From Resistance to Resilience:
Filling the Gaps in LGBT Healthcare and Research

35th GLMA Annual Conference on LGBT Health
DoubleTree Philadelphia Center City
September 13 - 16, 2017
# GLMA’s 35th Annual Conference on LGBT Health

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About GLMA
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) healthcare professionals and their allies.

GLMA's mission is to ensure equality in healthcare for LGBT individuals and healthcare providers. GLMA achieves its goals by using the expertise of its members 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.

GLMA Board of Directors

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* Health Professional in Training Representative

**GLMA Delegate to the AMA

***GLMA Alternate Delegate to the AMA

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1100 H St., NW
Suite 540
Washington, DC 20005
(p) 202-600-8037
(f) 202-478-1500
www.glma.org
Thank You to our GLMA Peer-Review Committee!

GLMA would like to thank our Peer Review Committee, Philadelphia supporters and the many volunteers who have worked hard to make the 35th GLMA Annual Conference on LGBT Health a success! We are grateful for their service and commitment to helping GLMA achieve our mission of equality in healthcare through this important educational programming.

2017 GLMA Annual Conference Peer-Review Committee

- Rebecca Allison, MD
- Paula Amato, MD
- Jonathan Baker, MPAS, PA-C
- Kylie Blume, MA
- Diane Bruessow, PA-C, MPAS
- Ed Callahan, PhD
- Kat Carrick, PhD, MSW
- Peggy Chinn, RN, PhD
- Tiffany E. Cook, BG
- Edwin M. Craft, DrPH, MEd, LCPC
- Jill Crank, CRNP, MSN/MPH
- Bobbi Dalley, MD
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- Mickey Eliason, PhD
- Laura Erickson-Schroth, MD
- Sarah C. Fogel, PhD, RN, FAAN
- M. Blair Franklin
- Joe Freund, MD
- Nicholas Grant, PhD
- Darci Graves, MA, MPP
- Jamal Hailey, MA
- Andy Hamp, MD
- Laura Hein, PhD, MSN, RN
- Ken Ho, MD, MPH
- Jesse Joad, MD, MS
- Kenneth Katz, MD, MSc, MSCE
- James Lehman, MD, MPH
- Pamela Levesque, DNP, FNP
- Liz Margolies, LCSW
- Mia McDonald, MS
- Scott Nass, MD
- Henry Ng, MD, MPH
- Cameron Nicholson, PA-S
- Andy Petroll, MD, MS
- Michael Plankey, PhD
- Tonia Poteat, PhD, MPH, PA-C
- Asa Radix, MD, MPH, FACP
- Shane Snowdon, MA
- Carl Streed, Jr, MD

Join the Peer-Review Committee!

Do you have a research background? Are you interested in contributing to the development of programming for GLMA’s Annual Conference on LGBT Health? GLMA’s Peer Review Committee is comprised of leaders in LGBT health, representing many health professions. Please contact us at annualconference@glma.org to learn more!

Disclosure of Relevant Financial Relationships with Commercial Interests

Kenneth Katz, MD, MSc, MSCE  
*Founder: Prevention Health Labs, Inc.*

Andy Petroll, MD, MS  
*Principal Investigator: Gilead Sciences*

Tonia Poteat, PhD, MPH, PA-C  
*Principal Investigator: Viiv Healthcare*
Dear Friends and Colleagues,

As President of GLMA: Health Professionals Advancing LGBT Equality I welcome you to our 35th Annual Conference on LGBT Health! Our mission is to ensure equality in health for LGBT individuals and health professionals. We approach this by using the expertise of our interdisciplinary membership in the areas of health professional education, policy and advocacy, support of research, and patient education and referral.

As president these past 2 years, I have had the opportunity to more fully appreciate the strong reputation GLMA has developed over the past three and a half decades. In addition to the many events attended by our Executive Director this past year, I have personally been invited to join the conversation with leaders of governmental and other agencies. For example, I had to leave our conference last year to participate in an invitation-only meeting of thought leaders discussing health disparities at the Joint Commission Equity Forum. Similarly, I attended a listening session on transgender health topics at the FDA where GLMA and a few other organizations were able to present our top priorities. We were most successful at achieving a commitment from the FDA to review wording in their documents to remove gender references when none was needed. An example is to replace the phrase “woman who can get pregnant” in documents concerned about drug-induced birth defects with “a person who can get pregnant”.

Fittingly, this year our conference theme is From Resistance to Resilience: Filling in the Gaps in LGBT Healthcare and Research. My first year as president was such a heady time: With Presidential executive orders, court decisions, HHS policy statements and provider education, and expansion of government-sponsored research, LGBT equality and our ability to provide and receive culturally and evidence-based clinically competent services were accelerating at an unbelievable pace. And now we have seen our progress may not only stop but reverse course. I hope this conference helps us all to be more determined than ever to be resilient, finding what we can do and mustering national and local organizations, courts, as well as local governments to continue our work.

The GLMA Annual Conference on LGBT Health is our signature educational event. It is here where you can participate with others to learn and discover cutting edge knowledge helping you enhance your practice in the areas of lesbian, gay, bisexual and transgender health; LGBT national and local policy, LGBT education in health professions schools and continuing education, and HIV and STD issues. You can immerse yourselves in any one of these areas or enjoy a smorgasboard, as I do, of whatever seems most interesting and pertinent with each of our sessions. One of my favorite criticisms of our conference is that it’s too hard to choose what to attend! You can also enjoy speaking with researchers during their oral and their poster presentations. And you can do all this while making new friends, catching up with old friends, and basking in an atmosphere where LGBT identity is celebrated.

I welcome you and hope you enjoy your time in Philadelphia at GLMA’s 35th Annual Conference on LGBT Health!

Very Warmly Yours,

Jesse Joad, MD MS
GLMA President
Dear Friends and Colleagues,

Welcome to GLMA’s 35th Annual Conference on LGBT Health! This year’s conference theme is From Resistance to Resilience: Filling the Gaps in LGBT Healthcare and Research. Plenary sessions, workshops, research presentations, and posters will highlight resistance and resilience in LGBT communities while continuing to address the intersection of sexual orientation and gender identity with other identities including, but not limited to, age, race, ethnicity, HIV status, ability, religion, immigration status, socioeconomic status and/or geographic location and their impact on health and healthcare access.

We have key leaders across multiple professional disciplines presenting on topics including the health of LGBT youth, LGBT racial and ethnic minority health, research and data collection among sexual and gender minorities, models for improving systems of care for LGBT populations, as well as specific presentations on healthcare as it relates to gender identity and expression, HIV, Hepatitis C, health professions curriculum, federal health policy, assisted reproduction, primary care and more.

We are honored to be joined by leaders in the field to discuss: Religious Refusal Laws Threaten LGBT Health Access, Resilience and the LGBTQ+ Healthcare Provider, Two-Spirit Resistance to Resilience and Reconciliation: Filling the Void and Silence, and Black SGL and LGBTQ Health at a Crossroads: A Discussion Amongst Black SGL and LGBTQ Providers. We are also excited to welcome back Mara Keisling, the executive director of the National Center for Transgender Equality, who will share with us the results of NCTE’s groundbreaking 2015 US Transgender Survey of nearly 28,000 participants. These topics will explore the latest knowledge, best practices, and progress to address LGBT health and build on community strengths.

We are very proud to celebrate the 25th Anniversary of the Lesbian Health Fund during this year’s Annual Conference. The Kimberly Clermont Memorial Lecture on Lesbian Health will be dedicated to discussing the impact and scope of research LHF has supported to improve the health and well-being of lesbians and other sexual minority women. We also have a special anniversary dance event planned for the LHF Reception & Auction on Friday evening.

The fifth GLMA Nursing Summit takes place on Wednesday, September 13th as a pre-conference event. The summit will feature the exciting work of the GLMA Nursing Section, which is dedicated to strengthening nursing’s presence in GLMA and increasing the visibility of LGBTQ identities within the nursing profession.

The conference will end with the Annual Achievement Award Gala, which will take place at the beautiful Sky Philadelphia on Saturday. We hope you will join us for this special event where we will honor Achievement Award recipients for their groundbreaking accomplishments in LGBT health that also reflect the resistance and resilience theme of this year’s Annual Conference.

Thank you for attending, and thank you to everyone who helped to make this Annual Conference possible—our Education and Peer Review Committees, Philadelphia Supporters, GLMA Members, all our Conference Attendees, and our Committed Staff.

Sincerely,

Tonia Poteat, PhD, PA-C, MPH
GLMA Vice President for Education
GLMA Board Member

Henry Ng, MD
GLMA Education Committee Co-Chair
GLMA Board Member
The GLMA Annual Conference on LGBT Health 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 on LGBT Health also reports on research into the health needs of LGBT people.

This year’s conference—From Resistance to Resilience: Filling the Gaps in LGBT Healthcare and Research—will highlight the significant gaps in LGBT healthcare and research. In a volatile political environment in which LGBT-affirming programs such as the Affordable Care Act are under attack, the GLMA Annual Conference on LGBT Health will focus on healthcare innovations and groundbreaking research that improve the health and well-being of LGBT patients and their families.

This year’s conference sessions include topics that address:
• Black SGL and LGBTQ Health at the Crossroads: A Discussion Amongst Black SGL and LGBTQ Providers
• Religious Refusal Laws Threaten LGBT Health Access
• Two-Spirit Resistance to Resilience and Reconciliation: Filling the Void and Silence
• Resilience and the LGBTQ+ Healthcare Provider
• 25 Years of Lesbian Health Fund Research: The Scope and Impact of Research to Improve Health of Lesbians and Other Sexual Minority Women
• Results of the US Transgender Survey

Social Networking at the #GLMA2017 Conference

Don’t just attend sessions…tweet about them! We hope you’ll engage your social networks while at the 35th 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!

Tag your photos, tweets and post with #GLMA2017!

Search GLMA on Facebook and follow @GLMA_LGBTHealth on Twitter!

Add #GLMA2017 to your photos on Instagram!
MEETING DISCLAIMER
The scientific views, statements and activity expressed during the Annual Conference represent those of the authors and speakers and do not necessarily represent the views of GLMA.

POLICY ON PLANNER & PRESENTER DISCLOSURE
It is GLMA policy 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 on LGBT Health 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 may be 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 Fourth Level of the DoubleTree Center City.

LACTATION LOUNGE
A lactation lounge is available for nursing parents in the Backstage Room on the Mezzanine Level.

MORNING RUN/WALK
Meet in the hotel lobby at 6:30am on Thursday, Friday & Saturday mornings for a group run exploring Philadelphia.
Conference Goal and Educational Objectives

The mission of the GLMA Annual Conference on LGBT Health 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.

Learning Objectives

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; and
• Incorporate strategies for advocating for LGBT healthcare into their practice.

Professional competencies addressed during sessions include one or more of the following:

1. **Healthcare Knowledge.** An understanding of the epidemiology, pathophysiology, diagnosis, management, and prevention of disease.
2. **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.** 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.** 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.** Ongoing dedication to assess, evaluate, and improve patient care practices.
6. **System-based Practice.** Encompasses the societal, organizational, political, and economic environments in which healthcare is delivered.

Disclosure of Relevant Financial Relationships with Commercial Interests of Speakers

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

M. Blair Franklin  
*Consultant: ViiV Healthcare*

David Malebranche, MD, PhD  
*Speaker: Gilead*

Tonia Poteat, PhD, MPH, PA-C  
*Principal Investigator: ViiV Healthcare*

All other GLMA 35th Annual Conference speakers and staff 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.
Evaluations
Evaluations are to be completed online post-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 on LGBT Health. 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. Certificates will be emailed to participants once conference evaluations are completed and the administrative fee is paid. In order to cover GLMA’s administrative costs, there is a $30 charge for issuance of CME and CE certificates. If you have any questions about this process, please find a GLMA staff member at the Conference Registration Desk or email us at annualconference@glma.org.

Continuing Education (CE) Credits
Continuing Medical Education (CME) Credits

GLMA is accredited with commendation 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 20 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

An application for CME credit has been filed with the American Academy of Family Physicians (AAFP). Determination of credit from AAFP is pending.

Continuing Nursing Education (CNE) Credits
GLMA is approved by the California Board of Registered Nursing, Provider Number 16038, to provide nursing continuing education credits. The 35th GLMA Annual Conference on LGBT Health is approved for 20 contact hours.

Continuing Education Credits for Social Work
An application for CE credit has also been filed with the National Association of Social Workers (NASW). Determination of credit from NASW is pending. Please note that recognition of CE credits can vary between different state licensure boards.
Welcome to Philadelphia

We know you have a packed schedule but hope that you will have a chance to get a taste of everything Philly has to offer!

**The Gayborhood** – Philly’s historic LGBT enclave, the “Gayborhood” can be found just steps from the host hotel in the heart of Center City! Be sure to enjoy the amazing restaurants, shopping, theaters, bars and clubs that dot the area.

**Barbara Gittings Way** – Philadelphia has a storied history as a site of the early LGBT rights movement in America and was the home of pioneering LGBT advocate, Barbara Gittings. In 2012, the city of Philadelphia honored her by re-naming the intersection of 13th and Locust Streets Barbara Gittings Way, which sits a block away from the host hotel.

*For more information about Philly’s LGBT scene, visit [http://www.visitphilly.com/lgbt/](http://www.visitphilly.com/lgbt/).*

**Independence Hall and Liberty Bell Center** – One of America’s most iconic historical landmarks, Independence Hall is the building where both the US Declaration of Independence and US Constitution were adopted and signed. Across the street you can view the Liberty Bell which has become an international symbol of freedom. [https://www.nps.gov/inde/index.htm](https://www.nps.gov/inde/index.htm)

**Reading Terminal Market** – Reading Terminal Market stands just a short walk from the host hotel. The market, which has been in its current location since 1893, is home to many fantastic restaurants and vendors. A great place to grab a gift for loved ones or to simply enjoy the best pretzels in the entire city. [http://www.readingterminalmarket.org/](http://www.readingterminalmarket.org/)

**The Magic Gardens** – Philadelphia’s Magic Gardens were created by visionary local artist Isaiah Zagar in and around his studio. Zagar transformed his entire neighborhood, creating mosaics using nontraditional materials such as recycled glass, mirror, homemade tiles and even bicycle wheels. The Magic Gardens now stand as a strange and beautiful monument to his life’s work. [https://www.phillymagicgardens.org/](https://www.phillymagicgardens.org/)


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Gittings Photo: M. Fischetti for VISIT PHILADELPHIA®
Independence Hall Photo: open source
Reading Terminal Photo: R. Kennedy for VISIT PHILADELPHIA®
Magic Gardens Photo: open source
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 and Auction and 25th Anniversary Dance Party & GLMA’s Annual Achievement Awards Gala.*

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<tr>
<td><strong>Welcome Reception</strong>*&lt;br&gt;5:00PM-7:00PM&lt;br&gt;Exhibit Hall&lt;br&gt;Symphony Ballroom, Third Level&lt;br&gt;Sponsored by Jefferson, Home of Sidney Kimmel Medical College</td>
<td><strong>Morning Run/Walk</strong>&lt;br&gt;6:30am&lt;br&gt;Meet in Lobby</td>
<td><strong>Morning Run/Walk</strong>&lt;br&gt;6:30am&lt;br&gt;Meet in Lobby</td>
<td><strong>Morning Run/Walk</strong>&lt;br&gt;6:30am&lt;br&gt;Meet in Lobby</td>
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<td><strong>Mazzoni Center Tour</strong>&lt;br&gt;12:15pm-1:45pm&lt;br&gt;Bec Lunch Provided, Meet at Mazzoni Center Booth in Exhibit Hall&lt;br&gt;Symphony Ballroom, Third Level</td>
<td><strong>Networking Reception</strong>*&lt;br&gt;5:30pm-7:00pm&lt;br&gt;Exhibit Hall&lt;br&gt;Symphony Ballroom, Third Level&lt;br&gt;Sponsored by the Perelman School of Medicine Office of Inclusion and Diversity and the Program for LGBT Health</td>
<td><strong>An HIV Prevention Medication: Reducing the Risk of Acquiring HIV-1 Infection</strong>&lt;br&gt;Product Theatre Lunch&lt;br&gt;11:45am-1:15pm&lt;br&gt;Ormandy Ballroom, Lobby Level&lt;br&gt;Lunch Provided and Sponsored by Gilead Sciences (or lunch on your own)&lt;br&gt;See Registration Desk to RSVP</td>
<td><strong>Lesbian Health Fund Reception and Auction and 25th Anniversary Dance Party</strong>*&lt;br&gt;6:00pm-8:30pm&lt;br&gt;Symphony Ballroom, Third Level&lt;br&gt;Sponsored by Cigna</td>
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*Alcohol free space is available in Rhapsody, Fourth Level during all onsite receptions*

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**Student and Trainee Mentoring Breakfast**

*Saturday, September 16, 2017<br>7:30am-8:15am<br>Symphony Ballroom, Third Level*

Students, trainees, and early career health professionals are invited to a Student Mentoring Breakfast with experienced leaders from a variety of fields. Attendees will have a chance to participate in small group discussions over breakfast about their career goals and get advice from LGBT health leaders, with the goal of creating connections and providing inspiration. GLMA Board Members Nicholas Grant, PhD & Kylie Blume, MA will lead the discussion.
The 35th GLMA Annual Conference on LGBT Health

Welcome Reception

Sponsored by:

Jefferson®

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Join fellow Annual Conference and Nursing Summit attendees, GLMA board members and staff for a Welcome Reception with our exhibitors.

Wednesday, September 13
5-7pm
Exhibit Hall
Symphony Ballroom
Third Level
Mingle.

Engage.

Network.

The 35th GLMA Annual Conference on LGBT Health

Networking Reception

Join us Thursday evening after a day of learning to share and connect with your fellow Annual Conference attendees.

Thursday, September 14
5:30-7pm
Exhibit Hall
Symphony Ballroom
Third Level

Sponsored by:

Penn Medicine | OID
OFFICE OF INCLUSION AND DIVERSITY

&

Program for LGBT Health
Penn Medicine
Lesbian Health Fund Reception & Auction
and 25th Anniversary Dance Party
Friday, September 15th 6:00pm-8:30pm
Symphony Ballroom, Third Level

With DJ Susan Levine!

Celebrate 25 years of LHF and bid on wonderful auction items to support research and grants to improve the health and well-being of lesbians and other sexual minority women!

Learn more about LHF at www.glma.org/LHF

Sponsored by: Cigna®
You are cordially invited to the annual GLMA Achievement Awards Gala, a special event dedicated to celebrating achievements in LGBT health equality. This year's Gala will take place at Sky Philadelphia, 50th Floor, in the Vista Room.

Date: Saturday, September 16, 2017  
Time: 7:30pm-10:00pm  
Location: Sky Philadelphia, 50th Floor, Vista Room  
1717 Arch Street, Three Logan Square

Sky Philadelphia is a short taxi or Uber ride from the host hotel!

*VIP Reception By Invitation from 6:30-7:30pm

Purchase your tickets at the Registration desk, while they last!

2017 GLMA Achievement Award Recipients

GLMA Achievement Award Recipients (featured in order, left to right): Black LGBT Health in the United States: The Intersection of Race, Gender, and Sexual Orientation; Charles Silverstein, PhD; Deborah Bowen, PhD; Lebanese Medical Association for Sexual Health (LebMASH); Rachel Levine, MD; Nix Sitkin
### Schedule-at-a-Glance

**35th GLMA Annual Conference on LGBT Health**  
**September 13-16, 2017**  
**DoubleTree Philadelphia City Center**  
**Philadelphia, PA**

#### Wednesday, September 13, 2017

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<th>Time</th>
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<tbody>
<tr>
<td>7:15am – 8:00am</td>
<td>GLMA Nursing Summit Registration and Breakfast</td>
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<tr>
<td>8:00am – 4:35pm</td>
<td>GLMA Annual Nursing Summit</td>
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<tr>
<td>4:00pm – 7:00pm</td>
<td>GLMA Annual Conference Registration Open, Exhibit Hall Open</td>
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<tr>
<td>5:00pm – 7:00pm</td>
<td>Annual Conference Welcome Reception (Exhibit Hall)</td>
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#### Thursday, September 14, 2017

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:00am – 7:00pm</td>
<td>Registration Open, Exhibit Hall Open</td>
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<tr>
<td>7:00am – 8:00am</td>
<td>Breakfast (Exhibit Hall)</td>
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<td>8:00am – 9:30am</td>
<td>Conference Welcome &amp; Opening Plenary I - Religious Refusal Laws Threatend LGBT Health Access</td>
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<td>9:30am – 9:45am</td>
<td>Transition Break</td>
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<td>9:45am – 10:45am</td>
<td>Concurrent Session I</td>
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<td>10:45am – 11:45am</td>
<td>Poster Session I</td>
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<td>11:15am – 12:15pm</td>
<td>Concurrent Session II</td>
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<tr>
<td>12:15pm – 1:45pm</td>
<td>Lunch (On Your Own) – Tours of  Mazzoni Center Available (Boxed Lunch Provided)</td>
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<td>1:45pm – 2:45pm</td>
<td>Concurrent Session III</td>
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<td>2:45pm – 3:00pm</td>
<td>Transition &amp; Coffee Break</td>
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<td>3:00pm – 4:00pm</td>
<td>Concurrent Session IV</td>
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<td>4:00pm – 4:15pm</td>
<td>Transition Break</td>
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<tr>
<td>4:15pm – 5:30pm</td>
<td>Plenary II - Two-Spirit Resistance to Resilience and Reconciliation: Filling the Void and Silence</td>
</tr>
<tr>
<td>5:30pm – 7:00pm</td>
<td>Networking Reception (Exhibit Hall) - Sponsored by the Perelman School of Medicine Office of Inclusion and Diversity and the Program for LGBT Health</td>
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</tbody>
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#### Friday, September 15, 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am – 5:00pm</td>
<td>Registration Open</td>
</tr>
<tr>
<td>7:00am – 8:00am</td>
<td>Breakfast (Exhibit Hall)</td>
</tr>
<tr>
<td>8:00am – 9:15am</td>
<td>Plenary III - Black SGL and LGBTQ Health at the Crossroads — A Discussion Amongst Black SGL and LGBTQ Providers</td>
</tr>
<tr>
<td>9:15pm – 9:30am</td>
<td>Transition Break</td>
</tr>
<tr>
<td>9:30am – 10:30am</td>
<td>Concurrent Session V</td>
</tr>
<tr>
<td>10:30am – 10:45am</td>
<td>Transition Break</td>
</tr>
<tr>
<td>10:45am – 11:45am</td>
<td>Concurrent Session VI</td>
</tr>
<tr>
<td>11:45am – 1:15pm</td>
<td>Lunch - An HIV Prevention Medication: Reducing the Risk of Acquiring HIV-1 Infection Lunch Provided &amp; Sponsored by Gilead Sciences (or lunch on your own)</td>
</tr>
<tr>
<td>1:15pm – 2:15pm</td>
<td>Concurrent Session VII</td>
</tr>
<tr>
<td>2:15pm – 2:30pm</td>
<td>Transition Break</td>
</tr>
<tr>
<td>2:30pm – 3:45pm</td>
<td>Plenary IV - Resilience and the LGBTQ+ Healthcare Provider</td>
</tr>
<tr>
<td>3:45pm – 4:15pm</td>
<td>Poster Session II &amp; Coffee Break</td>
</tr>
<tr>
<td>4:15pm – 5:30pm</td>
<td>Plenary V - Kimberly Clermont Memorial Lecture on Lesbian Health: 25 Years of Lesbian Health Fund Research: The Scope and Impact of Research to Improve the Health of Lesbians and Other Sexual Minority Women</td>
</tr>
<tr>
<td>6:00pm – 8:30pm</td>
<td>Lesbian Health Fund Reception and Auction and 25th Anniversary Dance Party - Sponsored by Cigna</td>
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#### Saturday, September 16, 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30am – 3:00pm</td>
<td>Registration Open</td>
</tr>
<tr>
<td>7:30am – 8:15am</td>
<td>Student &amp; Trainer Mentoring Breakfast</td>
</tr>
<tr>
<td>7:30am – 8:30am</td>
<td>General Attendees Breakfast</td>
</tr>
<tr>
<td>8:30am – 9:45am</td>
<td>Plenary VI - Stanley Biber Memorial Lecture on Transgender Health: Every Vote Counts! Results of the 2015 U.S. Transgender Survey</td>
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<tr>
<td>9:45am – 10:00am</td>
<td>Transition Break</td>
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<tr>
<td>10:00am – 11:00am</td>
<td>Concurrent Session VIII</td>
</tr>
<tr>
<td>11:00am – 11:30am</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>11:30am – 12:30pm</td>
<td>Concurrent Session IX</td>
</tr>
<tr>
<td>12:30pm – 12:45pm</td>
<td>Transition Break</td>
</tr>
<tr>
<td>12:45pm – 2:00pm</td>
<td>GLMA Annual Membership Luncheon - For GLMA Members &amp; their registered guests (Non-Members, Lunch on your own)</td>
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<tr>
<td>2:00pm – 2:15pm</td>
<td>Transition Break</td>
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<tr>
<td>2:15pm – 4:00pm</td>
<td>Skills Building Sessions</td>
</tr>
<tr>
<td>6:30pm – 7:30pm</td>
<td>VIP Reception - By Invitation Only</td>
</tr>
<tr>
<td>7:30pm – 10:00pm</td>
<td>GLMA Annual Achievement Awards Gala** - Sky Philadelphia, 56th Floor, 1717 Arch Street - **Ticketed Event</td>
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Goal
The goal of the GLMA Nursing Summit is to bring together LGBT and ally nurses and nurse supporters to further the GLMA Nursing Section Action Plan to improve critical LGBT issues in the nursing profession. The summit will provide a forum for mentorship, support, and networking for attendees in the areas of research, leadership, education and training, policy, climate, and patient care.

