or gender identity. Only 4% reported the crime to the police. 23% of the sample report distrust of the police, 11% don't feel safe in their neighborhood. Conclusions: South Carolina does not have a state hate crime law. The Federal hate crime law only applies when the crime was violent, a felony, the perpetrator was motivated by bias and the local prosecutor involves the US Attorney’s office. Despite federal law, hate crimes continue. Police liaisons to the LGBT community can be helpful, but do not exist in all counties in SC. The LGBT community in SC is large and the needs are many. Collaborations across LGBT organizations to address issues that face the community are relatively new, but growing. Hate victimization is an area we, as a community, need to address.

Additional Authors: Cheryl McDonnell, PhD; Anita Radix, MD, MPH; Sarah C. Fogel, PhD; Michele J. Eliason, PhD; Natalie Ingraham, MPH; Jane A. McElroy, PhD
A National Survey of Faculty Knowledge, Experience and Readiness for Teaching LGBT Health in Baccalaureate Nursing Programs
Fidelindo Lim, DNP, RN

Purpose: To appraise LGBT health knowledge, experience and readiness teaching LGBT health among faculty in baccalaureate nursing programs. Background: The health disparities affecting the LGBT population are increasingly acknowledged in the medical and social literature, but currently there is a dearth of information on the state of integration of LGBT health in nursing programs. Methods: A Likert-type survey questionnaire was sent to a non-probability sample of chief administrative leaders of nursing schools listed on the public websites of the American Association of Colleges of Nursing (N=739), who were asked to share the link with their faculty. Results: Of 1,117 respondents, 43% reported knowledge limitation of LGBT health. Up to 63% indicated either never or seldom having taught LGBT health. Up to 63% indicated either never or seldom having taught LGBT health and 52% reported being fully or adequately ready to integrate LGBT health in their teaching. LGBT faculty reported greater awareness of LGBT health issues (chi square = 324, p<.000). LGBT faculty rated their professional knowledge of LGBT health issues higher than heterosexual nurses (chi square = 106.4, p<.000). LGBT faculty reported greater readiness to teach LGBT health issues (t=22.1, p<.000). The median estimated time devoted to teaching LGBT health was 2.12 hours. Conclusions: LGBT health knowledge, experience and readiness to teach LGBT health among baccalaureate nursing faculty are limited compared with their heterosexual counterparts. Findings will help inform the design of faculty development programs and guide in aligning the curricula with current LGBT health priorities.

Case-Control Study of Health Disparities in 5,135 Transgender Veterans Receiving Care in the Veterans Health Administration
George Brown, MD, DFAPA

The Veterans Health Administration (VHA) is the largest integrated healthcare system in the US. By using 4 ICD-9-CM diagnoses, we identified 5135 transgender (TG) patients who presented for VHA care (1996-2013). A 1:3 matched case-control design was used to determine if medical and/or mental health disparities exist in the TG patient population. Controls (n=15,405) were patients who did not meet the TG case definition. In FY13, the prevalence of TG patients with a clinical diagnosis was 58/100,000. This underrepresents TG-identified patients, as gender identity data are not collected for enrollees. When compared to the controls, there were significant (p<0.05) disparities in the prevalence of 17/18 medical diagnoses for TG patients. Examples included COPD (OR=1.88), diabetes (OR=1.45) and HIV disease (OR=5.96). Disparities were likewise present in the TG cohort for all 10 mental health conditions examined, including suicidality (OR=5.22), posttraumatic stress disorder (OR=3.05), alcohol abuse (OR=2.24) and major depression (OR=4.69). TG patients were more likely to have been homeless (OR=4.34), reported sexual trauma while on active duty (OR=3.17) and to have been incarcerated (OR=3.31). This is the first study of a large cohort of TG patients for mental and medical health outcome disparities using longitudinal, retrospective medical chart data. TG patients have global disparities in psychiatric and medical diagnoses when compared to matched non-TG patients. These findings emphasize the importance of obtaining sexual/gender histories and paying special attention to risk factors/behaviors for LGBT patients. Additionally, these findings may have implications for policy and healthcare delivery for sexual/gender minorities in VA.

Transgender Health Needs Assessment in Lesotho
Tonia Poteat, PA, PhD

Introduction: Recent mixed methods studies have examined the health and human rights of lesbian, gay and bisexual people in Lesotho. However, the needs of the transgender community in Lesotho had not been studied. The purpose of this study was to identify the health needs and challenges of transgender people in Lesotho. Methods: The study used a mixed method design. 50 transgender people were accrued via network-referral and administered a structured quantitative instrument. 14 health service providers (HSPs) from 3 regions in Lesotho participated in qualitative semi-structured interviews. Results: Quantitative: 52% of the participants felt uncomfortable discussing their gender identity or transgender related needs with HSPs they did not know. Of these, 40.6% were afraid of being denied treatment, 37.5% feared an insensitive reaction, 12.5% feared a hostile reaction and 6.2% and 3.1% feared ridicule and discrimination respectively. 28% had not accessed health services in 12 months. Reasons included: 31% did not know how to identify themselves, 16% did not trust HSPs, 8% were afraid of being reported to the authorities. Qualitative: HSPs acknowledged lack of information as a major challenge to providing care for transgender clients. They also noted that lack of access to trans-friendly and knowledgeable
providers prevented some transgender people from accessing health services. Conclusions: Stigma, discrimination and few trans-competent HSPs are barriers to healthcare access for transgender people in Lesotho. Stigma reduction activities, improved clinic policies, as well as clinical training are needed in order to improve access for this stigmatized and vulnerable population.

Session IV

Mental Health and Wellbeing of Sexual Minority Medical Students: A Medical Student CHANGES Report

Julia Przedworski

Behavioral Health CE-Accredited, Beginner

Purpose: Little is known about the mental health and wellness of sexual minority students – those who identify as non-heterosexual (eg, lesbian, gay, bisexual) – attending US medical schools. Unaddressed higher mental health burden among sexual minority students may result in academic and professional difficulties, potentially undermining medical school and physician workforce diversity goals. The authors examined depression, anxiety and self-rated health among sexual minority students compared to heterosexual students entering US medical schools. Method: The study used cross-sectional baseline data of Medical Student CHANGES, a large national longitudinal study of a cohort of medical students surveyed in the fall of 2010. Authors ascertained respondents via the American Association of Medical Colleges questionnaire, a third-party vendor-compiled list and referral sampling. Results: 4,732 first year medical students completed the baseline survey; of these, 232 students identified as a sexual minority. Compared to heterosexual students and after adjusting for relevant covariates, sexual minority students had a greater risk of being classified as having depressive symptoms (relative risk (RR)=1.59 [95% Confidence Interval 1.24-2.04]) and anxiety symptoms (RR=1.64 [1.08-2.49]); and were more likely to report fair or poor health (RR=1.77 [1.15-2.60]). The authors also found increased exposure to social stressors, such as harassment and isolation, among sexual minority students. Exposure to social stressors accounted for a portion of the association between minority sexual identity and poor health. Conclusions: Sexual minority students entering medical schools were found to experience a significantly greater risk of depression, anxiety and worse self-rated health compared to their heterosexual peers.

Knowledge and Awareness of Congregate Care Staff Working with LGBT Youth

Hilary Haseley, MSW

Behavioral Health CE-Accredited, Intermediate

Lesbian, Gay, Bisexual, and/or Transgender (LGBT) youths involved with the child welfare system are a highly vulnerable population. Historically, there has reluctance from the child welfare system to openly address the needs of LGBT youth (Mallon, 1997). For youths involved in foster care systems and living in congregate care settings (i.e., group homes for youth in state’s custody), vulnerability is compounded. Education and training of congregate care staff is critical. However, empirically-based mechanisms for staff training are virtually non-existent. The current descriptive pilot study examined the knowledge and awareness of congregate care staff related to LGBT youth. Research questions were, does having knowledge about the LGBTQ community increase staff awareness in working with LGBTQ youth, and does level of education, age, and sexual orientation have an impact on knowledge regarding LGBTQ youth? A survey was disseminated to group home staff within the southwest region (n=27). Measures included the Gay Affirmative Practice instrument along with the LGBTQ Knowledge Assessment tool (Child Welfare League of America, 2013) to assess knowledge and awareness of LGBT youth. Nonparametric findings indicated that staff who have more experience interacting with the LGBTQ community were better able to identify LGBT youth within group homes. Though limited in sample size, this pilot study is a first step in establishing a baseline of staff knowledge. Congregate care administrators must consider the impact of training for staff and include educational mechanisms to increase cultural competency of their agencies.

Exploring LGBTTTQI Home Care Access in Ontario: Service Users Share Their Experiences

Judith MacDonnell, PhD, MEd, MScN

Behavioral Health CE-Accredited, Intermediate

Background: Institutionalized heterosexism, biphobia and transphobia and lack of provider knowledge contribute to diverse LGBT people’s invisibility in care and well-documented health inequities that they encounter. However, very limited research has addressed home care. Methods: This research explored in-home care for diverse lesbian, gay, bisexual, Two Spirit, queer and intersex (LGBTTTQI) service users in Ontario, Canada. A community-based sample of 115 LGBTTTQI people
completed an anonymous web-based survey that explored access to and experiences of, home care. Respondents self identified as White (75%), 15% of the sample was Aboriginal/racialized, 45% of respondents had incomes of $20,000 or less and 10% reported no permanent housing. Descriptive statistics and bivariate analysis were completed on survey data. Results: Social dynamics (e.g., socioeconomic status, racialization and gender) influenced home care experiences and access. In contrast to most other LGBT health research, 45% of these service users reported low income; factors such as precarious housing exacerbated their vulnerability. In terms of reported signs of inclusivity, client-provider interactions, for instance, respondents not identified as female (79%) more than those identified as female (62%), reported providers knew about their sexual orientation. At least 10% of worried about 16 care concerns related to sexual orientation/gender identity (e.g., not being respected); a similar percentage reported that these concerns materialized. Trans people encountered particular challenges in home care. Conclusions: There are implications for home care providers to understand the diverse LGBTTQI people who use home care services and strategies to enhance access to responsive and relevant care.

HIV Testing Behavior Among MSM Who Use Smartphone Apps to Meet Sexual Partners
Eric Schrimshaw, PhD

Background: Research with men who have sex with men (MSM) who use smartphone applications (apps) to locate sexual partners suggested that a substantial minority (10%) had never been tested for HIV and even more (29%) had not been tested in the past year (Rendina et al., 2013). However, this research lacked a comparison group of MSM who did not use smartphone apps to locate partners. Method: Street-intercept surveys were conducted with 514 HIV-negative MSM in NYC about their smartphone use, sexual risk and HIV testing. Results: Only 0.2% of MSM had never been tested for HIV; 18% had not been tested for HIV in the past year. After controlling for age, race/ethnicity, relationship status, bisexuality and recent condomless anal sex, MSM who owned a smartphone (84% v. 64%; AOR = 2.20), who had met partners using a smartphone (92% v. 79%; AOR = 1.61), or who had anal sex with a partner met through a smartphone (95% v. 79%; AOR = 2.62) were all more likely to have been tested for HIV in the past year than men who did not own a smartphone or use them in these ways. Discussion: These findings identified a higher prevalence of lifetime and past year HIV testing than past research with smartphone-using MSM. Furthermore, they were more likely to be tested within the past year than MSM who did not use smartphones apps. More work is needed to understand why smartphone users may be more likely to obtain HIV testing.

Smartphone Apps, Websites and Other Sexual Venues: Association with Number of Partners, Condom Use and STI Diagnosis
Eric Schrimshaw, PhD

Background: Men who have sex with men (MSM) use a variety of online, offline and app-based venues for meeting sexual partners. However, little research has addressed whether meeting partners via apps is associated with sexual risk. Method: A US sample of MSM recruited from Facebook completed an anonymous online survey (N=563). Analyses examined the association of different venues with three outcomes: number of anal sex partners, consistent condom use and STI diagnosis in the past year, while controlling for HIV status and drug use before sex. Results: Men reported meeting partners in multiple venues (hook-up websites 40%; friends 31%; apps 23%; dating websites 18%; bars/clubs 17%). In model 1, MSM who met partners through hook-up sites (AOR=1.7), apps (AOR=1.5), friends (AOR=1.2) and bars/clubs (AOR=1.3) reported significantly greater number of anal sex partners than those who had not met men through these venues. In model 2, MSM who met partners through hook-up websites (AOR=1.7), apps (AOR=2.6), or friends (AOR=2.4) were significantly more likely to report “Always” using condoms as compared to “Never.” In model 3, MSM who met partners through apps were at increased odds (AOR=5.7) of self-reporting an STI diagnosis compared to men not using apps. Discussion: Although some sexual partnering technologies (e.g., hook-up websites, apps) were associated with more consistent condom use, the finding that apps were associated with significantly more anal sex partners and a greater risk for STI diagnosis suggests the need to target men using these technologies for risk reduction interventions.

Additional Authors: Sabina Hirshfield, PhD; Mary Ann Chiasson, DrPH; Walter O. Bockting, PhD; Rebecca Schnall, RN, PhD; Emma R. Goldensohn, BA; Frank D. Lowy, MD; Rachel J. Gordon, MD, MPH
Oral Research Descriptions

Social Media Use and HIV Transmission Risk Behavior Among Ethnically Diverse HIV – Positive Men Who Have Sex With Men: Results of an Online Study in Three US States
Sabina Hirshfield, PhD

Background: Despite similar rates of social media usage across racial/ethnic groups, online HIV prevention engagement of minority men who have sex with men (MSM) is low. We assessed social media/smartphone application use and past 3-month sexual risk among an online sample of HIV-positive MSM. Methods: In 2011, a US HIV-positive dating website emailed all male members in New York, California, and Georgia self-identifying as gay and age 18+ (n=5,260); 28% clicked and consented, and 463 completed the survey. Median age was 46; 54% were college-educated; 57% were White, 20% Black, 18% Hispanic, and 5% other/mixed race. In the past 3 months, 60% reported condomless anal sex (CAS) and 39% reported serodiscordant CAS (SDCAS) with HIV-negative/unknown status partners. Results: In bivariate analysis, significant (*=p<.05, etc.) CAS predictors included age (18-29 OR 2.59**, 30-39 OR 1.69** [age 50+ ref]), meeting sex partners on 3+ websites/apps (OR 3.54***), owning various devices (laptop OR 2.05**, tablet OR 2.02**, smartphone OR 1.86**), using Facebook/Twitter (OR 1.87*) and interactive features like gaming (OR 1.69***). Multivariate predictors of CAS included age (30-39 AOR 1.89*) and meeting partners on 3+ websites/apps (AOR 2.79**). The only significant multivariate predictor of SDCAS was age (AOR 18-29 3.28**). Race/ethnicity and education were not associated with CAS or SDCAS. Discussion: In this diverse online HIV+ sample, social media use was associated with recent sexual activity, and younger age was associated with SDCAS. This study demonstrated our ability to engage high-risk HIV-positive men and has implications for deploying HIV prevention via websites/applications.

Additional Authors: Christian Grov, PhD, MPH; Jeffrey T. Parsons, PhD; Ian Anderson, BA; Mary Ann Chiasson, DrPH

HPV Vaccination Uptake in Women Who Have Sex With Women
Nicole Makris, RN, BSN

Background: When compared to heterosexual women, women who have sex with women (WSW) have comparable to higher rates of HPV infection but are less likely to seek HPV screening than their heterosexual counterparts. The Centers for Disease Control recommends a three-dose vaccination for girls beginning at age 11 and for previously unvaccinated women aged 13-26 to prevent HPV infection and subsequent adverse outcomes. This study examined the rate of HPV vaccine uptake and associated correlates in WSW and heterosexual women. Methods: Data from two consecutive National Health and Nutrition Examination Survey (NHANES) databases (2009-2012) were used to examine vaccination uptake rates and sociodemographic correlates. Statistical approaches included descriptive statistics, Spearman correlations, and Chi square analysis. Findings: The sample included 1317 women ages 18-32; mean age 24.45±4.43. In the sample, 12.5% were WSW. There was no significant difference in HPV vaccine uptake among WSW (24.3%) and heterosexual women (21.8%) [+2=1.231, p=0.738]. In the total sample, correlates of vaccine uptake were younger age (p <.0001), white non-Hispanic race/ethnicity (p=.016), higher education level (p=.001), having health insurance (p<.0001) and younger age at first sex (p <.0001). In WSW, only younger age (p=.0001), having health insurance (p=.0490) and younger age at first sex (p = .015) remained as significant correlates. Discussion: Sexual preference was not a correlate of vaccination. Less than one quarter of women at risk for HPV infection received at least one dose of HPV vaccine. This study reinforces the importance of health promotion and prevention regarding HPV in WSW.

Additional Authors: Sudeshna Paul, PhD; Catherine Vena, RN, PhD

Systematic Review of Racial Disparities in Anal Cancer, Anal Dysplasia and Human Papilloma Virus among Men Who Have Sex With Men
Tim Walsh

Objectives: We systematically reviewed the literature on clinical anal care findings – anal cancer, anal dysplasia and HPV - among men who have sex with men to determine if a racial disparity exists between black and white men who have sex with men (MSM). Methods: We searched the Pubmed database for all relevant articles published through December 31, 2013. We selected studies that included anal pathologies (anal cancer, anal dysplasia or HPV) as an outcome variable and included a sample of MSM of diverse racial/ethnic backgrounds. Two authors reviewed the retrieved results for relevance and methodological quality. Results: Black MSM are nearly absent from the literature describing clinical anal pathologies among MSM. Only 2
Background: It is recommended that female-to-male (FTM) transgender patients follow the same cervical cancer screening guidelines as non-transgender women. However, unique barriers to cervical cancer screening for transmen exist. Targeted interventions are needed to improve Pap utilization among transmen, including the development of novel cervical cancer screening patient outreach materials. 

Methods: In-depth interviews and an online survey on experiences with Pap tests and preferences for a patient outreach campaign were conducted with individuals 21 or older and self-identified on the FTM spectrum. Participants were purposively recruited through social media, the Fenway Health website and community listservs. Text and images of a brochure on cervical cancer screening for patient outreach were developed from qualitative analysis of interview transcripts and survey responses. Results: We performed 32 in-depth interviews and received 65 online survey responses. Key themes identified and incorporated into the brochure text include: (1) FTM patients and their providers should jointly customize the Pap test to fit individual needs; (2) a need for gender-affirming presentation of health information; and (3) confidence in provider competency in trans care is a priority for many transmen. Participant feedback regarding brochure images included representing the diversity of the FTM community and excluding images of women and anatomical diagrams. Conclusions: The near absence of Black MSM in studies of anal care outcomes likely suggests a disparity in anal cancer screening. The disparate findings of the two studies which include an analyzable sample of Black MSM indicate a particularly urgent need for future anal care research due to the markedly disproportionate burden of sexually transmitted infections among this population. Continued absence of Black MSM from ongoing research will significantly limit generalizability of anal pathology findings.

Gays Get Pap Tests Too: Developing Cervical Cancer Screening Patient Outreach Material for Female – to – Male Transgender Patients

Ida Bernstein

Background: It is recommended that female-to-male (FTM) transgender patients follow the same cervical cancer screening guidelines as non-transgender women. However, unique barriers to cervical cancer screening for transmen exist. Targeted interventions are needed to improve Pap utilization among transmen, including the development of novel cervical cancer screening patient outreach materials. Methods: In-depth interviews and an online survey on experiences with Pap tests and preferences for a patient outreach campaign were conducted with individuals 21 or older and self-identified on the FTM spectrum. Participants were purposively recruited through social media, the Fenway Health website and community listservs. Text and images of a brochure on cervical cancer screening for patient outreach were developed from qualitative analysis of interview transcripts and survey responses. Results: We performed 32 in-depth interviews and received 65 online survey responses. Key themes identified and incorporated into the brochure text include: (1) FTM patients and their providers should jointly customize the Pap test to fit individual needs; (2) a need for gender-affirming presentation of health information; and (3) confidence in provider competency in trans care is a priority for many transmen. Participant feedback regarding brochure images included representing the diversity of the FTM community and excluding images of women and anatomical diagrams. Conclusions: The near absence of Black MSM in studies of anal care outcomes likely suggests a disparity in anal cancer screening. The disparate findings of the two studies which include an analyzable sample of Black MSM indicate a particularly urgent need for future anal care research due to the markedly disproportionate burden of sexually transmitted infections among this population. Continued absence of Black MSM from ongoing research will significantly limit generalizability of anal pathology findings.

Anxiety Among LGBTQ Women: The Role of Bullying During Adolescence

Karen Roberts, PhD

Background: Compared to individuals who identify as heterosexual and cisgender, individuals who identify as LGBT are more likely to suffer from an anxiety disorder (Bockting et al., 2013; King et al., 2008) and are more likely to be bullied during childhood/adolescence (Katz-Wise & Hyde, 2013; Kosciw & Diaz, 2006). The present study investigated the connection between adolescent bullying and anxiety disorders in LGBTQ women. Methods: A convenience sample of 704 adults (245 heterosexual cisgender women; 459 LGBQ women and/or trans people) living in Ontario, Canada were recruited through advertisements and outreach through community organizations to complete an internet-based self-report questionnaire (including questions about adolescent bullying and their mental health/treatment as an adult). Results: 412 (58.52%) participants reported experiencing bullying as an adolescent. LGBTQ women were more likely to report being bullied during adolescence than heterosexual cisgender women ($\chi^2(1) = 27.45$, $p < .001$). LGBTQ women who were bullied as adolescents ($N = 296$) were more likely to have ever been diagnosed with an anxiety disorder ($\chi^2(1) = 4.58$, $p = .03$) and to have ever communicated with a mental health professional about their mental health ($\chi^2(1) = 8.71$, $p = .003$) compared to LGBTQ women who were not bullied. Discussion: Together with other literature on this topic, these data indicate that adolescent bullying is a risk factor for anxiety disorders among LGBTQ women. The emotional effects of past bullying experiences are rarely addressed in psychological therapies (eg, CBT). Tailored psychotherapies for LGBTQ people could be enhanced by targeting these experiences.

Group Sex Encounters Associated with Depression, Drug Use and Inconsistent Condom Use in Men Who Have Sex With Men

Sabina Hirshfield, PhD

Background: Reports of group sex encounters (GSEs) among men who have sex with men (MSM) have been increasing. Research is needed to understand subgroups of MSM most likely to engage in GSEs in order to better target HIV/STI prevention efforts for this high-risk population. Methods: In 2013, US MSM ($n=642$) were recruited from Facebook to complete an anonymous online survey about health and sexual behavior in the past year. Results: Median
age was 37; 40% were college-educated; 84% were White, 9% Hispanic, 4% Black and 3% mixed/other race; 68% self-reported as HIV-negative, 19% never HIV-tested and 13% HIV-positive. In the past year, 28% reported a GSE. In bivariate analysis, significant (*=p<.05, etc.) predictors of a past-year GSE were being college-educated (OR 1.89***), HIV-negative (vs. untested; OR 4.46***), having a sexually transmitted infection (STI) (OR 2.49***), more past-year male anal sex partners (vs. 0-1 partners; 2-5 OR 6.99***; 6+ OR 30.66***), inconsistent condom use (vs. consistent; OR 2.87***), lifetime depression (OR 1.62*), use of nitrite inhalants (poppers) (OR 6.13*** or erectile dysfunction (ED) drugs (OR 6.29***). Adjusting for age, race/ethnicity and education, multivariate predictors of a past-year GSE included being HIV-negative (AOR 2.54*), inconsistent condom use (vs. consistent; AOR 1.94*), lifetime depression (AOR 1.72*) and drug use (poppers AOR 2.19*; ED drugs AOR 3.43**). Discussion: GSEs were reported by a substantial number of MSM, along with inconsistent condom use and STIs. Implementing online interventions for high-risk MSM may be an effective way to reach and engage men in HIV/STI prevention efforts.

