Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People
A Four-Part Webinar Series

Part 1
Understanding the Health Needs of LGBT People: An Introduction
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About Us

Hopkins Center for Health Disparities Solutions

“Exploration and Intervention for Health Equality...”

Designated a “National Center of Excellence” by the National Institutes of Health, National Institute on Minority Health and Health Disparities
Cultural Competency Organizational Assessment-360 (COA360)

http://www.coa360.org
Upcoming Webinars

• “A Continuous Quality Improvement Approach to Organizational Cultural Competence”
  – Tuesday, June 26, 2012, 3:00 p.m.-4:30 p.m.
GLMA works to ensure equality in healthcare for lesbian, gay, bisexual and transgender individuals and healthcare professionals.

* Multidisciplinary membership
* GLMA’s 30th Annual Conference (September 19-23, 2012)

Core Identity

LGBT healthcare equality is our goal;
Policy, advocacy and education are our strategies;
Professional membership is our core strength.
Today’s presenters:

* Jason Schneider, MD, FACP
  Assistant Professor
  Atlanta, GA

* Gal Mayer, MD
  Medical Director
  New York, NY
Disclosures & COI

* None to report
By the end of this learning activity learners will be able to:

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

Basic LGBT Terminology
Lesbian, Gay, Bisexual and Transgender (LGBT)

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

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

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

Transsexual

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

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

“Are you gay or straight?”

- It’s not that simple!
- Behavior ≠ identity ≠ orientation
Sexual Orientation

Sexual Attraction

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

Sexual Behavior

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

Sexual Identity

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

<table>
<thead>
<tr>
<th>SEX</th>
<th>XY</th>
<th>XXY (Klinefelter), XYY, XO (Turner)</th>
<th>XX</th>
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</thead>
<tbody>
<tr>
<td>Genetic</td>
<td>Male</td>
<td>CAH, Androgen Insensitivity</td>
<td>Female</td>
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<tr>
<td>Anatomic</td>
<td>Male</td>
<td>CAH, Androgen Insensitivity</td>
<td>Female</td>
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<tr>
<td>GENDER</td>
<td>Man</td>
<td>Transgender, Genderqueer</td>
<td>Woman</td>
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<tr>
<td>Identity</td>
<td>Masculine</td>
<td>Neutral</td>
<td>Feminine</td>
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<td>Role</td>
<td>Masculine</td>
<td>Androgynous</td>
<td>Feminine</td>
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<tr>
<td>Expression</td>
<td>Masculine</td>
<td>Androgynous</td>
<td>Feminine</td>
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<td>SEXUALITY</td>
<td>Homosexual</td>
<td>Bisexual</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Attraction</td>
<td>Gay, Lesbian, Straight, Queer, Butch, Fag, Bi, Femme, Dyke</td>
<td></td>
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</tr>
<tr>
<td>Identity</td>
<td>Same Sex</td>
<td>Both, None</td>
<td>Other Sex</td>
</tr>
<tr>
<td>Behavior</td>
<td>Same Sex</td>
<td>Both, None</td>
<td>Other Sex</td>
</tr>
</tbody>
</table>
LGBT Demographics
Sexual Orientation Prevalence in U.S.

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

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>Same-sex Attraction</td>
<td>7.5%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Same-sex Behavior since puberty</td>
<td>4.3%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Identity as homosexual or bisexual</td>
<td>1.4%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>
No reliable data:
* 1:500-1:2000 TG identity\(^1\)
* 1:2000 TG hormones (Belgium)
* 1:2900 MtF surgery/hormones (Singapore)\(^2\)
* 1:11900 MtF surgery/hormones (Netherlands)\(^3\)
* 1:30400 FtM surgery/hormones (Netherlands)\(^3\)
* 1:30000 MtF surgery (USA)

0.002%

0.00003%
Same Sex Households in US

2000 census:
99% of counties in the US include households with “unmarried same-sex partners”

Map Courtesy of J. Bradford & K. Barrett, SERL, VCU Gates and Ost, 2004
What is LGBT Health?
Disparities in LGBT health

* **Institute of Medicine Report on Lesbian Health** conclusions (1999): Enough evidence to support more research; develop better methods of conducting that research

* **Healthy People 2010** goal: Eliminate health disparities that occur due to differences in sexual orientation

* **Institute of Medicine 2011** report

* Healthy People 2020
Barriers to progress

* 2009: Only 0.21% of publications related to human health included an LGBT-related keyword, as indexed in PubMed (Boston Globe, 10/10/11)

* Why?
  * Sexual orientation & gender identity are complex & mutable
  * Reluctance to ask or answer sensitive questions
  * Resource intensive to study minority populations
  * Data from non-probability samples
The Health of Lesbian, Gay, Bisexual, and Transgender People

* “NIH should implement a research agenda designed to advance knowledge & understanding of LGBT health.”

* “Data on sexual orientation & gender identity should be collected in federally funded surveys and in electronic health records.”

* Standardization of measures
More from the IOM Report

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

* LGBT people face same health risks as larger society
* Effect of multiple additional factors
  * History
  * Stigma
  * Laws & policies
  * Barriers to patient-centered care
  * Demographic factors
Homosexuality was considered a psychiatric disease until 1973 when the American Psychological Association (APA) removed it from the Diagnostic and Statistical Manual (DSM).
History
Transgender Identity Pathologized

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

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

Source: Gay, Lesbian and Straight Education Network (GLSEN), 2008
* LGBT youth whose families accept them experience less:
  * Depression
  * Substance use
  * Suicide
Laws & Policies

* Same-sex married couples have less depression & stress and more meaning in life (Riggle, et al. 2010) BUT...

* Defense of Marriage Act (DOMA) prohibits federal recognition of civil marriage → barring access to 1138(!) rights & privileges:
  * Immigration
  * Survivor benefits
  * FMLA inapplicable to unmarried partners
  * Visitation rights (new HHS regulations address this)
  * Employer-sponsored health plans
Barriers to care: Healthcare Access

* GBT (L?): lower incomes than other people with similar educations and occupations (IOM Report, 2011)
* Lack of federal marriage recognition → tax and insurance differences → less disposable income for LGBT people
* LGBT are less likely to be insured than other of similar socioeconomic backgrounds (Harris Poll, 2002)
* Most insurance plans specifically exclude transgender care from coverage
Multiple studies of many types of providers (doctor, nurse, physician assistant, student, trainee) have shown that prejudice against LGBT patients is improving with time but still unacceptably high.

**Physician Attitudes**

- **1982**: 46%
- **1999**: 9%

- **1982**: 39%
- **1999**: 19%

Sources: Matthews (1986); Smith and Matthews (2007)
* Lesbians who are out to their primary care provider are more likely to:
  * Seek health and preventive care
  * Have a Pap test
  * Not smoke
  * Discuss difficult issues

Barriers to care: Healthcare Provider Training

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

Source: JAMA 2011; 306: 971-977
Demographic factors
Family Structure

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

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

The Impact of Psychosocial Stressors on Health

Clinical Outcomes in LGBT Populations
A Note on Clinical Outcomes

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

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

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

Unwanted pregnancy rates may be the same or higher for WSW than for heterosexual women

Lesbian youth may have elevated BMIs compared with heterosexual young women
LGBT Adults
Risk

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

(Source: Fenway Institute)
LGBT Adults
Risk

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

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

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

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

Higher risk of STIs among MSM

Under-recognition of STIs that are transmitted by female-to-female sexual contact

V limited data on STI risk in TG people
LGBT Adults
Medical

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

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

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