Learning Objectives
By the end of the Nursing Summit, participants will be able to:
1. Facilitate an environment that promotes networking and nurtures leadership skills among participants.
2. Build upon the progress made by GLMA Nursing Section interest groups (education and training, patient/clinical care, policy, research, and climate) over the past year.
3. Apply new skills to facilitate outcomes.
Thursday, September 14, 2017

Conference Schedule

Registration Open, Exhibit Hall Open
7:00am-7:00pm, Overture & Symphony Ballroom, Third Level

Breakfast (Exhibit Hall)
7:00am-8:00am, Symphony Ballroom, Third Level

Conference Welcome & Opening Plenary I:
8:00am-9:30am, Ormandy Ballroom, Lobby Level

Conference Welcome
Jesse Joad, MD, MS, GLMA President
Tonia Poteat, PhD, PA-C, MPH, GLMA Vice President
for Education
Hector Vargas, JD, GLMA Executive Director

Keynote Welcome Remarks:
Rachel Levine, MD, Acting Secretary of Health and
Physician General, Commonwealth of Pennsylvania

Opening Plenary 1
Religious Refusal Laws Threaten LGBT
Health Access
Sean Cahill, PhD
Timothy Wang, MPH

See Plenary Book for details.

Transition Break
9:30am-9:45am

Concurrent Session 1
9:45am-10:45am

LGBT Cultural Competence Training: What Does it Really Accomplish?
Jack Burkhalter, PhD
Liz Margolies, LCSW

While there is a growing movement to provide LGBT cultural competence training to students and practitioners in the allied health professions, there is a lack of robust evidence that these trainings are successful in shifting knowledge, attitudes and behavior in those who attend. The problem is compounded by the lack of standardization in cultural competence trainings offered across the country in terms of length, content, format, and presenter credentials. Moreover, there is significant skepticism – much of it well-intentioned – regarding the effectiveness of diversity/cultural competence trainings generally, as evidenced by, e.g., a widely-discussed article in the Harvard Business Review last year (“Why diversity Programs Fail,” July-August 2016). Recognizing the need for content consistency and rigorous evaluation of cultural competence training focusing on LGBT health care, the New York State Department of Health contracted with the National LGBT Cancer Network to work with community stakeholders to develop a best-practices, LGBT cultural competence curriculum (C3) and evaluate its impact on trainees. This workshop/session will review the existing literature on the effectiveness of cultural competence training in the health professions; describe the conceptual framework behind the development of the C3 curriculum; and present evaluation data on 325 trainees who participated in the C3 curriculum.

By the end of this session, you will be able to:
- Demonstrate the importance of rigorous evaluation of LGBT cultural competence trainings
- Analyze the existing data on the effectiveness of trainings.
- Analyze how data collected from one curriculum can be used to enhance future trainings

Assembly E, Fifth Level

Ensuring LGBT Behavioral Health Care is Patient-Centered

Brian Altman, JD
David Dean, PhD

Data from SAMHSA’s 2015 National Survey on Drug Use and Health (NSDUH) show that LGBTQ individuals have higher rates of mental and substance use disorders than their sexual majority counterparts. In particular, sexual
minorities were more likely to use illicit drugs in the past year, to be current cigarette smokers, and to be current alcohol drinkers compared with their sexual majority counterparts. Sexual minority adults were also more likely than sexual majority adults to have substance use disorders in the past year, including disorders related to their use of alcohol, illicit drugs, marijuana, or misuse of pain relievers. These data demonstrate a need for focused efforts to increase access to services for LGBTQ individuals, reduce the burden of mental and substance use disorders in the LGBTQ community, and improve overall health outcomes. SAMHSA is responding with a public health approach and focus on how practitioners can provide patient-centered care for LGBTQ individuals. This workshop will provide attendees with activities that promote understanding of: 1) SAMHSA’s nationally representative LGB behavioral health data and 2) SAMHSA’s resources for reducing behavioral health disparities for LGBTQ individuals.

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

• Describe the most recent data related to LGBT behavioral health.
• Discuss SAMHSA’s efforts to reduce LGBTQ behavioral health disparities.
• Know how to access SAMHSA’s resources for behavioral health practitioners, families, and youth.

Maestro A/B, Fourth Level

Use of a National Online Survey to Strengthen LGBT Care in Hospitals

Marcos Garcia
Tari Hanneman, MPA

In a time when we can no longer count on LGBT-affirming and supportive policies and directives to come from the administration, how can we ensure that our nation’s hospitals and other healthcare facilities are adopting the policies and best practices needed to provide LGBT patient-centered care? For the past decade, the national Healthcare Equality Index (HEI), has been promoting adoption of LGBT-inclusive policies and practices, helping hospitals to adopt these policies and practices and using a national online survey to benchmark progress. After significant success in getting hospitals to adopt foundational LGBT inclusive policies in patient and employment non-discrimination and visitation, the HEI recently implemented a new scoring criteria to account for a wider range of best practices that hospitals are encouraged to adopt. The workshop presenters will provide insight from the HEI 2017 report and provide an overview on what hospitals are doing in the LGBT realm and what gaps still exist. What policies and practices affecting LGBT patients and employees have hospitals been swiftest to implement? Which do they find more challenging? What strategies and resources have proved most effective in encouraging facilities to provide competent care? The presenters will facilitate small and large group discussions about how health professionals, researchers, advocates, students, patients and others can collaborate to increase LGBT equity and inclusion at local hospitals.

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

• Identify 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 to improve LGBT patient care.
• Deploy strategies for influencing hospitals to attend to LGBT concerns.

Aria A/B, Third Level

From Restrooms to the Medical Record: Mainstreaming Trans Healthcare

Jules Chyten-Brennan, DO
Zil Goldstein, FNP-BC
Helene Hedian, MD
Robin Ivester, MD

The last several years have brought about huge shifts in the national landscape for transgender health and rights. Since 2014, Medicare and many state Medicaid programs pay for trans-specific healthcare; the ACA’s Office of Civil Rights requires trans friendly policies in hospital settings; and Centers for Medicaid and Medicare Services requires gender identity data collection capacity via electronic medical...
records (EMR). These changes coupled with growing social support for trans people have led to an explosion of interest in providing trans healthcare within mainstream health systems. This workshop examines the experiences of diverse academic medical centers at different stages of incorporating trans healthcare into existent programming. Specifically, we will look at successes and challenges with different models of care, strategies for different levels of institutional support, and the central question of how to maintain accountability to trans communities in the design and implementation of trans health programming. The workshop will begin as a moderated discussion among panelists across three domains: trans-inclusive clinical care, trans-inclusive infrastructural changes (e.g. bathrooms and EMR), and incorporating trans community involvement. The discussion will then open to audience members to brainstorm solutions within their own institutions for a variety of case-based challenges. We hope the workshop will be a space for those doing similar work to connect, share and cross-pollinate.

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

• Compare tactics for incorporating trans care into academic medical institutions, and associated opportunities and challenges.
• Describe the importance of maintaining community accountability as trans health moves into the mainstream.
• Commit to implementing at least one of three best practices at their home institutions to improve and expand trans community-led transgender health care.

Concerto B, Third Level

Criminal Laws and Healthcare Access Barriers for Trans Women Engaging in Sex Work in DC

Jennifer Bouey, MPH, PhD
Guillaume Bagal III, MA, MHA
David Sternberg

Research indicates that the criminalization of sex work is counterproductive to public health due in part to the heightened stigma of people engaging in sex work and the increased difficulty for them to receive appropriate health, medical, and social services. Transgender women, particularly trans women of color, are especially likely to engage in sex work because of high levels of economic insecurity and the need for gender affirmation. In DC, half of transgender women report having engaged in sex work, and nearly one third report having HIV. This workshop will explore the barriers for transgender female sex workers (TGSW) in DC to access health, including HIV preventive service such as pre-exposure prophylaxis (PrEP), and how laws, policies and practices designed to disrupt commercial sexual activity further marginalize TGSWs.

First, we will explore the evolution of DC’s criminal laws and police practices related to sex work, and the unintended consequences these laws have on the health and safety of sex workers. We will then specifically examine findings from our community-based research, including a series of focus groups with TGSWs in DC, focusing on outcomes related to social determinants of health. Second, we will explore psychological and structural barriers to PrEP and other HIV prevention methods among TGSWs, and local efforts to increase cultural competence among the Metropolitan Police Department and service providers in DC. Finally, we will share upcoming research and reform initiatives to shed light on this issue, and safeguard the health and wellness of TGSW.

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

• List the ways in which laws criminalizing sex work affect the ability of transgender women who trade sex to access health services, and exacerbate the impact and risk of HIV among sex workers by curtailing efforts to address the HIV prevalence among individuals who trade sex.
• Articulate different incremental legislative and administrative efforts to reform sex work laws, and the public health implication in adopting an interdisciplinary harm reduction approach to break down barriers to healthcare for transgender women engaged in sex work.
• Draw broad lessons from the challenges of providing access to health care to transgender women engaged in sex work in a polarized political climate.
Concerto A, Third Level

Oral Research Presentations
Descriptions can be found on pages 46-47

A One Day Training Reduces Homophobia and Transphobia among HIV Service Providers in 33 Countries
Tonia Poteat, PhD, MPH

Mapping Transgender and Gender Non-Binary Experiences in Medicine: A survey of TGNB medical students and physicians.
Oscar Dimant

The Lived Experiences of Gay Physicians in Academic Medicine
Matthew Holley, PhD

Poster Session 1
10:45am-11:15am, Overture, Third Level
Descriptions can be found on pages 62-66

Attitudes, Knowledge, and Skills Among Nurse Practitioners Providing Care to Transgender Patients
Justin Tidwell, DNP

Delivering Culturally Sensitive Care to LGBT+ Patients
Jessica Landry, DNP, FNP-BC

Descriptive Analysis of Accreditation Council for Graduate Medical Education Training Requirements in LGBTQ Health
Mitchel Hawkins, MD

Health Disparities and Experiences of a Diverse LGBT Population in Georgia and South Carolina
Jiby Yohannan

Identifying Gaps Within NIH Funding for LGBTQ Intersectionality Research
Caroline Voyles, MPH

Mental Health, Body Image, and Sexual Satisfaction in Gay Men and Other Men Who Have Sex with Men
Christopher Hnain, MA

‘Syndemic’ Service Integration: How Can STI Clinics Address the Burden of Unmet Mental Health Care Needs of LGBT Clients?
Travis Salway, PhD

The Clinical Significance of Companion Animals for LGBT+ Youth: A Qualitative Study
Jeffrey Jin, MSW, ACSW

Transgender Health Needs: Differences between Transgender and Cisgender Physical Health, Mental Health, and Health Care Experiences among LGBT Individuals in Georgia and South Carolina
Elizabeth Eldridge, PhD

Concurrent Session II
11:15am -12:15pm

Assembly E, Fifth Level

Implementing Hepatitis C Treatment Programs: Tips for Creating a Successful Collaborative Care Model
John Bosco, RN
Asa Radix, MD, MPH

Hepatitis C (HCV) is a major cause of chronic liver disease, cirrhosis, hepatocellular cancer and liver transplantation. Over the last decade there has been an increase in reported HCV infections among HIV-positive MSM, with incidence of 6.3 /1000 person-years (95% CI 5.0–7.5), 19-fold higher compared to HIV-negative MSM. The new direct acting antiviral regimens are highly effective at eradicating HCV infection with few adverse effects however many patients have limited access to treatment services. Barriers to treatment include requiring HCV-experienced medical providers, medication costs, complex preauthorization requirements, drug-drug interactions, concurrent medical conditions and psychosocial factors.
Callen-Lorde Community Health Center predominantly cares for the LGBT communities and people living with HIV. Due to previous or anticipated negative healthcare experiences, many clients with HCV infection were reluctant to be referred for treatment. In 2016 we implemented a multidisciplinary HCV Program (medical, nursing, pharmacy and behavioral health) that is LGBT-affirming, trauma informed and highly successful, achieving high levels of adherence and cure rates. In the first year the team received 75 referrals. Implementation required new work flows, training of program staff, achieving HCV-specialist designation for providers, and learning to navigate complex insurance requirements. We will review our experiences and lessons learned and provide a step-by-step process for clinicians and agencies wanting to implement HCV-treatment programs.

By the end of this session, you will be able to:
• Describe the epidemiology of the hepatitis C infection among MSM, including risks factors, disease progression, treatment options, and long term outcomes
• Identify and address the training needs of clinicians, nurses, pharmacists and other program staff implementing hepatitis C treatment programs
• Articulate the necessity for a multidisciplinary approach to hepatitis C treatment

Maestro A/B, Fourth Level

PRIDE Clinic at 10 years, Clinical and Academic Lessons Learned

Natalie Hinchcliffe, DO
Henry Ng, MD, MPH

The PRIDE Clinic was founded in 2007 at MetroHealth Medical Center in Cleveland, OH, and was among one of the first hospital-based health services for LGBT patients in the United States. The Clinic has grown and changed over the last decade in response to changing patient care needs, community health priorities, insurance coverage and reimbursement patterns and increased requests for health professional trainee and student education. Recently, Eckstrand, et al have written about applying organizational change to promote LGBT inclusion and to reduce health disparities. The presenters will demonstrate how the creation and evolution of the PRIDE Clinic is an example of effective organizational change at a public hospital to promote LGBT inclusion and mitigate access barriers to mitigate LGBT health disparities. Attendees will be encouraged to participate and reflect on steps they can take at their own institutions to apply organization change for better LGBT health.

By the end of this session, you will be able to:
• List the steps, facilitators and barriers to create a LGBT health inclusive service in a hospital environment
• Develop service goals and outcome measures for LGBT health services
• Identify and adapt learning objectives, methods and resources for teaching LGBT clinical care

Aria A/B, Third Level

Pediatric and Adolescent Comprehensive Transgender Services: The Creation of a Primary Care Program

Dane Menkin, CRNP

Mazzoni Center has been providing transgender care for over a decade. Four years ago we began a formal program to include our pediatric transgender and gender diverse children and adolescents. This presentation will provide information about the creation of that program, our design, what we have learned and changed over time. We will present a case study of a gender diverse child and how services were provided in a multidisciplinary fashion for that family.

By the end of this session, you will be able to:
• Identify the psychosocial aspects of pediatric transgender care.
• Identify resources available for behavioral health and medical providers who treat gender diverse children and adolescents
• Evaluate gender diversity in children and adolescents
Thursday, September 14, 2017

**Concerto B, Third Level**

**Spiritual Care for Gender Affirmation Patients: Training Chaplains in Best Practices**

Jo Hirschmann, BCC, ACPE  
Barbara Warren, PsyD

In the context of increasing recognition of the importance of access to transgender affirming healthcare and to gender confirmation surgeries, little has been studied or written about the spiritual care needs of transgender patients who are undergoing transition related surgeries or in hospital for any other health concern. This presentation describes themes that arose in post-surgery inpatient visits to transgender surgical patients under the auspices of the Center for Transgender Medicine and Surgery (CTMS) of Mount Sinai Health System in New York City and the subsequent development of a novel curriculum to train chaplains and chaplaincy students in the Mount Sinai Health System in best practices in the spiritual care of transgender patients. The presentation will review the existing literature on religiosity and spirituality among transgender individuals in the context of healthcare; the findings from the small case studies conducted with patients at Mount Sinai; and the curriculum and video cases used to educate chaplains and chaplaincy students in best practices in spiritual care for transgender patients.

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

- Increase awareness of the impact of religiosity and spirituality on the health of transgender patients.
- Address the spiritual care needs of transgender patients who are undergoing transition related surgeries or in hospital for any other health concern.
- Acquire and utilize a model for training hospital chaplains and chaplaincy students in best practices in spiritual care for transgender patients.

**Assembly C, Fifth Level**

**Protective Health Effect of Legal Intervention on People Living with HIV (PLWH)**

Guillaume Bagal III, MA, MHA  
Erin Loubier, JD

Research indicates that the criminalization of sex work is counterproductive to public health due in part to the heightened stigma of people engaging in sex work and the increased difficulty for them to receive appropriate health, medical, and social services. Transgender women, particularly trans women of color, are especially likely to engage in sex work because of high levels of economic insecurity and the need for gender affirmation. In DC, half of transgender women report having engaged in sex work, and nearly one third report having HIV. This workshop will explore the barriers for transgender female sex workers (TGSW) in DC to access health, including HIV preventive service such as pre-exposure prophylaxis (PrEP), and how laws, policies and practices designed to disrupt commercial sexual activity further marginalize TGSWs. First, we will explore the evolution of DC’s criminal laws and police practices related to sex work, and the unintended consequences these laws have on the health and safety of sex workers. We will then specifically examine findings from our community-based research, including a series of focus groups with TGSWs in DC, focusing on outcomes related to social determinants of health. Second, we will explore psychological and structural barriers to PrEP and other HIV prevention methods among TGSWs, and local efforts to increase cultural competence among the Metropolitan Police Department and service providers in DC. Finally, we will share upcoming research and reform initiatives to shed light on this issue, and safeguard the health and wellness of TGSW.

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

- List the ways in which laws criminalizing sex work affect the ability of transgender women who trade sex to access health services, and exacerbate the impact and risk of HIV among sex workers by curtailing efforts to address the HIV prevalence among individuals who trade sex.
- Articulate different incremental legislative and administrative efforts to reform sex work laws, and the public health implication in adopting an interdisciplinary harm reduction approach to break down barriers to healthcare for transgender women engaged in sex work.
- Draw broad lessons from the challenges of providing access to health care to transgender women engaged in sex work in a polarized political climate.
Assessing Barriers to Sexual Health Services Among Adolescent Men Who Have Sex with Men
Celia Fisher, PhD

Health Insurance Websites’ Indication of Coverage for Gender-Affirming Health Services for Gender Non-Conforming and Transgender Children and Adolescents
Julie Christensen

School-Based Health Centers as a Strategy to Promote LGBTQ Adolescents’ Wellbeing: Results from a Needs Assessment and Climate Survey
Samantha Garbers, PhD

Lunch (Own Your Own)
12:15pm-1:45pm
Boxed Lunch Tours of the Mazzoni Center and new clinical offices available. Meet at Mazzoni Center booth in Exhibit Hall, Symphony Ballroom, Third Level

Concerto B, Third Level
Resilient Systems: Finding sponsors and champions to advance local LGBT healthcare
Justin Glasgow, MD, PhD

Despite the health benefits of this practice, LGBTQ individuals underutilize Pap tests. The causes are multifactorial and include patient factors (e.g., prior experiences of discrimination in health care, unease surrounding having a pelvic exam, lack of knowledge regarding the need for screening), as well as provider factors (e.g., insufficient LGBTQ-specific training contributing to misconceptions about cervical cancer risk, discomfort caring for LGBTQ people, and communication and skills deficits that complicate LGBTQ patients’ screening experiences). To address these disparities, we launched a film project incorporating community member-provider collaboration, evidence-based research, and innovative medical education strategies to promote changes in the way LGBTQ people are treated in health care settings. This project features a two-fold implementation strategy involving: 1) an online launch of a short documentary-style film featuring community members and expert providers discussing their experiences with cervical cancer screening, and 2) adoption of the film into a nationally-available, interactive medical education curriculum. This curriculum includes a brief didactic presentation featuring clips from the full-length film, followed by case-based role-play and small group problem solving exercises. Participants in this workshop will develop strategies to improve cervical cancer screening experiences for LGBTQ patients by engaging in this experiential curriculum.