Additional Authors: Eric W. Schrimshaw, PhD; Mary Ann Chiasson, DrPH; Walter O. Bockting, PhD; Rebecca Schnall, RN, PhD; Emma R. Goldensohn, BA; Frank D. Lowy, MD; Rachel J. Gordon, MD, MPH

The Influence of Acculturation on Substance Use Behaviors Among Latina Sexual Minority Women: The Mediating Role of Discrimination
Phoenix Matthews, PhD

Purpose: The stress associated with minority status is compounded when individuals belong to more than one marginalized minority group. Among Latina SMW (regardless of immigration status), adaptation to the dominant culture (acculturation) can be an additional and unique source of stress and predictor of substance use behaviors. This study examines the influence of acculturation and discrimination on substance use behaviors among Latina sexual minority women. Methods: Data were collected from 2007-2008 as part of a larger community-based survey in the greater Chicago area. A total of 307 participants completed the survey. Primary outcome variables included measures of discrimination, acculturation and substance use. Structural equation modeling validated scales and examined their relationships, which were further described via mediation analysis. Results: Experiences of discrimination were common. Participants experienced higher discrimination due to their gender identity (mean=5.61, SD=4.35) followed by race/ethnicity (M = 4.65, SD = 3.13). Regarding substance use, nearly one-third of the sample reported a history of using illicit drugs other than marijuana. Higher levels of acculturation were associated with an increased likelihood of engaging in a range of substance use behaviors. This relationship was partially mediated by experiences with discrimination (Sobel test = 2.10; p<0.05). That is, increased levels of acculturation were associated with an increased likelihood of experiencing discrimination and this discrimination contributed to substance use behaviors. Conclusions: Implications of these findings and directions for future research will be discussed. Funding was provided by several women’s and public health organizations.

Session VIII

Transgender Medicine: Replacing an Empty Mind with an Open One
Vipul Shukla

Background: The transgender community faces many well-documented disparities in healthcare, but healthcare practitioners may lack the appropriate knowledge base and comfort level with transgender healthcare issues to eliminate these disparities. This study assessed the attitudes, experience and understanding of various healthcare trainees regarding transgender patients and their health needs. Methods: A survey of medical students, nurse practitioners and physician assistants using an online survey tool was performed at a Midwestern university. The survey consisted of 20 questions regarding trainee experience, knowledge and comfort level with transgender health needs. SPSS v.21 was used for all statistical analysis. Results: 367 medical students, 33 nurse practitioner students and 84 physician assistant students completed the survey. 247 of the total were in their preclinical training and 237 were in their clinical training. 15% either personally knew or had cared for a transgender patient. 92.2% received < 2 hours of education regarding transgender health needs, but healthcare practitioners may lack the appropriate knowledge base and comfort level with transgender health needs. Preemptive education can increase the comfort levels of both providers and patients, leading to better care. Training in the medical professions should include education regarding transgender care.
LGBT Health: An Educational Session for Medical Students Organized by Medical Students
Daniel Gutierrez

Background: Roughly 10 million adults in the United States (3.5% of the population) identify as lesbian, gay, bisexual, or transgender (LGBT) and 11% report some same-sex attraction (Williams Institute 2011). However, 49.0% of LGB and 89.4% of transgender patients report that “not enough health professionals are adequately trained to care for people who are…” of that identification (Lambda Legal, 2010). To address this issue, we designed an educational session for medical students on gender- and sexuality-specific concerns. Methods: With faculty oversight, second- and fourth-year medical students conducted a 2-hour session on LGBT health for 160 first-year medical students at CWRU. The mandatory session consisted of a student-given presentation, a patient panel and a small-group session. Surveys assessing the students’ LGBT health knowledge and readiness to provide care were administered before and after the session. Data was analyzed using Prism software. Results: There were 133 pre-session, 108 post-session and 82 matched pre- and post-session survey participants. Students’ recognition of terminology including MSM, intersex, FTM, MTF and ze/zhe and ability to define gender dysphoria improved after the session (p < 0.001). Similarly, their ratings of readiness to provide LGBT-specific care significantly improved after the session (p < 0.05 on all measures except for preparedness and comfort with physical exam). Students overwhelmingly praised the patient panel, noting it allowed them “to hear perspectives from individuals within the LGBT community and their specific experiences.” Discussion/Conclusion: Student-led educational sessions on LGBT health effectively improve students’ knowledge and sense of readiness to provide LGBT-specific care.

Additional Authors: Andrea Grosz; Julia Chang Lui; Kathy Cole-Kelly; Henry Ng

Predictors of Physician Assistants’ Knowledge of Trends in Sexual and Gender Minority Healthcare
Amanda Reamy, PA

Background: Lesbian, gay, bisexual, transgender and queer (LGBTQ) Americans experience significant healthcare disparities that are increasingly being recognized. Both the US Department of Health and Human Services and Healthy People 2020 report a concern for clinicians’ ability to address these healthcare disparities with cultural competency. The American Academy of Physician Assistants (AAPA) has published objectives to improve PAs’ knowledge of LGBTQ health trends using Healthy People 2020 as a template. However, there is no research that investigates PA’s current level of knowledge. This research is intended to describe deficits and predictors of PAs’ knowledge to advocate for LGBTQ health education in both didactic and continuing medical education (CME) forums. Methods: Using Healthy People 2020’s “LGBT” topic area, an original questionnaire was designed to survey certified PAs (PA-Cs) and PA students’ (PA-Ss) knowledge of LGBTQ health trends. Participants were contacted via email through their membership with constituent organizations of the AAPA (ie, Association of Family Practice PAs). Results: Key findings were as follows: (1) There were no differences in mean knowledge score (K-score) between PA-Cs and PA-Ss, (2) Predictors of K-score, in order of significance, were being LGBTQ, receiving didactic training on LGBTQ health and caring for LGBTQ patients. Additional analyses that examine if area of practice and received hours of CME are predictors of K-score are in progress. Conclusion: The LGBTQ community is indeed a cultural niche in American society that can be better understood by healthcare providers through both education and patient simulation encounters.
Oral Health Care for the LGBT Population: Access, Perceptions, Barriers & Potential Solutions
William Jacobson, MPH

Background: Lesbian, gay, bisexual and transgender (LGBT) individuals in addition to having the same basic healthcare needs as the general population, face health disparities. Poor oral health leads to a multitude of negative effects in an individual’s quality of life. The literature on the oral health of the LGBT population is sparse. Objectives: The purpose of the study was to investigate the access to dental care for LGBT people, the actual and perceived barriers for their dental care and potential solutions to improve their access to dental care. Methods: The questionnaire was administered at five locations in Northeast Ohio to 355 subjects. Results: The LGBT participants visited the dentist slightly more often, (65.8% vs. 61.6%), than the general population. Nearly 8.0% of the study subjects had experienced discrimination in dental offices. Lack of finances was the primary barrier for not seeking dental care among LGBT. A majority of LGBT subjects preferred a dentist to be knowledgeable of STIs, HIV/AIDS and to be trained in the needs of the LGBT community. Discussion: More frequent dental visits by the participants could be due to the ample healthcare facilities in Northeast Ohio. Transgender subjects were especially vulnerable when compared to LGB. Conclusion: Primary reason for LGBT population not seeking dental care was financial. Study participants preferred a dentist to be an ally of the LGBT community. Efforts should be made to include LGBT cultural sensitivity and oral manifestations of STIs and HIV/AIDS in dental school curriculum.

When Lesbian Adoptive Parents Break Up: A Qualitative Study of Relationship Dissolution Dynamics
April M Moyer, MA

Little research has explored processes surrounding relationship dissolution in same-sex partners with children. This study involved interviews with members of 15 adoptive couples (8 lesbian, 1 gay, 6 heterosexual), all of whom had ended their relationship since becoming adoptive parents (between 1 year post-adoption and 6 years post-adoption). In most same-sex couples, both partners had adopted the child; hence, the partners did not have differing legal parental statuses. Participants were interviewed about factors that contributed to their relationship dissolution, challenges that had occurred since the break-up and custody arrangements. The most frequently described reason for the break-up concerned sexual incompatibility and loss of intimacy; this was particularly salient for lesbian couples. Perceived inequality in parenting roles was also cited as a contributor to relationship dissolution among lesbian couples in particular. Another dominant theme was differing parenting styles, often stemming from different values, which were brought to light through parenting. Concerning post-dissolution challenges, participants tended to describe difficulties balancing two different households (eg, in terms of organization and finances). Few participants described difficulties establishing custody arrangements and few had involved lawyers or mediators. A major source of strain was new partners. Participants whose partners had re-partnered described jealousy and irritation with the speed at which these new relationships were established and/or the new partner's dynamics with their child. This session will address the implications of the findings for practitioners working with same-sex couples with children and will provide recommendations for assisting couples in establishing functional co-parenting relationships after relationship dissolution.

Factors Associated with Taiwanese Lesbians’ Breast Healthcare Behaviour
Ya-Ching Wang, MSN, MSc

Background: With the growing visibility of lesbians in Taiwan, disparities in the preventive healthcare services and unique healthcare interests among this subgroup have increased the attention of various professionals. The evidence has raised concerns about the higher breast cancer risk and lower rates of breast cancer screening utilization among lesbians when compared to heterosexual women. Objectives: This study aims to understand the factors that influence Taiwanese lesbians’ breast health behaviours. Design: Face-to-face semi-structured interviews with self-identified Taiwanese lesbians. Methods: 37 Taiwanese lesbians were recruited from five lesbians’ organizations and one feminine bookstore in North, Middle, South and East Taiwan. Purposive sampling and snowball sampling were used to obtain detailed information associated with the study topics. Data collection and analysis were carried out concurrently, allowing constant comparative analysis. Results: Four themes were found to be associated with the lesbians’ breast health behaviour: 1) views on physician-patient interaction; 2) beliefs about partner
support; 3) gender identity/gender role expression; 4) the lesbians’ views on their own breasts. Physicians’ attitudes towards lesbians, heterosexual assumptions and a lack of knowledge in relation to LGBT issues were reported as barriers to approaching breast healthcare services. Gender identity, especially for those who self-identified as masculine lesbians, was negatively associated with the lesbians’ behaviour in having breast screenings. However, positive views of their own breasts and partner support were found to be facilitators of the lesbians’ breast health behaviour. Conclusions: Further research is needed to investigate whether the findings can be applied to a larger group.

LGBT Veterans’ Experiences in VHA and What VHA is Doing to Meet LGBT Healthcare Needs
Michael Kauth, PhD

About one million gay and lesbian Americans are Veterans. With repeal of “Don’t Ask, Don’t Tell” and new Joint Commission standards, the Veterans Health Administration (VHA) is focusing on the health needs of lesbian, gay, bisexual and transgender (LGBT) Veterans. LGBT individuals experience many health disparities, but little is known about LGBT Veterans. In a mixed-methods study at two facilities, 58 LGBT Veterans were asked about their VA healthcare experiences, barriers to care and the VA environment. Gender identity and sexuality were rarely discussed during clinic visits. About two-thirds of LGBT Veterans reported that no VA providers have asked about their sexual orientation and 24% stated they have not disclosed their orientation to any VA provider. Only 28% of Veterans viewed the VA as welcoming to LGBT Veterans. Discriminatory experiences while in the military were viewed as a major barrier for LGBT Veterans seeking care at the VA. Veterans offered several suggestions regarding how the VA can be more welcoming. Since 2011, VHA has held multiple national trainings on transgender Veteran healthcare, provided programs on LGB healthcare and created intranet resource sites. Training is currently underway with two clinical consultation programs on treating transgender Veterans. Additional training on LGB issues is in development. Another focus has been on creating a welcoming environment for LGBT Veterans (eg, posters). Further, VHA has encouraged participation in the Healthcare Equality Index (HEI) survey. In 2013, 121 VA facilities took part in the survey and 76% reached leadership status.

The Health of Sexual and Gender Minority Veterans: What We Know and Where We Should Go
John Blosnich, PhD, MPH

Health disparities research is often conceptualized in three “generations” from detecting disparities, to understanding their causes, to intervening to diminish them. As the single, largest integrated health system in the US, the Veterans Health Administration (VHA) stands in a unique position to address LGBT health disparities. Both Veterans and lesbian, gay, bisexual and transgender (LGBT) individuals are populations with unique health needs, but very little is known about persons at the intersection of these identities: LGBT Veterans. This systematic review found that while health disparities among LGBT Veterans may be similar to those found among LGBT populations and among Veterans, both statuses may moderate specific health characteristics. For instance, studies showed poor mental health and suicide risk were higher among LGBT Veterans than non-LGBT Veterans, but some health risk behaviors, such as firearm ownership among LGBT populations is linked strongly with Veteran status. Most studies of GB Veteran men focus on HIV, a preponderance of research among LB Veteran women report high prevalence of substance abuse and victimization and research about transgender Veterans show concordant findings of greater mental health needs. Nearly all studies of LGBT Veteran health disparities reside in the first generation of health disparities research, doing the critical work to document the extent of differences among the population. Developing further research to more fully document and understand LGBT health disparities sets the stage for developing strategies to ensure health equity for LGBT Veterans.

Sexual Orientation and Gender Identity: Do Nurses Ask?
Andie Gersh, BSN, RN

Background: The Joint Commission and Healthy People 2020 recommend assessment of patients’ gender identity and sexual orientation by healthcare providers. However, little data exists on strategies to implement these recommendations. This study aims to assess the effect of an educational intervention for RNs on completion rates of gender identity and sexual orientation questions in the patient admission assessment. Methods: Completion rates for gender and sexual orientation questions by RNs were collected for 30 days on two similar inpatient units at an academic medical center. Nurses working on the “A” unit, the experimental group, received 10-minute in-person
educational interventions on how to ask patients about their gender and sexual orientation and why these questions are important to the assessment. Nurses on the “B” unit, the control, did not receive the intervention. Thirty days of post-intervention data were collected. Results: Prior to the intervention, the “A” unit had a 13.0% completion rate for the sexual orientation question, and a 9.8% rate for the gender identity question. The “B” unit had completion rates of 15.4% and 8.6%, respectively. Following the intervention, the “A” unit had significantly higher rates of completion, with a 27.0% rate for the sexual orientation question (p<.001), and a 23.6% rate for the gender identity question (p<.001). The “B” unit completion rates were unchanged, with rates of 12.1% and 8.7%, respectively. Discussion/Conclusion: Availability of gender and sexuality questions in intake documentation is not enough to prompt providers to collect this data. System wide education for providers is recommended.

Influence of Physician Message Framing for Human Papillomavirus Vaccination on Young LGBT Adults
Jeff O’Boyle

Background: Studies to determine effective physician message framing of Human Papillomavirus (HPV) information and vaccination in lesbian, gay, bisexual and transgender (LGBT) young adult populations have yet to be conducted. The purpose of this study is to identify themes of influential verbal scripts and barriers to HPV vaccination as perceived by young LGBT adults. Methods: A paper-based survey was conducted of 161 (109 male, 52 female) self-identified LGBT participants between the ages of 18-26 years. The survey instrument was piloted among 17 adults to ensure readability and comprehension. Participants were recruited from areas of city and urban neighborhoods frequented by LGBT individuals. Results: Most LGBT participants have a regular healthcare provider (77%) and have disclosed their sexual identity (68.8%) to a provider. Fewer participants (31.7%) have received a shot of the HPV vaccine series. For vaccinated LGBT participants, the need to link information about infection and the importance of HPV vaccination led reasons for vaccination (67%). Non-vaccinated participants primarily cited (82.6%) confusion with respect to HPV infection and vaccine as reasons for non-vaccination. Conclusion: Findings suggest HPV vaccination and non-vaccination rates are similar in that a healthcare providers’ verbal intervention does play an integral role. Young LGBT adults obtaining adequate information suggests higher vaccination rates, conversely lack of information suggests lower vaccination rates. Findings have implications as focused message scripts are sought to improve potential aversion of sexual risk and reduce communication barriers.

Critical Feminist Research and Dimensions of Emancipatory Nursing That Can Build LGBT – Focused Nursing Research Capacity
Judith MacDonnell, PhD, MEd, MScN

Background: Dynamics in the current environment of higher education and nursing can both enable and challenge diversely situated nursing researchers who are involved in LGBT-related research. Funding cuts to higher education and an increasingly competitive funding environment, as well as the longstanding heteronormativity within nursing itself has shaped the invisibility of LGBT-positive curriculum and the dearth of published LGBT nursing research. Although there certainly have been recent gains, the silence within LGBT-related research. Funding cuts to higher education and an increasingly competitive funding environment, as well as the longstanding heteronormativity within nursing itself has shaped the invisibility of LGBT-positive curriculum and the dearth of published LGBT nursing research. Although there certainly have been recent gains, the silence within LGBT nursing research capacity. The author, a nursing academic critically reflected on her research program which included diverse critical feminist studies. Results: The findings suggest that engagement with formative studies that used critical feminist methodologies led to this research focus on LGBT health in this academic research program. Dimensions of emancipatory nursing are identified: reflexivity, transformative learning, interdisciplinarity, praxis and situated privilege. Several critical feminist methodologies are addressed: feminist ethnography, community-based participatory action research and comparative life history. Conclusions: Commonalities across methodologies illustrate the potential for emancipatory outcomes/goals. In order to address gaps in LGBT nursing research, there are implications for nursing researchers to critically reflect on factors that have shaped their research programs.

Addressing Health Disparities of Lesbian and Bisexual Women: Implications of a Grounded Theory Study
Michael Johnson, MSN, RN

As compared to heterosexual women, lesbian and bisexual (LB) women experience more negative health outcomes. They are at increased risk for cardiovascular disease, are more likely to smoke, use alcohol or drugs and be obese or overweight. They also more often under-utilize reproductive health screenings. Evidence suggests these are linked, in part, to inequitable healthcare. However, no conceptual framework exists to guide practitioners and researcher. The purpose of this qualitative study was understand the healthcare experiences of LB women and use these results to inform a conceptual framework. This study used a
Grounded Theory approach and telephone interviews were conducted with English speaking participants who identified as a LB female between the ages of 18-24. The interviews were recorded and transcribed and the transcriptions were uploaded into NVivo 10.0 to facilitate data analysis. The constant comparative method, a hallmark to Grounded Theory, was used to analyze the data. The data analysis resulted in a basic social process made up of six categories: seeking healthcare, expecting, disclosing, provider attributes, proximal outcomes and health outcomes. These categories were sorted into an explanatory framework that sequences the progression of the LB participants through their healthcare experiences. The framework is composed of three phases: pre-interaction, healthcare interaction and outcomes. Although the framework will need further testing, the categories can help policymakers, practitioners and researchers understand how LB women interact with the healthcare system. Subsequently, they can use this framework to situate future work focused on health disparities.

**Enrolling LGBT Individuals: Promising Practices from the Field**
Katherine Warren

More than nine million LGBT individuals as well as their families continue to face gaps in access to health insurance coverage and healthcare. Spanning all races, ethnicities, religions and social classes, LGBT individuals simultaneously experience significant health disparities, including higher rates of psychiatric disorders, violence and HIV seropositivity. The Affordable Care Act (ACA) marks an important opportunity to enroll more LGBT people and their families in nondiscriminatory, LGBT-sensitive insurance coverage through the Marketplaces or Medicaid expansions and to decrease discrimination within the healthcare setting. This study will examine the promising practices for tailored outreach and enrollment support of LGBT individuals and families within the Marketplaces through the purposive sampling of Marketplace consumer coordinators, outreach and enrollment coordinators and state Medicaid directors. Working with HHS’s partner, Out2Enroll, the study will focus on seven state case studies with State-Based Marketplaces (SBM), Federally-Facilitated Marketplaces (FFM) and specifically transgender outreach programs all represented. It is anticipated that findings will identify a set of specialized practices to enroll LGBT individuals and the level of fluency that enrollment personnel have in the specific healthcare concerns of LGBT people, particularly transgender individuals. The conclusions will guide HHS practice as well as inform state efforts in order to improve access to quality healthcare by successfully enrolling this critically underserved population in expanded coverage.

**Strengthening Lesbian Relationships: A Pilot Study of Relationship Education for Female Same – Sex Couples**
Sarah Whitton, PhD

Stable romantic relationships promote the mental and physical health of adults and their children. Unfortunately, lesbian women face unique challenges to maintaining stable relationships (eg, lack of legal recognition, discrimination, lack of cultural norms and role models, low social support). Consequently, despite typically high relationship satisfaction, female same-sex couples breakup more quickly and more often than heterosexual married couples. Relationship education programs, effective in promoting relationship health and stability in heterosexual couples, are unfortunately infused with heterosexist bias and fail to address the unique challenges faced by same-sex couples. To address this gap in services, we developed a new relationship education program designed specifically for female same-sex couples that includes culturally-sensitive adaptations of interventions to build core relationship skills (eg, communication skills training) and newly-developed modules to address the unique challenges lesbian couples face (eg, discrimination, challenges to family formation). In this presentation, I will describe program development, as well as results from a randomized waitlist-control trial (funded by the Lesbian Health Fund) to assess program feasibility, acceptability and efficacy in improving relationship and individual health. Preliminary data from 9 couples indicate high program satisfaction (M = 6.94 on a 1-8 scale) and pre-to-post improvements in communication and perceived stress (large effect sizes). The presentation will include quantitative and qualitative data from 31 couples (on 3/10/14, 19 couples have completed the program; 12 others are consented and will complete the program by April). I will discuss the broad implications of study findings for promoting lesbian health via same-sex relationship-based interventions.

**Cancer Care for Transgender Patients: The Importance of Patients’ Voices**
Cheyenne Corbett, PhD, LMFT

Background: Facing a cancer diagnosis and coping with cancer treatments can be an overwhelming process for patients and their loved ones. Specifically, transgender patients may bring with them a unique set of strengths and challenges that must be addressed in a caring a
A 28 Year Old Man with Ocular Syphilis: A Rising Risk in a Vulnerable Population
Robert Goldstein, MD, PhD

The incidence of syphilis among men who have sex with men (MSM) has been increasing over the past several years. In the US, MSM account for 75% of the documented syphilis cases and 40% of MSM with syphilis are co-infected with HIV. The risk of HIV acquisition may be increased by the presence of syphilis. This is a report of a 28 year old previously healthy MSM who presented with decreased visual acuity and eye pain. He was evaluated by ophthalmology in the emergency department, where he was diagnosed with posterior uveitis of the left eye and panuveitis of the right eye. Autoimmune and infectious serologies were ordered, he was prescribed topical steroids and was discharged. A week later, with symptomatic improvement, he presented to outpatient ophthalmology and was diagnosed with secondary syphilis based on a positive Treponemal antibody screen and RPR titer. He was admitted to the hospital for management of ocular syphilis and underwent screening for HIV and other sexually transmitted infections (STIs). A lumbar puncture on admission revealed tertiary syphilis, his HIV antibody screen was positive with a CD4 count of 580 and he was diagnosed with rectal C. trachomatis and N. gonorrhoeae. He was treated with two weeks of intravenous penicillin, three weeks of oral doxycycline and one dose of intramuscular ceftriaxone, but was subsequently lost to follow up. This case highlights the differential diagnosis of uveitis, the link between syphilis and HIV infection in MSM and the importance of routine, site-appropriate STI screening in MSM.

Authenticating Family: The Process of Becoming a Lesbian Headed Stepfamily
Tracey Rickards, PhD, MSN

When a woman meets and falls in love with another woman who has children, an intricate series of events is set in motion towards development and ultimately, confirmation of a new family identity. The theory of Authenticating Family demonstrates how a woman and her children incorporate another woman into their lives; maintaining and protecting the legitimacy of family relationships and their right to be recognized as a family. Transitions from being a single parented family to being a lesbian headed stepfamily create multiple opportunities to question legitimacy of the relationships. Facing stigmatization of being from a sexual minority family and having few role models to provide guidance, families learn to develop a new understanding of family and an ability to demonstrate pride in a social context slowly evolving in acceptance of multiple and diverse family make-ups. The three stages in authenticating family are: accepting the challenge, a process of realizing an intimate attraction to another woman, coming to terms with the significance of pursuing a relationship and finding balance between multiple potential obstacles. Building the bonds takes the families through the process of getting to know each other, creating relationships and understanding the relevance of how dynamics among the family have shifted. While the process of authenticating family remains primarily within the confines of the family home, members begin to look beyond their family in anticipating interactions with outsiders. Thriving includes solidifying and re/claiming legitimacy while dealing with the impacts of continuous interactions with society at large.

Assessing Pre-Clinical Medical Student Awareness of Healthcare Disparities, Barriers to Care and Mental Health Stress in the LGBT Population for Curriculum Development
Rustin Carter

Rationale: The lesbian, gay, bisexual, transgendered (LGBT) population is becoming a more socially acknowledged, acceptable and visible cohort with individual and community
-specific questions regarding barriers to care, healthcare disparities and health status. Although the group in totality has shared, related issues in healthcare, there is also a need to educate future and current clinicians the importance of recognizing the individual experiences that each patient encounters as member of this population. Results/ Discussion: Our survey and lecture intervention indicated a real need to increase LGBT-specific education in our medical school curriculum. Many students discussed the focus in medical school education and LGBT healthcare revolved around gay men and the correlation to HIV/STDs, especially in their pre-clinical years. There was a global lack of focus in lesbian healthcare, transgendered healthcare, adolescent care/coming out, mental health and substance abuse issues, in addition to an overlying theme of apathy from many students in regards to significance and clinical relevance to future practice. Out of the project, a Gay-Straight Alliance has been founded with a lunch lecture series dedicated to LGBT healthcare topics. Pre-clinical and clinical classes have been audited to incorporate more LGBT-specific healthcare, with an upcoming presentation to the curriculum committee to present the totality of our findings. The project is a longitudinal study and will continue for a second year in 2014; findings will be incorporated into our current data and used to continue to modify classes and clerkships, as needed.