By the end of this session, you will be able to:
• Apply basic screening guidelines to correctly identify LGBTQ patients who are eligible for cervical cancer screening
• Use appropriate language to review relevant anatomy and examination procedures with LGBTQ patients
• Discuss with LGBTQ patients specific techniques to improve emotional and physical comfort during Pap tests

Concerto A, Third Level
Oral Research Presentations
Descriptions can be found on pages 47-49

Assessing Barriers to Sexual Health Services Among Adolescent Men Who Have Sex with Men
Celia Fisher, PhD

Health Insurance Websites’ Indication of Coverage for Gender-Affirming Health Services for Gender Non-Conforming and Transgender Children and Adolescents
Julie Christensen

School-Based Health Centers as a Strategy to Promote LGBTQ Adolescents’ Wellbeing: Results from a Needs Assessment and Climate Survey
Samantha Garbers, PhD

Lunch (Own Your Own)
12:15pm-1:45pm
Boxed Lunch Tours of the Mazzoni Center and new clinical offices available. Meet at Mazzoni Center booth in Exhibit Hall, Symphony Ballroom, Third Level

Concurrent Session III
1:45pm-2:45pm

Assembly C, Fifth Level

Strategies to Improve the Cervical Cancer Screening Experience for LGBTQ Patients: A Film-Based Curriculum
Iman Berrahou

Despite the health benefits of this practice, LGBTQ individuals underutilize Pap tests. The causes are multifactorial and include patient factors (e.g., prior experiences of discrimination in health care, unease surrounding having a pelvic exam, lack of knowledge regarding the need for screening), as well as provider factors (e.g., insufficient LGBTQ-specific training contributing to misconceptions about cervical cancer risk, discomfort caring for LGBTQ people, and communication and skills deficits that complicate LGBTQ patients’ screening experiences). To address these disparities, we launched a film project incorporating community member-provider collaboration, evidence-based research, and innovative medical education strategies to promote changes in the way LGBTQ people are treated in health care settings. This project features a two-fold implementation strategy involving: 1) an online launch of a short documentary-style film featuring community members and expert providers discussing their experiences with cervical cancer screening, and 2) adoption of the film into a nationally-available, interactive medical education curriculum. This curriculum includes a brief didactic presentation featuring clips from the full-length film, followed by case-based role-play and small group problem solving exercises. Participants in this workshop will develop strategies to improve cervical cancer screening experiences for LGBTQ patients by engaging in this experiential curriculum.

By the end of this session, you will be able to:
• Apply basic screening guidelines to correctly identify LGBTQ patients who are eligible for cervical cancer screening
• Use appropriate language to review relevant anatomy and examination procedures with LGBTQ patients
• Discuss with LGBTQ patients specific techniques to improve emotional and physical comfort during Pap tests
resilient LGBT healthcare systems. This workshop will use examples across three health systems to highlight tools and techniques for building a coalition for sustained change. The approaches will be grounded in change management theories to detail a structured approach to system change. The primary focus will be on the importance of creating visibility within the organization and community around the important need for change. This visibility will then help leaders identify additional individuals who will sponsor system changes as well as additional champions to drive change initiatives. Examples will be drawn from three different health systems with their own unique micro- and macro-environments. These settings include a rural academic medical center in which change culminated in a sustained LGBTQ+ primary care clinic, an urban medical center which created an employee resource group and client for transgender or gender variant children, and a diverse health system where early implementation efforts have culminated with the system CEO sponsoring change efforts. Session participants will not only be presented with tools and techniques but supported with the skill set to tailor efforts across a broad variety of settings to result in a strong foundation to support sustained change in their health system.

By the end of this session, you will be able to:
• Define key components of change management strategies in healthcare
• Analyze their current support systems and identify key champions and sponsors
• List the next steps on their change journey to improve LGBT healthcare at their institution

Aria A/B, Third Level
Implementing Best Practices of Sexual Orientation and Gender Identity (SOGI) Data Collection

Tiffany Cook
Samuel Dubin
Richard Greene, MD
Aron Janssen, MD
Alison Liss
Best practices for collecting sexual orientation and gender identity (SOGI) information in clinical settings are emerging. We conducted a literature review of SOGI data collection studies, surveys, and perspectives to assess where there is consensus and/or gaps in the literature on implementing SOGI data collection. We report on the current state of SOGI data collection literature. We break down the literature into thematic subfields and review the data, consensus, or disagreement within each sub-topic relevant to SOGI data. Subtopics analyzed and discussed include: validated SOGI questions, patient response to SOGI prompts, workflow procedures, data collection modalities, training, and privacy/legal issues. Our SOGI review was used at our institution to ensure that our data collection and EHR protocol follow validated best practices. We discuss how we used our literature review to evaluate our institution’s practices and generate recommendations. We summarize the successes and setbacks of this approach and discuss how to navigate the gaps within SOGI literature. Participants, in small groups, will be given a facilitator-generated SOGI best-practices worksheet/rubric. The rubric will be formatted by the above mentioned subfields of the SOGI literature. Participants will assess their home institution’s practices in light of the literature’s recommendations, then generate a list of successes, setbacks, and an analysis of the extent the literature can impact SOGI data goal-setting at their home institution. A full group debrief will be used to share suggestions and resources, and reinforce an understanding of the utility of the SOGI data literature in making institutional changes.

By the end of this session, you will be able to:
• Define best practices for SOGI data collection, differentiate the various subtopics within the literature, and articulate which topics have reached data-driven consensus.
• Identify next steps for implementation of SOGI data collection at participants’ own institutions through a comparison of current best practices and institutional practices.
• Implement accurate and safe SOGI data collection and anticipate the challenges to doing so.
Papanicolaou (Pap) tests are an essential aspect of preventative health that enable detection and treatment of precancerous cervical changes with the goal of preventing cervical cancer. Although there are existing strategies and policies for creating LGBTQ-inclusive healthcare spaces, there is a dearth of high quality visual media (public service announcements (PSAs) and health related materials) that reflect the racial, ethnic and age diversity of the LGBTQ communities. In 2015 Callen Lorde Community Health Center initiated a Creative Media department to address the gaps in available health promotion materials and visual media, in particular for people of color and the transgender and gender non-binary communities. Spearheaded by enthusiastic staff, volunteers and a very limited budget, Callen-Lorde has created dozens of PSAs, video media, printed and social media marketing that have been embraced by the LGBTQ communities, screened all around the world and have even been used by State and City health departments. Using Callen-Lorde’s popular “Pronouns Matter” and “PrEP 101” campaigns as a focal point, participants will learn how they can strategize and develop their own practice-wide campaigns to improve the environment for their own staff and patients. We will review (1) the impact that community, patient and staff’s visual inclusivity can have on the response, support and uptake of a campaign (2) how to create scripts for PSAs and other health promotion materials (3) how community partnerships can play in expanding campaign reach, and (4) a glimpse into the People of Callen-Lorde images of everyday LGBTQ people.

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

- List the benefits of utilizing and incorporating creative visual media into their practices through their waiting rooms, exam rooms, and on their websites and social media platforms;
- Assess and list ways/changes to create a more LGBTQ welcoming environment within their practices;
- Develop a campaign with visual components (videos, marketing material, photographs/portraits/posters social media posts) that support and promotes the changes being made and list resources available to support the development and promotion/distribution of the campaign.

Maestro A/B, Fourth Level

Black Light: Correcting Stigma and Discrimination in Healthcare Services for LGBTQ Youth of Color

M. Blair Franklin
Jamal Hailey, MA

Providing preventative public healthcare involves more than just treatment of patients. To effectively develop game-changing rapport with vulnerable populations we must first understand particular cultural nuances evident in community storytelling. Those shared narratives of trauma, both current and generational, have cemented a sense of medical mistrust, thus increasing risk and keeping people disengaged from critical and life-saving care. And the textbook methods and techniques of preventative healthcare we use are often lost when attempting to connect with vulnerable populations that have endured historical medical abuse. Through the methodology of social and racial justice, we will explore how to develop creative solutions in order to improve patient health engagement for LGBTQ youth of color. The workshop will explore the impact of implicit bias in the health setting, unpack the systems that dictate health disparity, address community-led outreach and engagement strategies, and discuss minimizing the imbalance of power in the doctor’s office. In visioning a world where stigma and discrimination do not exist in healthcare, we’ll provide strategies to create more equitable systems and more beneficial outcomes for all the people we serve.

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

- Understand how implicit bias shows up in the healthcare setting
- Explore the ways that historical medical abuse and
cultural nuances in community storytelling create
medical mistrust and health disparities for LGBTQ
communities of color
• Practice strategies around minimizing power imbalance
and increasing community engagement in healthcare
settings

Concerto A, Third Level

Oral Research Presentations
Descriptions can be found on pages
49-50

Primary Care Quality Indicators Among a Large
Transgender Cohort in the US (Washington, DC,
2008-2017)
Deborah Goldstein, MD

Surgical Readiness Classes for Gender
Reaffirming Surgeries in an Integrated Health
Care Transgender Clinic
Stephanie Cousins, MD

Transgender Health: An Analysis of Chronic
Health Conditions Using the 2015 Population-
Based Behavioral Risk Factor Surveillance
Suha Ballout, PhD, RN

Transition and Coffee Break
Exhibit Hall, Symphony Ballroom, Third Level
2:45pm -3:00pm

Concurrent Session IV
3:00pm-4:00pm

Assembly C, Fifth Level

Assisted Reproduction Options for the Lesbian,
Gay and Transgender Communities
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, you 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.
• Counsel 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.

Assembly E, Fifth Level

Developing HIV Prevention Tools for Adolescent MSM (AMSM) and Transgender Youth

Sean Cahill, PhD
Sophia Geffen

HIV disproportionately burdens adolescent men who have sex with men (AMSM) and transgender youth, especially Black and Latino/a youth. Since 2005, there has been an 87% increase in new infections among Black and Latino gay and bisexual men, ages 13-24. The disparities in new HIV infections require that we develop better HIV prevention tools and strategies that center on the needs and identities of these populations. A review of existing HIV prevention tools was conducted in order to identify gaps in tools and resources for HIV prevention with AMSM and transgender youth. The project team, along with a team of research advisors, identified available tools and organized them in a grid with information on the tools’ content, modality, source, target population, and any peer-reviewed journal articles. The review of HIV prevention tools identified a lack of tools designed specifically for LGBTQ youth. We then identified opportunities for adapting generic tools for use with AMSM and transgender youth. The vast majority of tools used innovative, web-based modalities: 50% were webpages on larger health-related websites, 25% were full interactive websites, and 25% used other modalities, such as Tumblr pages, iPhone apps, or online PDF-versions of screening tools. A review of HIV prevention tools highlighted the need for culturally competent, acceptable tools for AMSM and transgender youth, particularly Black and Latino/a youth. The project team seeks to develop innovative HIV prevention tools and strategies based on findings from this review, along with survey and focus group data.

By the end of this session, you will be able to:
• Describe existing HIV prevention tools
• Identify gaps in existing HIV prevention tools for AMSM and transgender youth

Aria A/B, Third Level

Transgender Youth: Psychological Outcomes of Puberty Suppression and a Multidisciplinary Approach to Care

Jose Aguilar, MD
Michael Ingram, MD, MS

Background & Methods: An increasing number of transgender children and adolescents are seeking gender-affirming medical interventions in recent years. One treatment option involves the use of Gonadotropin-releasing hormone (GnRH) agonists to reversibly inhibit puberty and allow transgender adolescents to experience puberty as their identified gender with cross sex hormone therapy (CSHT). Effective treatment requires a multidisciplinary team yet many physicians are inexperienced or uncomfortable treating transgender individuals. In this session, we review current guidelines for treating transgender youth and present published data on the psychological outcomes of puberty suppression treatment. Results & Discussion: The World Professional Association for Transgender Health (WPATH) and Endocrinology Society (ES) guidelines on treating transgender people are the most internationally recognized guidelines. Only four published cohort studies were found addressing the psychological outcomes of puberty suppression treatment, but each study showed significant improvements in general functioning, decreased behavioral and emotional problems, and alleviation of depressive symptoms after puberty suppression treatment. The dearth of evidence informing current guidelines on the treatment of transgender youth underscores the need for further research. However, controversy exists surrounding the recommendation of a mental health evaluation prior to gender affirming treatments. As more children and adolescents seek gender affirming medical and psychological care it will be imperative for physicians from all specialties to collaborate, advocate, and become educated on current issues in Transgender health including use of pronouns, definitions, and guidelines.
By the end of this session, you will be able to:

• To define current guidelines and recommendations for treating transgender children and adolescents.
• To discuss the limited evidence supporting current guidelines for puberty suppression treatment in children with gender dysphoria.
• To define the most common terms used in transgender healthcare and become aware of the most current issues facing this marginalized population.

Maestro A/B, Fourth Level

Planned Parenthood and Transgender Healthcare Services: Fulfilling Community Needs and Mission

Adarsh Krishen, MD, MMM
Lillian Williams, MHHS

Planned Parenthood of Greater Ohio (PPGOH) has a long history of providing high quality, medically accurate, compassionate care to a medically underserved patient population through its 20 centers across most of Ohio. It has been a community leader in education and outreach to high risk populations with a focus on meeting the needs of the community. Its centers offer core services to all patients and are in strategic areas to meet the needs of both rural and urban patients. An area of need identified within Ohio was the need for provision of services to transgendered individuals. In several communities, patients have limited or no access to care. After a careful needs assessment, a plan was developed to expand needed services. A mindful, stepwise approach to providing this care was including the development of plans to transform the culture and increase comfort with providing care. This involved consideration of all areas of the agency including but not limited to physical structure, call center, front desk staff, rooming staff, clinicians, and billing office as well as electronic health record issues. An agency-wide educational day was developed to allow staff the opportunity to gain skills and comfort around the services including WPATH guidelines. A pilot was started in centers with higher need identified and additional resources were readily available with the intent to learn from the pilot and anticipated expansion based on community needs. In this session will address the planning process including agency education and report out our initial experiences.

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

• Discuss skills needed to prepare staff for providing appropriate care to gender nonconforming patients.
• Discuss impact of providing transgender health care in “nontraditional” sites of service.
• Develop a framework for providing transgender healthcare in a community office setting

Concerto B, Third Level

Using an Intersectional Approach to Health Disparities Pedagogy

Rhonda Aeholonu, MD
Tiffany Cook
Richard Greene, MD

Over the past two decades, despite significant advances in medical diagnostic and therapeutic innovations in infectious disease, cardiovascular health, and oncology, significant inequities remain in health outcomes based on race and ethnicity, sexual orientation, gender identity & expression, income, and education. Having an understanding of these inequities and being equipped to address modifiable determinants of health disparities provides health professionals in training with the necessary foundation to effectively practice medicine in the 21st century. At NYU School of Medicine, we developed a four-week Health Disparities Selective that explores the intersections of race, gender, sexuality, and class and critically assesses how structural oppression affects health systems and perpetuates health disparities. In this workshop, we will discuss our intentional approach to curriculum design, including the utilization of intersectional and critical theories to guide our content development. Participants will reflect on current methodologies and frameworks used at their respective institutions and determine next steps for improving health disparities content and, specifically, improving and integrating LGBT health disparities content across the continuum of health professional education.
By the end of this session, you will be able to:

• Explain how an intersectional approach to health disparities content promotes LGBT health.
• Apply intersectionality and critical theories when creating and integrating health disparities content in health professional programs.
• Compare and contrast different approaches to health disparities pedagogy.

Concerto A, Third Level

Oral Research Presentations
Descriptions can be found on pages 50-52

Hidden Population, Hidden Needs: Bisexual Men and Healthcare
Maxime Charest, MA

Nurses Understanding of Bisexual Health
Rebecca Carabez, PhD, RN

Understanding Suicide Among Gay and Bisexual Men: A Photovoice & Intersectionality Study
Olivier Ferlatte, PhD

Transition Break
4:00pm-4:15pm

Networking Reception
Sponsored by: the Perelman School of Medicine Office of Inclusion and Diversity and the Program for LGBT Health
5:30pm-7:00pm, Exhibit Hall, Symphony Ballroom, Third Level

Plenary II:
4:15pm-5:30pm, Ormandy Ballroom, Lobby Level

Two-Spirit Resistance to Resilience and Reconciliation: Filling the Void and Silence
Harlan Pruden

See Plenary Book for details.
Registration Open, Exhibit Hall Open
7:00am-5:00pm, Overture & Symphony Ballroom, Third Level

Exhibit Hall
7:00am-2:30pm, Symphony Ballroom, Third Level

Breakfast (Exhibit Hall)
7:00am-8:00am, Symphony Ballroom, Third Level

Plenary III:
8:00am-9:15am, Ormandy Ballroom, Lobby Level

Black SGL and LGBTQ Health at the Crossroads-
A Discussion Amongst Black SGL and LGBTQ Providers

Lourdes D. Follins, PhD, LCSW
Tfawa Haynes, MSW, LICSW
Jonathan M. Lassiter, PhD
David Malebranche, MD, MPH

See Plenary Book for details.

Transition Break
9:15am-9:30am

Concurrent Session V
9:30am-10:30am

Maestro A, Fourth Level

As If This Illness Isn’t Bad Enough: Rollback of Obama-Era Protections Impacting the Quality of Hospice and Palliative Care for LGBTQ Patients and Families

Kellan Baker
Shail Maingi, MD
Sean O’Mahony, MB, BCh

LGBTQ patients experience health care disparities even in hospice and palliative care settings. Several articles now document the experiences of LGBTQ patients in these settings and their unique needs and significant barriers to care often due to a lack of legal protections. Under the former administration, many protections were put in place that positively impacted the quality of care experienced by sexual and gender minorities and their loved ones. However, some of these protections have been undone, and many more are vulnerable to being rolled back. In this session, we will provide an overview of the unique issues that exist and barriers to care experienced, guidelines for best practice in hospice and palliative care settings, and the impact of recent and proposed policy changes.

By the end of this session, you will be able to:
• Discuss the unique barriers to quality hospice and palliative care experienced by LGBTQ patients and families and the recommended guidelines to address these issues
• Describe the Obama Era patient protections that improved the quality of end-of-life care for LGBTQ patients and families and how these protections have changed
• Articulate future directions and protections needed to address health care inequities experienced by sexual and gender minorities in hospice and palliative care settings

Assembly E, Fifth Level

Working Through Common and Challenging Problems in the Care of the Transgender Patient Going Through Gender Transition: A Case Base Discussion

Nicole Nisly, MD

The University of Iowa LGBTQ clinic, now in its fifth year, serves over 600 transgender identified patients of all ages. We identified common problems and some difficult issues that were encountered in a clinical experience. We will provide real key scenarios as an opportunity to discuss the challenges encountered in gender transition and their solution. Cases include medical and surgical challenges, psychological and social problems as well as clinical and system barriers to excellent care. Dr. Nisly is Professor of internal medicine, co-founder and co-director of the
University of Iowa LGBTQ clinic, medical director and co-founder of the University of Iowa HIV pre-exposure prophylaxis clinic, associate chair of internal medicine and diversity officer at the University of Iowa.

By the end of this session, you will be able to:
• Understand common medical, psychological and social issues faced during gender transition.
• Work through rare and complex transition issues.
• Develop a system that supports transition.

Assembly C, Fifth Level

At the Intersection of Identities and Resilience: Complex Clinical Work with Trans and Gender Diverse Youth

Elijah Nealy, PhD, MDiv

While the risks trans youth face are real, this focus can overshadow their inherent resilience. Our assessments and ongoing therapeutic work must always incorporate the context of environmental challenges impacting trans youth resilience. In fact, notions of resilience and the need for interventions to “build resilience” can themselves be challenging. How do we as mental health professionals interpret what is resistance and what is resilience? This workshop begins by recognizing that our hidden biases may hinder the creation of safe space, and that the intersections of our social locations can perpetuate or re-create experiences of oppression for trans youth. We explore how the gatekeeper role shapes our lens and contributes to the experience that trans youth often have to prove who they are: their “trans-ness.” Moving beyond the fundamentals of gender identity/expression and early transition tasks, the presenters delve more deeply into the essentials of effective clinical work with diverse trans young people as they navigate their day-to-day lives. Areas addressed include: shifting friendships, navigating developmental tasks such as dating, relationships, and sexual intimacy while trans, intersecting identities among trans youth of color, persistent dysphoria and body image, and recovery from internalized shame and oppression. Strategies to facilitate parental comprehension of these unique challenges, and thus offer more nuanced emotional support, will also be addressed.

The format includes brief presentation, case vignettes chosen to illustrate the complex intersections of identities and resilience, and group discussion of clinical interventions and strategic use of self.

By the end of this session, you will be able to:
• Discuss challenges associated with concepts of resilience, including the impact of social context/environment and provider interpretation of what constitutes “resilience”
• Describe the intersections of personal social locations and how these may impact our work with trans youth
• Identify strategies for effective clinical intervention with trans youth and their families across varying social, emotional, and mental health complexities and intersecting social

Maestro B, Fourth Level

GLMA’s Role in the AMA: Why It’s Important and Why You Should Care

Gal Mayer, MD
Desi Bailey, MD
Jeremy Toler, MD
Jesse Ehrenfeld, MD

GLMA has been a member of the American Medical Association House of Delegates since 2013, working to help shape the AMA’s healthcare policy. Even before this, GLMA has been working with the AMA since 2005 after the initiation of the AMA Advisory Committee on LGBTQ Issues. Because of GLMA’s relationship with the AMA, we have seen great strides in LGBTQ health issues that are important to GLMA. In the 4 years since GLMA has joined the AMA House of Delegates, our ability to influence AMA policy has helped to evolve the largest association of physicians and medical students into a strong advocate for LGBTQ health issues. Join us to see how GLMA and the AMA work together, how our relationship can continue to promote care for LGBTQ patients, and why physician and medical student membership in both GLMA and the AMA is a vital part of assuring our continued success with the AMA.
By the end of this session, you will be able to:
- Identify the requirements for GLMA to continue to hold a seat in the House of Delegates of the AMA
- Describe how a proposed policy passes through the AMA process to become official AMA policy and how AMA policy influences state and federal legislation and judicial outcomes
- Assess the successes of GLMA in creating AMA policies, and how that policy work has improved the medical and public health of the LGBTQ community

Concerto A, Third Level

**Oral Research Presentations**
Descriptions can be found on pages 52-54

**Evaluation of Uterine and Ovarian Pathology in Transgender Men on Testosterone**
Frances Grimstad, MD

**Provider-Patient Barriers to Effective Reproductive Healthcare for Sexual and Gender Minorities**
Erin Wingo, MSPH

**Reproductive Health Needs Among Transgender Individuals**
Lauren Abern, MD

**Transition Break**
10:30am-10:45am

Concerto B, Fifth Level

**Incorporating Resilience into the Medical Appointment with Black LGBT People**

Jonathan Mathias Lassiter, PhD
Tonia Poteat, PhD, MPH
Amorie Robinson, PhD

This workshop will include three components: educational, discussion, and experiential. Specifically, the workshop will start with an overview of research about resilience among Black LGBT people. It will then move to a presentation of several examples of questions that can be incorporated into written intake forms (that patients can complete in the waiting room) or into the medical interview (and asked by the provider). Finally, participants will have an opportunity to practice asking questions about resilience and brainstorming ways to use resilience to positively impact the patient-provider relationship and treatment/prevention outcomes. All participants will be provided with handouts of the information presented in the workshop and given the opportunity to ask questions.

By the end of this session, you will be able to:
- Identify culturally-specific resilience factors for Black LGBT people
- Discuss how to integrate questions about resilience into the clinical intake (written and verbal)
- Practice using resilience factors to promote Black LGBT people’s treatment adherence

Maestro B, Fourth Level

**The Assault on Federal LGBT Health Policy in the Trump Administration**
Kellan Baker

Abstract and learning objectives to be included in supplement.

Concerto A, Third Level

**Concerto A, Third Level**

**Oral Research Presentations**

Descriptions can be found on pages 52-54

**Evaluation of Uterine and Ovarian Pathology in Transgender Men on Testosterone**
Frances Grimstad, MD

**Provider-Patient Barriers to Effective Reproductive Healthcare for Sexual and Gender Minorities**
Erin Wingo, MSPH

**Reproductive Health Needs Among Transgender Individuals**
Lauren Abern, MD

**Transition Break**
10:30am-10:45am

Concerto B, Fifth Level

**Advancing Sexual and Gender Minority Research at the Centers for Medicare & Medicaid Services**
Christina Dragon, MSPH
The CMS Office of Minority Health is committed to advancing research on sexual and gender minorities. First, through our collaboration with the Medicare Learning Network, we have released a web-based training that can educate healthcare organizations and providers on foundational information about sexual and gender minorities, including how to collect sexual orientation and gender identity and how to incorporate these questions into their clinical workflow. We have also used CMS administrative data to identify transgender Medicare beneficiaries, and our first application of these data has been to examine differences in chronic conditions between transgender and cisgender beneficiaries. Finally, we have created a matched cohort file to allow for a direct comparison of various health outcomes while holding other demographic variables constant. When taken together, we present a compelling portfolio that enhances both clinical data and existing CMS administrative data.

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

• Participants will be able to describe how to find and take the web-based training “Catching Everyone in America’s Safety Net: Collecting Sexual Orientation and Gender Identity Data in Clinical Settings” through the Medicare Learning Network.

• Participants will be able to articulate how Medicare claims files can be analyzed to identify transgender beneficiaries.

• Participants will be able to list the differences between transgender and cisgender Medicare beneficiaries in most common form of qualifying for Medicare, and most common chronic conditions.

Maestro A, Fourth Level

He, she, or they? Managing gender transition in the electronic health record

Eugene Lee, MD, MPH
Hale Thompson, PhD

To better serve lesbian, gay, bisexual and transgender (LGBT) patients, traditionally underserved populations, Sutter Health and Rush University Medical Center independently redesigned and enhanced the capture of sexual orientation and gender identity (SOGI) data in the electronic health record (EHR). This workshop reviews the tools each developed and interactively considers the barriers and facilitators encountered in the development as well as implementation process. Electronic health records can facilitate LGBT patient-centered care and, when optimally used, serve as a guide for clinician and staff cultural competency. SOGI data collection can also help identify and address LGBT health disparities. Successful implementation incorporates best practices and consensus building with stakeholders along with a comprehensive communication strategy and an integrated educational program. Providers can use sexual orientation and gender identity data to better understand these patient populations with the goal of improving health outcomes. The capture of SOGI data is a critical first step. To facilitate LGBT patient-centered care more completely, barriers to adoption must be addressed, and EHRs will need more robust functionality, including the improved capacity to integrate SOGI data into clinical decision support tools.

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

• To identify the range of specific sexual orientation and gender identity data elements that providers may consider for capture.

• To categorize the various ways that SOGI data may be used (e.g. billing, clinical decision-making, cultural awareness) in order to identify stakeholders and generate buy-in and consensus of EHR redesigns.

• To analyze and explore the clinical decision-making that data capture may enhance and inform.

Assembly C, Fifth Level

Advancing Comprehensive Care for Transgender Children and Adolescents

Tari Hanneman, MPA
Linda Hawkins, PhD, LPC
Henry Ng, MD, MPH

Healthcare providers across various specialties have seen an increase in children recognizing that their sex assigned
at birth does not match the gender they know themselves to be. Acknowledging this increasing trend, clinicians are recognizing the medical and psychological needs of transgender and gender-nonconforming children and adolescents and are seeking ways to care for them and their families. Comprehensive multidisciplinary clinical care programs have emerged over the past decade to care for transgender youth with nearly 50 multidisciplinary clinical care programs for transgender children and youth across the United States. Many of these clinics have emerged within just the past few years. This session will present results from the Human Rights Campaign Foundation’s national survey of these programs and its subsequent convening of a small group of medical and mental health providers. It will highlight the varied forms these programs take, strategies for founding and expanding them, and tactics for dealing with non-clinical challenges in areas like reimbursement, care coordination, and institutional support. Finally, it will describe how HRC has partnered with clinicians to leverage their expertise to create groundbreaking public education resources to advance best practices in care for transgender youth. Leaders from two of these clinics will share the challenges they encounter, and solutions they employ, in their own work. Presenters and participants will discuss ideas for professional collaborations that increase youth and families’ access to services. Finally, participants will consider opportunities for partnerships between clinicians and local or national organizations.

By the end of this session, you will be able to:
• Identify the key components of comprehensive multidisciplinary clinical care programs for transgender youth.
• Describe and advocate for best practices in caring for transgender children and adolescents.
• Deploy strategies for working with local or national advocates to advance care for transgender children and adolescents.

Concerto A, Third Level

Beyond the Gender Binary? Dating and Relationships among Transgender Men and their Non-Transgender Partners
Will Mellman, MSW

Development of a novel tool to assess intimate partner violence against transgender individuals
Sarah Peitzmeier, MSPH

Facilitators and Barriers to Participation in PrEP HIV Prevention Trials Involving Adolescent and Emerging Adult Transgender Men and Women
Celia Fisher, PhD

Product Theater Lunch: An HIV Prevention Medication: Reducing the Risk of Acquiring HIV-1 Infection
11:45am-1:15pm, Ormandy Ballroom, Lobby Level
Lunch provided by and sponsored by Gilead Sciences
See Registration Desk to RSVP
(Not for continuing education credit)

Concurrent Session VII
1:15pm-2:15pm

Maestro A, Fourth Level

Addressing Transgender Health in a College Setting: Implications for Clinical Practice and Student Services
Julia Burton, CRNP
Erin Cross, PhD
Giang Nguyen, MD, MPH
Perri Stella, MSN, CRNP

The college years, whether one is enrolled in an undergraduate, graduate, or professional program, are a time of emotional growth, increasing independence, and high anxiety about what the future will bring. It is also a time when many young adults begin to explore their identities on multiple levels. For transgender and other non-cis/non-binary individuals, the stresses of being in college...
are compounded further when issues of gender come to the forefront of their lives. As more college students are beginning to open up regarding their gender identities, and as more young people are entering college having already initiated cross-hormone therapy, college student health services need to be prepared to serve the increasingly diverse student body. This workshop will provide case examples of issues relevant to healthcare at the intersection of gender identity and the college student status. Specific clinical considerations in primary care and women’s health will be discussed, as well as administrative and student support issues that extend beyond the student health center. We welcome participants who have both clinical and non-clinical roles, those from colleges and universities that already provide trans health services, those who are still considering the addition of such services, and those who have an interest but do not work in a student health setting. Participants will have an opportunity to discuss issues they have encountered on their campuses, learn from the experiences of peers, and consider what best practices might be in the growing field of transgender services in college health.

By the end of this session, you will be able to:
• Explain characteristics that make the intersection of gender and college student status an important consideration with regard to health, access to care, and patient privacy.
• Describe examples of ways to establish transgender-inclusive clinical services within a college health center.
• Discuss the importance of cross-cutting programs and partnerships when addressing the needs of transgender college students.

Assembly E, Fifth Level

Expanding PrEP Horizons: Cis and Transgender Women

Jill Crank, MSN/MPH, CRNP

About 25% of people living with HIV in the US are women, and most of these new cases are from heterosexual transmission (CDC, 2016). Among transgender women, the prevalence rates are estimated to be around 22% (Baral et al., 2013). There is action to expand knowledge of PrEP in women and especially women of color as about 62% of all women living with HIV are African American (CDC, 2016). Transgender women of color are disproportionately affected by HIV. Clinical evaluation and interventions are often not utilized in women around HIV prevention for a variety of reasons. This can be due to lack of knowledge in patients and providers about potential risk in women as well as stigma associated with HIV. Contributing to this is lack of provider comfort in initiating discussions about sexuality with patients. One of the unique barriers for providers to utilize routine screening regarding sexuality is a lack of clinical role models who effectively incorporate sexual health as routine health screening (Kautz, Dickey, & Stevens, 1990). This presentation will aim to educate attendees about HIV epidemiology in cis and transgender women, explain how HIV can be prevented through PrEP as a user-controlled biomedical intervention, and how PrEP can restore cis and transgender women’s right to pleasurable sexual experiences. It will include an interactive audience dialogue around sexual health history to help audience members learn from each other effective ways to incorporate normalizing screening for sexual health concerns with emphasis on HIV prevention tools into clinical care.

By the end of this session, you will be able to:
• Describe the current epidemiology of HIV infection among cis and transgender women in the United States.
• Explain current utilization of PrEP in cis and transgender women in both research and clinical application and identify gaps in knowledge and future directions
• Identify non-judgmental and gender/sexuality-inclusive counseling techniques to encourage HIV prevention and apply tools that can be utilized by providers to normalize screening all patient populations.

Assembly C, Fifth Level

Priorities and Capacity Building in Sexual & Gender Minority Research

David Dean, PhD
Christina Dragon, MSPH
Karen Parker, PhD, MSW

The National Institutes of Health (NIH)-commissioned Institute of Medicine report on the health of lesbian, gay, bisexual, and transgender (LGBT) people identified research recommendations and a need for more and better data and information focused on sexual and gender minorities (SGM). Responding to this call, agencies within the U.S. Department of Health and Human Services have a number of efforts currently underway to better identify sexual and gender minorities through improved data collection and to increase research among these populations. Initiatives include the following: 1) NIH progress on its Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities; 2) Substance Abuse and Mental Health Services Administration’s (SAMHSA) LGB adult and same-sex couples’ behavioral health data and draft research agenda; 3) progress track through Healthy People 2020 for objectives that show data for sexual minorities and additional surveys adding new sexual minority questions; and 4) Centers for Medicare and Medicaid Services’ (CMS) updated claims analysis on transgender Medicare beneficiaries. This workshop is designed to provide attendees with an overview of several activities initiated by HHS to advance the health and well-being of SGM populations and to provide information on opportunities in priority research areas.

By the end of this session, you will be able to:
• List at least three priorities of the Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities from NIH.
• Describe SAMHSA’s LGB adult and same-sex couples’ behavioral health data and draft research agenda.
• Articulate advances in transgender Medicare beneficiary research.

Maestro B, Fourth Level

Collecting SOGI data in EHR to improve quality of care for LGBTQ patients

Sean Cahill, PhD
Chris Grasso

In recent years, we have made major progress in collecting sexual orientation and gender identity (SOGI) data in healthcare settings. Recommendations by the Institute of Medicine and the Joint Commission that such data be collected are being implemented widely. Meaningful Use Stage 3 (now part of MACRA) requires that SOGI fields be included for certification of EHRs. CMS encourages SOGI data collection through its Equity Plan for Medicare Beneficiaries and a Medicare Learning Network training. HRSA’s Bureau of Primary Health Care requires health centers to collect and report on SOGI data, and many academic medical centers collect SOGI data in their EHRs to study quality and patient satisfaction, and to identify and eliminate disparities. Collecting SOGI data with primary care patients can measure and track health outcomes at the individual and population level. Use of SOGI data collected in EHRs can improve quality of care, provide timely clinical information, and improve communication among patients and members of the care team while creating a better patient centered care experience. SOGI data can be used to develop quality and monitoring reports, like a Transgender Dashboard, to reduce disparities. Best practices for implementing changes within the EHR and workflows can reduce misgendering errors. Training all staff, including non-clinical staff, is key to the successful implementation of SOGI data collection and creating a LGBTQ-affirming environment in primary care. Recent research indicates that, while many providers are concerned that patients will be offended, most patients agree that SOGI data should be collected in clinical settings.

By the end of this session, you will be able to:
• Workshop participants will be able to describe the significant expansion of SOGI data collection in health care settings resulting from key steps taken by federal government agencies and non-governmental organizations.
• Workshop participants will be able to describe how the collection and use of SOGI data in EHRs can improve communication, data and quality management activities, including the collection and reporting of patient-level information, clinical outcomes and better care coordination.
• Workshop participants will be able to describe the impact SOGI data collection will have on key stakeholders (patients, staff, and management), and best practices for actively engaging and investing staff in the success of this endeavor.
Concerto A, Third Level

Oral Research Presentations
Descriptions can be found on pages 55-57

Online Mindfulness-based Stress Reduction Intervention for Lesbians: A Feasibility Study
Jennifer Jabson, MPH, PhD

Mental Health and Behavioral Risk Factors of Sexual Minority, Court-Involved, Non-incarcerated Youth
Matthew Hirschtritt, MD, MPH

The STROBE Study: Health Impacts of Resilience and Gender Identity Pride Among Transgender Women of Color (TWOC)
Mannat Malik, MHS

Transition Break
2:15-2:30PM

Plenary IV:
2:30pm-3:45pm, Ormandy Ballroom, Lobby Level

Resilience and the LGBTQ+ Healthcare Provider
Michele Eliason, PhD
Carl Streed, MD

See Plenary Book for details

Poster Session 2
3:45pm-4:15pm, Overture, Third Level
Descriptions can be found on pages 66-72

Assessing the Ache: A Survey to Assess New Onset Abdominal Pain After Initiation of Testosterone Therapy in Female to Male Transgender Men, Gender Non-conforming and Gender Fluid Persons.
Frances Grimstad, MD

Barriers and Facilitators to Shared Decision-Making about Intimate Partner Violence between Lesbian, Gay, Bisexual, Transgender and Queer People of Color and their Healthcare Providers
Fanny Lopez, MPP

Comparing Patient-Reported Outcome Priorities in HIV Care between Transgender Women and cis-Gender Patients, and Their Providers
Rob Fredericksen, PhD, MPH

Couple's Coping and Health Maintenance Behaviors: Exploring Dyadic Stigma in American Gay Male Couples
Jessica Marsack, RN, BSN

Integral Identities: Baseline Analysis of First-Year Medical Students’ Preparedness to Interact with LGBTQ Patients
Travis Hunt

LGBT Community Connectedness and its Association with Depressive Symptoms and Suicidal Ideation: A Nationwide Survey with 2,230 LGB Adults in South Korea
Horim Yi, MSW

Listen, Learn and Build: Implementing a Community Informed Center for Transgender Health
Paula Neira, JD, MSN

Penn LGBT People in Medicine Mentorship Program: Creating Community in Academic Medicine
Rosemary Thomas, MPH

Student Priorities, Provider Struggles: Examining LGBTQ Health Disparities in a College Environment
Andrew Pregnall

The role of PTSD in effectiveness of a weight intervention for older lesbian/bisexual women
Michele Eliason, PhD
The Shabaab Study: Measuring Discrimination and Sexual Risk Behavior among Arab MSM in the United States
Paul Brown, MA

Trends of Gender-Affirming Surgery among Transgender Patients in the United States
Omar Harfouch, MD, MPH

Plenary V:
4:15pm-5:30pm, Ormandy Ballroom, Lobby Level

Kimberly Clermont Memorial Lecture on Lesbian Health
25 Years of Lesbian Health Fund Research: The Scope and Impact of Research to Improve the Health of Lesbians and Other Sexual Minority Women
Deborah Bowen, PhD
Shail Maingi, MD

See Plenary Book for details.

Lesbian Health Fund Reception and Auction and 25th Anniversary Dance Party
Sponsored by: Cigna
6:00pm-8:30pm, Symphony Ballroom, Third Level
Registration Open
7:30am-3:00pm, Overture, Third Level

Student and Trainee Mentoring Breakfast
7:30am-8:15am, Symphony Ballroom, Third Level

General Attendees Breakfast
7:30am-8:30am, Ormandy Ballroom, Lobby Level

Plenary VI:
8:30am-9:45am, Ormandy Ballroom, Lobby Level

Stanley Biber Memorial Lecture on Transgender Health
Every Voice Counts! Results of the 2015 U.S. Transgender Survey
Mara Keisling
See Plenary Book for details.

Transition Break
9:45am-10am

Concurrent Session VIII
10am-11am

Assembly E, Fifth Level
Professional is Personal: Trans Professionals Working in Trans Care
Sand Chang, PhD
Laura Erickson-Schroth, MD, MA
Rakiyah Jones, MSN, MPH
Nathan Levitt, MSN, FNP-BC
Paula Neira, JD, MSN

Recently, trans professionals have begun to play more of a role in guiding patient care, research, and administration in trans health care. However, for many years this was not the case, and the legacy of a field led by those without personal experience continues to impact trans care. For many trans professionals, the professional remains very personal. This moderated panel discussion with a diverse group of panelist will pose questions such as: What is it like for trans professionals to attend conferences and participate in research where their identities are discussed by non-trans professionals? What is the impact on trans professionals of being viewed by some others as non-objective participants in trans care due to their histories? How do trans professionals experience being part of health care systems in which they feel personal responsibility to educate and train their colleagues, as well as for their personal lives to be open books for others’ learning? What is the role of power and privilege for trans providers working with trans patients, and how does this intersect with trans providers’ own experiences with race, ethnicity, ability, and other forms of identity?

By the end of this session, you will be able to:
• Describe 3 ways in which trans professionals have historically been marginalized within professional organizations that center around trans care.
• Discuss the impact on trans professionals of their historical marginalization in research, patient care, and administration within organizations that care for trans people.
• List 3 ways in which trans professionals may have different experiences from cis professionals while working with trans clients.

Maestro B, Fourth Level
Balancing Professionalism and Political Expression on Social Media
Macey Henderson, JD, PhD
Patrick Herron, DBioethics

As social media usage intersects with our professional spheres, we all need to pay more attention to our digital personas. What are we sharing with the world? How can we effectively use social media to promote our work and engage in public discourse? How can we maintain our professional and institutional brand integrity and without sacrificing our
moral and political opinions? The following question has repeatedly been posed to members of our interdisciplinary panel during past workshops: How much of my personal life can or should be part of my professional identity? This question has particular resonance when candidates and their supporters and detractors advance morally questionable perspectives via social media venues such as Twitter.

Healthcare professionals face the challenge of balancing their duty as public intellectuals to address the prejudices of the day and the need to maintain a scholarly and impartial posture. Additionally, health providers and advocates may face institutional pressures to minimize offense to patients, colleagues, public officials and general public. This panel will address these challenges along with the habits of mind that balance self-discipline and moral courage in regards to use of social media as medium. To this panel, it is clear that abstaining from social media could be riskier than participating in at least some of the available opportunities. This session will help participants to reflect on and advance their personal/professional digital identity on social media.

By the end of this session, you will be able to:
- Explain various types of social media that healthcare professionals actively participate in, including but not limited to public forms of political expression.
- Address the potential tensions between personal integrity and professional identity as it relates to self-branding for the healthcare provider or professional.
- Discuss the potential impacts of one's brand on his or her current and future career, in particular as it relates to the use of social media.

Oral Research Presentations
Descriptions can be found on pages 57-60

Concerto B, Third Level– Session A

Multiinstitutional Efforts to Collect SOGI Data in Electronic Health Record System
Brandyn Lau, MPH

Results of a Randomized Clinical Trial of a Culturally Targeted Smoking Cessation Intervention for LGBT Smokers
Phoenix Matthews, PhD

Concerto A, Third Level– Session B

LGBT Health Education in Undergraduate Medical Schools: A Scoping Review
Katherine Lawrence, MD, MPH

Sexual and Gender Minority Health in Medical Curricula in New England: Medical Student Comfort, Competence, Knowledge, and Perception of Curricula
Caroline Scott

The Inclusivity of the Medical School Environment for LGBT Students
Nassr Nama, MD, MSc

Poster Session 3
11:00am-11:30am, Overture, Third Level

Descriptions can be found on pages 72-77

Behaviorally bisexual transgender individuals face higher rates of sexual intimate partner violence
Sarah Peitzmeier, MSPH

Dental Students’ Perception of LGBT Education
Jessica Grenfell

Identifying and Overcoming Barriers to Providing Transgender Care in VA Primary Care Clinics
Nersi Nikakhtar, MD

Improving LGBTQ Health Education for Tomorrow’s Physicians: Results from a Clinical Medicine Curriculum Intervention
Steven Elsesser

Knowledge, Attitudes, and Changes in Condom Use Among MSM Taking Pre-Exposure Prophylaxis for HIV Prevention
Christopher Terndrup, MD

Shared Decision Making About Anal Cancer Screening in Black Gay and Bisexual Men: Role of Intersectionality
H. Sharif “Herukhuti” Williams, PhD, MEd

Shared-Decision Making for Chronic Conditions: Experiences and Recommendations from Lesbian,
Concurrent Session IX
11:30am-12:30pm

Concerto B, Third Level

The Evolving Role of Patient Advocacy in Intersex Care

Arlene Baratz, MD
Katharine Dalke, MD, MBE
Ilene Wong Gregorio, MD

Despite recent improvements, there remain many gaps in the care of people with Differences of Sex Development (DSD)/intersex conditions. For instance, a 10-year global update on DSD published in 2016 identified, among other concerns, a lack of access to care for transitional-age and adult patients. The absence of long-term care compromises not just patient health, but also quality of outcome studies on psychosexual, physical, and behavioral health. Such issues cannot be resolved without the inclusion of patient perspectives, often via patient support and advocacy groups, who have also brought attention to the profound effects that medical treatment can have on quality of life. These perspectives have informed recent statements from ally organizations such as GLMA and the United Nations calling for an end to medically unnecessary medical intervention on intersex children without their consent. This workshop brings the intersex community to a discussion of the role of the audience in serving as allies to and providers of patient-centered care. Each panel member will give an 8-minute presentation, followed by breakout groups focusing on micro- and macro-scale strategies for improvement of intersex care. Panel members include: A psychiatrist sharing how her experience as an intersex woman shapes her clinical practice; A clinician, mother of children with DSD, and long-time advocate exploring integration of peer support and advocacy into affirmative care and research; A general urologist and author of None of the Above, a novel for young adults whose main character has complete AIS, tackling the whys and hows of clinician advocacy.