**Transgender Health in Nursing Education:**
**Recommendations for Inclusive Curricula and Sensitive Practice**
Laura Brimberry, FNP, MSN

Only a minute portion of nursing literature addresses the lack of transgender health content in nursing education; even fewer articles discuss potential solutions. Furthermore, no current, evidence-based recommendation for an efficacious curricular model exists. Nor is there consensus on which transgender health related topics are the most important to include. The lack of transgender health education and official recommendations for change are a problem because some of the prominent health disparities for transgender patients stem from poor access to competent, sensitive and knowledgeable healthcare providers. Considering that the nursing field makes up a large portion of the healthcare workforce, it seems prudent that nurses are exposed to a transgender inclusive curriculum as soon as possible so that quality of care improves for the transgender community. Findings from this applied research can guide academic institutions interested in making their professional programs transgender inclusive. This article describes the process by which educational models and important topics for curricular content are extracted from the literature and organized by theme. Results are intended to be used for strategic curricular enhancement. If schools of nursing were to utilize this document, or one like it and produce similar curricula, it could result in standardized transgender health education, consistency in the care provided to transgender persons and possibly, improved care experiences and health outcomes for transgender patients.

**Pilot Evaluation of an HPV/Anal Cancer Risk Awareness Program for Gay Men**
Eric Fenkd, PhD

Background: Human papilloma virus (HPV) is considered a risk factor for anal cancer. The incidence of anal cancer is significant for gay men, who are reportedly 20 times more likely to be diagnosed with anal cancer and is highest among HIV positive gay men, who are reportedly 40 times more likely to be diagnosed with anal cancer. This study’s aim was to determine the knowledge level of gay men regarding HPV, anal cancer and anal cancer screening prior to and immediately following an educational program. Methods: Study participants were recruited during a chartered cruise for HIV infected individuals and their partners/friends. The educational session was advertised and held during the cruise. The sample included 98 gay men of which 95 were HIV positive. An investigator-developed 10-item pre and post- test was completed by the attendees. Results: Analysis of the data revealed an increase in knowledge. The mean for the pretest score was 43.23, with scores ranging from 20-80 (SD=11.76). The mean for the post-test score was 91.71, with scores ranging from 60-100 (SD = 10.10). A paired t-test was done and showed a significant increase for pre- vs. -post- test results (t(98) = -29.025, p = .000). Discussion/ Conclusion: Educational programs are beneficial in raising awareness related to HPV, anal cancer and anal cancer screening. HPV, the most prevalent of all sexually transmitted diseases, has been under-investigated as a precursor of cancer in gay men. This program evaluation is an important step in developing a comprehensive educational/awareness program targeted toward gay men.

**Exploring Social Networking Technologies as Tools for HIV Prevention for Men Who Have Sex with Men**
Jorge Ramallo

This study examined the use of social networking...
technologies (SNTs) and their potential utilization in HIV prevention interventions among HIV positive and HIV negative men who have sex with men (MSM). We conducted 5 focus groups and 1 individual interview of HIV positive and HIV negative individuals (total 34). All participants were recruited with the help of a local non-profit organization and through a Facebook event advertised in neighboring LGBT establishments. The interviews yielded the following themes: MSM tend to compartmentalize their gay connections within their own social networks. SNTs are the main way in which MSM meet new sexual partners. Young MSM are high users and early adopters of new technologies. The most important obstacle to interventions using SNTs is concerns for privacy. Interventions must respect an SNTs’ unwritten etiquette rules to gain legitimacy and support. Disclosure of HIV status is uncommon; some HIV positive MSM identify as being undetectable after viral load suppression, leading to an increase in risky sexual behaviors. HIV is simplified as a simple chronic disease, creating problems for prevention. Overall, prevention messages using SNTs must be positive, upbeat and transmitted through multiple modalities. The messages must go beyond a gay audience in order to reach the rest of the MSM population; this can be achieved by mixing the message with larger more acceptable marketing strategies. SNTs can be promising tools for HIV prevention strategies. SNTs can be promising tools for HIV prevention.

Overall, prevention messages using SNTs must be positive, upbeat and transmitted through multiple modalities. The messages must go beyond a gay audience in order to reach the rest of the MSM population; this can be achieved by mixing the message with larger more acceptable marketing strategies. SNTs can be promising tools for HIV prevention strategies. SNTs can be promising tools for HIV prevention.

Aesthetic and Functional Outcomes of Neovaginoplasty Using Penile Skin in Male-to-Female Transsexuals
Marlon Buncamper

Gender confirming surgery is the final stage in the transition to the desired gender and comes with high expectations with respect to form and function. As surgeons, our aim with (MF-TS) confirming surgery is to create a neo-vagina that is in function and appearance as close to the biological vagina as possible. But are we achieving the results we set out to achieve? Aims: Our aim was to assess if the neo-vagina’s created in MF-TS subjects meets the objectives by determining the functional and aesthetic results, as well as the physical and sexual well-being. Methods: We performed a retrospective survey study on 49 FM-TS persons who underwent vaginoplasty between 2007 and 2010. Participants were asked to fill out 1) a short questionnaire for self-evaluation 2) a combination of the Amsterdam Hyperactive Pelvic Floor Scale - Women (AHPFS-W) and the Female Genital Self-Imaging Scale (FGSIS) and 3) the Female Sexual Function Index (FSFI). Photographs were also taken for objective assessment by an independent panel. Main Outcome Measures: Primary outcomes of this study were the functional and aesthetic evaluation as perceived by the FM-TS themselves. Results: Functionality and aesthetics were both given an average score of 8. Despite this high score, 56% is sexually dysfunctional according to the FSFI. In 75% the result met the expectation and 70% thinks their genital is feminine. Conclusion: This study demonstrates that, despite relatively low FSFI scores, our group of transgender women is very satisfied with both the functional and the aesthetic result of the neovaginoplasty.

Sexual Objectification Experiences of Sexual Minority Women
Elliot Tebbe, MS

Background: Objectification theory (Fredrickson & Roberts, 1997) posits that women’s experiences of sexual objectification are a key precursor to intrapersonal risk factors (eg, body shame, anxiety) that can promote health problems such as eating disorders and depression. Most research on objectification theory has focused on heterosexual women. However, there is evidence of the distinctiveness of sexual minority women’s experiences. For example, sexual minority women’s experiences may be shaped by the intersection of heterosexism (eg, harassment for gender non-conforming appearance, heightened objectification of same-sex behaviors between women). The present study’s goals are to elucidate manifestations of objectification experiences and their consequences for sexual minority women. Method: Thirty-three self-identified sexual minority women (eg, lesbian, queer, bisexual, etc.) were recruited to participate in five focus groups. Focus groups followed a semi-structured interview process and were audiotaped and transcribed prior to data analysis. Focus group data were analyzed using grounded theory methodology (Charmaz, 2006). Results: Coding yielded 89 higher-order categories, clustered into two major areas: 1) experiences of sexual objectification and 2) responses to those experiences. Coding categories included those identified in prior literature with heterosexual women (eg, Kozee & Tylka, 2006) as well as experiences unique to sexual minority women (eg, Hill & Fischer, 2008). Details will be provided in the presentation. Implications: Sexual minority women experience unique manifestations of sexual objectification and their consequences. Knowledge of these experiences can help health researchers, providers and policy-makers develop theoretically grounded and empirically informed interventions that address the needs of sexual minority women.
Prohibited from identifying as LGBT in the military, some veterans may face health disparities. An anonymous questionnaire was distributed to LGBT veterans to assess satisfaction with healthcare and impact of receiving culturally competent care. Out of 97 respondents, 87% were Caucasian, 47% male, 79% LGB and 16% transgender. Fifty-five percent were married or in domestic partnership and 43% had children. Thirty percent had no income or earned less than $20,000 a year and 95% had some college education or higher. Only 55% used the VA within last 5 years. LGBT veteran utilization rates were not significantly different from non-LGBT veterans 43% (p=0.34). Few veterans felt comfortable disclosing their LGBT status to VA providers (32%); however when disclosed, providers were “always” (38%) and “most of the time” (30%) sensitive and friendly. Providers were “not at all” (42%) or “not very often” (50%) asking about LGBT status. Forty-one percent of respondents stated that VA providers have never asked about sexual behaviors or provided LGBT-specific sex education. Interestingly, 19% have delayed presenting to VA for routine or urgent care due to past discrimination related to LGBT status. Our preliminary analysis identified low rates of veteran LGBT disclosure and delayed healthcare due to fear of discrimination. Our data shows that with disclosure, providers were friendly and sensitive; however, there are clear opportunities for improvement. Training to improve staff cultural competence and to be more welcoming for LGBT patients has emerged as best practices towards reducing health disparities at the VA.

**Diversity and LGBT Issues in Radiology and Radiation Oncology**

Andre Duerincks, MD, PhD

Background: Diversity in Radiology and Radiation Oncology has recently been addressed in peer-reviewed articles as to women and underrepresented minority groups in medicine (URM). Both women and URM are underrepresented in residency training programs and among faculty in Radiology and Radiation Oncology, when compared to their representation in the US population and US medical school graduates. Representation of LGBT physicians in medical subspecialties is unknown. The American College of Radiology recently formed a Commission to address LGBT issues. Methods: We reviewed the medical literature, online publications and organizational directories to evaluate LGBT-related issues in Radiology and Radiation Oncology. Results: Little is written about specific examples of LGBT radiologists and radiation oncologists. GLMA has an online membership directory including only 14 physicians with specialty identified as Radiology or Radiation Oncology. Surveys have confirmed LGBT physician concerns regarding when and how to come out to their colleagues and patients. Trainee reviews such as the LGBT Residency and Medical School Directory created by the American Medical Student Association (AMSA) in 2008 may help identify LGBT diversity and cultures of inclusion. This AMSA’s directory provides a glimpse of the state of LGBT affairs in US residency training programs and includes 5 reviews for Diagnostic Radiology residency training programs and 2 for Radiation Oncology. Conclusions: Much work remains to be done to better understand and document LGBT issues in Radiology, Radiation Oncology and likely many other medical subspecialties, particularly in regards to the physician workforce.
Keynote Speaker: Kathy Greenlee

Kathy Greenlee serves in the dual roles of Administrator of the Administration for Community Living and Assistant Secretary for Aging. Ms. Greenlee was appointed by President Obama as Assistant Secretary for Aging at the US Department of Health and Human Services and confirmed by the Senate in June 2009. The Administration for Community Living (ACL) is a new federal agency operating within the Department of Health and Human Services. ACL brings together into a single entity the Administration on Aging, the Office on Disability, and the Administration on developmental Disabilities. ACL is charged with working with states, tribes, community providers, universities, nonprofit organizations, businesses and families to help seniors and people with disabilities live in their homes and fully participate in their communities. Kathy Greenlee served as Secretary of Aging in Kansas, and before that as the Kansas State Long Term Care Ombudsman. She also served as the General Counsel of the Kansas Insurance Department and served as Chief of Staff and Chief of Operations for then-Governor Kathleen Sebelius. Ms. Greenlee is a graduate of the University of Kansas with a Bachelor of Science degree in business administration and a Juris Doctor degree in law.

Keynote Speaker: Pam Hyde

Pamela Hyde was nominated by President Barack Obama and confirmed by the US Senate in November 2009 as Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). The agency’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. Ms. Hyde is an attorney and comes to SAMHSA with more than 35 years experience in management and consulting for public healthcare and human services agencies. She has served as a state mental health director, state human services director, city housing and human services director, as well as CEO of a private non-profit managed behavioral healthcare firm. In 2003, she was appointed cabinet secretary of the New Mexico Human Services Department by Gov. Bill Richardson, where she worked effectively to provide greater access to quality health services for everyone. She has been recognized by many groups, including the American Medical Association, the National Governor’s Association and the Seattle Management Association, for her creativity and leadership in policy and program development and in organizational management issues. Ms. Hyde received her JD from the University of Michigan Law School (1976) and her BA from Missouri State University (1972).

Keynote Speaker: Jocelyn Samuels

Jocelyn Samuels was recently appointed the Director of the Office for Civil Rights at HHS, previously serving as the Acting Assistant Attorney General for Civil Rights at the United States Department of Justice. Prior to her tenure at the Department of Justice, Ms. Samuels was the Vice President for Education and Employment at the National Women’s Law Center in Washington, DC, where she oversaw an active litigation docket and engaged in legislative and policy advocacy to promote enforcement of Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 and to ensure equality of opportunity in education and employment. Her prior experience also includes work as a Labor Counsel to Senator Edward M. Kennedy and as a senior policy attorney at the Equal Employment Opportunity Commission. Ms. Samuels has additional experience in the private sector and as a law clerk to a federal judge on the US Court of Appeals for the Ninth Circuit. Ms. Samuels received her law degree from Columbia University, where she was a Notes Editor of the Law Review, and her bachelor’s degree from Middlebury College, where she graduated magna cum laude and was elected to Phi Beta Kappa.

Keynote Speaker: Matthew G Heinz, MD

Dr. Matthew G. Heinz has joined the Office of Secretary at the US Department of Health & Human Services as Director of Provider Outreach. He brings a unique perspective to this position as a practicing hospital physician from Tucson and former member of the Arizona House of Representatives. Born and raised in Michigan, Dr. Heinz attended medical school at Wayne State University and completed his internal medicine residency at the University of Arizona. He continues to practice medicine on a part-time basis at a large community hospital in Tucson. During his four years in the Arizona legislature, he was instrumental in the passage of over a dozen laws with bipartisan support. He jointly led the effort to expand the well woman health check program for breast and cervical cancer screening which has already allowed many lower income women to receive treatment. While serving as a lawmaker, he was also a member of the LGBT caucus and active within the advocacy community in Arizona. Dr. Heinz heads up provider engagement efforts within the Office of the Secretary and also serves on the Secretary’s LGBT issues coordinating committee as primary liaison for the LGBT community.
Hasan Abdessamad, MD, FRCSC, FACOG
Dr. Hasan Abdessamad is an American and Canadian board-certified Obstetrician and Gynaecologist based in Vancouver, BC, Canada. He graduated from the American University of Beirut, pursued training at University Hospitals Case Medical Center in Cleveland, OH, USA before starting his practice in Canada. Dr. Abdessamad has been a human rights advocate for over a decade with a focus on LGBT and womyn’s rights. He is a co-founder and current president of the Lebanese Medical Association for Sexual Health – LebMASH, which advocates for advancing healthcare for sexual minorities in Lebanon. He is the founder of Raynbow, a support group that blogs (rainbow.info) and tweets (@leblgbtmonitor) for LGBT equality and runs a media watch (fb.com/leblgbtmonitor) that highlights LGBT issues in Lebanon. He is an advocate for better utilization of social media by healthcare providers; he blogs (habdessamad.com), tweets (@habdessamad) and communicates with his patients via his Official Facebook page (fb.com/drhabdessamad).

Chris Beyrer, MD, MPH
Chris Beyrer Professor of epidemiology, International Health and Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health in Baltimore. He serves as Director of JHU’s HIV Training Program in Epidemiology and Prevention Science, and founded and directs the Hopkins Center for Public Health and Human Rights and is Co-Principal Investigator of the Center for AIDS Research (CFAR). He has extensive experience in conducting international collaborative research and training programs in HIV/AIDS and other infectious disease epidemiology, in infectious disease prevention research, HIV vaccine preparedness, in health and migration and in health and human rights. Dr. Beyrer has done extensive research on HIV in Thailand, Burma, China, India, South Africa, Malawi, Tanzania, Russia and Kazakhstan and is the author of over 200 scientific papers. He became President of the International AIDS Society in July, 2014.

Julie Dorf
Julie Dorf has been a leader in the LGBT rights movement for over twenty years and currently works as Senior Director for the Council for Global Equality, which she co-founded in 2009. Julie works to promote the human rights of LGBT people through partnerships with the US government, including Congress, the White House, USAID and the State Department. Julie also founded and directed the International Gay & Lesbian Human Rights Commission (IGLHRC) from 1990 to 2000, creating an organization that protects and advances the human rights of all people and communities subjected to discrimination or abuse on the basis of sexual orientation, gender identity or HIV status. She has also worked in philanthropy, serving as the Director of Philanthropic Services for Horizons Foundation and as an independent consultant for WPATH, Open Society Institute, Global Fund for Women, Arcus Foundation and Fenton Communications/J-Street Project. Julie currently serves on the board of directors of Freedom to Marry and PowerPAC, on the advisory boards of Human Rights Watch's LGBT Rights Program and IGLHRC, as well as on the Northern California Finance Committee of J-Street. She holds a BA from Wesleyan University in Russian and Soviet Studies. She lives in San Francisco with her wife Jenni Olson, and their two girls Hazel and Sylvie.

Omar Fattal, MD, MPH
Dr. Omar Fattal is a 1999 graduate of the American University of Beirut (AUB) Medical School. He holds an MPH from AUB. He completed his residency in Psychiatry at the Cleveland Clinic in 2005. He is currently the Unit Chief of the Latino Inpatient Psychiatry Unit at Bellevue Hospital. He is a Clinical Assistant Professor in the Department of Psychiatry at NYU and adjunct clinical assistant professor in the Department of Psychiatry at AUB. He has published several articles and book chapters. He is a member of the editorial board of the LGBT Health journal. He has given several talks to medical students, residents, staff physicians, hospital staff and the general public. He is interested in cross-cultural psychiatry and cultural competence in healthcare. He volunteered for Helem, a Lebanese LGBT rights organization. He is a cofounder of LebMASH. He is a member of the American Psychiatric Association (APA) and GLMA.
Ashland Johnson, JD
As Policy Counsel, Ashland Johnson helps advance the federal policy and legislative priorities of the National Center for Lesbian Rights (NCLR). Ashland's work includes advocacy in many areas including federal legislation and regulations on housing, family policy, health and employment. Prior to joining NCLR, Ashland was a Health and Reproductive Rights Fellow at the National Women's Law Center. She also clerked for Lambda Legal, where she assisted with litigation and policy initiatives to advance LGBT equality. Additionally, she was a Holley Law Fellow at the National Gay and Lesbian Task Force, where she advocated for transgender-inclusive policies on the federal and state level. Ashland is a graduate of Furman University where she was a member of the varsity women's basketball team. She graduated with a law degree from the University of Georgia School of Law. Ashland currently serves on the National Board of Directors for the American Constitution Society.

Kenneth Mayer, MD
Dr. Mayer is the founding Medical Research Director of Fenway Health, where he created a community health research program that has developed an international reputation for its capability to conduct community-based peer reviewed research. He is currently a Professor at Harvard Medical School and Attending Physician and Director of HIV Prevention Research at Beth Israel Deaconess Hospital in Boston. Since 1994, he has been the Principal Investigator of the only NIH-funded HIV Prevention Research Clinical Trials Unit in New England focusing on biobehavioral prevention and chemoprophylaxis. He is the co-author of more than 500 peer-reviewed publications, co-authored the first text on AIDS for the general public and has co-edited 5 academic texts. He is currently a member of the Governing Council of the International AIDS Society.

Kimberly McGuire
Kimberly Inez McGuire serves as the Director of Public Affairs at the National Latina Institute for Reproductive Health, where she directs the communications activities of NLIRH and advocates for salud, dignidad y justicia (health, dignity and justice) for the nation's more than 26 million Latinas, their families and communities. Kimberly is a reproductive justice leader and queer Latina with nearly a decade of experience in government relations, movement building and strategic communications. Kimberly develops and implements intersectional policy change and culture shift campaigns focused on restoring insurance coverage for abortion, reproductive health equity and promoting health and human rights for immigrant women. A frequent spokesperson on reproductive health and justice, Kimberly has been featured and quoted in national media, including The Washington Post, NBC Latino, Fox News Latino and Color Lines. Kimberly earned her Bachelor of Arts degree from Hampshire College.

Gregorio Millett, MPH
Gregorio Millett is a former CDC Senior Behavioral Scientist in the Division of HIV/AIDS Prevention (DHAP) who served with the White House Office of National AIDS Policy between 2009 and 2014 during which he co-wrote the President Obama’s National HIV/AIDS Strategy and helped in its implementation. Mr. Millett has published widely on HIV infection disparities among racial minority populations as well as circumcision and HIV infection among gay men. His works appear in The Lancet, JAMA, AIDS, JAIDS and other medical journals. Currently, Mr Millett is a Vice President and Director of Public Policy at amfAR, the Foundation for AIDS Research.
Paula M. Neira is a nurse, lawyer and former naval officer. She graduated with distinction from the United States Naval Academy in 1985. As a Surface Warfare Officer, she participated in mine warfare combat operations during the Gulf War. Upon being honorably discharged from the Navy, she began her nursing career. She is a certified emergency nurse, specializing in adult emergency care and trauma resuscitation. For the past six years, she has served as the nurse educator in the Department of Emergency Nursing at The Johns Hopkins Hospital. In addition to nursing, she has been a member of the Maryland Bar since 2001. As a lawyer and veteran advocate, she helped lead the efforts to repeal the Don’t Ask, Don’t Tell policy. A recognized national expert on LGBT-military issues, she is one of the leading experts on transgender military service in the United States.

Allyson Robinson has built a career advising and leading organizations on the vanguard of social change. She is founder and principal of Warrior Poet Strategies, a Washington, DC-based consulting firm advising select clients in organizational design, diversity and inclusion and social and civic entrepreneurship. Prior to founding Warrior Poet she led internal and external diversity initiatives at the Human Rights Campaign and was the first transgender person to lead a national LGBT organization as executive director of OutServe-SLDN. She's also served as an Army officer and Baptist pastor, studied at West Point, Arizona State and Oxford University and earned degrees in physics and theology.

Patrick Sullivan is a Professor of Epidemiology at Emory University’s Rollins School of Public Health, and Co-Director of the Prevention Sciences Core at Emory’s Center for AIDS Research (CFAR). Dr. Sullivan’s research focuses on HIV among men who have sex with men, including behavioral research, interventions and surveillance. Previously, Dr. Sullivan worked as the Chief of the Behavioral and Clinical Surveillance Branch at CDC, implementing HIV research studies and surveillance systems to meet critical local, state and national HIV prevention needs. He is the PI of NIH-funded studies to determine reasons for black/white disparities in HIV among MSM, to pilot HIV prevention packages among MSM in South Africa and to evaluate distribution of at-home HIV test kits to MSM in the US.

Javier Vasquez has practiced international human rights law with particular emphasis on the protection of right of everyone to the enjoyment of health; economic, social and cultural rights; gender equality; the rights of indigenous peoples and disability rights, among others. Currently, he is the Human Rights Law Advisor with the Pan American Health Organization/World Health Organization (PAHO/WHO). He advises PAHO Member States, civil society, multilateral organizations, universities and international/regional treaty bodies on human rights issues and strategies to promote and protect the right to the enjoyment of the highest attainable standard of health and other related economic, social and cultural rights of persons in situation of vulnerability; and on the formulation/review of national laws, policies, programs, services, indicators and plans in a manner consistent with international and regional human rights instruments such as the American Convention on Human Rights, public health guidelines/standards, the case law of the IACHR and the jurisprudence of the Inter-American Court of Human Rights related to health and other economic, social and cultural rights.
Saida Agostini, MSW, LGSW
M. Saida Agostini is an experienced program director and social worker who is actively committed to partnering with diverse communities in implementing peer led systems that effect social change and healing. Over the past ten years, Saida has launched and directed national, statewide and community programs, including the first youth emergency shelter in Prince George's County, Maryland, and a national minority internship program for the Environmental Protection Agency. Much of her work is focused on developing and implementing peer centered therapeutic interventions for LGBTQ youth, people of color, survivors of violence and homeless populations. Saida frequently provides professional development and training around best practices for working with underserved populations with a variety of organizations. Saida is a 2013 Cave Canem Fellow, and 2010 Leeway Foundation Art and Change Grantee.