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

• Articulate persistent barriers to accessing informed and competent care faced by intersex patients and their families.
• Prepare to implement strategies at the individual level for improving the quality of care and care delivery for the intersex community.
• Enumerate possible interventions at the systems level for improving care for intersex patients.

Maestro A, Fourth Level

LebMASH’s Journey from Marginalization to Resilience

Sarah Abboud, PhD, RN
Suha Ballout PhD, RN
Omar Harfouch, MD, MPH
Kate Wright

Globally, health concerns for lesbian, gay, bisexual, and transgender (LGBT) individuals are underrepresented in social, educational, healthcare, and political domains. Lebanon as a country, is considered relatively liberal; however, LGBT individuals continue to be marginalized and face multitudes of challenges. The Lebanese Medical Association for Sexual-Health (LebMASH) is a not-for-
profit, non-governmental organization founded in 2012 with a mission to address the unmet national LGBT and sexual health needs. In this panel discussion, we present LebMASH’s path to resilience by advocating and contributing to LGBT health through education, research, and health policy. Our journey will be shared in a thematic cluster of four presentations: In the first presentation, we will discuss LebMASH’s history of resilience by highlighting accomplishments and challenges encountered over the past five years in the areas of research, education, and advocacy. In the second presentation, we will describe LebMASH’s major accomplishment in organizing the 2017 National LGBT Health Week in Lebanon that emphasized the negative impact of marginalization and discrimination on the health of local LGBT communities. In the third presentation, we will share findings from our study to better understand the current state of transgender health in Lebanon from a stakeholders’ perspectives. We summarize results from interviews about service accessibility we conducted with healthcare providers, non-governmental organizations working in transgender health, and local pharmacies. In our fourth presentation, we will provide a program evaluation of an interdisciplinary training workshop on LGBT health conducted during the 2017 LGBT Health Week. The workshop included nursing, medical, and social work students.

By the end of this session, you will be able to:
• Discuss LebMASH’s history of resilience by highlighting accomplishments and challenges encountered over the past five years in a country that had criminal codes to prosecute same-sex sexual practices
• Describe LebMASH’s major accomplishment in organizing the 2017 National LGBT Health Week and interdisciplinary training workshop on LGBT health to advance the cultural competence of providers and promote LGBT-friendly healthcare
• Discuss the current state of transgender health in Lebanon from a stakeholders’ perspectives

Maestro B, Fourth Level

Transform Health at One Year: Accomplishments and Lessons Learned from Establishing a LGBTQ Clinic at an Academic Health Center

Amanda Fallin-Bennett, PhD, RN
Keisa Fallin-Bennett, MD, MPH
Christine George, MD
Lance Poston, MA

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) patients are disproportionately burdened by chronic disease, due in part lack of access and engagement with the healthcare system. Cultural aspects of the Southern US and Academic Health Centers impose challenges on establishing LGBTQ clinics. The purpose of this presentation is to report on the accomplishments and progress of our clinic, reflect on lessons learned, garner audience feedback, and engage leaders in similar institutions to implement or enhance their own LGBTQ clinics or endeavors. Transform Health is a clinic with the goals of: (1) serving as a primary care home for LGBTQ patients; (2) training students, trainees, faculty, and staff; (3) contributing to the body of knowledge on LGBTQ health disparities and resiliency; (4) providing outreach to the community. As of April 30, the clinic had had 67 visits, provided 6 residents and students clinical experiences, conducted a survey of medical student curriculum, received a grant to study the implementation of inclusive care at our student health site, and won two University-wide awards. Inter-professional working groups continue to develop patient education materials, curriculum proposals, research ideas, and community outreach opportunities, with special attention to intersectionality in the coming year. The workshop will consist of a brief presentation on the accomplishments of Transform Health, a discussion of lessons learned and future directions, as well as guided small group activities in which participants will be asked to work on development or enhancement of similar multidisciplinary clinics at their own sites or institutions.

By the end of this session, you will be able to:
• Analyze the capacity of and components involved in establishing and running an academic LGBTQ clinic.
• Critically appraise processes and methods involved in the clinic’s lessons learned and provide feedback on its future direction.
• Develop action steps to implement or enhance a multidisciplinary LGBTQ clinic in their own site or setting.
Primary care clinicians often avoid uncomfortable lines of questioning regarding sexual health, especially anal health. Discussing the details of patients’ intimate lives can feel intrusive and uncomfortable for both patient and clinician. But adequate primary care requires we assess a patient’s well-being in all realms of health. Ass Class uses humor and facts to improve our history-taking and planning related to patients’ sexual health. Sexual history, physical exam, and laboratory screening will be reviewed to help clinicians provide comprehensive and sensitive sexual health care. This session is geared toward the primary care provider not the anal health specialist.

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

Concerto A, Third Level

Oral Research Presentations
Descriptions can be found on pages 60-61

A Mixed Methods Study of Beliefs, Behaviors, and Experiences of APRNs with Lesbian and Gay Patients
Marianne Snyder, PhD

Experiences of Lesbian, Gay, Bisexual, and Transgender (LGBT) Cancer Survivors, a Qualitative Study
Alison Alpert, MD

Shared Decision-Making for Advance Care Planning: Experiences from Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Older Adults of Color
Kathryn Gunter, MPH, MSW

GLMA Annual Membership Luncheon
Open to GLMA members and their registered guests. Join GLMA Board of Directors and staff to celebrate GLMA’s achievements over the past year. The luncheon is our opportunity to thank you and share how your support has made a difference. Please join us!

12:45pm-2:00pm, Symphony Ballroom, Third Level
(Non-Members – Lunch on your own)

Skills Building Sessions
2:15pm-4:00pm

Maestro A/B, Fourth Level

Preparing Primary Care Clinics for HIV PrEP – A Quality Improvement Approach to Increasing Access to PrEP
Bryan Hendrickson, MD, MS
Erika Sullivan, MD, MS

Background: HIV Pre-exposure Prophylaxis (PrEP) is a safe and effective method for reduction of HIV transmission. Developing providers and clinics that offer PrEP is critical to improving access to this HIV prevention method. This workshop will walk participants through evaluating their own clinical settings to identify barriers and opportunities to improving PrEP access and facilitate participants developing interventions for improving access to PrEP in these settings. We will apply a quality improvement oriented method toward planning education and process interventions to achieve this goal, and to defining measures for monitoring progress. We will also share interventions developed over the past year at University of Utah Health to improve PrEP prescribing at academic family medicine clinics in Salt Lake City, Utah.
By the end of this session, you will be able to:
• Describe barriers and opportunities for implementing HIV PrEP prescribing.
• Identify stakeholders and champions for improving availability of HIV PrEP in clinical settings.
• Access and design education and electronic health record tools to assist with provider education and process improvement towards improving HIV PrEP prescribing.

Ormandy Ballroom, Lobby Level

Providing Access to Medical, Surgical, and Behavioral Health Services For People of Transgender Experience in Medicaid Managed Care: A Case Study

Jerome Ernst, MD
Ethan Fusaris, MPH, CHES
Kevin Steffens, RN, MBA

This session describes the experience of a Medicaid Managed Care Organization providing access to medical, surgical, and behavioral health services for people of transgender experience. Amida Care is a community-sponsored, not-for-profit health insurance plan for people with HIV/AIDS and other chronic conditions. Amida Care has served people of transgender experience since its inception in 2003, and currently serves over 400. This session will explore how an insurance plan has ensured clinically appropriate and culturally sensitive care is provided to this population, covering topics such as: the need for comprehensive, tailored care coordination services; securing medical and surgical providers with expertise and who are culturally competent in transgender health to include in a provider network; the importance of leveraging the experience of Community Based Organizations, Community Health Centers, and Hospital Based Clinics to provide assistance, referrals, and other supportive services; the impact of including hormones as a covered benefit (since 2006); how the Plan course-corrected limitations of fields in our database systems; and the importance of a transgender advisory board. This session will also include an in-depth analysis of our experience providing over 100 gender affirming surgeries (as of March 2017) as a covered benefit, including lessons learned and clinical best practices.

By the end of this session, you will be able to:
• Describe three actions a Medicaid Managed Care Organization can take to improve the health of people of transgender experience.
• Explain the importance of pre-op and post-op surgical aftercare interventions in caring for people of transgender experience.
• Identify the value of comprehensive care coordination for this population.

VIP Reception*
*Invitation Only
6:30pm-7:30pm
Sky Philadelphia, 50th Floor, Observatory
1717 Arch Street, Three Logan Square
Philadelphia, PA 19103

GLMA Annual Achievement Awards Gala**
**Ticketed Event
7:30pm-10:30pm
Sky Philadelphia, 50th Floor, Vista Room
1717 Arch Street, Three Logan Square
Philadelphia, PA 19103
A One Day Training Reduces Homophobia and Transphobia among HIV Service Providers in 33 Countries

Tonia Poteat, PhD, MPH

Intro: Advocates have asserted that stigma against gender and sexual minorities (GSM) must be addressed to end the AIDS epidemic. The fight for LGBTQ rights low and middle income countries (LMIC) has been portrayed as a battle against entrenched and ubiquitous negative attitudes. However, little empirical data has been gathered on the actual attitudes of people working in HIV programs in LMIC; nor have large-scale efforts been undertaken to change them. Methods: PEPFAR conducted gender and sexual diversity trainings in 38 countries in Africa, Asia, Latin America, and the Caribbean for PEPFAR staff, program implementers, and government officials. Training participants completed anonymous questionnaires measuring homophobia and transphobia immediately before, immediately after, and 3-6 months following the one-day training event. Data were collected from over 1,766 participants. Stata 14 was used to conduct logistic regression modeling controlling for gender and age. Results: 1,738 participants provided both pre- and post-training data. After adjusting for gender and age, the odds of a positive attitude towards GSMs increased by the post-session survey for the homophobia domain (OR 4.8 [CI: 3.5, 6.5]); and the transphobia domain (6.2 [4.5, 8.6]). The low response rate at 3-6 months (33%) and inability to link data, precluded including this data in the model; however, positive attitudes toward GSMs were maintained. Conclusions: Contrary to stereotypes, attitudes and beliefs towards GSM in many LMIC were not wholly negative and were amenable to change. Investments in providing accurate, non-judgmental information on gender and sexual diversity are warranted.

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

• Briefly describe content of the PEPFAR Gender and Sexual Diversity Training
• List the key components of the PEPFAR Gender and Sexual Diversity Training evaluation
• Explain changes in attitudes toward gender and sexual minorities after completion of the PEPFAR Gender and Sexual Diversity Training

Mapping Transgender and Gender Non-Binary Experiences in Medicine: A survey of TGNB medical students and physicians.

Oscar Dimant

To date there is no research on the experiences of transgender and gender non-binary (TGNB) medical students and very little on the experiences of transgender physicians. We conducted a mixed methods online survey to gather information on educational and workplace climate and inclusivity of TGNB medical students and physicians. This survey explored the intersections of identities, including race, gender expression, gender identity, socio-economic status, (dis)ability, and how the current medical education system and the professional cultures within medicine impact TGNB individuals who hold a range of these identities. Additionally, we identified resilience factors that TGNB medical students and physicians draw upon to succeed and their visions for the future of medicine. We will discuss the survey results and next steps. This data will provide direction for institutions to raise consciousness and work to advance the state of readiness of medicine to embrace and support TGNB students and physicians, moving beyond cultural competency to strive for intersectional structural competency.

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

• Compare and contrast the dynamics experienced by students and physicians who belong to different communities that have historically been marginalized.
• Assess their institution’s state of readiness to welcome and support transgender students and physicians.
• Develop next steps to advance the structural competency of their institutions to embrace and support transgender students and physicians.

Additional Authors: Tiffany Cook, Richard Greene, MD, & Asa Radix, MD, MPH
The Lived Experiences of Gay Physicians in Academic Medicine

Matthew Holley, PhD

Despite efforts by academic medical centers to adopt institutional policies and practices to create an inclusive environment for LGBT patients, students, staff, and faculty, the literature on the experiences of LGBT faculty with academic medicine is limited. Thus, this study examined the career experiences of gay physicians in academic medicine to further develop a narrative of the queer faculty experience. A qualitative study was conducted with eleven full-time academic physicians from various AAMC accredited medical schools who openly identify as gay. In-depth interviews were conducted with each participant to understand their reasons for becoming a physician, their career progression and current roles, and their experiences with particular elements of faculty life such as promotion and tenure. A thematic analysis using interpretative phenomenological analysis techniques revealed that the lived experience of gay physicians can be grouped into two categories based upon the saliency of sexual identity. In the first, the academic physician’s sexual identity is at the forefront, whereas in the second, sexual identity becomes almost invisible. Findings from this study indicate that the environment for LGBT individuals within academic medicine is rapidly evolving. Yet, the results of this study still suggest opportunities for leaders within academic health centers to implement inclusive policies and benefit programs for LGBT individuals, develop active recruitment and retention programs for LGBT faculty, and infuse LGBT perspectives into institutional programming. By doing so, academic medical centers allow LGBT faculty to be their authentic self and ultimately be thriving clinical educators.

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

- Describe the current landscape for LGBT individuals in academic medicine.
- Discuss how sexual identity influences the experiences of LGBT individuals in academic medicine.
- Discuss three implications of this research on the recruitment and retention of LGBT individuals in academic medicine and other health professional schools.

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Assessing Barriers to Sexual Health Services Among Adolescent Men Who Have Sex with Men

Celia Fisher, PhD

Background. Despite the disproportionate burden of HIV facing young MSM, there is a paucity of research on their sexual healthcare experiences. This study examined barriers to HIV prevention services for sexually active MSM adolescents. Methods. 198 men 14-17 years (34% Hispanic, 65.7% non-Hispanic white) who reported having anal sex with at least one male partner completed online scales specifically designed and validated for this study tapping (1) receipt of sexual health services specific to sex with male partners; (2) the extent to which fear of sexual orientation stigmatization prevented youth from discussing their sexual health needs with providers; (3) incidents of overt provider discrimination directed at sexual minority youth; and (4) beliefs that LGBT patients receive poorer care from health professionals. Items also assessed sexual history, HIV risk behaviors, sexual orientation disclosure to family.

Results: Across ethnicity and age, on average only 10% of YMSM report receiving HIV prevention health services specific to sex with male partners; 44% indicated that fear of stigmatization or disclosure of sexual orientation to parents prevented them from asking providers for sexual health information; and although only 2% reported personally experiencing provider overt discrimination, over 40% believed that LGBT patients received poorer care than other groups. Higher scores on these measures were associated with greater HIV risk behavior and lack of parental sexual orientation acceptance. Discussion. YMSM are not receiving essential sexual health care services, highlighting the need for increased medical training for pediatricians tailored to YMSM needs.

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

- Describe reasons why it is imperative to understand barriers to sexual healthcare among young adolescent men who have sex with men.
- Describe how fear of sexual minority discrimination...
by practitioners and parents are associated with lack of sexual healthcare services for adolescent YMSM

Describe how lack of sexual healthcare services are associated with increased HIV risk behaviors among adolescent YMSM and the urgent need for improved medical training for services for sexual minority youth.

Health Insurance Websites’ Indication of Coverage for Gender-Affirming Health Services for Gender Non-Conforming and Transgender Children and Adolescents

Julie Christensen

Background: Recent health insurance policy changes have impacted the coverage landscape for gender affirming medical care in the United States; yet access to coverage details relevant to transgender and gender-nonconforming (GNC) youth continues to be limited online. The purpose of this study was to assess commercial and Medicaid insurer adherence to Section 1557 of the Affordable Care Act (ACA), as well as to investigate online accessibility of coverage information for transgender and GNC youth. Methods: We conducted an online content analysis of insurance plan coverage information related to gender affirming care in July 2016. Data were coded using descriptive statistics to assess the following: (1) prevalence of transgender-inclusive coverage, (2) prevalence of transgender-specific exclusions and denials based on gender marker, and (3) accessibility of online coverage information. Results: We reviewed 36 insurance plans—22 commercial and 14 Medicaid. Of these plans, commercial plans were less likely to cover transition-related services than Medicaid plans. No commercial or Medicaid plan surveyed explicitly offered coverage for all four outcomes. Further, 33% of the plans flagged or denied coverage of services based on gender marker and 49% plans listed one or more transgender-specific exclusion. Finally, the median length of time to review a single plan was 50-59 minutes. Discussion: Despite recent policy changes and state laws requiring health insurance coverage of gender affirming care, our study indicates low rates of coverage and accessibility of health insurance information for transgender and GNC youth. Further, the online information search was time consuming and left many questions unanswered. By the end of this session, you will be able to:

Describe recent policy changes related to insurance coverage for gender affirming healthcare.

Describe gaps in health insurance coverage and the impact of barriers to care for transgender and GNC youth.

Discuss key areas of opportunity to improve access to health insurance coverage information.

Additional Authors: Siobhan Gruschow, MEd, MPH

School-Based Health Centers as a Strategy to Promote LGBTQ Adolescents’ Wellbeing: Results from a Needs Assessment and Climate Survey

Samantha Garbers, PhD

Background: Recent health insurance policy changes have impacted the coverage landscape for gender affirming medical care in the United States; yet access to coverage details relevant to transgender and gender-nonconforming (GNC) youth continues to be limited online. The purpose of this study was to assess commercial and Medicaid insurer adherence to Section 1557 of the Affordable Care Act (ACA), as well as to investigate online accessibility of coverage information for transgender and GNC youth. Methods: We conducted an online content analysis of insurance plan coverage information related to gender affirming care in July 2016. Data were coded using descriptive statistics to assess the following: (1) prevalence of transgender-inclusive coverage, (2) prevalence of transgender-specific exclusions and denials based on gender marker, and (3) accessibility of online coverage information. Results: We reviewed 36 insurance plans—22 commercial and 14 Medicaid. Of these plans, commercial plans were less likely to cover transition-related services than Medicaid plans. No commercial or Medicaid plan surveyed explicitly offered coverage for all four outcomes. Further, 33% of the plans flagged or denied coverage of services based on gender marker and 49% of plans listed one or more transgender-specific exclusion. Finally, the median length of time to review a single plan was 50-59 minutes. Discussion: Despite recent policy changes and state laws requiring health insurance coverage of gender affirming care, our study indicates low rates of coverage and accessibility of health insurance information for transgender and GNC
to be younger, white, HIV negative, and reside outside Washington, DC; transmales are more likely to be privately insured; transfemales are more likely to be Hispanic or Latina and have unstable/temporary housing. Compared to nontrans patients, transpatients are more likely to engage in primary care yet less likely to receive influenza vaccination, be current smokers, and receive mammogram referrals. Transmen have lower rates of colonoscopy referrals and cervical PAP smears than the nontrans population.

Discussion: This is the largest single-center US transgender cohort. More than a quarter of transfemales are HIV positive, consistent with an average prevalence of 27.7% among US transwomen. Our trans population differs demographically from our nontrans population; this significantly impact engagement in and receipt of primary care. Future directions include analysis of utilization of legal services.

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

• Describe demographics among transwomen and transmen in Washington, DC.
• Discuss HIV prevalence among transwomen and transmen in the District.
• Compare Primary care indicators among transpatients and nontranspatients.

Additional Authors: Eleanor Sarkodie & David Hardy, MD

Surgical Readiness Classes for Gender Reaffirming Surgeries in an Integrated Health Care Transgender Clinic

Stephanie Cousins, MD

Background: In a health maintenance organization in Northern California, patient feedback revealed lack of preparedness and knowledge regarding gender-affirming surgery due to varied access to information. In this environment, a surgery education program to prepare transgender patients was considered fundamental. Methods: A multi-disciplinary group of medical, surgical, and mental health providers designed and facilitated an IRB exempt pilot surgery education program to improve surgical knowledge and readiness for patients considering genital surgery. Clinic providers administered programs in single
2-hour sessions with a cohort of 5-20 individuals. An evaluation tool using Likert scale indicators was provided to participants at the end of each class to assess favorability and knowledge acquisition. This data was aggregated and analyzed to create summary scores on four different axes: surgery preparedness, options, complications, and post-operative care. Results: 142 patients, allies, and health care providers have participated in the program, rating the program overall 4.4/5. Patients who attended the surgery education program reported that they had increased knowledge on all four evaluation axes of our preliminary data: overall preparedness 4.4, understanding surgical options 4.4, complications 4.6, pre-operative expectations 4.6, post-operative needs 4.6. Of the participants, 78% thought the length of the class was “just right” and 93% would recommend the class to a friend preparing for surgery. Conclusion: The study demonstrated high favorability ratings for this pilot clinic-based single session curriculum regarding genital surgery. It is a simple, cost-effective intervention that ensures that all patients have equitable access to comprehensive and accurate information about their surgical pathway.

By the end of this session, you will be able to:
• Describe key qualities of an effective surgical education program.
• Identify areas in which surgical education programs can enhance a patient’s ability to provide informed consent for gender-affirming surgery.
• Discuss implications of this research on patient care and public health


Suha Ballout, PhD, RN
Transgender individuals are a growing medically underserved population with unique health concerns. The burden of chronic conditions among the transgender community is not very well understood. The purpose of this study was to examine the sociodemographic characteristics, general health, and chronic health conditions among transgender individuals using the 2015 nationally representative Behavioral Risk Factor Surveillance Survey (BRFSS). Analysis was restricted to participants who answered the transgender status question (transgender: n=752, and non-transgender n=164,437). A greater proportion of transgender individuals rated their health as “fair” or “poor” (24.2% vs. 17.7%) compared to non-transgender (51.4% vs 42.0%). Diabetes (17.2 % in transgender vs. 13.8% in non-transgender, p=0.007), cardiac disease (11.6% vs. 8.6%, p=0.0042), and stroke (6.4% vs. 4.1%, p=0.002) were significantly more prevalent in transgender individuals. Cancer was more prevalent in non-transgender individuals (12.7% vs. 17.6%, p=0.0004). Multivariable-adjusted logistic regression showed that transgender individuals had significantly higher odds for stroke (aOR=1.62, 95%CI: 1.20-2.20, p=0.0019), and cardiac disease (OR=1.42, 95% CI 1.11-1.81, p=0.0046). The odds for cancer were significantly lower among non-transgender individuals (aOR=0.76 95%CI: 0.60-0.96, p=0.0217). The transgender community is exposed to multilevel stressors that negatively impact health outcomes thus creating health disparities that need immediate attention. Our population-based and representative analysis of BRFSS data sheds light on the excess chronic health conditions and potential health disparities faced by the transgender community. Findings accentuate the urgent need for transgender-specific research and interventions to prevent and manage chronic diseases.

By the end of this session, you will be:
• Discuss the burden of chronic conditions in the transgender community
• Identify differences in sociodemographic characteristics, general health, and multiple chronic conditions among transgender individuals as compared to nontransgender individuals
• Consider the need for transgender-specific research and interventions to prevent and manage chronic conditions

Additional Authors: Philimon Gona

Concurrent Session IV
Thursday, September 14th at 3:00pm-4:00pm
Concerto A, Third Level
Hidden Population, Hidden Needs: Bisexual Men and Healthcare

Maxime Charest, MA

Our tendency to dichotomize sexual orientation can make us overlook the fact that sexuality is on a spectrum. What happens when this dichotomizing results in marginalization of a hidden population with unknown healthcare needs?

Data were analyzed from a survey examining the health and healthcare needs of men who have sex with men living in and around Ottawa, Canada. Of the 674 respondents, 80.7% reported sex only with men, 8.5% with mostly men, and 10.7% with men and women. While the majority of our sample wanted open and frank discussions about sex with their healthcare providers (76.1%), and regular STI/HIV testing (54.9%), bisexual men were less likely to access these services and were much less likely to be out to their healthcare provider (16.1% versus 84.6% among those who had sex only with men). While the prevalence of HIV was lowest in this population compared to men who have sex only with men (4.2% versus 12.1%), so was HIV testing (23.6% versus 3.5% had never been tested for HIV). Bisexual men also reported less satisfaction in their current sex life (33.3% versus 55.8% were somewhat satisfied or satisfied with their current sex life), and were less comfortable discussing sexuality with their providers (55.6% versus 77.1%). These results show that a segment of the MSM population either is being overlooked or is being selective in how they interact with healthcare providers and that this is impacting the care they receive. Further research is required on how best to reach this population.

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

- Define bisexuality and common stereotypes.
- Discuss bi-invisibility, bisexual prejudice and marginalization from multiple sources.
- Identify ways that healthcare professionals and especially nurses can gain competency in addressing the healthcare needs of bisexual patients.

Nurses Understanding of Bisexual Health

Rebecca Carabez, PhD, RN

Aims and Objectives: This study explored nurses’ knowledge and understanding of health care needs of bisexual patients. Background: People who identify as bisexual have historically been invisible, misunderstood, perceived as non-monogamous and confused. They are categorized in a binary system and experience biphobia and marginalization from heterosexual, lesbian and gay communities. Bisexual health care needs have often been overlooked in research. Design: This data was part of a larger research study that explored the current state of LGBT-sensitive nursing practice. Undergraduate nursing students recruited and interviewed nurse key informants (n=268). Nurse key informants completed a 16-item scripted interview based on the HEI, which addresses the degree to which institutions provide LGBT patient-centered care. Method: Undergraduate nursing students recruited and interviewed nurse key informants (n=268). The key informants were asked the following “Describe health care issues that are particular to bisexual patients”. Results: The themes analyzed from responses were a) invisibility (86.5% responses), b) discrimination/stigma (22.4% responses), c) STI and HIV (19.4% responses), d) mental health and drug use (9% responses). Conclusion: The study demonstrated the need for education and training for practicing nurses in understanding bisexual patient’s health care needs.

Relevance to clinical practice: Nurses are in a position to act as educators and advocates for their patients. Nurses’ lack of knowledge and attitudes toward bisexual patients may negatively impact the type and quality of care bisexual patients receive.

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

- Define bisexuality and common stereotypes.
- Discuss bi-invisibility, bisexual prejudice and marginalization from multiple sources.
- Identify ways that healthcare professionals and especially nurses can gain competency in addressing the healthcare needs of bisexual patients.

Understanding Suicide Among Gay and Bisexual Men: A Photovoice & Intersectionality Study

Olivier Ferlatte, PhD

Over 50 empirical studies have found that gay and bisexual men are at increased risk of suicide compared
to heterosexual men, and yet conspicuously absent are targeted suicide prevention policies and programs. Lobbying change is challenged by gaps in the causes of suicide among this vulnerable sub-population. Using an intersectionality lens, we employed a Photovoice approach to collect narratives and photographs from 21 gay and bisexual men who had previously experienced suicidality (comprising suicidal thoughts, plans, and/or attempts). In total, the participants contributed nearly 300 photographs, which in combination with their narratives offered new insights into the drivers of suicide among this population. First, while internalized homophobia remains a central hypothesis in the suicide literature for the elevated rate of suicide among this population the current study participants described histories of homophobic violence that were linked to their experiences with suicide. Second, suicidality among our participants was often related to multiple aspects of identities (such as class and race) and forms of oppression (such as classism, racism, and colonialism). Third, while research on gay and bisexual has focused on addressing the deficits of this population, many men show resiliency and found alternative and creative ways to counter the effects of stigma and to manage their suicidality. In conclusion based on the findings drawn from our study and presentation will reveal multiple intervention points and strategies, including anti-homophobia policies, targeting men most at risk because of intersecting identities, and fostering resiliency.

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

- Discuss the importance of intersectionality and photo voice in understanding gay and bisexual men’s suicide.
- Describe how suicide behaviors among gay and bisexual men are related to homophobic violence and multiple aspects of identities.
- Discuss the implications of this research on suicide care, prevention interventions and policies.

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**Evaluation of Uterine and Ovarian Pathology in Transgender Men on Testosterone**

Frances Grimstad, MD

Introduction: As a part of the transition, Female to Male Transgender (FTM) persons may use testosterone-based Gender Affirming Hormone Therapy (GAT). However, questions remain regarding the long-term architectural changes of reproductive organs due to high dose testosterone usage, as well as any risk stratification for abnormal pathology based on patient characteristics or testosterone usage. Our objective was to evaluate the characteristics of uterine and ovarian pathology after the initiation of GAT in a cohort of FTM persons undergoing hysterectomy, their associated patient characteristics and hormone usage, and stratify risk factors for abnormal uterine and ovarian pathology in this population. Methods: Multisite case series of 32 FTM patients who underwent hysterectomy from 2013-16. Patient characteristics, hormone usage, ultrasound findings and pathology reports were reviewed. Results: Our patients ranged from 19-53 years old. Their average BMI was 30, and the average interval from initiation of hormone therapy to surgery was 28 months. The majority were nulliparous (62.5%). Patients on testosterone for longer had thinner endometrial linings on ultrasound. On pathologic examination, however, this trend was not as prominent. There was persistent presence of proliferative endometrium in many of our patients even greater than 2 years after GAT. Conclusions: Trends have been identified to further stratify the architectural changes in reproductive pathology in FTM persons as they progress on GAT. As more transgender patients are placed on long-term GAT, understanding the architectural changes, and abnormal pathology which may arise in reproductive tissue is important to counsel and manage our patients effectively.

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

- Detail the current evidence and guidelines surrounding the effects of long-term testosterone based gender affirming hormone therapy on uterine and ovarian tissue
- Classify the characteristics of uterine and ovarian pathology after the initiation of GAT in FTM/GNC persons undergoing hysterectomy and the relative frequency of noted pathology
• Integrate the knowledge of current guidelines and data reviewed into their counseling for FTM transgender patients regarding indications for removal of the uterus and ovaries.

Provider-Patient Barriers to Effective Reproductive Healthcare for Sexual and Gender Minorities

Erin Wingo, MSPH

Background: Prior research suggests that sexual and gender minorities may be at increased risk for multiple reproductive health morbidities partly due to healthcare-avoidant behavior. Little research, however, documents the reproductive healthcare experiences and self-identified reproductive health needs of LGBTQ populations. Methods: Researchers conducted in-depth interviews with 39 female-assigned-at-birth individuals (ages 18-44). Interviews were primarily conducted in-person in the Bay Area, CA and Baltimore, MD. 11 interviews were conducted remotely with participants in other U.S. locations. Participants were asked about their past reproductive healthcare experiences and current needs. Data were analyzed using deductive and inductive thematic analysis techniques. Results: Reproductive health needs among participants varied heavily and included: treatment of PCOS and irregular menses symptoms, gender-affirming hysterectomies, and fertility assistance. Many expressed frustration at providers’ insensitivity to their needs and lack of information about non-fertility related reproductive healthcare concerns (e.g. PCOS-related pain management). A few participants described structural aspects of care that made them feel unwelcome in reproductive healthcare settings, such as non-inclusive intake forms. Key care barriers included: provider ignorance of LGBT reproductive health needs, outdated intake/screening protocols, denial of trans-related care requests, expression of values and opinions not related to medical care, and invalidation of patient concerns. Conclusion: Given the historically gendered nature of reproductive healthcare, efforts to improve patient-centered reproductive health care for sexual and gender minorities is vital. Based on participant self-report, lack of respect and validation can lead to healthcare avoidance among LGBTQ patients seeking needed reproductive healthcare services.

By the end of this session, you will be able to:
• Describe self-identified reproductive health needs of LGBTQ patients
• Describe key barriers to effective reproductive healthcare for LGBTQ patients
• Discuss the implications of these findings on provider practice and public health

Reproductive Health Needs Among Transgender Individuals

Lauren Abern, MD

Objectives: Reproductive health needs of patients who have undergone a gender transition are not well characterized. The aim of this study is to determine use and awareness of contraceptive methods and whether this population prefers to access care in a clinic exclusive to transgender individuals. Methods: Transgender patients ages 18-65 seen in a university-affiliated OB/GYN clinic were surveyed between April-October 2016 about their reproductive history, contraceptive use, and whether they prefer to access care in a clinic exclusive to transgender individuals. Results: Twenty-three transmen and 9 transwomen were surveyed. Mean age of transmen was 23.4 (SD 4.9), and majority was white (65%). Mean age of transwomen was 25.6 (SD 5.5), and majority was black (56%). Over 75% heard of condoms, oral contraceptives, withdrawal, and sterilization. Seven (30%) transmen believed testosterone prevents pregnancy, while five (56%) transwomen believed estradiol prevents pregnancy. Majority of transmen (55%) and transwomen (67%) were in relationships where pregnancy could occur. No transmen had ever used contraception. Two transwomen used condoms, and 1 had a partner that used oral contraceptives. No participants reported unplanned pregnancies. Thirteen (60%) transmen and 7 (78%) transwomen did not prefer to access care in a clinic exclusive to transgender individuals. Conclusions: Although the majority was at risk of pregnancy, awareness and use of contraceptive methods were limited. This highlights the need for educational interventions. The majority did not prefer to access care in a clinic exclusive to transgender individuals, which is important to consider when working towards decreasing barriers to healthcare.
By the end of this session, you will be able to:

• Describe the reproductive health needs of transgender individuals
• List barriers to reproductive healthcare for transgender individuals
• Discuss areas where educational interventions are needed for transgender individuals
• Additional Authors: Karla Maguire, MD, MPH, Daniela Diego, & Adriana Wong

Concurrent Session VI
Friday, September 15th at 10:45am-11:45am
Concerto A, Third Level

Beyond the Gender Binary? Dating and Relationships among Transgender Men and their Non-Transgender Partners

William Mellman, MSW

There has been an increase in scholarship focused on the lived experiences of transgender people; however, this work has neglected to explore the romantic relationships of these individuals. Yet among the general population, relationships have been shown to be central to both identity formation and as support in terms of health and well-being. This study examined the attractions, dating experiences, and relationships of transgender men. Participants were selected from a larger sample of transgender men obtained through venue-based recruitment in NYC and SF. A total of N = 24 couples (n = 12 with a cisfemale partner; n = 12 with a cismale partner) completed in-depth qualitative, individual and dyadic interviews. Mean age was 32.4 years old (SD = 8.6). Qualitative analysis revealed that transmen and cisgender partners form enduring, committed relationships prior to, during, or after transition. For many, relationships were guided by hetero or homo normative scripts. Doing so served to affirm transmen’s gender identity and masculinity, while also providing a level of social intelligibility. Some couples proactively resisted adopting normative scripts in order to create scripts that more closely reflected their understanding of their gender and sexual identity. Finally, a number of couples struggled to find a balance between maintaining normative scripts and, simultaneously, challenging the limits prescribed by these norms. This work underscores how identities and bodies that do not conform to the gender binary nevertheless are held accountable to categories of male vs. female, man vs. woman, masculine vs. feminine, and straight vs. gay.

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

• Identify the impact of dating and relationships among transgender men and their cisgender partners on health and well-being.
• Describe the processes by which sociocultural norms (i.e. expectation of high risk sex among gay men) influence the sexual behavior and dynamics between transmen and their partners. Identify potential health implications.
• Articulate potential clinical interventions with transgender men and their partners in order to address overall health and well-being of the individual/dyad as well as address sexual health needs.

Additional Authors: Helena-Maria Lekas, PhD & Walter Bocking, PhD

Development of a novel tool to assess intimate partner violence against transgender individuals

Sarah Peitzmeier, MSPH

Background: Intimate partner violence (IPV) takes on unique dimensions when directed against transgender individuals, with perpetrators leveraging societal or internalized transphobia to assert power and control. Standard IPV measurement tools do not assess this type of abuse. Methods: Four questions to assess transgender-related IPV (T-IPV) were developed: 1) being forced to conform to an undesired gender presentation or to stop pursuing gender transition, 2) being pressured to remain in a relationship by being told no one would date a transgender person, 3) being blackmailed by threat of being “outed”, and 4) having transition-related hormones, prosthetics, or clothing hidden or destroyed. The T-IPV tool was administered to 150 transmasculine individuals completing a study of cervical cancer screening in Boston. Convergent validity was assessed by examining associations of T-IPV to
validated screeners of other forms of IPV, posttraumatic stress disorder (PTSD), and current depression. Results: Lifetime T-IPV was reported by 38.9%, and 10.1% reported past-year T-IPV. T-IPV was more prevalent among those who reported lifetime physical (52% vs 32%, p=0.01) and sexual (59% vs 19%, p<0.001) IPV. Lifetime T-IPV was associated with PTSD (AOR=2.23, 95% CI=1.04-4.80) and depression (AOR=2.70, 95% CI=1.22-5.96). No participants expressed confusion or distress regarding the T-IPV question set. Conclusions: The T-IPV assessment tool demonstrated high convergent validity and measures a novel type of abuse that is prevalent and associated with significant mental health burden. Future work should further validate the measure, pilot it with transfeminine individuals, and explore how T-IPV may vary by age, race, or sexual orientation.

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

• Describe how intimate partner violence (IPV) often manifests differently against transgender individuals than it does against cisgender individuals, necessitating novel assessment tools to identify these trans-specific types of abuse.
• Describe the past-year and lifetime prevalence of different types of transgender-related IPV.
• Identify other health outcomes associated with lifetime experience of transgender-related IPV.

Additional Authors: Jackie Hughto, Madeline Deutsch, MD, MPH, Sari Reisner, ScD, Jennifer Potter, MD

Facilitators and Barriers to Participation in PrEP HIV Prevention Trials Involving Adolescent and Emerging Adult Transgender Men and Women

Celia Fisher, PhD

Background. Despite the disproportionate burden of HIV facing transgender youth and emerging adults they continue to be under-represented in studies designed to provide an empirical basis for pre-exposure prophylaxis (PrEP) programs that can meet their unique needs. This study examined facilitators and barriers to participation in a PrEP adherence study. Method. Ninety transgender men and 60 transgender women 14 – 21 year olds attracted to cisgender male sexual partners completed an online survey to examine (a) gender identity, age and family disclosure; (b) sexual experience, HIV/STI testing history and perceptions of HIV risk; (c) prior health services; (d) perceived PrEP research risks and benefits; (e) and the relationship of these factors to the likelihood of study participation. Results. Approximately 50% were likely to participate in the PrEP study. Facilitators included number of sexual partners; STI testing history, positive and negative experiences with health care providers; access to medication providing daily HIV protection; not having to rely on a partner for protection; and access to regular health checkups. Barriers included lack of concern about HIV; medication side effects; logistics required to meet participation requirements; remembering to take PrEP daily; and reluctance to discuss gender identity with study staff. Requiring guardian consent was a participation barrier for youth under 18. Discussion. Results suggest that successful recruitment and retention of transgender youth in PrEP prevention studies warrant protocols designed to address youth’s underestimation of HIV risk, concerns regarding medical risk, and their need for gender affirming health services.

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

• Describe reasons why it is imperative to design HIV prevention research specifically tailored to the needs of young transgender men and women.
• Describe key personal, social and institutional factors serving as facilitators and barriers to HIV prevention research participation among transgender youth and emerging adults.
• Describe improvements in research design and ethical procedures that can overcome HIV prevention research participation barriers for young transgender men and women.

Concurrent Session VII
Friday, September 15th at 1:15pm-2:15pm
Concerto A, Third Level

Online Mindfulness-based Stress Reduction Intervention for Lesbians: A Feasibility Study

Jennifer Jabson, MPH, PhD
Background: Minority stress is a prevailing explanation for health and risk disparities among lesbians. Lesbians residing in Appalachian Tennessee are at especially high risk of stress and stress-related health disparities because of the stigma assigned to sexual minority identities in that region. If feasible, behavioral, stress-reduction interventions could be part of a solution. We conducted an in-depth feasibility study of an 8-week, online, mindfulness-based stress reduction (OMBSR) program for lesbians in Appalachian Tennessee. Methods: Lesbians in Appalachian Tennessee were recruited into the one-arm, mixed-methods feasibility study, to participate in an 8-week, OMBSR program. Lesbians completed OMBSR, provided weekly activity logs, pre/post/follow-up surveys, salivary cortisol samples, and qualitative interviews. Results: Currently, 16 lesbians have enrolled in, and 10 have completed, the 8-week OMBSR program. Preliminary analyses indicate that lesbians completed 80% of weekly formal and informal mindfulness activities, including daily 30-minute meditations 5-7 days per week. Stress was reduced by 30% from pre- (M.= 21.50) to post- OMBSR (M.= 14.83) (t = 2.91, p = .03). Distress from minority stressors also declined 15% from pre- to post- OMBSR (t = 3.36, p = .03). Lesbians qualitatively reported that they enjoyed the program, felt less stress, were taking less anxiety-reducing medication, and felt better after OMBSR. Conclusions. The OMBSR program is feasible to lesbians in Appalachian Tennessee. OMBSR appears to reduce stress for lesbians residing in this highly stigmatizing region. However, lesbian's perceived stress remained 15% above published norms. Enhanced OMBSR programs may be needed to further reduce stress.

By the end of this session, you will be able to:
• Describe the feasibility and acceptability of an online, mindfulness-based stress reduction program among lesbians.
• Describe formal and informal mindfulness-based stress reduction activities.
• Explain the benefits of mindfulness-based stress reduction on stress and stress-related health behaviors among lesbians.

Additional Authors: Joanne G. Patterson & Kristina Gordon

Mental Health and Behavioral Risk Factors of Sexual Minority, Court-Involved, Non-incarcerated Youth

Matthew Hirschtritt, MD, MPH

Background: The behavioral and psychological profiles of court-involved, non-incarcerated (CINI) youth are not well characterized, despite the fact that CINI youth comprise approximately 80% of justice-involved youth. Further, even less is known about sexual-minority CINI youth – a particularly vulnerable, marginalized group at elevated risk for mental-health problems and high-risk behaviors. Methods: We examined the prevalence of sexual-minority status among CINI youth (N=424, ages 12-18), and compared risk behaviors and psychiatric symptoms between sexual-minority and non-sexual-minority youth. Results: Nearly one-third of adolescents (N=134, 31.6%) identified as sexual minorities by various definitions: same-sex attraction (N=80, 18.9%); non-heterosexual orientation (N=82, 19.3%); same-sex sexual behavior (N=44, 10.4%); victimization due to sexual orientation or gender identity (N=74, 17.5%); and gender non-conformity (N=2, 0.5%). Sexual minority and non-sexual-minority youth did not differ in rates of recent self-reported delinquent behavior (NYS-Delinquency Scale range: 0-23, M=2.4±2.7 vs 1.9±2.5, t(393)=-1.900, P=.06); however, sexual minority youth were more likely to report lifetime illicit drug use (67.2% vs 46.6%, chi^2(1)=15.63, P<.0001) and elevated affective dysregulation on the abbreviated Structured Interview for Disorders of Extreme Stress (range: 1-24, M=14.5±4.7 vs 12.0±3.9, t(393)=-5.448). Conclusions: These novel data suggest that CINI sexual minority youth require tailored prevention efforts relative to their non-sexual-minority counterparts.

By the end of this session, you will be able to:
• Describe the epidemiology of sexual minority court-involved, non-incarcerated (CINI) youth.
• Compare the demographic and clinical characteristics of sexual minority CINI youth with their non-sexual minority peers.
• Discuss the limitations of the current research and areas for future investigation into the characteristics and risk factors of sexual minority CINI youth.
The STROBE Study: Health Impacts of Resilience and Gender Identity Pride Among Transgender Women of Color (TWOC)

Mannat Malik, MHS

Background: Resilience, a term that describes “the quality of being able to survive and thrive in the face of adversity,” [Meyer 2015] has received increasing attention within LGBT health research. Our presentation explores the relationship between resiliency and mental health indicators in a sample of TWOC. Methods: A mixed-methods design was used to explore HIV vulnerability among TWOC in Baltimore City and Washington, DC [n = 173]. The STROBE survey [data collection ongoing] includes several resilience measures including gender identity pride, community connectedness, and perceived capacity to recover from stressors. In-depth qualitative key informant (KI) interviews [n=20] were conducted with TWOC and health and social service providers. Results: 71% of TWOC were proud of their gender identity and 73% felt part of a community of TW. Among individuals exhibiting recent PTSD symptomology [past 30 days], 72% still felt they could recover quickly after hardship. Preliminary analyses show that pride [aOR = 0.915; p = 0.043; 95% CI: 0.840-0.997] and community connectedness [aOR = 0.858; p = 0.011; 95% CI: 0.763-0.965] were associated with depressive symptoms [past 2 weeks] after controlling for race and age. KIs also emphasized the importance of measuring individual and community-level strategies TWOC use to “survive” (e.g., pursuing gender transition) to convey wellness among TWOC, noting that the fields of public health and medicine usually focus on prevalence of negative outcomes. Conclusion: Measuring resiliency has important implications for development of assets-based interventions with TWOC, a population exhibiting numerous strengths in spite of social marginalization and health disparities.

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

- Describe and critique measures that are used to quantify resilience and resilience-related experiences exhibited by gender minority groups.
- Discuss how indicators of resilience are related to mental health outcomes (e.g., depressive symptomology, PTSD symptomology, suicidal ideation, etc.); and compare how resilience-mental health relationships manifest uniquely for identity sub-groups (e.g., by race, age, income, education) within a sample of transgender women of color.
- Explain how measuring resilience with mixed methods approaches can be used to inform development and implementation of assets-based interventions with transgender women of color.
provider to know. Discussion: Patients and providers have differing opinions regarding the collection of SOGI information. Implementing fields in the EHR can help overcome provider discomfort. SOGI data will ultimately aid in measuring LGBTQ patient outcomes, identification of disparities among sexual and gender minorities, and facilitate improving the quality care delivered.