Alison Alpert, MFA, MD
Alison Alpert is a resident in Internal Medicine. She attended the University of Vermont College of Medicine where she served on the Dean’s Advisory Committee on Diversity and Inclusion and the Admissions Committee and was a founding member of the Gay Straight Alliance. She received her Bachelor of Arts from Oberlin College and her Masters of Fine Arts in creative writing from Western Michigan University where she studied with Stuart Dybek. She has been awarded writing residencies at Jentel and Hedgebrook as well as the Irving S. Gilmore Emerging Artist Grant from the Arts Center of Greater Kalamazoo. Before medical school, she worked with marginalized young people in New York City, first at The Hetrick-Martin Institute, an after school program for LGBTQ young people and then The Door: A Center for Alternatives where she taught GED classes. She hopes to be a clinician investigator and primary care provider.

Brian Altman, JD
Brian Altman is the Director of Legislative and Regulatory Affairs at the Substance Abuse and Mental Health Services Administration (SAMHSA). In this capacity, Altman serves as SAMHSA’s chief liaison with Congress, oversees the development of agency regulations and guidelines and works closely with constituency organizations to advance the nation’s behavioral health services. Altman also serves as SAMHSA’s LGBT Policy Lead. Prior to joining SAMHSA, Altman was a senior government relations manager in Drinker Biddle & Reath’s Government Relations & Regulatory Affairs Practice Group. Altman represented a broad range of healthcare clients. Before joining Drinker Biddle & Reath, Altman was the Director of Public Policy at the Suicide Prevention Action Network USA (SPAN USA), a division of the American Foundation for Suicide Prevention (AFSP). Altman graduated from Duke University, cum laude, with a BA in public policy studies and received his JD from Georgetown University Law Center.

Maria Altonen, MA
Maria Altonen is a Project Coordinator with the Virginia Sexual and Domestic Violence Action Alliance and with Virginia AntiViolence Project. In their current role, coordinates a Richmond metropolitan area project which enhances intimate partner violence and sexual abuse services to the LGBTQ community. Maria also has extensive experience working on the Virginia statewide hotline for sexual and domestic violence through the Action Alliance. Maria has a Bachelors degree in Social Justice from George Mason University, as well as a Masters degree in Urban Planning with a concentration in Housing Justice from the Arts Center of Greater Kalamazoo.

Arlene Baratz, MD
Arlene Baratz is a physician and mother of adults with complete androgen insensitivity syndrome (CAIS), featured in the 2011 BBC documentary Me, My Sex and I. Arlene and daughter Katie, a third-year psychiatry resident, appeared on Oprah’s 2007 Growing Up Intersexed. Arlene is board member and medical adviser to AIS/DSD Support Group and moderator of AIS/DSD Parents Group. With extensive experience in parenting/family issues, she co-moderates the first family website, www.dsdfamilies.org. Arlene is a member of the 2013 Glasgow Working Group created by the International DSD Network synthesizing medical and lived experience for collaborative approaches to care and research. She contributed to Clinical Guidelines for Management of Disorders of Sex Development in Childhood and Handbook for Parents (www.dsdguidelines.org), models of patient-centered care. On Advocates for Informed Choice board, Arlene contributes to projects on informed consent and medical privacy. She co-founded Accord Alliance to align interdisciplinary stakeholders for care fostering well-being.

Catherine Basham
Catherine Basham joined Fenway Health in 2012 as the Women’s Health Outreach Coordinator. In this role, she coordinates women’s health team projects with a focus on enhancing patient care through quality improvement initiatives and the development of community outreach and
Ida Bernstein
Ida Bernstein is a second year student at Harvard Medical School (HMS). She completed her BA at Cornell University. She is currently an Academic Year Scholar with the HMS Center for Primary Care and taking a year away from classes to work on the TransPrev study at Fenway Health full-time. She served as the Co-President for LGBTQ and Allies at HMS and is devoted to increasing awareness and support for the health of marginalized, including LGBTQ, communities.

Kate Bishop, MSSA
Kate Bishop is a social worker with the STAR TRACK Adolescent HIV program at the University of Maryland Baltimore. STAR TRACK targets queer urban youth at risk for HIV and other STIs using a multi-pronged toolbox of community event outreach, venue-based outreach and HIV testing, health education sessions with youth in community settings, safe space events and linkage to adolescent specialty care for any youth diagnosed with HIV. In her current role with the program, Bishop provides LGBTQ cultural competency and other professional development trainings for healthcare providers. She has worked as an advocate for domestic violence survivors, abortion clinic counselor, sexual assault therapist, crisis hotline worker, Certified Resource Specialist, sex educator, HIV linkage to care specialist and pelvic exam instructor. She holds a Bachelor of Arts in Gender Studies from Hiram College and a Masters in Social Work from Case Western Reserve University.

John Blosnich, PhD, MPH
John R. Blosnich is a postdoctoral fellow in health service research with the VA Center for Health Equity Research and Promotion. As a public health researcher specializing in epidemiology of health disparities among lesbian, gay, bisexual and transgender (LGBT) populations, Dr. Blosnich has used both VA administrative data and large health surveillance datasets to author several papers characterizing physical and mental health and healthcare utilization among LGBT Veterans. He has served on several VA national committees that worked to create clinical education and training opportunities for LGBT healthcare within the Veterans Health Administration. His research interests include mental health and suicide risk among LGBT populations and incorporating a social determinants of health framework to the epidemiology, etiology and abatement of health disparities.

Laura Brimberry, FNP, MSN
Laura Brimberry completed her BSN with honors in general education at California State University, Chicago in 2007 and is expected to complete her training as a Family Nurse Practitioner and Masters of Science in Nursing by June, 2014. She continues to work as a critical care nurse while attending the combined program at CSU Sacramento and UC Davis. Her interest in lesbian, gay, bisexual and transgender health has led her to investigate the role of transgender health in nursing education. She participates on the UC Davis Gay and Lesbian Task Force and the UC Davis Transgender Policy Committee and volunteers at the Sacramento Gender Health Center hormone clinic serving the Sacramento transgender community.

George Brown, MD, DFAPA
George R. Brown, MD, DFAPA, is the national Program Officer for healthcare Outcomes in the Office of Health Equity, Veterans Health Administration, Washington, DC, as well as Associate Chairman and Professor of Psychiatry at East TN State University in Johnson City, TN. He is currently serving his third term on the Board of Directors for the World Professional Association for Transgender Health, the only international organization that focuses on transgender health. He is a coauthor on the last 3 versions of the Standards of Care. Dr. Brown served 12 years in the US Air Force as a psychiatrist and has provided psychiatric and medical services for transgender active duty service members and Veterans during his 20 years with VA. In his current position in Washington, DC, Dr. Brown researches healthcare disparities within VA, including a large ongoing study of transgender Veterans.

Rhonda Brown, PhD
Dr. Rhonda Brown is a Senior Lecturer in Mental Health at the School of Nursing and Midwifery, Deakin University Melbourne Australia. She is an experienced clinician, educator and researcher with a background in community nursing, mental health, family therapy and tertiary education. Rhonda’s research primarily focuses on the physical and mental health outcomes of people of diverse sexuality. She is currently involved in research of cancer risk factors among sexual minority women, the relationships between hazardous drinking, depression and anxiety in lesbian and bi-sexual women, smoking among the LGBT population, as well as
the work/life balance and resilience in same-sex parented families. Rhonda is interested in developing strategies and interventions that promote health and address the physical and mental health disparities among marginalised population groups.

**Dan Bruner, JD, MPP**
Daniel Bruner is Director of Legal Services at Whitman-Walker Health, a community-based nonprofit health clinic in Washington, DC, with a special mission to people living with HIV and to the lesbian, gay, bisexual and transgender (LGBT) communities. Prior to joining Whitman-Walker’s staff in 1995, Dan was a partner at the Washington, DC law firm of Spiegel & McDiarmid. At Whitman-Walker, Dan’s practice has concentrated on discrimination in healthcare and employment, insurance and employee benefits and health privacy. Dan received his law degree, magna cum laude and a Master’s in Public Policy from the University of Michigan. He is a recipient of awards for distinguished service from the Washington Council of Lawyers, a voluntary bar association dedicated to pro bono and public interest law and from the LGBT Bar Association of the District of Columbia.

**Marlon Buncamper**
Born on the Dutch Caribbean island of Curacao, he went to study medicine in the Netherlands in 1990. After medical school he specialized in plastic surgery at Gent University Hospital, where micro, reconstructive and transgender surgery are the main areas of expertise. Since 2010, he has been working as gender and reconstructive surgeon at the Free University Medical Centre. This is the biggest center for gender research in the Netherlands. In 2013, together with his European colleagues formed the European Association of Gender Surgeons of which he is the president.

**Whitney Burton, MPH, MSW**
Whitney Burton is the Linkage to Care Coordinator with STAR TRACK, University of Maryland, the Founding Campus. She services youth and young adults living with HIV via consumer-centered programming, referrals and medical/non-medical case management. She has a proficient background in mental health and HIV education, testing and care gaining much of her experience from working in Baltimore, Nigeria and South Africa. She received a bachelor of arts from William Smith College majoring in independent studies with a concentration on Contemporary Global Conflict and Human Rights Issues. A native of Baltimore, MD she returned home to receive her duel MSW/MPH degrees from the University of Maryland, the Founding

**Michelle Carnes, PhD**
Dr. Michelle Carnes is a public health anthropologist, filmmaker and independent scholar specializing in cultural taboos and their impact on health disparities. Her current writing focuses on LGBTQ underground social spaces, health disparities and gentrification in Washington, DC and New York City. Her current community-based work at the Substance Abuse and Mental Health Services Administration (SAMHSA) focuses on confronting historical trauma/taboo to reduce/prevent American Indian/Alaska Native youth suicide, bullying and violence via community consensus, cultural transmission and preservation.

**Rustin Dakota Carter**
Dakota is a fourth year medical student at the University of Texas Health Science Center at Houston, pursuing a career in Child and Adolescent Psychiatry. Throughout medical school, Dakota has worked to increase awareness on LGBT issues within the Texas Medical Center and the Houston area; his current projects include curriculum development on LGBT education at UT Houston and increasing accessibility to healthcare for LGBT patients in the Houston area. He was also the 2014 National Gay and Lesbian Task Force Youth Support Committee Chair for the Creating Change Conference and founder of the UTHouston Gay–Straight Alliance.

**Humberto M Carvalho, MPH**
Humberto M Carvalho has over 15 years of experience in the fields of clinical services/research and public health. He started working for the Office of Treatment and Improvement in Boston coordinating a city targeted substance abuse intervention program and since then he has worked as a contractor for the military, the Division of AIDS from NIH and for CDC under the President Emergency funds for AIDS Relief (PEPFAR) capacity building development programs in Hanoi, Vietnam. For the past year and a half, Humberto has worked as a Project Officer at the HIV Team from the Health Systems Branch/Division of Services Improvement at the Center for Substance Abuse Treatment- CSAT/SAMHSA.

**Cheyenne Corbett, PhD, LMFT**
Cheyenne Corbett is the Director of the Duke Cancer Patient Support Program and Director of Support Services for the Duke Cancer Survivorship Center at the Duke Cancer Institute, Durham, NC. She received her MS and
PhD from Nova Southeastern University, FL, in Marriage and Family Therapy, with a specialization in Medical Family Therapy. Her research involves learning about how cancer impacts family members and their relationships. She leads a multidisciplinary psychosocial team comprised of clinicians and researchers: including Medical Family Therapists, Oncology Recreation Therapists, a Child Life Specialist, psychiatrists and psychologists. Dr. Corbett presents regionally and nationally in the areas of clinical supervision, distress screening and management in oncology care, the family experience of cancer and the psychosocial components of cancer care. All of Dr. Corbett’s work is relationally-focused and this lens is used in the development and oversight of programs.

Jose Cortes, MD, FACP
Dr. Cortes is an Infectious Disease specialist and has dedicated his professional career to HIV care with an emphasis in the LGBT community. He is also an experienced educator, with a 20 years trajectory in Graduate Medical Education with a professional interest in communication skills and in teaching trainees how to be better teachers themselves. He runs frequent, highly praised workshops for the house staff on teaching skills, communication skills and other topics.

Edwin Craft, DrPH, MEd, LCPC
Dr. Craft is Vice-President for External Affairs, GLMA Board of Directors. He is a Senior Public Health Analyst at the Substance Abuse and Mental Health Services Administration (SAMHSA), where he serves as an LGBT behavioral health expert and manages demonstration grants focusing on expanding and enhancing behavioral health services to minority substance abusers at risk for infectious diseases. He has served as SAMHSA Staff Lead for LGBT Populations and Associate Administrator for HIV/AIDS Programs. He led the community-based effort that produced “A Provider’s Introduction to Substance Abuse Services for Lesbian, Gay, Bisexual and Transgender Individuals” (and its 22-module training curriculum), the first Federal publication of its kind. Dr. Craft is a Licensed Clinical Professional Counselor, and has held state and national offices with the American Counseling Association. He is a Founding Director and Incorporator of The Center: Home for LGBT in Washington, DC.

Katherine Dalke, MD
After graduating magna cum laude with a degree in Classical Literature from Haverford College, Katie Baratz Dalke entered the Perelman School of Medicine at the University of Pennsylvania, from which she earned an MD and a Masters in Bioethics. She is currently a chief resident in Psychiatry at the Hospital of the University of Pennsylvania and has been recognized with multiple teaching awards. Katie is affected by complete Androgen Insensitivity Syndrome and has advocated for the intersex and DSD community in professional journals, medical schools, conferences and the national media. Additionally, Katie sits on the board of directors for Advocates for Informed Choice, which uses legal strategies to advocate for the civil rights of intersex children and is a member of the medical advisory board to the AIS-DSD Support Group. After residency, Katie anticipates a career in medical education as well as care and support for LGBT and intersex individuals.

Gem Daus, MA
Gem P Daus is a public health analyst in the Office of Health Equity at the Health Resources and Services Administration (HRSA). At HRSA, Mr. Daus serves as the lead program and policy analyst on the health needs of the Asian American, Native Hawaiian and other Pacific Islander populations, as well as lesbian, gay, bisexual and transgender (LGBT) populations. He also participates on related interagency initiatives including Healthy People 2020 LGBT Health and the White House Initiative on Asian Americans and Pacific Islanders. Mr. Daus has more than 20 years of experience in health policy, cultural competence and language access. Prior to joining HRSA he was the executive director of the National Council on Interpreting in Healthcare and policy director at the Asian & Pacific Islander American Health Forum. Apart from HRSA, Mr. Daus is an adjunct professor in Asian American Studies at University of Maryland-College Park.

Sarah Davis Redman
Sarah Davis Redman is a Research Scientist at NORC at the University of Chicago with almost a decade of public health and health policy research experience. Dr. Redman is the NORC principal investigator for Project LOLA, an Office of Women’s Health funded RCT focused on improving the health and fitness of sexual minority women over the age of 40. Much of Dr. Redman’s current research portfolio focuses on minority health and health disparities. Prior to joining NORC, she earned a PhD in Public Health at the University of Illinois, Chicago where she examined media influence on HPV vaccine decision-making behavior. Before moving to Chicago, she spent 5 years doing health and social policy research in both London and Washington, DC.
David Dean, PhD
Dr. David Dean, Jr. is a developmental psychologist and behavioral research scientist at the Center for Behavioral Health Statistics and Quality (CBHSQ) at the Substance Abuse and Mental Health Services Administration (SAMHSA). He studies adolescent/young adult and LGBT behavioral health, particularly the role of biopsychosocial factors in health risk and protective behavior, as well as preventive and treatment interventions for those populations. At SAMHSA, he serves as the LGBT data lead and co-chair of the Sexual and Gender Minorities Interest Group. Most recently he was assistant professor of health psychology at Bucknell University and Director of the Healthy Youth Lab. Dr. Dean completed a NIAID postdoctoral fellowship in psychology and public health at the University of Washington, received his PhD in educational psychology from Columbia University and received an MS in mental health counseling and BS in psychology from Stetson University.

Amber Dowdy, MSW
Amber Dowdy is a Licensed Independent Social Worker, licensed in August of 2014. She completed both her undergraduate and graduate degrees at the University of Akron. She has worked in the mental health field for the last 5 years in multiple capacities. She began her career with Coleman Behavioral Health in 2009 as a case manager and then transferred to emergency services at Coleman Access. In April of 2013, she became engaged in a joint opportunity between Summa and Coleman Behavioral Health doing integrated behavioral health in the Family Medicine Center of Akron. At Family Medicine she provides health behavior change coaching, brief consultation, goal directed counseling and resource assistance.

Christina Dragon, MSPH, CHES
Christina is an epidemiologist at the National Center for Health Statistics and works on the Healthy People initiative, which provides a comprehensive set of national 10-year health promotion and disease prevention objectives aimed at improving the health of all Americans. The latest iteration, Healthy People 2020 (HP2020), introduced lesbian, gay, bisexual and transgender (LGBT) health, for which Christina serves as lead analyst and is one of 42 topic areas for which national health objectives are monitored. Christina received her MSPH from Johns Hopkins Bloomberg School of Public Health in 2013, where her thesis focused on LGBTQ health and cultural competence and received a BA from Smith College in 2009 with a double major in Neuroscience and Women and Gender Studies.

Theresa Drallmeier
Theresa Drallmeier is a 4th-year medical student at University of Missouri-Columbia. Prior to medical school she spent extensive time in Latin America volunteering in hospitals in El Salvador and teaching high school English in Ecuador. Her clinical interests include health literacy and care of the LGBT population. She holds a BA from Saint Louis University in Biochemistry and International Studies. She plans to pursue a residency in Family Medicine in the coming year.

Andre Duerinckx, MD, PhD
Dr. Duerinckx is an experienced and recognized leader and educator in Radiology. He is an internationally recognized expert in Cardiovascular CT/MR imaging and cardiac radiology as well as Digital Imaging. Dr. Duerinckx received a PhD in Electrical Engineering from Stanford University (1974-1979) and a medical degree from the University of Miami School of Medicine (1983-1986). He completed a residency in Radiology at the University of California at Los Angeles (UCLA). Dr. Duerinckx has held faculty and leadership positions at UCLA, University of Texas southwestern and Case Western Reserve. During this time, he also served 11 years in Veteran Affairs hospitals affiliated with these academic institutions. He came to Howard University College of Medicine in Washington, DC in October 2008 as Professor and Chairman of Radiology. Dr. Duerinckx has served as President of the North American Society for Cardiac Imaging (NASCI) and has published more than 147 articles and book chapters.

Kristen Eckstrand, PhD
Kristen Eckstrand is a sixth-year MD, PhD student at Vanderbilt University School of Medicine and co-Director of the Vanderbilt Program for LGBTI Health. Dr. Eckstrand chairs the AAMC LGBT & DSD-Affected Patient Care Advisory Committee and serves on the Board of Directors for GLMA. Her efforts have been recognized by the 2011 Vanderbilt Levi Watkins Jr. Award for her commitment to diversity, the 2013 American Medical Association Excellence in Medicine Leadership Award and the 2013 AMSA/GLMA Medical Student Award in LGBT Leadership. Dr. Eckstrand has presented Vanderbilt’s curriculum work at numerous national conferences, including plenary talks at the 2011 AAMC National Conference and the 2013 GLMA Annual Conference. Dr. Eckstrand’s curriculum innovations in LGBTI health have been published in high-impact journals. Dr. Eckstrand lectures on LGBTI health across Vanderbilt University and is a course director for the clinical immersion course, “Sex, Sexuality and Sexual Health.”
E Kale Edmiston
E Kale Edmiston is a student in the neuroscience graduate program at Vanderbilt University, where he studies autism with the mentorship of Dr. Blythe Corbett. In addition to his work in the neuroscience field, Kale has a longstanding interest and involvement in projects related to healthcare access for marginalized groups; including abortion access and pelvic exam access for transgender men. He has been an invited speaker to a number of national conferences related to transgender healthcare and health access, as well as conferences related to abortion access and policy, such as Philly Trans Health and The Civil Liberties and Public Policy Conference. He continues his interest in increasing access to both primary and transition-related healthcare for transgender people via a number of advocacy projects at Vanderbilt University and in the greater Nashville community.

Jesse Ehrenfeld, MD, MPH
Jesse Ehrenfeld is board-certified in both anesthesiology and clinical informatics and has an extensive background in clinical research, advocacy and healthcare policy. Dr. Ehrenfeld is an associate professor at Vanderbilt University Medical School in the Departments of Anesthesiology, Surgery and Biomedical Informatics where he serves as Director of the Informatics Research Division, Director of the Center for Evidence-Based Anesthesia & Medical Director for Perioperative Quality. He is Co-Director of the Vanderbilt Program for LGBTI Health and a Course Director for both the School of Medicine’s Continuity Clinical Experience and the immersion course entitled “Sex, Sexuality and Sexual Health.” Dr. Ehrenfeld holds an MPH from Harvard and a doctor of medicine from The University of Chicago. He completed residency and served as informatics fellowship director for the Department of Anesthesiology at MGH. Dr. Ehrenfeld, a Lieutenant Commander in the US Navy, also serves as a medical reserve officer.

Nwadiogo Ejiogu, MA
Nwadiogo Ejiogu is an activist scholar, community organizer and healer-in-training. For over a decade she has been writing, serving and organizing from the intersections of race, gender identity, class, disability, sexuality, criminalization and healing. She holds a Master of Arts degree from the Department of Sociology and Equity Studies from the Ontario Institute for Studies in Education at the University of Toronto. While in graduate school, she co-authored the chapter, “How Disability Studies Stays White and What Kind of White it Stays,” a text that is curricula at several colleges and universities in North America. Currently, she is a second year medical student at Meharry Medical College in Nashville, TN.

Michele Eliason, PhD
Mickey Eliason received her PhD in psychology in 1984 and is currently an Associate Professor of Health Education at San Francisco State University. Prior to that, she was at the College of Nursing and Director of Sexual Studies at the University of Iowa. She has been studying LGBTQ health issues for 25 years and is principal investigator for Doing It For Ourselves, a pilot project to develop health interventions for older sexual minority women. DIFO is a lesbian/bisexual woman-centered health education and support program that runs for 12 weeks of 2 hour sessions with a specific curriculum of issues relevant to older sexual minority women.

Laura Erickson-Schroth, MD
Laura Erickson-Schroth is a psychiatrist in New York City. She is currently a Public Psychiatry Fellow at Columbia University, working with the LGBT Initiative of the Columbia Division of Gender, Sexuality and Health. She edited the recently released book, Trans Bodies, Trans Selves, a resource guide written by and for transgender communities. She is a trainee board member of GLMA: Health Professionals Advancing LGBT Equality and the Association of Gay and Lesbian Psychiatrists (AGLP).

Carrie Evans, MA, JD
Carrie Evans is the Executive Director of Equality Maryland, the state’s LGBT civil rights organization. She returned to the organization in 2011 after serving as the organization’s Director of Policy and Planning from 2007-2009. In March 2012 the General Assembly passed The Civil Marriage Protection Act, making Maryland the 8th state to pass a marriage equality bill. Evans served on the Executive Committee of Marylanders for Marriage Equality, the campaign that successfully defended this law on the November 2012 ballot. In 2014, Evans helped lead the passage of The Fairness for All Marylanders Act, which updated the state’s anti-discrimination laws to include protections for transgender individuals. Evans has worked as the state legislative director for the Human Rights Campaign and the National Gay and Lesbian Task Force, was an adjunct professor at University of Maryland Baltimore County and the Assistant Director at the Battered Women’s Program in Baton Rouge.
Ellen Feder, PhD
Ellen K. Feder is Professor of philosophy at American University in Washington, DC. She is author of Making Sense of Intersex: Changing Ethical Perspectives in Biomedicine (Indiana University Press, 2014) and numerous articles focused on the ethical questions raised by the medical management of atypical sex anatomies in children.

Eric Fenkl, PhD
Dr. Eric A. Fenkl is an Assistant Professor of nursing in the Nicole Wertheim College of Nursing and Health Sciences at Florida International University in Miami, Florida. Dr. Fenkl received his PhD in nursing from the University of Wisconsin – Milwaukee. Dr. Fenkl teaches in the graduate program including the nurse educator post masters program and the DNP program. His courses include Culture and Advanced Practice Nursing as well as the spectrum of courses offered in the nurse educator certificate program. Dr. Fenkl's research interests include HIV/HPV prevention and related disease among lesbian, gay, bisexual and transgender (LGBT) populations with a particular emphasis on men who have sex with men (MSM). In October 2013 he received a three-year grant for $899,999 from the Center for Substance Abuse Prevention, SAMHSA, to develop a program, focusing on HIV/STD and substance abuse (underage drinking and binge drinking) prevention for minority LGBT college students.

Sarah Fogel, PhD, RN
Sarah Fogel is a Professor of Nursing at Vanderbilt University School of Nursing. Dr. Fogel's research has addressed facilitators/barriers of disclosure of sexual identity to healthcare providers, weight loss among lesbians and the meaning of health to lesbians and bisexual women. Research and funding opportunities include: Development and Validation of an Instrument to Measure Facilitators and Barriers to Disclosure of Sexual Orientation to Healthcare Providers (1999) and Evaluation of a Predominantly Lesbian Weight Loss Group (2008) both funded by GLMA’s Lesbian Health Fund and Vanderbilt University School of Nursing; and Mautner Project’s Obesity Project (funded by the DC Dept. of Health [2011]). Her current project, funded via contracts from the USDHHS Office on Women’s Health, Healthy Weight Initiative is an intervention-based health-improvement project being implemented with five different projects among sexual minority women in Washington, DC, San Francisco (two sites), St. Louis and New York.

Stephen Forssell, PhD
I received my doctoral degree in developmental psychology from the University of Denver in 2004. I earned my BA in psychology at the University of Virginia in 1998, graduating with highest honors. There I worked in the lab of Mavis Hetherington studying sibling relationships and children of divorced families. At the University of Denver I worked with Dr. Wyndol Furman examining adolescent romantic relationships and attachment. My Masters thesis examined jealousy, attachment and evolutionary theory in homosexual and heterosexual romantic partners. I am a member of Psi Chi and a recipient of the Lawrence Miller Foundation Fellowship.

Kristen Frame
Kristen Frame is a health disparities advocate and mental health recovery educator. Kristen is a certified Peer Support Specialist and Tobacco Treatment Specialist. A graduate of Denison University, she serves on several national boards related to health disparities, LGBTQ issues, social justice and cultural competency, including the Steering Committees for Network for LGBT Health Equity and National Mental Health America. She has been named a State Health Promotion Policy Expert, one of SAMSHA’s 25 Pioneers for Smoking Cessation and a member of the SAMHSA Leadership Academy to Address Disparities in Mental healthcare. Kristen received the Gold Presidential Volunteer Service Award for her contributions to Ohio Rehabilitations Services Commission and the Mental Health America Consumer of the Year Award. Kristen loves political advocacy, travels to DC frequently and can’t wait to sit next to you on the long plane trip home.

Chelsea Fullerton
Chelsea Fullerton is a social justice educator, queer activist and student affairs practitioner in the Office of Diversity Affairs at NYU School of Medicine, where she coordinates LGBTQ inclusion efforts both within and outside the classroom. She holds a Master's in Education in Community Engagement & Higher Education and concentrated her research and practice on trans* campus inclusion efforts. With her skills in curriculum development, workshop facilitation and building inclusive campus & organizational climates, she has worked with organizations on both local and national levels creating engaging ways to educate and mobilize others on LGBTQ awareness and allyship, anti-racist practice and a variety of other social justice issues. Chelsea is invested in intersectionality, empowerment and nonviolent resistance, all of which inform her work both personally and professionally. Additionally, she believes in tarot, public radio and the Oxford comma.
Faculty Bios

Samantha Garbers, PhD
As Senior Research Scientist at Public Health Solutions, Dr. Garbers conducts evaluations of internal and external public health programs, with a focus on low literacy interventions. She currently serves as Project Director of the Coordinating Center for the national Healthy Weight in Lesbian and Bisexual Women Study, funded by the Office of Women’s Health (HHS). She recently completed formative research and evaluation of the GYT campaign to increase STD testing among LGBTQ street-oriented youth. As Assistant Professor of Clinical Population & Family Health at the Mailman School of Public Health at Columbia University, Dr. Garbers teaches the Methods in Program Evaluation course. Dr. Garbers received her PhD in Epidemiology at Columbia University’s Mailman School of Public Health and an MPA in Health Policy & Management from New York University. In 2012, she received the William Farr Award in Epidemiology, recognizing her work in addressing social inequalities in public health.

Joanne Genet, PA
Joanne Genet, staff lead for the LGBT Pride Initiative for the Contra Costa Health Services (CCHS). She has organized and advocated for LGBT visibility and inclusion for over 20 years. She started the Pride Initiative, aka Lavender Lunch, to organize staff in CCHS. Joanne has a long history in lesbian and gay healthcare. One of the founders of the Lesbian Clinic, Berkeley Women’s Health Collective, one of the first lesbian clinics; Lead clinician on an HIV transmission study at University of California-San Francisco; President of the Board of WORLD, an organization of women living with AIDS; developed an innovative strategy to educate lesbians about breast cancer utilizing softball teams and tournaments; and most recently is a steering committee member of the California LGBT Health and Human Services Network. Joanne is a graduate of the Stanford University, Primary Care Associate Program.

Danielle German, PhD, MPH
Danielle German is an Assistant Professor in the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health. Her research uses qualitative and quantitative methods to understand and address the social context of health behavior, with emphasis on issues related to urban health, HIV transmission, drug use, mental health and LGBT health. She has a specific interest in the urban environment as well as social, housing, employment and neighborhood stability and its impact on public health. She also spends much of her time working to understand and address the HIV epidemic in Baltimore and particularly the disproportionately high rates of HIV among MSM of color, African-Americans and drug users in our community. She is Principal Investigator of the BESURE Study and its partner project, Project Re , a community based HIV testing program among MSM, gay, transgender and same gender loving people of color in Baltimore.

Andie Gersh, BSN, RN
Andie Gersh is a senior staff nurse in the Pediatric ICU at New York University Medical Center. She completed her BS in Nursing at New York University College of Nursing in 2012. As a bedside nurse, she began conducting quantitative and qualitative research to identify the gaps in nursing education and nurse comfort around discussing gender and sexuality with patients. The findings from these studies will be used to create educational curriculums for nurses on the care of LGBTQ patients.

Tracey Gersh, PhD
Tracey L Gersh is the Executive Director of the LGBT Health Resource Center (LHRC) of Chase Brexton Health Services, Inc., a Federally Qualified Community Health Center in Baltimore, MD. The LHRC was founded to provide LGBT individuals and their families with welcoming access to expert health information and resources that enhance wellness and quality of life. Dr. Gersh has nearly 30 years as a professional in the healthcare field, including 24 years as a clinical provider and over 10 years as a senior leader in healthcare administration. Dr. Gersh received her PhD in Counseling Psychology from the University of North Carolina at Chapel Hill, completed her internship at the Durham Veteran’s Administration Medical Center and completed the Johnson & Johnson healthcare Executive Program at the University of California, Los Angeles. Her professional interests include integrated care and reducing health disparities.

Nikole Gettings, MSN, CNM
Nikole Gettings has been providing comprehensive reproductive health services with CHOICES: MCRH for more than 6 years. She has a master’s in Nursing from Vanderbilt University School of Nursing. Clinically, she offers a unique set of sub-specialty skills within the field of gynecology and reproductive health that are not widely available in the Memphis and Shelby County area including Paragard, Mirena and Nexplanon insertion and removal, Colposcopies, same sex fertility assistance, sperm washing, fertility evaluations for men and women, men’s reproductive health services, adolescent reproductive health, reproductive health for HIV+ and families of HIV + resulting in delivery
of true comprehensive reproductive health counseling, education and health services across the life span. Ms. Gettings believes all individuals should be supported throughout their lives in reproductive health through education, clinical services and support networks in order to help individuals, couples, families and communities develop safe supportive reproductive health.

**Tess Gilbert, MHS**

Tess Gilbert is a Senior Research Analyst at NORC at the University of Chicago with a background in epidemiology. She is an experienced public health researcher with interests in health disparities, rural health and quantitative methods. Her work at NORC focuses on program evaluation, database management and quantitative and qualitative data analysis. She serves as the data analyst on Project LOLA, an RCT that’s funded by the Office of Women’s Health to improve the health and fitness of sexual minority women over the age of 40. Prior to NORC, Ms. Gilbert worked at the Maryland State Department of Health and Mental Hygiene and has also worked with Tribal populations in New Mexico. She received a Master of Health Science degree in Epidemiology from Johns Hopkins Bloomberg School of Public Health.

**Carla Goad, MA, LMFT**

Carla Goad is the Deputy Director of the HIV/AIDS and STD Program with Contra Costa County Health Services in California. She is a member of the Contra Costa Pride Initiative whose goal is to increase access and quality healthcare for LGBTQ residents in Contra Costa County. In these roles she has been part of a small but mighty group facilitating training, planning, technical assistance and implementation of policies and practices to create safer and more inclusive environments for LGBT service recipients and employees. Carla has worked in healthcare and prevention for over 27 years with adults and youth through LGBT program development, evaluation and direct client service. She is the creator of a youth development program, QscOUTs, a safe and fun, queer positive group experience. As a mental health provider in private practice, she holds a master’s degree in Clinical Psychology/Sport Psychology and is a Licensed Marriage and Family Therapist.

**Robert Goldstein, MD, PhD**

I am a medical resident at Massachusetts General Hospital in the Department of Medicine. In the coming year I will be applying to Infectious Disease fellowships, focusing my training on HIV medicine and the care of LGBT individuals. While in residency I have worked with a group of residents and faculty to develop a coordinated LGBT curriculum for inpatient and ambulatory rotations, partnering with local providers and researchers.

**Zil Goldstein, MSN, FNP-BC**

Zil Garner Goldstein is currently a nurse practitioner at Beth Israel Medical Group in New York. She practices primary care, focusing on LGBT/queer health, transgender health and HIV primary care. She has been working in transgender health for the past ten years and in HIV for the past 7 years. Ms. Goldstein presents nationally on transgender health and sensitivity issues and is also the Clinical Director of the Persist Health Project, an organization dedicated to providing free and low-cost health services to people who trade sex. She is also an author and editor for Trans Bodies, Trans Selves, published September 2014 at Oxford University Press, which is another great resource for information on transition, counseling and living as a transgender person.

**Darci Graves, MA, MA, MPP**

Darci L. Graves has over 10 years of professional and academic experience in the fields of cultural and linguistic competence, education and public policy. A former faculty member at the University of Missouri-Kansas City School of Medicine, she aided in the development, implementation and management of the diversity, spirituality, communications and geriatrics curricula. She holds graduate degrees in Communications, Religion and Sociology and Public Policy.

**Jamison Green, PhD**

Jamison Green is a well-known advocate for transgender and transsexual health, civil rights and social safety. He leads a small consulting firm specializing in transgender education and policy consulting for business, education and government, through which he and colleagues advise, among other clients, the Human Rights Campaign on the Corporate Equality Index. He served as the Primary Care Protocols Manager at the Center of Excellence for Transgender Health at UCSF. Author of the prize-winning book Becoming a Visible Man (Vanderbilt University Press, 2004), his work on anti-discrimination legislation, healthcare access and insurance reform has impacted governments and businesses throughout the world. He was recognized in 2009 by the LGBT Bar Association with its Transgender Advocacy Award and by the Association of Gay & Lesbian Psychiatrists with its Distinguished Service Award. From 2014-2016 he is serving as President of the World Professional Association for Transgender Health.
Richard Greene, MD
Dr. Richard E Greene is an Assistant Professor of Medicine, Assistant Program Director of the Primary Care Residency Program at NYU School of Medicine, the Director of Gender & Health Education at the Office of Diversity Affairs and an Attending Physician and Blue Team Physician Leader at Bellevue Hospital. Dr. Greene graduated from GWU School of Medicine and trained in his residency for Primary Care Internal Medicine at NYU. An active and passionate medical educator, he has presented extensively on many Primary Care topics including the musculoskeletal physical exam, foundations of primary care medicine and LGBT healthcare disparities. Clinically, Dr. Greene started the first LGBT health clinic at a Health and Hospitals Corporation facility at Gouverneur Healthcare Services, which he ran for 2 years. He also serves as a research affiliate with the Center for Health, Identity, Behavior and Prevention Studies through NYU’s Steinhardt School.

Daniel Gutierrez
Daniel Gutierrez is a 3rd year medical student at Case Western Reserve University (CWRU) School of Medicine. He graduated with a BS in Microbiology and Spanish from the University of Michigan, Ann Arbor. At CWRU, he is a student coordinator of the Applied Medical Spanish Program, a leader of the American Medical Student Association Gender and Sexuality Committee and a volunteer at the Free Medical Clinic of Greater Cleveland.

Elizabeth Hair, PhD
Elizabeth C Hair is an Associate Vice President for Research and Evaluation at the American Legacy Foundation. She has over 20 years of experience in conducting research on child and adult health and well-being. For the last two years, Dr. Hair has co-led the randomized control prevention trial of a healthy weight program targeting lesbian and bisexual women over the age of 40 (Project LOLA) funded by DHHS Office of Women's Health. She has expertise in survey and questionnaire design, as well as overseeing the survey and random assignment studies in the field. Dr. Hair also has advanced statistical training. Between 2009-2014, she was a Senior Research Scientist in the Public Health Area at NORC at the University of Chicago. Prior to her work at NORC, Dr. Hair worked at Child Trends for 10 years where she was the Program Director of the Health Area from 2005 -2009.

Jennifer Han
Jennifer Han is the project coordinator for Project Re__, a community based HIV testing project that is funded through the Men’s Testing Initiative (MTI). She started working in the HIV/AIDS field in 2002 as a research assistant while an undergraduate at UC Berkeley. She obtained her Master’s in Infectious Disease Epidemiology at the Johns Hopkins School of Public Health. After completing her graduate program, she spent three years at the Centers for Disease Control as a Public Health Prevention Fellow. During the fellowship, Jennifer served as a field assignee to the Baltimore City Health Department’s syringe exchange program. Jennifer will be attending nursing school in the fall.
and hopes to become a primary care nurse practitioner serving marginalized populations. She has a wide array of interests that include LGBT health, reproductive health, infectious diseases, social justice and harm reduction.

**Tari Hanneman, MPA**

Ms. Hanneman is the Associate Director of the Health and Aging Program at the Human Rights Campaign Foundation. In that capacity she oversees the annual LGBT Healthcare Equality Index. Ms. Hanneman has over 20 years of experience in the nonprofit and philanthropic sector, primarily focused in the areas of health and women’s issues. Prior to joining HRC, she served as the initial Director of The Women’s Fund of Winston-Salem where she led all aspects of developing The Fund’s programs and brand in the community. Prior to her move to North Carolina, she served in a number of roles at The California Endowment, one of the nation’s largest health foundations. She has also had stints working for elected officials and environmental, reproductive rights and HIV/AIDS organizations. Tari has a Master’s in Public Administration with an emphasis on Nonprofit Management from the University of Southern California, where she also did her undergraduate work.

**Dawn Harbatkin, MD**

Dr. Dawn Harbatkin is the Executive Director and acting Medical Director at Lyon-Martin Health Services in San Francisco, California. Her work focuses on developing clinical systems and programs that reach the lesbian, gay, bisexual and transgender (LGBT) community, educating healthcare professionals about their specific needs and addressing policy issues at the local, state and federal levels. Her efforts at Lyon-Martin have included the design and implementation of a breast health education program, HIV counseling and testing expansion, implementation of an electronic disease registry to improve care for diabetes and depression, development of an integrated behavioral health program and Project HEALTH.

**Christopher Harris, MD**

Christopher Harris has been involved with GLMA for over 20 years. Joining the Board of Directors in 1993, he has been proud to support the organization as the stature of LGBT healthcare has grown in importance for the community. Eventually serving as President, he was honored to continue GLMA’s commitment to human rights and respect for all persons. He continues his work on behalf of GLMA as the representative to the Commission to End Healthcare Disparities. He also is involved significantly with the American Academy of Pediatrics. Clinically, Dr. Harris is a pediatric pulmonologist, caring for children with lung disease at Cedars-Sinai Medical Center, in Los Angeles, California. Along with GLMA Board Member Gal Mayer, MD, Dr. Harris attended the Parsons Rainbow Connection Workshop in April 2013 and continues to participate in regular discussions about the topic.

**Hilary Haseley, MSW**

Hilary Haseley is a first year PhD student in the School of Social Work at Arizona State University. Her research interests are lesbian identity development, LGBT youth in congregate care settings and LGBT families involved with child protective services.

**James Heck, MS**

Ted Heck is an HIV Prevention Contract Monitor at the Virginia Department of Health where he specializes in reaching transgender populations. Volunteer activities include anti-violence and advocacy work in LGBQ and especially T communities of Virginia through Virginia AntiViolence Project, Richmond Transformers FTM Support Group and other local organizations. He is an active member of the Religious Society of Friends (Quakers) locally at Richmond Friends Meeting and nationally through Friends for Lesbian, Gay, Bisexual, Transgender and Queer Concerns. He lives as an out trans man with his amazing spouse and three cats in Richmond, VA.

**Laura Hein, PhD, RN, NP**

Dr. Hein is an Associate Professor in the College of Nursing at the University of South Carolina. She serves on the Board of Directors of the Harriet Hancock LGBT Center and on the Board of GLMA. Dr. Hein’s research focuses on health disparities experienced by lesbian, gay, bisexual and transgender (LGBT) persons within a social justice and public policy paradigm. Her ultimate goal is to impact public policy thereby decreasing LGBT health disparities and averting future victimization. Dr. Hein was honored to be one of 150 LGBT leaders to be invited to the White House in September for a briefing on the Affordable Care Act and the LGBT Community.

**Sabina Hirshfield, PhD**

Sabina Hirshfield is a senior research scientist for Research and Evaluation at Public Health Solutions in New York City. Dr. Hirshfield has expertise in designing and conducting online HIV-related research and intervention studies of men who have sex with men (MSM). Since 2002, Dr. Hirshfield has collaborated with a team of researchers on Internet-based behavioral risk surveys of MSM, reaching
Andrew Hollenbach, PhD
Andrew D Hollenbach completed his doctoral degree at Johns Hopkins University, performed his postdoctoral training at St. Jude Children’s Research Hospital and became a faculty at Louisiana State University Health Sciences Center (LSUHSC) in New Orleans in 2003. He is active in graduate and medical education, sits on the School of Medicine and the School of Graduate Studies Multiculturalism and Diversity committees, assisted students in forming the student-run organization LGBT+ Ally Organization for Cultural Understanding in the Health Sciences (LOCUS) and serves as their faculty advisor. He sits on the Association of American Medical Colleges Lesbian, Gay, Bisexual, Transgender and/or Differences of Sex Development-affected Patient Care Project. Dr. Hollenbach was recognized for his teaching and contributions to LSUHSC by being awarded the Alumni Association Award for teaching, is author of the book A Practical Guide to Writing a Ruth L. Kirschstein NRSA Grant and is a regular contributing author to ASBMB Today.

Brian Hurley, MD, MBA
Brian is currently a Veterans Administration National Quality Scholar affiliated with the University of California, Los Angeles at the VA Greater Los Angeles Healthcare System, and is a 2015-2017 Robert Wood Johnson Foundation Clinical Scholar at UCLA. He serves on GLMA’s Board of Directors as GLMA’s delegate to the American Medical Association and previously served as GLMA Board of Directors’ Health Professional in Training representative from 2010-2012. He completed a fellowship program in addiction psychiatry at New York University School of Medicine and general psychiatry residency training at Massachusetts General Hospital and McLean Hospital. Brian graduated from the University of Southern California’s Keck School of Medicine and Marshall School of Business with a combined MD/MBA degree. Brian previously served as the National President of the American Medical Student Association (AMSA), where he also was the Coordinator of AMSA’s Lesbian Gay Bisexual and Transgender People In Medicine Advocacy Action Committee.

Jeffrey Huyett, MSN
Jeff Huyett has been a nurse for 30 years and nurse practitioner for nearly 20 years. Throughout his career, Jeff has been focused on LGBTQ healthcare as well as educating nursing and medical providers about such care. For the past decade he has been primarily focused on HPV manifestations in the anus through clinical care, research, policy development, as well as provider education.

Katie Imborek, MD
Dr. Katie Imborek completed her medical school education at the University of Iowa Carver College of Medicine and her residency training in Family Medicine at the University of Iowa. As a medical student, she founded MEDIQS (MED Iowa's Queer Students), to promote implementation of LGBTQ health-related topics in the medical school curriculum. She is Assistant Professor of Family Medicine at the University of Iowa Hospitals and Clinics where she has an outpatient with obstetrics practice. She received the University of Iowa Office of Equal Opportunity and Diversity Catalyst Award, given to individuals who have promoted an inclusive campus community, both as a medical student and again as a faculty member. She routinely lectures to medical students, residents, faculty and staff regarding competent and compassionate care for the LGBTQ community. Along with Dr. Nisly, in October 2012, she developed and continues to co-direct the University of Iowa LGBTQ Clinic.

Laura Jacobs, LCSW
Laura A. Jacobs is a psychotherapist, author, presenter and activist in the New York City area focusing on gender, sexuality and sexual minorities. She serves on the Board of Directors and several advisory boards for the Callen-Lorde Community Health Center in Manhattan, the largest LGBTQ-focused healthcare facility in the nation and the largest provider to trans and gender nonconforming populations worldwide. She holds a Bachelor of Arts degree from Sarah Lawrence College along with a Masters of Social Work from New York University. She is registered as a Kink Aware Practitioner of Psychotherapy through the National Coalition for Sexual Freedom. Her book, Many Paths: The Choice of Gender, is in development and she is a contributor to the upcoming Trans Bodies, Trans Selves. As Lawrence Jacobs, she worked in the arts as a musician, composer and photographer, as well as in less glamorous positions such as corporate middle management.
William Jacobson, MPH
William Allan Jacobson is in his final year of dental school at Case Western Reserve University (CWRU) School of Dental Medicine in Cleveland, OH. Jacobson received his MPH at CWRU through a HRSA grant and his BA in Visual Arts from the University of San Francisco in 2009. Jacobson researched the oral health needs of the LGBT community in North East Ohio for his MPH Capstone. Jacobson trained the MetroHealth’s PRIDE clinic staff on oral health, Ohio’s LGBT affirming health clinic. His paintings were displayed at the LGBT Center at CWRU during the 2011/12 academic year. He has an interest in developing his clinical skills and giving back to the LGBT community. Jacobson is a native bilingual in Spanish and English and in his free time enjoys painting and hiking.

Aron Janssen, MD
Aron Janssen is a child and adolescent psychiatrist specializing in gender and sexual development. He has presented nationally and internationally on gender variance/non-conformity in childhood and adolescence and teaches an undergraduate course at NYU on sexual development. He has published work on gender non-conformity, including his most recent article in the Journal of Child and Adolescent Psychiatry titled "A New Generation of Gender." He is a Clinical Assistant Professor of Child and Adolescent Psychiatry at the NYU Child Study Center and director of the NYU Gender and Sexuality Service.

Michael Johnson, MSN, RN
Michael Johnson is a psychiatric lecturer and PhD student. His research focuses on LGBT health disparities and he has presented his work at numerous conferences and events. He has been an invited speaker as an LGBT expert and invited to peer-review LGBT-related journal articles. Moreover, he has been an integral member of the GLMA Nursing Summit planning committee and of the GLMA Nursing Section planning committee. In addition to his work with LGBT policy and research, he works with community organizations that provide outreach services to homeless Veterans.

Jenna Jordan
Jenna Jordan is a doctoral candidate at the University of Missouri studying Health Education and Promotion in the Department of Educational, School and Counseling Psychology. She works as a Graduate Research Assistant on the Out, Proud and Healthy Project in the Department of Family & Community Medicine. Her research interests are Tobacco-Related Health Disparities in Minority Populations, Tobacco Cessation and Policy Change.

Kevin Kapila, MD
Kevin Kapila is board-certified in psychiatry and internal medicine. He is the Medical Director of Behavioral Health at Fenway Health in Boston. He spend half his time as a primary care provider for gay men and people living with HIV. The other half of his time is spent as the Medical Director for behavioral health where he helps lead the department in the mission to provide high quality mental healthcare to the LGBT community. He is also a instructor in Medicine at Harvard Medical School.

Michael Kauth, PhD
Michael R Kauth is a clinical psychologist located at the Michael E. DeBakey VA Medical Center in Houston. He is Co-Director and Associate Director for Education of the VA South Central Mental Illness Research, Education and Clinical Center (MIRECC), a regional research and clinical education center encompassing 10 VA medical centers, as well as one of the Lesbian, Gay, Bisexual and Transgender (LGBT) Program Coordinators for Patient Care Services, VA Central Office. Dr. Kauth is also a Professor in the Department of Psychiatry, Baylor College of Medicine (BCM). He directs the Human Sexuality course at BCM and supervises one of the 7 LGBT Health Psychology Fellows in VA. Dr. Kauth has published several articles and chapters on health psychology, implementation of educational interventions, sexual health and LGBT Veterans and a book on the evolution of human sexual attraction.