By the end of this session, you will be able to:
• List the benefits of collecting and including sexual orientation and gender identity information in electronic health records.
• Explain patient attitudes towards SOGI data collection.
• Describe effective methods to develop and implement approaches to collect of SOGI data in a clinical setting.

Additional Authors: Richard Cancio, MPH

Results of a Randomized Clinical Trial of a Culturally Targeted Smoking Cessation Intervention for LGBT Smokers

Phoenix Matthews, PhD

Purpose: The purpose of this study was to examine the benefits of a culturally targeted smoking cessation intervention on smoking cessation outcomes among LGBT smokers. Methods: A prospective randomized design (N = 345) was used to evaluate the added benefits of a culturally targeting the Courage to Quit (CTQ-CT) smoking cessation compared to the standard intervention (CTQ). The smoking cessation program consists of six 90-minute treatment sessions combined with 8 weeks of nicotine replacement therapy. The primary smoking cessation outcome was 7-day point prevalence quit rates. Secondary outcomes included changes in nicotine dependence, cigarettes per day, smoking urges, and nicotine withdrawal. Results: The main effect of treatment condition was not statistically significant for any of the primary or secondary smoking cessation outcomes. Quit rates were 31.9% at 1-month, 21.1% at 3 months, 25.8% at 6 months and 22.3% at 12-month follow-up. Compared to baseline levels, all secondary smoking cessation outcomes measured were improved at 1-month and were maintained at 12-month follow-up (all p’s < .0001). Conclusions: A group-based cognitive behavioral smoking cessation treatment offered by culturally competent counselors has positive benefits for LGBT smokers on both primary and secondary smoking cessation outcomes. Culturally targeting did not improve smoking cessation outcomes but contributed to improved satisfaction and perceived benefits of the intervention.

By the end of this session, you will be able to:
• Describe smoking disparities among LGBT individuals.
• Identify the smoking cessation outcomes associated with a culturally targeted smoking cessation intervention for LGBT smokers.
• State the implications of the study findings for research, education and clinical practice

LGBT Health Education in Undergraduate Medical Schools: A Scoping Review

Katharine Lawrence, MD, MPH

Lesbian, gay, bisexual, and transgender (LGBT) individuals represent unique populations in the clinical environment, with particular health concerns that untrained physicians may be unprepared to address. There is growing interest among undergraduate medical institutions in teaching LGBT health competencies, and several innovative programs have been developed. However, to date limited data exists characterizing the educational landscape and the variety of curricular initiatives being implemented. A systematic scoping review of major electronic databases was undertaken for articles published between 1990 and 2016 on the topic of LGBT health and undergraduate medical education. Articles were analyzed and coded for major themes using qualitative analytic software. Sixty unique publications were identified, with 25 from MedEdPortal and 7 in the open-access resource iCollaborative. Nearly one-half of publications were needs-assessments or climate analyses evaluating medical students’ exposure to and comfort with LGBT patients and health concerns, through largely mixed methodologies. One-third provided sample frameworks or rubrics for implementing previously
Oral Research Descriptions

piloted LGBT health training interventions. Major themes in publications included: a desire for additional training by medical students in LGBT health competencies; a lack of systematized, competency-based curricula available for implementation; heterogeneity in novel curricular programming, including standardized patients, small-group didactics, and multimedia; improvements in students’ self-reported comfort and competency with LGBT patients after receiving health training through a variety of mediums. This review helps characterize the landscape of curricular developments in LGBT health. Further efforts are needed to develop, standardize, and disseminate these programmatic tools, to facilitate robust LGBT health training in undergraduate medical education.

By the end of this session, you will be able to:
• Describe the current literature on LGBT health education in undergraduate medical schools
• Identify the types of novel curricular interventions (including standardized patients, multimedia, small-group) being implemented to teach LGBT health competencies, and explore common themes and trends in publications
• List areas for future research and development in LGBT health education and training at the undergraduate medical level
Additional Authors: Carolyn Drake, MD, MPH & Richard Greene, MD

Sexual and Gender Minority Health in Medical Curricula in New England: Medical Student Comfort, Competence, Knowledge, and Perception of Curricula

Caroline Scott

Background: The Association of American Medical Colleges (AAMC) has identified improvement of physician training about gender identity, sexual orientation and healthcare needs of sexual and gender minority individuals (SGM) as a critical strategy for mitigating health disparities between SGM and non-SGM. Evaluating current medical school curricula regarding these issues is a necessary first step in identifying the ways in which physician training can be improved to reduce these disparities. Methods: 658 students at New England allopathic medical schools completed an anonymous online survey evaluating self-reported comfort and competence with SGM health competencies defined by the AAMC, knowledge of SGM health topics, and perception of curriculum. Results: 92.7% of students felt comfortable treating sexual minorities; 68.4% felt comfortable treating gender minorities. Most respondents felt not or somewhat not competent providing medical care to gender minority patients (76.7%) and patients with a difference of sex development (81%). Heterosexual-identified participants reported less comfort and competence compared to gay-identified participants. At seven of the ten schools studied, more than 50% of students report that their curriculum neither adequately covers SGM-specific topics nor adequately prepares them to serve SGM. Conclusion: Among students at New England allopathic medical schools, the prevalence of reported comfort is greater than that of reported competence serving SGM. The majority of participants reported insufficient curricular preparation to achieve competencies necessary to care for SGM. This study provides first-of-its-kind evidence identifying key areas for curriculum development to enable medical students to achieve core competencies in SGM health, as defined by the AAMC.

By the end of this session, you will be able to:
• Describe medical student comfort, competence, knowledge and perception of curricular effectiveness in preparing them to care for SGM patients, using the paradigm of the AAMC competencies on sexual and gender minority health.
• Compare the associations between student demographics, such as class year, gender identity, sexual orientation, and religiosity, and comfort, competence, and knowledge about SGM health topics.
• Identify central areas for medical school curriculum development and expansion to better address the needs of medical trainees.

The Inclusivity of the Medical School Environment for LGBT Students

Nassr Nama, MD, MSc

Background: Historically, medical students who are lesbian, gay, bisexual or transgendered (LGBT) report higher rates of social stress, depression and anxiety, while LGBT patients have reported discrimination and poorer access to healthcare. The objectives of this study were: 1) to assess
if medical students have perceived discrimination in their learning environment and; 2) to determine self-reported comfort level for caring for LGBT patients. Methods: Medical students at the University of Ottawa (N=671) were contacted via email and invited to complete a confidential web-based survey. Results: Response rate was 15.4% (103/671). Anti-LGBT discrimination had been witnessed by 14.6% and heterosexism by 31.1% of respondents. Anti-LGBT discrimination most often originated from fellow medical students. Respondents who self-identified as LGBT were more likely to have perceived heterosexism (OR=8.2, p<0.001) or anti-LGBT discrimination (OR=6.6, p=0.002). While half of LGBT students shared their status with all classmates (51.4%), they were more likely to conceal this from staff physicians (OR=27.2, p=0.002). Almost half of medical students (41.7%) reported anti-LGBT jokes, rumors and/or bullying by fellow medical students and/or other members of the healthcare team. Still, most respondents indicated that they felt comfortable with and capable of providing medical care to LGBT patients (≥83.5%), and were interested in further education around LGBT health issues (84.5%). Conclusion: Anti-LGBT discrimination and heterosexism are noted by medical students, indicating a suboptimal learning environment for LGBT students. Nonetheless, students report a high level of comfort and confidence providing health care to LGBT patients.

By the end of this session, you will be able to:
• Identify common sources of anti-LGBT discrimination and heterosexism in the medical school environment.
• Describe medical students’ self-reported comfort level at caring for LGBT patients.
• Identify strategies to improve the learning environment for LGBT students.

Concurrent Session IX
Saturday, September 16th at 11:30am-12:30pm

A Mixed Methods Study of Beliefs, Behaviors, and Experiences of APRNs with Lesbian and Gay Patients

Marianne Snyder, PhD

APRNs provide care to persons of diverse sexual identities who often encounter barriers when seeking health care. Given the minuscule focus in nursing education about these patient populations, a clearer understanding of APRNs’ beliefs, behaviors, and experiences with lesbian and gay patients is essential. This four phase, convergent, parallel, mixed methods study identified APRNs’ beliefs, behaviors, and experiences with lesbian and gay patients. Social constructionism and pragmatism informed the study and methodology. A sample of 678 APRNs completed the 30-item, Gay Affirmative Practice (GAP) (Crisp, 2002) Likert-type scale, 13 demographic items and a description of caring for lesbian and gay patients. Quantitative data analysis showed statistically significant differences in GAP scores based on personal identity, having a lesbian or gay family member, political party, practice place, practice focus, and number of lesbian and gay patients. Krippendorff’s (2013) analytic technique of clustering units guided the qualitative data analysis. Eight themes about APRN experiences emerged: affirming, more education needed, witnessed discrimination, limited experience with lesbian/gay patients, sexual orientation only asked if relevant, treat all the same, non-affirming, and sexual orientation not focus of practice. The thematic categories of affirming, have witnessed discrimination, and more education needed, revealed statistically significantly higher GAP scores compared to other categories. This study explicated the practice beliefs, behaviors, and experiences of APRNs with lesbian and gay patients. Results will inform health care providers to demonstrate greater individualized care, and inform nursing education, practice and research aimed to support culturally appropriate and affirming care for these patients.

By the end of this session, you will be able to:
• Identify factors that influence practitioners’ beliefs and behaviors when caring for lesbian and gay patients.
• Describe at least three key behaviors that exemplify gay affirmative practice.
• Discuss three implications of this research on personal practice and education.

Experiences of Lesbian, Gay, Bisexual, and Transgender (LGBT) Cancer Survivors, a Qualitative Study

Alison Alpert, MD
Oral Research Descriptions

Background: LGBT patients with cancer are often invisible in cancer studies because data regarding sexual orientation and gender identity are rarely collected. The experiences of LGBT patients with cancer have also not been explored. This qualitative study investigated the experiences of LGBT cancer survivors. Methods: 307 LGBT cancer patients with various cancers completed an online survey that included the prompt: “If you were to give a class to healthcare workers, focused on cancer care, what would you tell them about being LGBT and being diagnosed with cancer?” Participants were recruited through LGBT-specific websites, and the survey was posted January to April 2012. Two researchers conducted open coding, a code book was generated collaboratively, themes were clustered and refined, and the data were re-coded. Results: Five themes emerged: LGBT cancer patients (1) are confronted with gaps in provider knowledge, assumptions about sexual orientation and gender identity, and mistreatment that lead to sub-optimal care; (2) receive more effective care when their support networks are included; (3) want safe clinical encounters in which to disclose their identities; (4) have differing experiences based on multiple intersecting identities; and (5) are resilient in the face of morbidity and marginalization. Conclusions: LGBT cancer survivors report ongoing challenges accessing competent cancer treatment. To address this, providers could use inclusive language, inquire about patients’ identities, and include chosen support people. Learning about diverse LGBT communities may minimize assumptions. Acknowledging the resilience of LGBT cancer survivors may improve relationships between patients and providers.

By the end of this session, you will be able to:
• List three ways in which to improve relationships between providers and LGBT patients with cancer.
• Articulate the significance of incorporating knowledge regarding the diversity of the LGBT community into cancer care.
• Describe the means by which acknowledging the resilience of LGBT cancer survivors may improve relationships between cancer providers and survivors.

Shared Decision-Making for Advance Care Planning: Experiences from Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Older Adults of Color

Kathryn Gunter, MPH, MSW

Background: Shared decision-making (SDM) is one approach to reducing health disparities, but little is known about SDM among LGBTQ populations and racial/ethnic (R/E) minorities. We interviewed LGBTQ, R/E minority, older adults to identify their preferences for and obstacles to advance care planning (ACP). Methods: We conducted semi-structured, in-person interviews with LGBTQ people of color, 65 years and older (N=17) in the Chicagoland area. Participants were asked open-ended questions about SDM and ACP, and the role of their identities in these experiences. Interviews were transcribed and analyzed using a modified template approach among 5 coders. Results: Participants were 53% female, 88% African American, and 82% identified as gay or lesbian. Eight participants had ACP discussions with providers; of these, six were provider-initiated. Nine participants did not have ACP discussions, citing: providers not eliciting preferences, limited time during appointments, or no perceived need for ACP decisions. These participants would be receptive to ACP discussions if providers offered information. Influencing their ACP decisions, participants described prior family experiences, a desire for limited medical intervention, quality of life, and independence. Respondents expressed that provider knowledge of their LGBTQ identity improved patient-provider communication. Regarding ACP conversations and decisions, respondents described 1) social isolation, 2) limited community and medical resources, and 3) concerns that providers may not be responsive to their unique needs as LGBTQ, R/E minority, older adults. Conclusions: This study underscores ways in which LGBTQ R/E minority older adults and their providers need additional support to initiate and navigate ACP conversations and shared decision-making.

By the end of this session, you will be able to:
• Describe exposure to advance care planning conversations with health care providers among older adult LGBTQ R/E minority patients.
• Understand the factors that influence ACP decisions among LGBTQ R/E minority patients.
• Identify ways in which older adult LGBTQ R/E minority patients integrate their social identities into preferences for advance care planning and related decisions.

Additional Authors: Fanny Lopez, MPP
Poster Session 1
Thursday, September 14th at 10:45am-11:15am
Overture, Third Level

Attitudes, Knowledge, and Skills Among Nurse Practitioners Providing Care to Transgender Patients
Justin Tidwell, DNP

Context: The transgender community experiences excessive discrimination in healthcare. Data continue to reveal that health care providers lack sufficient knowledge in transgender health, as well as difficulty in referring individuals to competent providers, to ensure the continuum of care (Brennan, Barnsteiner, Siantz, Cotter, & Everett, 2012; Cruz, 2014). Methods: A modified Cross-Cultural Care Survey consisting of 56 questions was implemented via Qualtrics to 1,134 nurse practitioners (NPs) in the California Association of Nurse Practitioner to measure their cultural competence through the domains of attitude, knowledge, and skill. Results: Completed responses were obtained from 30 out of 38 NPs (78.9%). Knowledge was positively correlated with Skills (Pearson’s r = .688, p < .001); negatively correlated with Negative Attitude (Pearson’s r = -.458, p = .011) and positively correlated with Positive Attitude (Pearson’s r = .371, p = .043). Skills was positively correlated with Positive attitude (Pearson’s r = .646, p < .001); however, the negative correlation between Skills and Negative Attitude was not statistically significant at the .05 level (Pearson’s r = -.345, p = .062). There was a negative correlation between Negative Attitude and Positive Attitude, but this correlation was only marginally not significant at the .05 level (Pearson’s r = -.358, p = .052). Conclusion: The results indicated that the balance between skills and negative attitudes may have created a barrier to care in transgender patients.

By the end of this session:
• Learner will identify healthcare discrimination towards the transgender community.
• Learner will articulate how nurse practitioner’s skills and attitudes may create a barrier in transgender health.
• Learner will describe some methods to improve transgender and improve skills among providers.

Delivering Culturally Sensitive Care to LGBT+ Patients
Jessica Landry, DNP, FNP-BC

Many healthcare providers are uncomfortable with having conversations with patients about their sexual identity or sexual behaviors. Avoiding this discomfort is causing a serious threat to the mental and physical health of Americans, particularly in the LGBTQI community. The health disparities of this group range from bullying and physical assault, to the outright refusal of healthcare and housing. Many individuals choose not to seek healthcare due of fear of being judged, marginalized, or “invisible” to healthcare providers. The LSU SON collaborated with Gay Alliance, the authors of Safe Zone®, a nation-wide program that educates volunteer participants about LGBT+ issues and how to support and ally for the group. Together, a program was developed with the same psychologically safe environment that Safe Zone® provides, but directed specifically to educate healthcare providers (voluntarily or involuntary participants). This program was piloted in New Orleans, Louisiana and showed positive outcomes in participant’s attitudes and knowledge of the LGBT+ culture after being formally trained. Two of four training sessions have been completed and statistical data is pending. A training manual was developed to guide other universities or medical centers in replicating the program. It is the goal of LSU SON to have a far-reaching effect on healthcare providers nation-wide. Given the opportunity to share our program at GLMA would be an important avenue for disseminating this training nationally.

By the end of this session, you will be able to:
• Discuss the general and health disparities of the LGBT+ community and barriers to healthcare.
• Present training methods, ways to create and maintain a psychologically safe learning environment, and ways to diffuse emotions.
• Present results and findings from training sessions and way to share ways to create these programs nation-wide.

Descriptive Analysis of Accreditation Council for Graduate Medical Education Training Requirements in LGBTQ Health
Mitchel Hawkins, MD
Background: Physician lack of cultural competency and clinical training in the health needs of LGBTQ people is a known barrier to care. This descriptive study articulates LGBTQ-specific residency training requirements of the Accreditation Council for Graduate Medical Education (ACGME). Methods: The ACGME Common Program requirements were reviewed, including all 28 Pipeline specialties (leading to initial board certification) and 122 subspecialties. All identified LGBTQ requirements were classified by competency domain and type of training requirement: 1) professionalism and cultural competence, 2) didactic and medical training, and 3) surgical training. Results: The ACGME Common Program Requirements include a Professionalism requirement for residents to demonstrate “sensitivity and responsiveness” to patients “regardless of gender and sexual orientation.” Professionalism and Systems-Based Practice cultural competence requirements are further articulated in 7/28 Pipeline specialties and 33/122 subspecialties; 0/28 Pipeline and 1/122 subspecialty requirements address transgender care. Language regarding sex and gender is largely binary and conflated, with some variation across specialty. Medical and didactic education requirements on LGBTQ-specific health topics are scant (2/28 Pipeline specialties and 7/122 subspecialties). There are no surgical training requirements regarding LGBTQ-specific care. Discussion: This descriptive analysis of ACGME requirements in LGBTQ care reveals nonspecific professionalism and culturally competence, minimal didactic and medical training, and no surgical training. ACGME requirements are highly prescriptive and dynamic accreditation standards that dictate physician training. The presented data may be used to formulate specialty-specific deficiencies and training requirements to systematically improve physician preparation to care for LGBTQ people.

By the end of this session, you will be able to:
- Describe accreditation of graduate medical education (residency training) in the United States
- List specialty-specific and common program residency training requirements regarding LGBTQ health by Accreditation Council for Graduate Medical Education competency domain
- Formulate deficiencies in residency education requirements related to providing LGBTQ care

Health Disparities and Experiences of a Diverse LGBT Population in Georgia and South Carolina
Jiby Yohannan

The 2016 Municipal Equality Index rated Augusta, Georgia, the largest city in the Central Savannah River Area of Georgia and South Carolina (CSRA), as one of the least LGBT friendly cities in America. The lack of inclusivity in this region likely coincides with the health problems and disparities of the local LGBT community. Additionally, many LGBT health needs assessments focus on larger metropolitan cities, and the experiences of these populations differ from LGBT communities in more rural areas, such as the CSRA. This study is part of a larger investigation that assessed the health needs and experiences of the CSRA LGBT community. A crosssectional self-report survey methodology was employed over a five-month period. Among respondents (N=435) 62.7% were Caucasian, 63.3% identified as gay or lesbian, 12.8% identified as transgender, and the average age was 34.8 ± 13.5. Among all respondents, the most commonly reported physical and mental health conditions were obesity (26.4%) and depression (49.2%). Furthermore, health needs and experiences differed amongst demographics such as gender identity and age. For example, younger respondents endorsed considering suicide significantly more than older individuals (p<.01). These health experiences may contribute to the reported services that respondents would like to see in their community, including services for mental health (49.5%), LGBT youth (25%), and physical health (24.8%). The results of this study allude to the necessary areas of education focus for current and future healthcare providers to more adequately address the needs of the diverse LGBT populations residing in more rural areas.

By the end of this session, you will be able to:
- Describe health disparities that affect LGBT populations outside of major metropolitan cities
- Recognize the variance of health disparities within the LGBT population across differing demographics regarding age, gender identity, and sexual orientation
- Demonstrate ways to address the health needs of LGBT populations in more rural areas

Additional Authors: Thomas Toomey, Lauren Titus, Elizabeth D. Eldridge, & Lara M. Stepleman
Identifying Gaps Within NIH Funding for LGBTQ Intersectionality Research

Caroline Voyles, MPH

While stating a commitment to diversifying its portfolio in regards to sexual and gender minority (SGM) health, a majority of the National Institutes of Health funding relevant to these populations remains focused on HIV. The current study investigates what health topics are explored within non-HIV studies and what subpopulations within the SGM umbrella are specified for inclusion for fiscal years FY12 through FY15. Previous results have shown that less than .1% of NIH funded projects focus on SGM health outside of the context of HIV. In the present analysis, results demonstrate that intersectionality of identities is hardly explored. Of those studies investigating intersectionality, most of these focus on race; however, despite there being demonstrated health disparities among SGM people of color, investigations to further elucidate the needs of these populations are hardly being funded. For example, in FY15, of the 52 non-HIV sexual minority studies funded, only four (.005% of all NIH funded studies) specifically suggest a focus on sexual minorities of color in their titles. Similarly, of the 20 non-HIV gender minority studies in the same year, only 2 suggest a focus on racial minorities in their titles. Only one of the SM or GM projects involved the implementation or evaluation of an intervention. These results follow a similar trend from the previous three years studied and highlight the need for diversity specifically within the context of non-HIV SGM health research.

By the end of this session, you will be able to:
• Compare NIH funding trends for sexual minority and gender minority health.
• Discuss the implications for minimal SGM health funding outside the context of HIV.
• Describe gaps in NIH funding relating to various facets of intersectionality.

Additional Authors: T. Jibri Douglas, MPH & Rose Mae Henson, MPH

Mental Health, Body Image, and Sexual Satisfaction in Gay Men and Other Men Who Have Sex with Men

Christopher Hnain, MA

Research has already shown the impact of mental health on the sexual behaviours of gay men and other men who have sex with men (MSM). However, little research shows how mental health and body image impact sexual satisfaction of this population. Thus, our study explores various mental health and body image factors that could contribute to the sexual satisfaction of gay men and other MSM.