Paul Krieger, MD
Paul Krieger is an Emergency Room Physician at Beth Israel Medical Center, part of the Mount Sinai Health system, in New York City and Assistant Professor at the Icahn School of Medicine. He currently serves on Beth Israel’s Diversity Councils LGBT committee and has served as the past committee chair. He helps to provide LGBT health training and organize hospital wide LGBT employee events. He has presented nationally on the need for LGBT health education in residency training. Additionally, he has supported LGBT asylum applicants by providing a medical affidavit in conjunction with the law firm of Kirkland & Ellis’s pro-bono LGBT Asylum Program. Dr. Krieger’s other interest lies in the care of the septic patient. He serves as Beth Israel’s lead emergency physician for the Greater New York Hospital Associations STOP Sepsis Collaborative.

Adarsh Krishen, MD
Dr. Krishen is a Professor of Family and Community Medicine at Northeast Ohio Medical University in Rootstown, Ohio. He works as Associate Director at Summa Family Medicine Residency in Akron, Ohio where he
provides care to patients, teaches residents and serves as the Clinical Director of the Family Medicine Center of Akron. Most recently he has been the lead physician on the successful attainment of NCQA Level 3 PCMH certification for the Family Medicine Residency practice site.

Andrew Lane
Andrew Lane became Executive Director of the Johnson Family Foundation ("JFF") in 2007. JFF has awarded $36.5 million in grants since its founding; current interests include LGBT issues and work in the State of Vermont, the City of New York and the Town of Telluride (CO). Before joining JFF, Andy was a grantmaker and philanthropic advisor working across a range of program areas and geographies. An expert on issues affecting LGBT Americans and he currently chairs the board of the Movement Advancement Project and represents JFF on the Civil Marriage Collaborative. He is the former board chair of Funders for LGBTQ Issues (2012-13) and the Paul Rapoport Foundation (2006-09) and represented JFF on the Queer Youth Fund (2008-12). Andy also led the effort to incorporate LGBT content into the National Strategy for Suicide Prevention, released in September 2012, by the US Surgeon General and the National Action Alliance for Suicide Prevention.

Scott Leibowitz, MD
Scott Leibowitz is the Head Child and Adolescent Psychiatrist for the Gender and Sex Development program at the Ann and Robert H. Lurie Children’s Hospital of Chicago. He is an Assistant Professor of Psychiatry and Behavioral Sciences at Northwestern Feinberg School of Medicine. Dr. Leibowitz completed his child and adolescent psychiatry training at Boston Children’s Hospital where he developed a psychosocial assessment and treatment clinic for gender nonconforming and dysphoric children and adolescents over a four-year period. He is currently the co-chairman of the Sexual Orientation Gender Identity Issues Committee for the American Academy of Child and Adolescent Psychiatry, on the Trevor Project’s Advisory Council, is co-chairman of the gender and sexuality curriculum taskforce for Northwestern University Feinberg School of Medicine and is also a member of the Association for American Medical Colleges LGBT Patient Care Project. He is also a member of the World Professional Association for Transgender Health.

Nathan Levitt, RN, MA, BSN
Nathan Levitt works as a Registered Nurse on the Oncology Unit at Maimonides Medical Center in Brooklyn, NY and as the Community Education Nurse at Callen-Lorde Community Health Center. Nathan has worked as a Community Organizer, Program Coordinator, researcher, consultant, trainer and health educator with international and national organizations for 15 years. He currently trains universities, health centers, medical and nursing schools, hospitals and community based organizations on LGBT health, with a focus on transgender health. Nathan is currently in a Family Nurse Practitioner Program at SUNY Downstate Medical Center.

Barbara Lewis, PA-C
Barbara R Lewis is a long time Physician Assistant who has been affiliated with Whitman Walker Health since the late 70’s, when she co-founded a Lesbian Health Night. As the AIDS epidemic hit in the early 1980’s she provided care for people with HIV as Whitman Walker grew into a major health service organization. She became a fulltime staff PA in 2000 and has continued to provide culturally competent care for the LGBT Washington, DC metropolitan community.

Fidelindo Lim, DNP, RN
Mr. Lim has worked for 18 years as a critical care nurse and since 1996, simultaneously as a clinical faculty. As the faculty liaison to various student groups (Asian Pacific-Islander, Men Entering Nursing, Global Health and the LGBTQ) he provided support to student-led initiatives towards the fulfillment of the essentials of baccalaureate nursing education. His work as a Nurse Educator in a community hospital focuses on providing sustainable educational support for all staff nurses. He is particularly interested in bridging the gap in nurse engagement, inter-professional collaboration and civility in the workplace. He has published numerous peer-reviewed articles in nursing education, LGBT issues and social commentaries.

Joseph Loy, JD, MPA
Joseph Loy is a Partner with the law firm of Kirkland & Ellis, LLP in New York, who specializes in intellectual property litigation and runs the firm-wide LGBT Asylum Program. Through the program teams of Kirkland & Ellis attorneys have won asylum for over 20 LGBT refugees, from such diverse countries as Benin, Colombia, Dominica, Ecuador, El Salvador, Egypt, Ghana, Granada, Mexico, Jamaica, Peru and Russia. Many of these cases have required the assistance of medical professionals who conducted life-saving physical and psychological evaluations in support of the asylum applications. In 2014, Mr. Loy and his colleagues at Kirkland & Ellis LLP received Immigration Equality’s Safe Haven Award for their pro bono work on behalf of LGBT/HIV+ asylum seekers.
Faculty Bios

Judith MacDonnell, PhD, MEd, MScN
Dr. Judith MacDonnell is an Associate Professor in the School of Nursing, York University, Toronto, Canada. She completed a PhD in Sociology and Equity Studies in Education/Collaborative Graduate Program in Women’s Studies at the University of Toronto and a postdoctoral fellowship with the CHSRF/CIHR Chair in Health Services and Nursing Research at York University. Her research program focuses on gender, diversity, LGBT health, equity, policy and social justice and is grounded in several decades of public health nursing practice. Research interests include equity in health and education, participatory policy processes and arts-informed education. With Dr. Andrea Daley, School of Social Work at York University, she is co-leading a CIHR-funded project on LGBTQ Home Care Access. She was a founding member of the Rainbow Nursing Interest Group of the Registered Nurses Association of Ontario.

Nicole Makris, RN, BSN
Nicole Makris received her BSN-RN in May 2014. Prior to nursing, she worked for a decade in non-profit communications and journalism for organizations including Mother Jones magazine, the Breast Cancer Fund and The SPIN Project. She is pursuing a Masters of Science in Nursing and certification as a Family Nurse Practitioner at Emory University in Atlanta. In addition to holding many leadership positions at the Nell Hodgson Woodruff School of Nursing, Nicole has worked at the Centers for Disease Control and volunteers for Lost N’ Found, a local organization serving homeless LGBT youth. After completing her FNP, Nicole aims to provide primary care to the LGBT community and dreams of one day opening a clinic and long-term care facility for LGBT elders.

Liz Margolies, CSW, LCSW
Liz Margolies is the founder and executive director of the National LGBT Cancer Network, the first and only national program addressing the needs of LGBT people with cancer and those at risk. Based in NYC, the Network focuses on education, training, advocacy and support. Liz is also a psychotherapist in private practice, specializing in trauma, loss, health disparities and sexuality. She is a guest editor of the journal Women and Psychotherapy on experiences of nonbirth lesbian mothers. I was a clinical staff nurse in all areas of perinatal nursing including: postpartum, antepartum, labor/birth and the Neonatal Intensive Care. I have been a Registered Nurse for the past 20 years. I graduated from St. Joseph College in West Hartford, CT with my BSN. I obtained my MSN in Nursing Education from the University of Hartford. I completed my PhD in Nursing in 2013. My doctoral dissertation, The Other Mother, utilized Narrative Analysis to study the postpartum experiences of nonbirth lesbian mothers. I was a clinical staff nurse in all areas of perinatal nursing including; postpartum, antepartum, labor/birth and the Neonatal Intensive Care. I was also a professional development nurse educator. I am a certified Nursing Professional Development Specialist. I am currently an Assistant Professor of Nursing at Westfield State University in MA as well as a clinical professor at the University of Connecticut. I have been a clinical instructor and lecturer at Yale University, Quinnipiac University, Saint Joseph College, Central Connecticut State University and the University of Hartford.

Phoenix Matthews, PhD
Dr. Phoenix Matthews is an Associate Professor and clinical psychologist with more than 15 years of experience in examining determinants of cancer-related health disparities with a particular focus on African American and LGBT populations. Recent research focuses on the use of community-based and culturally tailored health promotion interventions to reduce risk factors associated with cancer disparities. Phoenix currently serves as the PI of 3 federally-funded projects and co-investigator for several others. Phoenix also serves as the Co-PI of an NIH-funded study (R01 DA023935-01A2) to conduct a randomized clinical trial of a culturally tailored and non-tailored smoking cessation intervention for LGBT adult smokers. Dr. Matthews is also the director of the Recruitment and Retention Core of the University of Illinois at Chicago Center for Clinical and Translational Science and is the Helen Grace Diversity Scholar in the College of Nursing at UIC.

Jane McElroy, PhD
Jane A McElroy is an Assistant Professor in the Family and Community Medicine Department and part of the Epidemiology Group at MU Research Reactor at the University of Missouri-Columbia. She has a decade of experience in epidemiology work including studies using cross-sectional, (breast and endometrial) cancer case-control and randomized control trial designs. She is co-director on the highly successful Out, Proud and Healthy Project, a serial Missouri Foundation for Health funded project examining health and risk factors such as tobacco use in the SGM (sexual and gender minority) community in Missouri (www.outproudandhealthy.org). She is also the MU principal investigator for Project LOLA, which is an US Office of Women’s Health funded RCT focused on improving the health and fitness of sexual minority women age 40 and over.

Michele McKelvey, PhD, MSN
I have been a Registered Nurse for the past 20 years. I graduated from St. Joseph College in West Hartford, CT with my BSN. I obtained my MSN in Nursing Education from the University of Hartford. I completed my PhD in Nursing in 2013. My doctoral dissertation, The Other Mother, utilized Narrative Analysis to study the postpartum experiences of nonbirth lesbian mothers. I was a clinical staff nurse in all areas of perinatal nursing including; postpartum, antepartum, labor/birth and the Neonatal Intensive Care. I was also a professional development nurse educator. I am a certified Nursing Professional Development Specialist. I am currently an Assistant Professor of Nursing at Westfield State University in MA as well as a clinical professor at the University of Connecticut. I have been a clinical instructor and lecturer at Yale University, Quinnipiac University, Saint Joseph College, Central Connecticut State University and the University of Hartford.
Renee McLaughlin, MD

Renee McLaughlin is a senior medical director with Cigna Healthcare, based in Chattanooga, TN. She is responsible for the management of Cigna customers and providers throughout the midsouth. Renee underwent a MTF gender transition in 2013 while maintaining her highly public role. She is very active in transgender issues and is the president of the Tennessee Transgender Political Coalition, founding member of The Trans Society of SouthEast Tennessee and a member of GLMA and WPATH. Renee is a board-certified general surgeon and completed medical school and residency training at the University of Pittsburgh, where she graduated with high honors. She joined Cigna nine years ago after spending her early career in private practice.

Aaron Merki, JD

While a corporate litigator at Venable LLP, Aaron Merki, along with a small group of law students and legal practitioners, helped found FreeState in 2007. In 2012, Aaron became FreeState’s Executive Director and is responsible for providing strategic leadership for Maryland’s only legal service and advocacy organization dedicated to the low-income LGBT community. In addition to communicating FSLP’s mission, programs and need of its clients, Aaron develops and maintains relationships with collaborators, supporters, funders and other stakeholders, manages and directs staff and volunteers and ensures fiscal responsibility by leading fundraising efforts and reporting to and supporting his Board. Aaron earned his Bachelors in Political Science from the University of Maryland Baltimore County (UMBC), Phi Beta Kappa, where he was a Walter Sondheim Public Affairs Scholar. In 2011, Aaron was named one of Baltimore’s “20 in their 20’s” and in 2010, Aaron was named UMBC’s Rising Star Alumnus of the Year.

Michael Nedelman

Michael Nedelman is a medical student at Stanford University whose parallel career in film and multimedia has included a number of documentary projects addressing health and identity. These include “Project Focus,” a photography project for patients with preventable blindness in rural India, which was featured on CNN’s “Be the Change,” various fiction and art films that have premiered at festivals such as LOOP Barcelona and the APHA Film Festival; and his position in clinical research at Mount Sinai Medical Center, where he directed a collaborative short film and photovoice exhibit on vision loss and diabetes in Spanish Harlem. Michael holds a BA in Film Studies from Yale University, where he was awarded the Howard Lamar Prize in Film and the Yale GALA Award (Gay and Lesbian Association) for his thesis. He is very interested in the power of the camera to tell stories for art, education and advocacy.

April M Moyer, MA

April Moyer is a doctoral student in Clinical Psychology at Clark University. She earned an MA in Developmental Psychology at the San Francisco State University and an MA in Clinical Psychology at Clark University. She enjoys studying diverse families, especially those involved with the child welfare system and adoption. The work she has been involved with includes emphasis on gay fathers’ motivations for parenthood, work/family balance, the challenges of the foster-to-adopt process, attachment in adoptive families and adoptive parents’ pre-adoption preferences for their children.

Henry Ng, MD, MPH, FAAP, FACP

Henry Ng is an Internist-Pediatrician at MetroHealth Medical Center. He completed both his BS in Biochemistry and his MD at Michigan State University. He completed his residency and chief residency in Internal Medicine-Pediatrics at MetroHealth Medical Center and subsequently joined the faculty in 2006. In 2011, He completed his Master of Public Health degree at Case Western Reserve University with a special emphasis on Health Promotion/Disease Prevention for LGBT populations. He is an Assistant Professor at Case Western School of Medicine and is the Interim Chair of Internal Medicine-Pediatrics at MetroHealth Medical Center.

Michelle Miller, PharmD, BCACP

Michelle Miller is a Clinical Pharmacy Specialist in Ambulatory Care and PGY2 Ambulatory Care Pharmacy Residency Program Coordinator at the University of Iowa Hospitals and Clinics. She received her Doctor of Pharmacy degree at the University of Nebraska Medical Center and completed a PGY1 residency and PGY2 residency in Ambulatory Care at the University of Iowa Hospitals and Clinic. Her clinical areas of interest include anticoagulation, diabetes, depression, general internal medicine and transgender care. She has been working with Dr. Nisly and Dr. Imborek in the University of Iowa LGBTQ Clinic since early 2013.

Nicole Nisly, MD

Dr. Nicole Nisly is Professor and Associate Chair for Diversity for the Department of Internal Medicine at the University of Iowa Hospital and Clinics. Her clinical and academic interests include the Primary Care Home, care of vulnerable populations, cross-cultural healthcare and Integrative and Complementary Medicine. She served as the
University of Iowa Interim Chief Diversity Officer and in 1998 developed and continues to direct the Complementary and Alternative Medicine Clinic. In partnership with Dr. Imborek, she developed and co-directs the LGBTQ Clinic. Additionally, she developed a healthcare disparities and cultural diversity elective for healthcare students, which includes a rotation providing care for gender non-conforming people in the prison system in Iowa.

**Katiuscia O’Brien, MA**
Katiuscia O’Brien is a Research Project Coordinator and Research Assistant for Washington University, working onsite at the VA Research Office with oncology studies that primarily use VHA administrative data to identify disparities, overall survival and comorbidities. She is also a current graduate student in Public Health at the Brown School at Washington University with emphasis in biostatistics and epidemiology. Katiuscia has been involved in LGBT activism and awareness for many years including being a former member of the Board of Directors for Pride St Louis and being active in LGBT Affinity Groups, such as LGBT Diversity Council at the St Louis VA HCS.

Katiuscia’s research interests include studying healthcare and outcomes disparities in stigmatized populations. Katiuscia is a proud Army Brat who loves to travel and watch Downton Abbey and Dr Who with her partner.

**Jeff O’Boyle**
Jeff O’Boyle is a 4th year medical student at Chicago College of Osteopathic Medicine of Midwestern University. Following graduation, he will be completing his residency in family medicine at Oakwood Hospital and Medical Center in Michigan. In 2013, at Chicago College of Osteopathic Medicine, he completed an Understanding America’s Medically Underserved certificate program.

**Samuel Pang, MD**
Samuel C. Pang Medical Director at the Reproductive Science Center of New England (RSCNE), is subspecialty board certified in Reproductive Endocrinology. Prior to joining RSC New England in 1993, he trained in reproductive endocrinology at UCLA. Under Dr. Pang’s leadership, RSCNE is currently one of the largest in vitro fertilization (IVF) centers in the US, noted for being among the most successful with a very low incidence of multiple gestations compared to other IVF centers in the country.

**Sarah Peitzmeier, MSPH**
Sarah Peitzmeier is a second-year doctoral student in the department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. She earned her MSPH at Hopkins in International Health in 2012. For her master ’s thesis she worked in the Gambia and Mongolia on health and human rights issues and HIV among men who have sex with men and female sex workers. She worked at Fenway from December 2012 to August 2013, when she was the Transprev study coordinator and helped expand quantitative and qualitative research with trans men at Fenway. Her research interests are around gender-based violence and HIV in marginalized populations.

**Jim Pickett**
A gay man living with HIV since 1995, Jim Pickett is Director of Prevention Advocacy and Gay Men's Health at AIDS Foundation of Chicago (AFC). His new prevention technology portfolio consists of innovative projects (local to international) addressing ARV-based prevention, including PrEP and microbicides, and he leads the global advocacy efforts of IRMA – International Rectal Microbicide Advocates. He has long advocated for a holistic, assets-based approach to gay men’s health and HIV care/prevention.

POZ Magazine honored his efforts in 2010, 2011 and 2012 by including him in the magazine's “Top 100” lists, calling him a "soldier... instrumental in fighting for much-needed new prevention methods and undeterred by subjects many would prefer to ignore." In 2005, he was inducted into Chicago’s Gay and Lesbian Hall of Fame by Mayor Richard M. Daley and has run multiple full and half marathons to raise money for HIV/AIDS prevention and care programs. With marathons in his past, Jim mostly runs for the train, and at the mention of cookies or cake.

**Tonia Poteat, PA, PhD**
Tonia Poteat is a public health practitioner, researcher and healthcare provided who has devoted her clinical practice and public health work to advancing the health and justice for LGBTQ communities as well as people living with HIV. She currently serves on the faculty of Johns Hopkins School of Public Health in the Center for Public Health and Human Rights. Her research interests include qualitative and quantitative examinations of stigma, human rights and sexual health among LGBTQ populations in the US and Africa.

**Jennifer Potter, MD**
After receiving her MD (Harvard Medical School) and completing her residency and chief residency in internal medicine (New England Deaconess Hospital), Dr. Potter joined the medical staff at the Beth Israel Deaconess Medical Center (BIDMC). She founded and directs the BIDMC Women’s Health Center and has served as director of the Women’s Health Program at Fenway Health since 2009. She has played a leadership role in the development of the
APGO women’s health curriculum builder. She co-edited The Fenway Guide to LGBT Health, a seminal textbook that addresses the healthcare needs of LGBT populations. She is also a member of the AAMC LGBT-DSD-affected Advisory Committee, a group that seeks to increase the inclusion of evidence-based curricular materials at US medical schools. She has received the 2008 Susan Love Award for her contributions to advancing women’s health and the 2009 Harold Amos Award for advancing diversity at Harvard Medical School.

Júlia Przedworski
Júlia Przedworski is a doctoral student in Health Services Research at the University of Minnesota School of Public Health and a National Cancer Institute Health Disparities Fellow. She is a community-engaged scholar who conducts mixed methods research on healthcare equity and the social determinants of health, focusing on lesbian, gay, bisexual and transgender (LGBT) populations. Her current projects include a study of medical students’ preparation to care for LGBT patients; a qualitative study of LGBT people’s healthcare experiences; and a study of transgender patients’ gender identity disclosure to healthcare providers. She has also conducted studies on healthcare access, substance use and mental health among sexual minority populations.

Jorge Ramallo
Jorge Ramallo is a fourth year MD/MPH student at Yale University. He recently matched in medicine-pediatrics at the University of Illinois – Chicago campus. His interests include adolescent and LGBT health.

Heliana Ramirez, MSW, LISW
Heliana Ramirez is a doctoral student of the School of Social Welfare at UC Berkeley and clinical social worker at the VA Palo Alto healthcare System where she facilitates an LGBT Veteran Support Group and serves as the founding Program Manager of the LGBT Staff and Allies Special Emphasis Program through the Equal Employment Opportunity Office. Ms. Ramirez’s work with new media includes the use of video in public health and digital storytelling as a mental health intervention. Ms. Ramirez is particularly interested in community-based participatory research and her work with LGBT Veterans is published in the Journal of Homosexuality’s Special Edition on the Repeal of Don’t Ask Don’t Tell. Ms. Ramirez’s dissertation is a study of VA-based group-level interventions for LGBT Veterans and adaption of the Minority Stress Model (Meyers, 2003) to the experiences of LGBT military personnel.

Amanda Reamy, PA
Amanda Reamy graduated with a Masters of Science in Physician Assistant (PA) Studies in May 2014. While attending PA school, Amanda has become an advocate of lesbian, gay, bisexual, transgender and queer (LGBTQ) healthcare. One of her most notable efforts to bring more attention to LGBTQ health was her publication in the PA Professional titled “Coming Out in PA School.” Additionally, her Masters thesis focused on deficits in certified PAs and PA students’ knowledge of LGBTQ healthcare trends. Prior to becoming a PA, Amanda worked at the Johns Hopkins School of Medicine in the Center for Metabolism and Obesity Research. She earned her BS in Biological Sciences from the University of Maryland Baltimore County. In her spare time, she enjoys country western and west coast swing dancing.

Tracey Rickards, PhD, MSN
Tracey Rickards is an Assistant Professor with the Faculty of Nursing at the University of New Brunswick (Fredericton campus). Tracey recently completed her PhD at Dalhousie University’s School of Nursing. Dr. Rickards’ research focus was the process of becoming a lesbian headed stepfamily. The theory she developed is called Authenticating Family: Re/claiming legitimacy by the lesbian-headed stepfamily. She will begin building a program of research focusing on LGBTQ health, women’s health and community health. Tracey’s educational career includes a Bachelor of Nursing in 1986 and Masters of Nursing in 2005 at UNB. Dr. Rickards has worked in intensive care, with government and in community health nursing. Tracey has taught extensively in the Faculty of Nursing. Dr. Rickards has been the Atlantic Representative for the Canadian Association of Nurses in HIV/AIDS Care since 2011. Dr. Rickards is also a member of the Research Ethics Board at the University of New Brunswick.

Karen Roberts, PhD
Karen Roberts is a psychologist and postdoctoral fellow in the Social Aetiology of Mental Illness (SAMI) Program at the Centre for Addiction and Mental Health in Toronto, Canada. She is currently working under the supervision of Dr. Lori Ross, a senior scientist in the Social and Epidemiological Research Department at CAMH. Dr. Roberts completed her Master’s and Doctorate degrees in Clinical Psychology at York University. During her training, she completed a year-long internship at the London Health Sciences Centre, engaging in both the assessment and treatment of psychological disorders in both inpatients and outpatients. Her research interests include risks/predictors of mood and anxiety disorders among LGBTQ populations and the development of tailored psychological treatments for LGBTQ populations.
Faculty Bios

**Timothy D Rodden, MDiv, MA, BCC, FACHE**
The Rev. Timothy D Rodden is a Presbyterian Church (USA) ordained clergy and is Director of Pastoral Services at Christiana Care Health System in Newark, DE. He is also a Parish Associate at First & Central Presbyterian Church in Wilmington, DE. Tim received his Master of Divinity from Union Theological Seminary (NYC) and a Master in Pastoral Counseling from LaSalle University. In addition to being a board certified chaplain with the Board of Chaplaincy Certification of the Association of Professional Chaplains he is board certified in healthcare management as an American College of Healthcare Executives Fellow. Tim is integrally involved in Christiana Care's expanding journey in the area of cultural competency, diversity and inclusion especially relating to LGBTQ needs. Tim lives in Newark with his husband, the Rev. Dr. Randall T Clayton, and their two German shepherds, Jessie and Max.

**Cyndi Roller, PhD, RNC, CNP, CNM**
Dr. Roller's research is on transgender health, particularly the psychosocial process of how individuals in this population make decisions about engaging in healthcare. Her earlier endeavors centered on child sexual abuse and perinatal health, midwifery and women’s health. She is dedicated to improving health knowledge and policies that promote access to healthcare with a view toward improving the professional preparation of advanced practice nurses caring for marginalized and high risk populations.

**Nelson Sanchez, MD**
Nelson F Sanchez is an Assistant Professor of Medicine at Memorial Sloan Kettering Cancer Center (MSKCC) and Weill Cornell Medical College. During his medical training, Nelson conducted research exploring LGBT health and healthcare. He completed research on medical students’ attitudes and clinical experiences with LGBT patients, and New York City transgender residents’ access to medical care and hormone therapies. His research has been published in various journals, including Family Medicine and the American Journal of Public Health. Since joining MSKCC, Nelson spearheaded the Safe Zone LGBT Allies Training Workshops, he teaches a course on LGBT health for the first-year medical student class and he published research on the impact of physical activity on colorectal cancer incidence in a multiethnic cancer screening population. He is also an active member of the Building the Next Generation of Academic Physicians Initiative (BNGAP) and serves on the executive committee of the LGBT Health Workforce Conference.

**Eric Schrimshaw, PhD**
Eric W. Schrimshaw is a social/health psychologist and assistant professor of public health at Columbia University. His research over the past 15 years has been in the area of LGB health, with a particular emphasis on HIV risk behaviors of MSM populations. In particular, he has an interest in the role of technology in changing how MSM meet and communicate with potential sexual partners and how this may contribute to sexual risk behaviors among MSM. His research has been supported by multiple NIH grants and has resulted in the publication of over 50 journal articles addressing LGB health and well-being.

**Vipul Shukla**
Vipul Shukla is currently pursuing a career in medicine at the University Of Toledo College Of Medicine. He graduated from the University of Toledo with a Master's in Immunology and Microbiology and a Master's in Medical Science. During his time at the University Of Toledo College Of Medicine, Vipul became interested in HIV and began working with the Ryan White HIV Clinic. Aside from counseling and testing patients for HIV, Vipul also trains healthcare professional students in counseling and testing patients at various HIV test sites within the Northwestern Ohio region. Vipul is currently in his third year of medical school and aims to pursue a career in psychiatry, with an emphasis on HIV and AIDS. He continues to pursue research opportunities in HIV, transgender care and mental illness.

**Benjamin Singer, PhD**
Ben Singer has been a public health consultant and advocate for nearly two decades. He has worked on national and local initiatives through the US Centers for Disease Control and Prevention, the US Health Resources and Services Administration and the Philadelphia Department of Public Health’s AIDS Activities Coordinating Office, as well as consulting for non-profit and direct service organizations across the US. From 2002-2004, Dr. Singer co-founded and directed the Trans-health Information Project (TIP), a peer-driven, harm reduction program of Prevention Point Philadelphia needle exchange and the Gay and Lesbian Latino AIDS Education Initiative, with funding by the US Centers for Disease Control and Prevention. He is currently a Mellon Visiting Assistant Professor of Women and Gender Studies at Vanderbilt University.

**Catherine Smith, MS, MS**
Catherine L. Smith is a registered architect and has been President of SITUS, Inc., commercial real estate valuation company, since 1997. Catherine’s hospice volunteer work began in 2005 in response to the marvelous care that a local hospice provided to both her parents. Combining design with her passion for hospice has yielded numerous hospice
awareness projects on the local and national level. Catherine currently serves on the Board of Directors of the National Hospice Foundation and the Foundation for Hospices in Sub-Saharan Africa. Catherine coordinated the Parsons Rainbow Connection Workshop in April 2013. The Workshop’s success prompted Parsons and the University of Kentucky College of Design to offer end-of-life care Transdisciplinary Design studios, the first ever offered in US Design schools. Rainbow Connection continues to evolve under her instruction at the University of Kentucky College of Design. Catherine’s hospice awareness projects are displayed in their entirety at www.5PercentandBeyond.org.

John Sovec, MA, LMFT
John Sovec is an educator, advocate and presenter in the HIV/AIDS community with over twenty years experience in the field. He is currently in private practice in Pasadena, CA and is the clinical consultant to The Life Group LA. John is an adjunct faculty member at Phillips Graduate Institute and speaks nationally on the subject of disclosure at such venues as the United States Conference on AIDS, The Black Aids Institute and LAGPA conference. He is the LGBT Topic Expert for Good Therapy and writes for many other national outlets.

Kiefer St. Pierre, RN
Kiefer St. Pierre is Fenway’s Nurse Manager. Kiefer has 18 years of experience in nursing, which include management of two admissions departments for extended care facilities, with additional experience as an outpatient clinic manager and assistant administrator in a skilled nursing facility. At Fenway Health, Kiefer provides patient centered care and reliable solutions by gathering all the facts and then applying logic, analysis and critical thinking to daily challenges. He served as a key partner in addressing system barriers to HPV vaccination at Fenway and implementing solutions and strategies to improve access.

Carl Streed, Jr, MD
Carl G Streed Jr. earned his medical degree from the Johns Hopkins University School of Medicine. While at Hopkins, he advocated for the inclusion of LGBT health in the curricula of the Schools of Medicine, Nursing and Public Health, increased the visibility and value of the LGBT community through community advocacy and achieved transgender equity in health insurance coverage. Nationally, Dr. Streed served as the American Medical Student Association LGBT Policy Coordinator & Liaison, advised the American Medical Association Board of Trustees as a member of the GLBT Advisory Committee and served on the board of GLMA. Dr. Streed’s efforts to improve the health and well-being of LGBT individuals and communities have earned him the Johns Hopkins Diversity Leadership Award, the AMSA James Slayton National Award for Leadership Excellence, the Erickson-Zoellers Point Foundation Scholarship as well as recognition by the White House Office of Public Engagement.

Edward Strickler, MA, MA, MPH
For more than 30 years Edward Strickler has been engaged with improving access, quality and outcomes of healthcare for vulnerable populations and communities with particular concern for LGBTQ populations and their intersecting communities. Social determinants, community mental health, HIV/AIDS, violence, community support systems and provider education have been among his primary areas of research, action and collaboration. His academic work has been at Swarthmore College (BA, Humanities, Honors) and the University of Virginia (MA in religious ethics, MA in clinical ethics, MPH) with courses of education in South Asia and Southeast Asia. He is employed with University of Virginia, School of Medicine, Institute of Law, Psychiatry and Public Policy. Born and raised in the rural mountains and valleys of western Virginia, he lives with his partner of more than three decades in a historic rural community along the James River.

Elliot Tebbe, MS
Elliot Tebbe is a doctoral candidate in Counseling Psychology at the University of Florida, currently completing his clinical internship at the University of Minnesota’s University Counseling and Consultation Services (UCCS). Elliot’s research program focuses on the associations of experiences of prejudice and discrimination with health and well being in sexual minority and trans* populations. The present project is funded by the GLMA Lesbian Health Fund.

Jon Thomas, PhD
Jon Thomas is associate director of the Summa Family Medicine Residency program. He is also an associate professor of psychology in family medicine at NEOMED. Dr. Thomas has been a psychologist in Ohio since 1981. He completed his undergraduate degree at Kent State and his PhD from University of Akron. He completed the Fellowship in Academic Medicine in May 2001 at NEOMED and since then has made presentations to fellows on learning theories and motivating independent learners. He has been involved in the implementation and coordination of the integrated model of care at Summa where he supervises two grant-funded Behavioral Health Consultants.
Volker Thomas, PhD, LMFT
Dr. Volker Thomas is Professor of Couple and Family Therapy (CFT), Coordinator of the doctoral program in Couple and Family Therapy in the Department of Rehabilitation and Counselor Education (RCE) and Director of the LGBTQ Clinic in RCE. The CFT program has a social justice vision and is strongly committed to training doctoral students in researching the effectiveness of mental health interventions for marginalized populations. In 2012 Dr. Thomas started the LGBTQ Clinic in RCE to provide mental health services to the LGBTQ community. Since 2013, he and his students collaborate with the UIHC LGBT clinic co-directed by Drs. Nisly and Imborek by providing psychosocial assessments of transgender persons seeking hormone replacement therapy and/or re-assignment surgery. Beyond assessments Dr. Thomas and his team offer ongoing individual and family therapy services to assistant clients in their transition and coming out process.

Catherine Thurston, LCSW
Catherine Thurston is the Senior Director for Programs at Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE), where she oversees all social services and community-based programming. Since coming to SAGE, Catherine has overseen the launches of both the nation’s first federally-funded National Resource Center on LGBT Aging as well as the nation’s first senior center devoted to LGBT older adults.

Evelyn Tomaszewski, MSW, ACSW
Evelyn Tomaszewski is a senior policy advisor at the NASW, working on a range of health and behavioral health issues with a focus on HIV/AIDS and co-occurring chronic illnesses. She staffs the NASW HIV/AIDS Spectrum Project, the NASW National Committee on LGBT Issues and is appointed the Forum on Global Violence Prevention of the IOM of the National Academies and the Commission on Youth at Risk of the American Bar Association. Ms. Tomaszewski is responsible for the NASW Global HIV/AIDS Initiative and for policy and programs that promote LGBT equity. She has extensive expertise with policy analysis, technical writing and program implementation addressing gender equity, violence prevention and early intervention, trauma and risk for HIV/AIDS and other sexually transmitted infections. Evelyn holds a BSW and MSW from West Virginia University and certificates in Contracts Management and Procurement and Leadership Development from the University of Virginia.

Samantha Tornello, PhD
Samantha Tornello is an Assistant Professor of Psychology at Pennsylvania State University-Altoona. She received her BA in Psychology from State University of New York Stony Brook and her MA and PhD in Psychology from the University of Virginia. Her research interests focus on sexual orientation, human development and family dynamics and she has conducted a number of studies with gay fathers. Her work has also explored reproductive and sexual health among sexual minority youth and young adults.

James Turner, JD
James Turner is an accomplished executive with a broad range of experience in healthcare, communication and telecommunications gained during his 25-year career at Verizon. Currently, Mr. Turner works with the Health IT Now Coalition advocating for the nationwide adoption and effective use of telemedicine. Mr. Turner has held a number of positions in the healthcare field including the Board of Directors of Whitman Walker Clinic in Washington, DC, where he spearheaded the implementation of an electronic health record and practice management system. Additionally, Mr. Turner was a founding member of the Gay, Lesbian, or Bisexual Employees of Verizon, a resource group focused on LGBT workplace issues and market development. Mr. Turner holds a Master of Jurisprudence in Health Law and Policy from Loyola University Chicago, a Masters of General Administration in Management Information Systems from the University of Maryland and a Bachelor of Business Administration from Morehead State University.

Nan Van Den Bergh, PhD, LCSW
Nan Van Den Bergh has served as a social work academic for over 30 years in addition to being a psychotherapist, community organizer and agency administrator. Since her diagnosis and recovery from breast cancer ten years ago, the focus of her scholarship has been on researching risks and barriers to quality healthcare for women who partner with women. Based on a dearth of culturally sensitive support services for LBT women surviving cancer in her area of the US, she created a nonprofit organization: Area Resource and Referral Organization for Women. Its mission is advocacy for access to quality healthcare for LBT women. Dr. Van Den Bergh has been acknowledged for her contributions by being deemed Social Worker of the Year by the National Association of Social Workers within her state, as well as the metropolitan area within which she lives.
Tim Walsh

As a research coordinator, I use social network analysis to understand the social environmental forces that drive the HIV disparity among high-risk MSM. This research interest was cultivated under the mentorship of John Schneider starting in 2009. A commitment to LGBT people living in resource-restricted settings and a desire to improve health outcomes was further developed in my role as a high school Biology teacher on the south side of Chicago, in which my students went from 11th place to 3rd place out of 12 schools on a standardized science test indicating college readiness. In my current role, I conduct interviews, manage data, develop survey and intervention materials, assist in publication writing and perform data analysis on a variety of studies that utilize social network approaches.

Katherine Warren

Katherine Warren joined ASPE in September 2013 after graduating from Harvard University in May with a BA in anthropology and psychology. A Truman and Rhodes Scholar, she is now a Truman-Albright Fellow in the HHS Assistant Secretary for Planning and Evaluation (ASPE)’s Office of Health Policy looking at the impact of the Affordable Care Act on women’s, maternal and child and American Indian / Alaska Native. Previously, she worked at the Senate Committee on Indian Affairs and with the Indian Health Service. She has published and consulted on her anthropological and health policy research with the United Nations, tribal governments and other bodies. She will leave ASPE in the fall of 2014 to complete her Masters at Oxford University and attend medical school.

Ya-Ching Wang, MSN, MSc

Ya-Ching Wang is currently a Nursing PhD student at the University of Manchester, UK. She completed her BS in Nursing at National Taipei College of Nursing in Taiwan and her MSc in Advanced Nursing Studies at the University of Manchester. She was an oncology nurse at National Taiwan University Hospital from 2004 to 2006. After she completed her masters in 2008, she was a nursing lecturer at Tzu-Chi University. In 2011, she was invited as a speaker for introducing lesbians’ breast healthcare issues by the Taiwan Tongzhi (LGBT people in Chinese) Hotline Association.

Orrin D Ware, MPH

Orrin Ware is a Research Project Coordinator with STAR TRACK, University of Maryland, founding campus. Some of his duties include providing HIV/STI testing and sexual health education throughout Baltimore. Currently, he is designing a new HIV education and testing strategy for the Howard County Health Department. Much of Mr. Ware’s experience pertains to substance abuse, anti-sex trafficking and sexual health. Washington, DC, Baltimore, MD and Birmingham, AL have all served as locations for him to gather this experience. In 2010, received a bachelor of arts from Howard University majoring in sociology. Two years later he received a Master of Public Health with a concentration in Health Behavior from the University of Alabama. Currently, he is working towards a Master of Social Work at the University of Maryland, Baltimore.

Barbara Warren, PsyD, LMHC

Barbara E. Warren is Director for LGBT Health Services at Mount Sinai Beth Israel in NYC where she is leading implementation of the HRC’s and the Joint Commission’s guidelines for LGBT culturally competent healthcare. She previously served as Distinguished Lecturer and Director, Center for LGBT Social Science and Public Policy at Hunter College, CUNY. For over 21 years, Dr. Warren served on the senior management team of the Lesbian, Gay, Bisexual and Transgender Community Center of New York City, where she was the inaugural Director for the Center’s behavioral health programs and as Director for Planning and Research was responsible for the Center’s local and national health policy and government relations initiatives. Dr. Warren has over 30 years of experience in the development and implementation of substance abuse, mental health, HIV and public health programs in community settings.

Sarah Whitton, PhD

Sarah Whitton is an assistant professor in the Psychology Department of the University of Cincinnati and the director of the Today’s Couples and Families Research Program. She conducts basic research on the factors that place certain couples and families at high risk for problems and applied research evaluating the effectiveness of relationship-based interventions to promote couple well-being and individual mental health. Dr. Whitton’s recent work has focused on identifying risk and protective factors for same-sex couples, which she used to inform the development of The Strengthening Same Sex Relationships (Triple-S) Program, male and female versions. With funding from an APF Roy Scrivner Grant, The UC University Research Council and The Lesbian Health Fund, she has conducted three small waitlist controlled randomized clinical trials to evaluate the Triple-S programs. Dr. Whitton is a highly productive researcher, with 36 peer-reviewed papers and 8 book chapters that have been cited 1,763 times.
### Faculty Bios

#### Amy Williams, MD
Amy Williams is an Assistant Professor in the Family and Community Medicine Department at the University of Missouri in Columbia, Missouri. She is completing a fellowship in academic medicine with plans to earn her MSPH in 2015. She is involved in multiple physical activity research projects including principal investigator on a project about resident physician exercise habits. She graduated from family medicine residency in the same department in 2012 and from the University of Missouri School Of Medicine in 2009.

#### André Wilson
As Senior Associate with Jamison Green & Associates André Wilson specializes in transgender-inclusive health benefits and health service delivery. An experienced policy consultant and cultural competency educator André has provided expertise and trainings to a wide variety of employers, policymakers, health professionals and educational institutions. Wilson serves on the Ann Arbor Human Rights Commission, the Michigan Department of Education Sexual Minority Youth Working Group and the Michigan Department of Community Health Family Planning Advisory Council.

#### Cheri Wilson, MA, MHS, CPHQ
Cheri Wilson is an Assistant Scientist and Program Director in the Hopkins Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health. She provides technical assistance to organizations utilizing the Clearview Organizational Assessments-360 (COA360) suite of tools to assess their level of organizational cultural competency. Ms. Wilson also educates clinical and support staff in healthcare organizations, public health, medical and nursing students as well as K-12 students and community members. She has presented at national, state and local conferences on the issues of cultural competency, overcoming language barriers and health disparities. The focus of her work is primarily upon the intersection between cultural competency and health disparities and patient safety and healthcare quality. Ms. Wilson is particularly interested in health disparities as it relates to racial/ethnic, language, gender and sexual minorities and the provision of culturally competent patient-centered care in language understandable to all patients.

#### Christopher Wood
Most recently, Mr. Wood served as a consultant to national LGBT organizations on various projects including transgender economic development programs. Mr. Wood provided project planning and strategic guidance to groups developing programs around jobs, legal programs, intake processes, localized statistics and employer/employee training opportunities. His work has assisted several transgender communities across many US cities move transgender assistance programs to the next level. Prior to that, Mr. Wood worked at Discovery Communications creating social media and strategic marketing campaigns directed toward rural and LGBT communities. As part of his strategic campaigns, he was responsible for directing outreach programs at various LGBT Pride festivals across the country. From this work and previous experience, Mr. Wood brings a keen understanding of the needs of local LGBT organizations and how best to connect with them. Mr. Wood's leadership, passion for technology and entrepreneurial appetite has instinctively led him to co-found LGBT Technology Partnership.

#### Susan Wood, PhD
Susan F Wood is Associate Professor of Health Policy at the George Washington University School of Public Health and Health Services and Director of the Jacobs Institute of Women’s Health Services, where her work and public advocacy focuses on women’s health and the use of scientific knowledge in public policy. She previously was Assistant Commissioner for Women’s Health at the FDA and directed the FDA Office of Women’s Health from 2000-2005. Prior to her time at FDA, Dr. Wood was Director of Policy and Program Development at the US Dept of Health and Human Services’ Office on Women’s Health. Previously, Dr. Wood was a research scientist at John Hopkins University School of Medicine; she received her PhD in biology from Boston University.
Imani Woody, PhD
Dr. Imani Woody is the founding director and CEO of Mary’s House for Older Adults, a developing LGBT-friendly residential housing in Washington, DC. She has a PhD in Human Services specializing in non-profit management. Her thesis: Lift Every Voice: A Qualitative Exploration of Ageism and Heterosexism as Experienced by Older African American Lesbian Women and Gay Males when Addressing Social Services Needs. She holds a Master of Human Services degree from Lincoln University and is a graduate of Georgetown University’s Paralegal program. Dr. Woody is currently working as a diversity consultant working in the field of health, aging and issues affecting the LGBT and people color communities. She has worked as the pro bono coordinator of the DC Bar and has served as the director of training for the National Association of Protection and Advocacy, coordinating and facilitating trainings across the country for people with disabilities and promoting diversity.

Jesse Yang, MD
Jesse X Yang is an Internal Medicine physician at New York Presbyterian Hospital/Columbia Campus and a graduate of the Johns Hopkins University School of Medicine. While at Hopkins, Jesse served to promote diversity as the President of the Student National Medical Association (SNMA) Hopkins chapter. Additionally, he strove to improve adolescent sexual health in the Baltimore community as the lead coordinator of Community Adolescent Sexuality Education (CASE), a program that provided free sexual health education in Baltimore City public schools. For his efforts, he was recognized as an Albert Schweitzer fellow. Nationally, Jesse served as the National Vice President of SNMA during his fourth year of medical school. His career interests are in Pulmonary/Critical Care and Healthcare administration.

Baligh Yehia, MD, MPP, MSHP
Baligh R Yehia is an Assistant Professor in the Division of Infectious Diseases, Department of Medicine at the University of Pennsylvania and Director of the Penn Medicine Program for Lesbian, Gay, Bisexual and Transgender Health. Dr. Yehia’s main research focuses on evaluating health outcomes in individuals with HIV infection, with an emphasis on the HIV care continuum (HIV diagnosis, linkage to care, retention in care, prescription of antiretroviral therapy and viral suppression); and on interventions aimed at improving the healthcare environment for LGBT populations. He is a member and past Chair of the American Medical Association LGBT Advisory Committee.

Kimberly Zieselman, JD
Kimberly is a nonprofit professional with over twenty years of experience. After graduating from Suffolk University Law School in 1993, she began her career as a policy analyst for the Massachusetts Joint House and Senate Committee on healthcare and then worked in Government Relations and Advocacy for a variety of healthcare related nonprofits, including Boston Children’s Hospital. Kimberly serves on the New York Women’s Foundation Grant Advocacy Committee and has served on the board of the AIS-DSD Support Group since 2009. Currently, Kimberly directs Advocates for Informed Choice (AIC) fundraising and outreach initiatives and assists with strategic planning and organizational development. Kimberly is intersex and lives with her husband and twin daughters in Manhattan.
Alexander Boulos
Alexander Boulos is a rising fourth year medical student at Howard University College of Medicine, with the intentions of matching into an Emergency Medicine residency program in the Spring of 2015. In addition, he plans on completing a fellowship in Global Health upon completion of his residency program, where he hopes to join Doctors Without Borders and assist in many medical mission trips throughout the most underserved and most needed populations around the world. After coming out during his second year of medical school, he has been determined to addressing the health disparities of the LGBT population, by starting HUCM’s first LGBT organization, “Gays, Lesbians and Allies Advancing Medicine”, who strive to embracing diversity on campus by providing resources, support and an inclusive community for LGBTQ students, and actively volunteering at Whitman Walker Health Clinic by screening LGBT patients for the most prevalent STDs and providing safe-sex counseling.

Jerome Chelliah
I am Jerome Chelliah, I was born in Sri Lanka and grew up in Northern California. During my undergraduate years, I became actively involved in LGBT rights, especially with a focus on transgender healthcare. More exploration and experience in the arena of healthcare revealed the vast avenues of discrimination faced by LGBT Americans within the healthcare system. This served as the founding motivation for me to enter medicine. I recently finished my third year of medical school at UCSF. I am currently taking a year off from medical school to pursue a Masters in Public Health at Johns Hopkins. My long term career goal is to create sustainable transgender clinics in both private and public sectors that can effectively function within the already complicated American health system.

Lauren Crook
Lauren is a third year doctoral student in Behavioral and Community Health at the University of Maryland. She holds her Bachelor’s and Master’s degrees in Sociology with an emphasis in gender and sexuality from The Catholic University of America. Her research interests include health disparities among sexual minority populations, particularly in the areas of HIV and sexually transmitted diseases. Lauren’s most recent research has explored perceptions of sexual risk and risk-taking behaviors among women who have sex with women. She has worked for JBS International evaluating HIV and substance abuse prevention and treatment programs and at the University of Maryland’s Prevention Research Center (UMD-PRC) conducting community-based participatory research around HIV prevention. Lauren was the co-founder of her Alma mater’s Gay-Straight Alliance, and is a member of the American Military Partner Association and Prince George’s County’s LGBTQ Youth Task Force.

Nwadiogo Ejiogu, MA
Nwadiogo Ejiogu, MD candidate, is an activist scholar, community organizer and healer-in-training. For over a decade she has been writing, serving and organizing from the intersections of race, gender identity, class, disability, sexuality, criminalization and healing justice. She holds a Master of Arts degree from the Department of Sociology and Equity Studies from the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). While in graduate school, she co-authored the chapter, “How Disability Studies Stays White and What Kind of White it Stays,” a text that is curricula at several colleges and universities in North America.

Leo Kline, RN
Leo Kline is a Registered Nurse and a Nurse Practitioner student studying at the University of Vermont. Leo has worked at a federally qualified health center, the Community Health Centers of Burlington, in Vermont for over seven years. In addition to serving the underserved and uninsured, he advocated with another healthcare provider to establish a clinic that addressed the health needs of transgender individuals in Burlington. The Transgender Health Clinic launched in 2010, and has been a complete success. In his final semester in his Masters of Science in Nursing, Leo is completing his thesis, which assesses Nurse Practitioner’s knowledge and attitudes regarding transgender healthcare. Leo plans to continue serving the health needs of the LGBTQI population upon graduation in 2014.

Jennifer Lettsome
Jennifer Lettsome is a student nurse practitioner focusing on women’s health and primary care attending Massachusetts General Hospital Institute of Health Professions in Charlestown, MA. Jennifer graduated with a bachelor’s of arts in literature and cultures in 2011 from the University of California, Merced. Jennifer has worked in healthcare since 2004, but found that she also enjoys public health. Throughout her academic career Jennifer belonged to community
organizations such as Community Coalition in South Los Angeles, California where she helped found South LA Roots, a group of young adults in South LA working to unite the community to transform socioeconomic conditions that foster violence and addiction. Currently, Jennifer is involved at Action for Boston Community Development in Boston, Massachusetts in a program called Safer Is Sexy about sexual health, prevention and intervention for Black and Latina women and girls. Jennifer hopes to incorporate social justice and community in her career.

Nathan Levitt, RN
Nathan Levitt works as a Registered Nurse on the Oncology Unit at Maimonides Medical Center in Brooklyn, NY and as the Community Education Nurse at Callen-Lorde Community Health Center. Nathan has worked as a Community Organizer, Program Coordinator, researcher, consultant, trainer and health educator with international and national organizations for 15 years. He currently trains universities, health centers, medical and nursing schools, hospitals and community based organizations on LGBT health, with a focus on transgender health. Nathan is currently in a Family Nurse Practitioner Program at SUNY Downstate Medical Center.

Pamela Lin
Pamela Lin is currently a nursing student in the Accelerated Baccalaureate Program at New York University (NYU). After earning her first Bachelor's in Marketing from The Pennsylvania State University, she dedicated a year of service with AmeriCorps, working for an urban forestry non-profit in California where she discovered her passion for serving older adults. Inspired, she became a Certified Nurse Assistant and completed nursing school prerequisites. When she received the Robert Wood Johnson Foundation New Careers in Nursing Scholarship, her decision to attend NYU was set. She now serves as the Community Affairs Liaison for the LGBTQ nursing group and the Women’s Health Student Nurse Association at NYU. She is a Wilderness First Responder and volunteers as a Friendly Visitor with SAGE (Services & Advocacy for GLBT Elders). Her focused interests include LGBTQ older adult care, emergency and holistic nursing and infectious diseases.

Aaron Louie
Aaron studied Microbiology and Global Health at the University of California, San Diego. In college, he designed and executed an IRB-approved cross-sectional quantitative and qualitative analysis of physician attitudes on LGBT patients and research gaps. Through collecting surveys and textual data from medical students and physicians on a sensitive topic, Aaron realized the dynamic challenge of delivering culturally competent and sensitive patient care to historically marginalized groups. Now in Washington, DC, Aaron studies the humoral responses of HIV-infected patients as a research fellow at the National Institutes of Health in the laboratory of Dr. Anthony Fauci. He also volunteers for Whitman Walker Health, the region’s LGBT health clinic, as a certified tester-counselor. Aaron is currently applying to medical school and is excited to meet other healthcare professionals and students who are passionate about understanding and improving the health of the diverse LGBTQIA community.

Ramy Shukr
Ramy Shukr is a psychology graduate from the Lebanese American University (LAU). He entered the Lebanese Medical Association for Sexual Health’s (LebMASH) research competition to contribute to the growing movement of LGBT research in Lebanon. His study examined stress, identity and community among a sample of gay men in Beirut using qualitative methods, with the ultimate goal of influencing health professionals and advocacy groups in providing better services to LGBT individuals. He is aiming at investigating gender and sexuality in a graduate program, and has particular interests in social and affective neuroscience methods. He also works as a research assistant at LAU, and maintains close contact with different civil society organizations. Ramy aspires to initiate the first center for gender and sexuality education and empowerment in the Middle East, contributing to the proper dissemination of relevant research in Lebanon and the region. Ramy Shukr is the 2014 winner of Leb MASH’s Break The Silence Grant.

Jessie Xander
Jessie Xander is a second-year graduate student pursuing a Master of Science degree in speech-language pathology at Towson University in Towson, Maryland. In 2005, they earned a Bachelor of Arts degree with a double major in Sociology and Women’s, Gender and Sexuality Studies from Guilford College in Greensboro, NC. Upon graduation, they will pursue a career as a speech-language pathologist in an acute hospital setting, with an intended focus on dysphagia and tracheostomies. Additionally, Jessie would like to assist transgender, transsexual and/or gender non-conforming individuals seeking voice change therapy. When they once again have free time, they look forward to reading for leisure, crafting and contributing to grassroots community building. They are the proud parent of a cat and a dog.
Association of American Medical Colleges
Founded in 1876 and based in Washington, DC, the Association of American Medical Colleges (AAMC) is a not-for-profit association representing all 141 accredited US and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 83,000 medical students and 110,000 resident physicians.

Boston Scientific
Boston Scientific (NYSE: BSX) is a worldwide developer, manufacturer and marketer of medical devices with approximately 25,000 employees. Boston Scientific has advanced the practice of less-invasive medicine by providing a broad and deep portfolio of innovative products, technologies and services across a wide range of medical specialties. The Company's products help physicians and other medical professionals improve their patients' quality of life by providing alternatives to surgery. Close the Gap, a Boston Scientific educational initiative, focuses on three areas: community education, healthcare professional education and adherence to guidelines and disparities in cardiovascular care for the underserved patient populations. Visit: www.your-heart-health.com.

Brattleboro Retreat
The Brattleboro Retreat is a not-for-profit mental health & addictions treatment center located in southern Vermont providing a full continuum of services and programs. Nationally recognized as a leader in the field, the Retreat offers inpatient and outpatient programs for children, adolescents and adults; specialized LGBT Adult Inpatient Program as well as a young adult inpatient program; partial hospitalization and intensive outpatient services for adults; and residential and school programs for children & adolescents.

Center for Disease Control & Prevention
Center for Disease Control & Prevention’s (CDC) HIV mission is to prevent HIV infection and reduce the incidence of HIV-related illness and death, in collaboration with community, state, national and international partners.

Chase Brexton Health Services
Since 1978, Chase Brexton Health Services has expanded exponentially to meet the needs of Marylanders. Providing a range of clinical services from primary medical care and behavioral health services to dental and pharmacy, among others, Chase Brexton currently serves over 24,000 patients annually. Chase Brexton provides quality, compassionate healthcare to people of every age, gender, gender identity, sexual orientation, religion and socioeconomic status. A Joint Commission accredited, Federally Qualified Health Center (FQHC), Chase Brexton Health Care provides a continuum of care from primary medical care to behavioral health services to pharmacy, among others. It currently operates seven centers located in Anne Arundel County, Baltimore City, Baltimore County, Howard County and Talbot County. For more information on its many programs and services, please visit www.ChaseBrexton.org.

Cigna
Cigna Corporation and its subsidiaries serve millions of people worldwide through medical, dental, behavioral health, pharmacy, vision, life, accident and disability benefit plans and insurance and Medicare supplemental. Known as a health and related benefits company, our involvement with customers of all kinds goes deeper than handling insurance claims. While many businesses self-insure their health plans, employers look to us for the expertise, services and tools that help improve the health and well-being of their employees. Customers seek our guidance in making informed healthcare decisions. Partners seek our direct marketing expertise to enrich their loyalty programs and services to their customers. Individuals outside the US rely on our insurance products and services to enhance their financial security. Cigna has sales capability in 30 countries and jurisdictions, with approximately 80 million customer relationships throughout the world. To learn more about Cigna, visit www.cigna.com.

Committee of Interns and Residents
The Committee of Interns and Residents is the oldest and largest house staff union in the country, representing more than 13,000 interns, residents and fellows in California, Florida, Massachusetts, New Jersey, New Mexico, New York and Washington, DC. Membership in CIR gives residents an important voice to improve their salary and working conditions, their education and training and the quality of care they provide to patients.

Compassion & Choices
Compassion & Choices is the leading nonprofit organization committed to helping everyone have the best death possible. We offer free consultation, planning resources, referrals and guidance, and across the nation we work to protect and expand options at the end of life. For over thirty years we have reduced people’s suffering and given them some
control in their final days – even when injury or illness takes their voice. We are very proud of our relationship with GLMA. Compassion & Choices has been a steadfast supporter of GLMA’s conferences, programming and initiatives. GLMA has supported numerous Compassion & Choices initiatives including the Death with Dignity Acts in New Jersey and Massachusetts.

**Department of Health and Human Services**
The mission of the Department of Health and Human Services is to help provide the building blocks that Americans need to live healthy, successful lives. We fulfill that mission every day by providing millions of children, families and seniors with access to high-quality healthcare, by helping people find jobs and parents find affordable child care, by keeping the food on Americans’ shelves safe and infectious diseases at bay and by pushing the boundaries of how we diagnose and treat disease. The Department of Health and Human Services (HHS) is the United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is headed by the Secretary who is the chief managing officer for our family of agencies, including 11 operating divisions, 10 regional offices as well as the Office of the Secretary.

**Emergency Medical Associates**
Emergency Medical Associates, one of the country’s most respected truly democratic emergency physician groups, is recognized for innovation, high-quality healthcare, leadership and exceptional patient satisfaction. Currently seeking BC/BE physicians for career opportunities in NJ, NY, RI, PA and NC, and Urgent Care positions in NJ, NY and PA. Our sister company, Inpatient Medical Associates, has career opportunities for high-performing hospitalists in NJ, NY and RI. Visit us at our booth and enter for a chance to win our exciting raffle prize. View EM & IM career opportunities at [www.ema.net/careers](http://www.ema.net/careers) or contact us directly at (973) 251-1162.

**Human Rights Campaign Foundation**
The Human Rights Campaign Foundation improves the lives of Lesbian, Gay, Bisexual and Transgender (LGBT) people by working to increase understanding and encourage the adoption of LGBT-inclusive policies and practices. The Foundation’s Health & Aging program administers the annual Healthcare Equality Index (HEI), which educates healthcare facilities nationwide about LGBT needs and shows LGBT patients which facilities have publicly committed to equity and inclusion. HEI participants assess themselves against 40+ recommendations for LGBT patient-centered care, receive a customized needs assessment showing their performance against national benchmarks and receive LGBT training.

**Kaiser Permanente Northern California**
Kaiser Permanente Northern California currently has 17 residency and fellowship programs. We provide academic training within a world-class health care organization for a large patient population. Our programs foster residents’ professional and personal development in an integrated, scholarly and supportive, managed-care environment. We follow patients longitudinally through all aspects of the continuum of care, giving trainees exposure to principles of population management, evidence-based medicine, quality improvement and team-based acute and chronic care.

**LGBT Health**
*LGBT Health* ([www.liebertpub.com/lgbt](http://www.liebertpub.com/lgbt)) is the quarterly peer-reviewed journal that aims to promote greater awareness of the health concerns particular to each sexual minority population. *LGBT Health* facilitates and supports the efforts of researchers, clinicians, academics and policymakers to work toward improved health status and healthcare delivery for all segments of the LGBT community and other sexual or gender minorities. Spanning a broad array of disciplines, the Journal brings together the research, clinical and health advocacy communities to overcome barriers to healthcare and other current challenges as well as to expand options for treatment and prevention.

**National Coalition for LGBT Health**
The National Coalition for LGBT Health is a pioneer for equality in LGBT healthcare. The Coalition has organizational and individual members. The organizational membership includes many of the leading LGBT health centers and advocacy organizations in the US and the individual membership includes leading LGBT health-related researchers and healthcare providers. For over a decade, the Coalition has been committed to improving the health and well-being of lesbian, gay, bisexual, and transgender individuals through federal advocacy that is focused on research, policy, education, and training. Our members are dedicated to effecting change by uniting the LGBT community’s rich diversity at the national level. The Coalition is managed by HealthHIV and led by an Advisory Committee which provides overall direction. For more information on the Coalition, please contact Brian Hujdich at brian@healthlgbt.org or 202-507-4725.
National Library of Medicine
The National Library of Medicine (NLM - http://nlm.nih.gov), provides free, authoritative information for healthcare professionals, patients and families. Through a regional network of resource libraries (NNLM - http://nnlm.gov), we provide access to information, training on information resources and access to a network of health information resource centers. Stop by our booth to learn more about PubMed/MEDLINE, MedlinePlus (consumer health information) and other NLM resources designed to support health and well-being among diverse communities.

Physicians for Reproductive Health
Physicians for Reproductive Health works to improve access to comprehensive reproductive health care, including contraception and abortion, especially to meet the healthcare needs of economically disadvantaged patients. We bring the physician’s distinctive voice to debates over reproductive healthcare. We provide leadership and tools so that physicians can speak up and take action. We use scientific expertise and our patients’ real-life experiences to influence legislation, medical practice and public opinion. We advocate for reproductive health as a core part of all medical curricula. We train doctors to educate their colleagues and other health professionals on best practices in reproductive and sexual health care. www.prh.org; facebook.com/reprodocs; twitter.com/reprodocs.

Department of Veterans Affairs (VA)
The Department of Veterans Affairs (VA) was established as an independent agency under the President on July 21, 1930, and was elevated to Cabinet level on March 15, 1989. The Department’s mission is to serve America’s Veterans and their families with dignity and compassion, and to be their principal advocate in ensuring that they receive medical care, benefits, social support and lasting memorials promoting the health, welfare and dignity of all Veterans in recognition of their service to this Nation. VA is the second largest Federal department and has over 312,000 employees. Among the many professions represented in the vast VA workforce are physicians, nurses, counselors, statisticians, architects, computer specialists and attorneys. As advocates for Veterans and their families, the VA community is committed to providing the very best services with an attitude of caring and courtesy.
<table>
<thead>
<tr>
<th>Year</th>
<th>GLMA President</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 – Present</td>
<td>Henry Ng, MD, MPH</td>
</tr>
<tr>
<td>2011 – 2013</td>
<td>Desiray Bailey, MD</td>
</tr>
<tr>
<td>2009 – 2011</td>
<td>Rebecca Allison, MD</td>
</tr>
<tr>
<td>2007 – 2009</td>
<td>Jason Schneider, MD</td>
</tr>
<tr>
<td>2005 – 2007</td>
<td>Robert Garofalo, MD, MPH</td>
</tr>
<tr>
<td>2004 – 2005</td>
<td>Tri Do, MD, MPH</td>
</tr>
<tr>
<td>2003 – 2004</td>
<td>Kenneth A Haller, Jr., MD</td>
</tr>
<tr>
<td>2002 – 2003</td>
<td>Christopher E Harris, MD</td>
</tr>
<tr>
<td>2001 – 2002</td>
<td>William S Gilmer, MD</td>
</tr>
<tr>
<td>2000 – 2001</td>
<td>Saul Levin, MD, MPA</td>
</tr>
<tr>
<td>1999 – 2000</td>
<td>Donald I. Abrams, MD</td>
</tr>
<tr>
<td>1998 – 1999</td>
<td>Kathy Oriel, MD</td>
</tr>
<tr>
<td>1997 – 1998</td>
<td>Michael Horberg, MD</td>
</tr>
<tr>
<td>1996 – 1997</td>
<td>Jocelyn White, MD</td>
</tr>
<tr>
<td>1995 – 1996</td>
<td>Val Ulstad, MD</td>
</tr>
<tr>
<td>1994 – 1995</td>
<td>Bob Cabaj, MD</td>
</tr>
<tr>
<td>1993 – 1994</td>
<td>Kate O’Hanlan, MD</td>
</tr>
<tr>
<td>1992 – 1993</td>
<td>Larry Prater, MD</td>
</tr>
<tr>
<td>1991 – 1992</td>
<td>Jane Petro, MD</td>
</tr>
<tr>
<td>1990 – 1991</td>
<td>Michael Hulton, MD</td>
</tr>
<tr>
<td>1989 – 1990</td>
<td>Audrey Mertz, MD</td>
</tr>
<tr>
<td>1988 – 1989</td>
<td>Elizabeth Harrison, MD</td>
</tr>
<tr>
<td>1987 – 1988</td>
<td>Peter Hawley, MD</td>
</tr>
<tr>
<td>1986 – 1987</td>
<td>David Ostrow, MD, PhD</td>
</tr>
<tr>
<td>1985 – 1986</td>
<td>Alvin Novick, MD</td>
</tr>
<tr>
<td>1984 – 1985</td>
<td>Brett Cassens, MD</td>
</tr>
<tr>
<td>1983 – 1984</td>
<td>Neil Schram, MD</td>
</tr>
<tr>
<td>1982 – 1983</td>
<td>Denny McShane, MD</td>
</tr>
</tbody>
</table>
Thank You to GLMA’s Major Donors

Visionaries for LGBT Health ($5,000 and above)
Rebecca Allison, MD
Julio Aponte, MD
Desi Bailey, MD
Brad Deal, MD
M. Azzam Mehssen, MD
Henry Ng, MD, MPH
Robert Winn, MD

Leaders for LGBT Health ($1,000-$2,499)
Hasan Abdessamad, MD
Lemuel Arnold, MD
Jonathon R Baker, PA-C
Rami Baz, MD
Ronnie Benoit, MD
Kim Bimester, MBA & Sara Wahls
Greg Blaschke, MD, MPH
Gary Blick, MD
Diane Bruessow, RPA-C
Robert Bush, MD
Mack Cook, MD, MPH
Edwin M. Craft, DrPH, LCPC
Hung Dang, MD
John Davis, MD, PhD
Andrew Dietz, MD
Omar Fatal, MD
Brian Fittsimmons, MD &
Michael Farmer, MD
Stephen Forssell, PhD
Wayne Franklin, MD, MPH
George Gey, MD &
Brian Soper
Darrell Greene, PhD &
Gerald Greene
Richard Greene, MD
Van Hardison, PhD
Frederick Harper, MD
Ronald Holt, DO

Gregory A Holzhey, DO
Rod Hildebrandt, MSA, CHCE
Dennis Holmes, MD
Michael Horberg, MD
Brad Jacobson, MD
Carolos Jusino-Bermos, MD
Ranjit Kadam, MD
Kevin Kapila, MD
Diane Kranze, MD, PhD
Ronald Kennedy, MD
Paul Kneer, MD
Steven Kurz, PhD
Henry Lao, MD
Chuck Lynn, MD
Shail Maing, MD
Stewart Martin, MD
Suart Martin Jr., DDS
Scott Nass, MD, MPA
Michael Neff, DNP
Samuel Pang, MD
Shilpen Patel, MD
Andrew Petrelli, MD
Tony S Quang, MD, JD
Derek Quinn, PharmD
Anita Radix, MD, MPH
Rodman Rogers, MD
Robert Saqueton, MD, FACP
Peter Sharrer, MD
Troy Sherritt, PA-C
Douglas Van Auker, MD
Michael Warren, MD
Marcus Williams, MD

Leaders for LGBT Health ($1,000+)

Lesbian Health Fund (LHF)
Major Donors
Paula Amato, MD
Julio Aponte, MD
Lemuel Arnold, MD
Desi Bailey, MD
Kim Bimester, MBA & Sara Wahls
Diane Bruessow, RPA-C
Jennifer Chaffin, MD
Helen Cooksey, MD &
Susan Love, MD
Nanette Garrett, MD &
Diane Mosheracher, MD
Christopher Harris, MD
Lynn Hunt, MD
Diane Kranze, MD, PhD &
Liz Heitman
Lisa Levtme
M. Azzam Mehssen, MD
Henry Ng, MD, MPH
Anita Radix, MD, MPH
Margaux Shaffer
Jason Schneider, MD
Schoenstadt Family Foundation
Jeanette Shinkus, DO, MPH
Sheila Task, MD
Lisa Weissmann, MD
Kathleen White, DO

Look for our Major Donor pins, warn proudly to showcase generous support of GLMA’s mission for LGBT health equality!

www.glma.org/donate

To become a Major Donor or learn more, visit www.glma.org/donate or email aclinton@glma.org.
Get Involved with GLMA

GLMA members are invited to get involved with GLMA by participating in a committee! Put your professional expertise to use by contributing to the significant and impactful work accomplished by GLMA’s committees. GLMA committees harness the collective power of YOU to accomplish our mission to achieve LGBT health equality! Join the committee that is right for you!

Education Committee
- Develops webinar and Annual Conference programming and national guidelines for LGBT cultural competence curriculum
- Identifies additional opportunities for professional education that supports GLMA’s mission to improve LGBT health and well-being

Contact: educationcommittee@glma.org

Membership & Development Committee
- Develops GLMA’s overall fundraising and membership recruitment strategy, including for Major Donors
- Seeks membership from healthcare professionals in all fields and through contacts with other professional associations

Contact: membershipcommittee@glma.org

External Affairs Committee
- Develops relationships and alliances with other health organizations
- Strengthens GLMA’s connections to existing and new LGBT health organizations

Contact: externalaffairscommittee@glma.org

Policy & Government Affairs Committee
- Works with the GLMA staff and Board of Directors to develop public policy and advocacy initiatives
- Participates in the planning and implementation of legislative, regulatory and/or administrative advocacy

Contact: policycommittee@glma.org

Health Professional in Training Committee
- Identifies and organizes around the needs of health professional students and those in training programs at all levels and across all disciplines
- Addresses curricular reform, networking and mentorship and programming at national conferences and symposia

Contact: hptcommittee@glma.org

Finance Committee
- Reviews and monitors GLMA’s current financial picture
- Makes recommendations to ensure the organization’s financial stability and growth

Contact: financecommittee@glma.org

Lesbian Health Fund Advisory Committee
The mission of the Lesbian Health Fund is to improve the health of lesbians and other sexual minority women (SMW) and their families by providing funding to lesbian health research.

- Develops and implements fundraising opportunities through events, corporate solicitation and donor cultivation
- Peer reviews and selects research studies to which to provide grants for critically needed research into the health of lesbians and other sexual minority women

Contact: lhfadvisoryboard@glma.org

We hope you will consider supporting GLMA with your skills, expertise and energy by joining a committee! Visit www.glma.org/committees for more information about GLMA committees.
GLMA is the professional home for lesbian, gay, bisexual and transgender (LGBT) health professionals and their allies.

GLMA’s multidisciplinary membership includes professionals, trainees and students from all health professions.

GLMA’s mission is to ensure equality in healthcare for LGBT individuals and healthcare professionals.

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

Join today and receive these member benefits!

**Extensive Network of LGBT Health Professionals**
Network and collaborate with thousands of health professionals and allies committed to LGBT health equality.

**Enhanced Provider Directory Listing**
Members receive priority placement in search results and a detailed member listing about you and your practice in GLMA’s Provider Directory.

**Member Discounts**
- Registration for—and other special benefits during—GLMA’s Annual Conference
- Subscriptions to the new LGBT Health Journal

www.glma.org
Save the Date
Women in Medicine Conference
May 27~31, 2015
Portland, Oregon

Women in Medicine (WIM) is an organization started in 1984 as a medical education retreat for lesbian physicians, other sexual minority female physicians, medical students, their partners and their children. It is one of the longest standing LGBTQ medical organizations in the United States. Our annual retreat and conference provides CME credits for physicians. The conference also includes non-medical topics of interest to both physicians and their partners.

For more information, please visit www.WomenInMedicine.org or www.uvm.edu/medicine/cme or call 802-656-2292

GLMA Expresses Special Thanks to Legacy Fund Members

For more information about the Legacy Fund, please visit www.glma.org/legacyfund. If you have included GLMA in your estate plans and would like to be recognized as a member of the Legacy Fund, please contact info@glma.org.

www.glma.org/legacyfund
You Serve the LGBT Community, but How Do They Find You?

GLMA’s online Provider Directory connects the LGBT community with culturally competent healthcare providers who are sensitive to their needs and whom they can trust—like you.

Members receive enhanced profile listings.

There is NO COST to be listed.

GLMA’s online Provider Directory is multidisciplinary, diverse and inclusive of all healthcare providers.

Join Today!

www.glma.org/referrals
(202) 600-8037
You're fantastically, amazingly, remarkably human. That's what makes you extraordinary. Cigna is there for the one-of-a-kind you. Our plans are designed to give individuals the coverage, programs and services they need to improve their health, well-being and sense of security. And we are proud to support events like the Gay and Lesbian Medical Association Conference and its efforts to overcome health care challenges facing the GLBT community. The way we see it, when you're healthy, you'll have the strength and confidence to show the world the real you.

Join us at Cigna.com/GOYOU