As part of a larger study, a total of 674 MSM in Ottawa completed a survey on their health needs. A subset of these questions focused on mental health, including anxiety and depression screening tools (GAD2 and PHQ2, respectively). Preliminary results revealed a significant, moderate correlation between mental health and sexual satisfaction, \( r = 0.349, n = 674, p < .001 \). The same was found when comparing the PHQ2 and sexual satisfaction, \( r = 0.378, n = 674, p < .001 \). And a low correlation was found between the GAD2 and sexual satisfaction, \( r = 0.256, n = 674, p < .001 \). When comparing body image and mental health, a significant, moderate correlation was also found, \( r = 0.405, n = 674, p < .001 \). There was also a moderate, significant correlation found when comparing body image and sexual satisfaction, \( r = 0.382, n = 674, p < .001 \). These results are indicative of a link between mental health, body image and sexual satisfaction. Clinicians should consider the potential impact of these factors on the sexual health of gay men.

By the end of this session, you will be able to:
• Recognize that sexual health for gay and other MSM is complex and encompasses various factors.
• Describe the link between mental health, body image, and sexual satisfaction among gay and other MSM.
• Develop more competence and confidence in supporting the sexual health of this population.

‘Syndemic’ Service Integration: How Can STI Clinics Address the Burden of Unmet Mental Health Care Needs of LGBT Clients?

Travis Salway, PhD

Background: In the context of societal stigma, LGBT populations experience an elevated burden of mental health disorders and sexually transmitted infections (STI). Overlapping epidemics of psychosocial and sexual health concerns, or syndemics, are exacerbated by a scarcity in LGBT-affirming health services, leaving many with unmet
ment health care needs. We conducted a waiting room survey to characterize and address these needs within three STI clinics that provide free-of-cost STI testing services to tens of thousands of clients in urban and suburban Vancouver, Canada. Methods: Anonymous surveys elicited socio-demographic characteristics, mental health concerns, access/barriers to mental health services, and interest in receiving mental health services at the STI clinic. Results were compared between heterosexual/cisgender and LGBT clients. Results (preliminary): To-date 487 clients have participated, of whom 46% are LGBT. 43% lack a family doctor. The most prevalent concerns were anxiety (27%), depression (25%), substance use (11%), and suicide ideation (8%). 70% have not discussed these concerns with any healthcare provider. LGBT clients were more likely than cisgender/heterosexual clients to report any mental health concern (46% vs. 33%), unmet mental health needs (28% vs. 22%), and barriers to accessing mental health services (47% vs. 26%). Interest in proposed services was high in both groups (73%), as was comfort talking to an STI clinician about mental health (78%). Qualitative results revealed that service barriers (both cost and stigma) contribute to ongoing mental distress. Discussion: STI clinics that serve LGBT clients are low-barrier and feasible sites for addressing unmet mental health needs.

By the end of this session, you will be able to:
- Describe mental health-related concerns of LGBT clients of urban and suburban STI clinics.
- List specific barriers LGBT clients of STI clinics report in attempting to access mental health-related services.
- Identify feasible and cost-effective solutions for STI clinic administrators and clinicians who wish to address unmet mental health needs of LGBT clients.

The Clinical Significance of Companion Animals for LGBT+ Youth: A Qualitative Study

Jeffrey Jin, MSW, ACSW

Background: Research continues on LGBT+ youth, social isolation, and mental health. Prior studies have shown the linkage between lack of social support and unhealthy outcomes including depression, substance use, and suicidal ideation. In place of or in addition to human support, companion animal relationships for this marginalized population have not been studied through previous work. This qualitative study explored the experiences of LGBT+ youth who have used companion animals for social and emotional support as a twinship self-object or attachment object using Self Psychology and Attachment Theory as a clinical lens. Methods: Ten self-identified LGBT+ youth aged eighteen to twenty-five were interviewed privately at two sites in the spring of 2017. Results: Participants were sought through convenience and snowball sampling. Key interview findings included 1) social marginalization based on sexual orientation and gender identity with heterosexism are a pervasive part of society 2) the unconditional love and acceptance from companion animals exists through both verbal and physical communication 3) personal, academic, and professional growth for participants is attributed to pet ownership during their time of sexual development. Discussion: Findings showed that companion animals fulfilled multiple purposes for the participants in this study during their adolescence. This connection merits further quantitative and qualitative research into the clinical significance of companion animals for this population.

By the end of this session, you will be able:
- Understand the clinical possibilities of companion animals as self-objects/attachment objects for social isolated LGBT+ youth.
- Describe key qualities cited by interviewees regarding their relationships with companion animals.
- Consider the usage of companion animals in composing social genograms for LGBT+ clients.

Transgender Health Needs: Differences between Transgender and Cisgender Physical Health, Mental Health, and Health Care Experiences among LGBT Individuals in Georgia and South Carolina

Elizabeth Eldridge, PhD

Transgender individuals experience increased stigma and discrimination, even compared to cisgender sexual minority individuals. Challenges to transgender affirmative and inclusive health care also may be compounded by intersectional issues of race, geographic location, and gender identity. The current study investigated the physical and mental health concerns, as well as healthcare experiences, of transgender individuals compared to cisgender individuals in an LGBT sample. Data for this
study included participants from a larger community-based assessment of the LGBT population living in 13 Georgia and 5 South Carolina counties. Participants that identified as cisgender (n = 347, Mage = 36) or transgender (n = 56, Mage = 31) were included in the current analyses. Overall, 66% of participants identified as Caucasian, 21% as African American, and 4% as Hispanic. Transgender participants reported significantly more days of poor mental health, as well as higher levels of depression, loneliness, and suicidality, compared to cisgender respondents. No differences were found for physical health. Transgender individuals also reported more care refusal, perceived provider use of excessive precautions, harsh language, and blame for health status. A significantly higher percentage of transgender individuals believed their providers need more education and awareness about the healthcare needs of the LGBT population. While LGBT individuals are often grouped together, the experiences of sexual and gender identity minorities are not necessarily homogenous. Specific needs may differ based on gender identity, an important consideration for clinical, training, and research purposes.

By the end of this session, you will be able to:
- Describe differences in health and healthcare experiences reported by transgender individuals compared to cisgender individuals in an LGBT sample in a Southeaster US region
- Consider differences in health care needs based on gender identity
- Utilize findings to consider clinical, training, and research implications within the participants’ own scope of practice

Additional Authors: Jiby Yohannan, Christopher Drescher, Alexis Rossi, & Lara Stepleman

Frances Grimstad, MD

Intro: For some time, the female to male transgender (FTM) and gender non-conforming (GNC) communities have been discussing an abdominopelvic pain which arises after initiation of testosterone based gender affirming therapy (GAT). Currently there is no literature on this phenomenon, nor guidelines describing the workup or treatment thereof. We endeavor to ascertain the frequency, timing and quality of abdominopelvic pain after initiating GAT in FTM/GNC persons, with the goal of identifying trends in those with pain and any treatments which have proven effective. Methods: An anonymous survey of FTM/GNC persons on GAT was distributed through our clinic, local and national FTM/GNC listservs. Results: There were 179 survey respondents. 68.7% had new onset abdominopelvic pain after the initiation of GAT, of which 76.9% started having pain within the first 2 years. The majority considered the pain intermittent and arising spontaneously or with intercourse. The most common descriptor was cramping, followed by sharp, achy and dull. 100% of patients who had the pain still had their reproductive organs when it began; 23.1% underwent a hysterectomy and after noted the pain cured. Discussion: In our sample, many FTM/GNC experience abdominopelvic pain shortly after the initiation of GAT. Hysterectomy may be a possible treatment for this pain, though it doesn’t answer the question of the physiologic etiology of the pain. This data would support advocating for early hysterectomy in FTM/GNC patients with abdominopelvic pain of unclear etiology, as well as advocating for a further understanding of the effects of GAT on reproductive tissues.

By the end of this session, you will be able to:
- Describe the current known physiologic changes associated with testosterone-based gender affirming hormone therapy
- List the most common abdominopelvic locations for pain after the initiation of testosterone-based gender affirming hormone therapy, and descriptors used.
- Integrate the understanding of abdominopelvic pain and hysterectomy in counseling patients who are initiating testosterone-based gender affirming hormone therapy.

Barriers and Facilitators to Shared Decision-Making about Intimate Partner Violence between

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**Assessing the Ache: A Survey to Assess New Onset Abdominal Pain After Initiation of Testosterone Therapy in Female to Male Transgender Men, Gender Non-conforming and Gender Fluid Persons.**
Poster Research Descriptions

Lesbian, Gay, Bisexual, Transgender and Queer People of Color and their Healthcare Providers

Fanny Lopez, MPP

BACKGROUND: More than half of LGBTQ IPV survivors are people of color (POC). High-quality Shared Decision-Making (SDM) has been positively associated with patient satisfaction, quality of care and health outcomes. Successful SDM could result in life-saving outcomes for IPV survivors. Previously, no research studies had investigated how IPV survivors who are LGBTQ POC engage in SDM with healthcare providers. METHODS: LGBTQ POC, 18 years of age or older, who reported past history of IPV with sexual or gender minority partners completed a demographic survey and a semi-structured interview or focus group from December 2015-December 2016. RESULTS: Among participants (n=46) 33% reported their providers screened for IPV and 50% reported they never disclosed IPV to a provider. Participants cited barriers to IPV SDM including lack of trust and providers’ insufficient experience and cultural competency caring for POC with sexual or gender minority IPV. Most participants (72%) want providers to facilitate SDM by asking about IPV in a sensitive way. They also recommended that providers use multiple methods to ask about IPV, establish trust, and become sympathetic to the lived experiences of LGBTQ POC. CONCLUSION: Providers need to address barriers to IPV disclosure that are specific to the intersecting identities (race/ethnicity, gender identity, and sexual orientation) of LGBTQ POC to facilitate successful SDM. Although participants described facilitators to SDM about IPV that likely resonate with a general patient population, some aspects of IPV care should be tailored to LGBTQ POC.

By the end of this session, you will be able to:
• Identify barriers and facilitators to SDM about IPV with LGBTQ patients of color.
• Encourage their LGBTQ patients of color to disclose and discuss their IPV experience.
• Participate in more effective communication and SDM with their LGBTQ patients of color.

Comparing Patient-Reported Outcome Priorities in HIV Care between Transgender Women and cis-Gender Patients, and Their Providers

Rob Fredericksen, PhD, MPH

Background: People living with HIV (PLWH) and their providers have discordant priorities for visit discussion topics. Transgender women (TW) patients have noted provider unfamiliarity with their needs. Patient-reported outcomes (PROs) effectively bridge patient-provider communication gaps. We sought to understand differences in PRO topic (aka “domain”) priorities. Methods: We asked TW and cis-gender (CG) PLWH of both genders and their HIV care providers to identify from 25 PRO domains the most (8) and least (3) important for clinical care.Domains included: dimensions of symptoms/functioning (e.g. depression), behavior (e.g., substance abuse), social context (e.g., HIV stigma), and internal resources (e.g., self-efficacy). We compared group rankings using the Holander/Sethuraman method. We conducted 1:1 interviews with some patients to discuss selection rationales, and coded transcripts to identify themes. Results: TW patients (n=20), CG patients (n=189) and HIV care providers (n=17) rank-ordered domains. TW top priorities were: medication adherence, HIV symptoms/treatment, physical function, cognitive function, depression, sexual risk behavior, anxiety, and HIV stigma. CG patients’ rank ordering differed from providers (p<.0001), TW’s did not (p=.11); however, substantial differences existed, such as low TW ranking of substance abuse/high rank of HIV stigma and anxiety. TW and CG ranks did not significantly differ. TW interviewed (n=15) noted health effects of high levels of HIV-and-gender-based stigma and emphasized the importance of provider inquiry into social well-being. Conclusion: Priorities for topics to address in HIV clinical care are similar for TW and CG PLWH. Interviews with TW highlighted the perceived relevance of addressing both HIV-related and gender-related stigma.

By the end of this session, you will be able to:
• Identify rank order priorities for patient-reported outcome discussion topics in HIV care among transgender-identified women living with HIV.
• State differences in patient-reported outcome priorities in HIV care among transgender women and cisgender patients, and their providers.
• Understand potential relevance of addressing HIV-related and gender-related stigma in the context of HIV care.

GLMA’s 35th Annual Conference on LGBT Health
Couple's Coping and Health Maintenance Behaviors: Exploring Dyadic Stigma in American Gay Male Couples

Jessica Marsack, RN, BSN

Background: Health maintenance behaviors are vital to the prevention of new HIV diagnosis, and recent research points to the importance of couples in these prevention efforts. Research suggests roughly 33-66% of new HIV infections among MSM occur within relationships. Relationship characteristics such as commitment, communication style, and support have also been associated with HIV risk. However, minimal research has examined the impact of stigma on couple's coping, particularly in relation to HIV health maintenance behaviors. Methods: A secondary analysis of 130 male-male couples was conducted. Aim one uses actor partner interdependence modeling to concurrently examine associations between the shared experiences of internalized homonegativity and couple's coping scales (planning and decision-making, communication, and joint effort) for both partners. Aim two utilizes structural equation modeling to determine how associations in aim one are moderated by relationship characteristics. Results: It is hypothesized that increased stigma will result in mutually decreased reported couple's coping, thus resulting in decreased HIV health maintenance behaviors in accordance with principles of Minority Stress Theory and Lewis Interdependence Theory. It is hypothesized that couples with sexual agreements, marriage, adaptive conflict styles, less intimate partner violence, and greater length, love, and trust will experience greater couple's coping, resulting in improved HIV risk management. Discussion: Focusing on couples' perceptions and interaction between partners within a relationship may result in a more comprehensive understanding of theoretical pathways impacting couples' health maintenance behaviors. Policies and practices can be changed to address the needs of couples, rather than individuals, to address HIV risk factors.

By the end of this session, you will be able to:
- Describe associations between stigma and coping outcomes among same-sex male couples.
- Explain theoretical associations between sexuality-based stigma, same-sex partnerships, coping, and health maintenance behaviors.
- Discuss potential recommendations and interventions required to reduce sexuality-based stigma within partnerships.

Integral Identities: Baseline Analysis of First-Year Medical Students’ Preparedness to Interact with LGBTQ Patients

Travis Hunt, Steven Elsesser, Julie Christensen, Natasha Brown, PhD, MS, Christine Jerpbak, MD

Background: Race, religion, gender, and other aspects of identity construct the backgrounds that students draw from when interacting with LGBTQ patients. Despite a duty of medical educators to navigate this intersectionality, research related to identity and matriculating medical student preparedness to interact with LGBTQ patients is limited. We examined associations between medical student identity and attitudes and knowledge relating to LGBTQ patients. Methods: To assess LGBTQ knowledge and attitudes, first-year medical students at Thomas Jefferson University completed an anonymous survey in the summer of 2016. The survey contained questions assessing demographics, LGBTQ-related knowledge, and attitudes toward LGBTQ patients. Results: Significant differences (N=244, p<0.05) were found with respect to multiple demographic markers. Notable findings include: (1) People of color were less likely to agree that same-sex and same-gender attraction are natural variants of human attraction; (2) Non-religious students (Atheist/Agnostic/Non-religious) were more likely than students identifying as religious (Christian, Jewish, Hindu, Islam, Other) to recognize that LGB/T populations have unique health risks and needs; (3) Cisgender men were less motivated to seek outside opportunities to learn about LGBTQ-specific health issues; (4) LGBTQ-identifying students were more comfortable than heterosexual students asking patients what pronouns they use. Conclusion: These associations point to the importance of creating LGBTQ structural competency interventions that are tailored to the intersecting cultural lenses existent in our student bodies. Additionally, the survey results confirm the need for gender
LGBT Community Connectedness and its Association with Depressive Symptoms and Suicidal Ideation: A Nationwide Survey with 2,230 LGB Adults in South Korea

Horim Yi, MSW

Background: In South Korea, where public attitudes toward sexual minorities remain negative, feelings connected to the LGBT community might play a crucial role for sexual minorities to cope with minority stress and maintain good mental health. This study examines how the LGBT community connectedness is associated with depressive symptoms and suicidal ideation among Korean LGB adults.

Methods: We conducted a nationwide cross-sectional survey of 2,230 LGB adults in South Korea. The Connectedness to the LGBT Community Scale (7-item) was used after translation into Korean, followed by the guidelines for cross-cultural adaptation of self-report measures. Depressive symptoms were measured by the CESD-20 and suicidal ideation over the past 12 months was also measured through self-reports. Multivariate logistic regression was applied, adjusting for potential confounders including demographics, socioeconomic status and health-related behaviors. Results: Compared to the group with the highest level of community connectedness (4th quartile), lower levels of community connectedness were associated with higher prevalence of depressive symptoms: 3rd quartile (AOR: 1.19, 95% CI: 0.93-1.53), 2nd quartile (AOR: 1.30, 95% CI: 1.03-1.65), and 1st quartile (AOR: 1.44, 95% CI: 1.44-2.45). As for suicidal ideation, the association was only statistically significant in 1st quartile (AOR: 1.44, 95% CI: 1.10-1.88). When stratified by gender, the association between community connectedness and suicidal ideation was only statistically significant among males (AOR: 1.73, 95% CI: 1.16-2.59). Conclusion: This finding highlights the benefits of community connectedness on the mental health of Korean LGB adults. Further research need to examine the moderating effect of the community connectedness in the association between minority stressors and mental health among LGB adults.

By the end of this session, you will be able to:
• Examine the association between LGBT community connectedness and mental health (depressive symptoms and suicidal ideation) among LGB adults in South Korea
• Demonstrate the importance of LGBT community connectedness as a protective factor in mental health status of sexual minorities
• Describe translation and cultural adaptation procedures of a LGBT-specific self-report measurement (Connectedness to the LGBT Community Scale) and share our experiences and challenges in the procedures

Listen, Learn and Build: Implementing a Community Informed Center for Transgender Health

Paula Neira, JD, MSN

Background: In the 1960s, Johns Hopkins Medicine (JHM) was a leading institution providing transgender care (TC). However, the gender-affirming surgery program was terminated after two decades thereby calling into question institutional commitment to TC. In 2017, JHM launched a comprehensive center for transgender health with one of the main challenges being rebuilding trust with the transgender population. Methods: To allow a community-centered approach, JHM sought input nationally from the transgender community. A 23-item electronic survey measuring perceptions regarding quality of care, discrimination, and insights on choosing general and TC care was employed. Survey participants were queried on use of national resources to assess prospective services, and financial and geographic barriers. In-person interviews and focus groups at transgender health confereneces were also conducted. Results: Over 300 participants responded to the survey. Almost 70% reported negative experiences related to their care highlighting culturally insensitive practices and incompetency in TC with 85% indicating they will consider changing providers. Many indicated they will remain with
providers amenable to change. The majority of participants were self-pay (62%). Organizational reputation in TC was ranked as highly important. Cultural competency training related to TC emerged as the primary recommendation to increase care quality. Discussion: Equity and access to high-quality care remain problematic due to limited insurance coverage and deficient provider TC cultural competency. Health systems must engage the transgender community in devising sustainable care by assessing capacity, identifying shortfalls, aligning stakeholders, and allocating resources. Other areas of focus include multi-disciplinary education and rigorous TC research.

By the end of this session, you will be able to:
• Discuss the challenges and opportunities of establishing a center for transgender health
• Describe salient feedback obtained through outreach to transgender community
• List future opportunities for collaborations and research to improve the quality of transgender care

Penn LGBT People in Medicine Mentorship Program: Creating Community in Academic Medicine

Rosemary Thomas, MPH

LGBTQ individuals are underrepresented across the spectrum of medical training and practice. A survey of medical students done by Stanford University School of Medicine found that 1/3 of sexual and gender minority (SGM) students choose to not disclose their identity during medical school due to fear of discrimination and the impact it could have on their career path. Creating formal pathways for SGM students and trainees to connect to out SGM faculty is one step toward advancing diversity and inclusion across medicine. The Penn Medicine Program for LGBT Health in partnership with the Perelman School of Medicine student affinity group Penn LGBTQ People in Medicine +Allies created a formal matched mentorship program to address student and trainee concerns about the impact of their SGM status on career path and create a sense of community. The mentorship program, modeled after The FAST LGBT Mentoring Program at UCSF, recruited 16 faculty members, 8 trainees, and 21 medical students and just completed the first academic year with positive results. A survey of participants showed that 100% percent were interested in continuing in the program with their current mentor/mentee, and 100% percent of mentors were interested in adding a second mentee to their “mentor family.” Moreover, comments on the survey indicate that mentors are assisting their mentees in creating connections with other faculty, obtaining interviews and moving forward with their career path.

By the end of this session, you will be able to:
• Describe the formation of the Penn LGBTQ People in Medicine Mentorship Program.
• Explain benefits of creating mentorship relationships between out LGBTQ faculty, trainees and medical students.
• List steps toward creating similar LGBTQ mentorship programs in their own systems.

Student Priorities, Provider Struggles: Examining LGBTQ Health Disparities in a College Environment

Andrew Pregnall

Organizations like the Human Rights Campaign and the American College Health Association have established clear guidelines for standards of LGBTQ patient care in a college environment. However, the question of how well college campuses are doing in meeting these standards remains. In my Fralin Undergraduate Research Fellowship, I examined this issue at Virginia Tech, a Research I state university with 25,741 undergraduate and 4,860 graduate students. Specifically, my research’s objective was to compare Virginia Tech healthcare policy to the standards of the 2017 Healthcare Equality Index (HEI) in a gap analysis, and to then gauge student’s knowledge and perceptions of Virginia Tech healthcare through an IRB-approved survey. The purpose of my research was twofold: (1) to understand how healthcare policy impacts the care received by LGBTQ students at Virginia Tech and (2) to understand how healthcare policy can be used to improve the care received by LGBTQ students at Virginia Tech. In this presentation, I will share the results from my gap analysis and survey which demonstrated that Virginia Tech did not meet HEI standards in many areas, and that for areas in which Virginia Tech did have a best-practice service or strategy in place, a significant number of students did not believe these strategies or services existed. Then, I will share how this
local project ultimately contributes to the larger issue of closing gaps in LGBTQ healthcare in a college environment by discussing how networks of patients, providers, and advocates can create sustainable improvements in LGBTQ patient care.

By the end of this session, you will be able to:
• Describe the unique healthcare challenges faced by LGBTQ college students as opposed to other age demographics within the LGBTQ community
• Discuss ways in which colleges and universities can utilize the Healthcare Equality Index to lessen the unique healthcare challenges faced by LGBTQ college students
• Discuss the ways in which demographic data is typically viewed and contrast those methods with how it can be viewed intersectionally

The role of PTSD in Effectiveness of a Weight Intervention for Older Lesbian/Bisexual Women

Michele Eliason, PhD

The general literature shows a strong relationship between childhood traumas and later physical and mental health disorders, including greater body mass. Sexual minority women, as a group, are larger than heterosexual women, presumably related to sexual stigma, but thus far, no studies have examined whether trauma history is associated with poorer outcomes on weight interventions. This study compared 38 women with a lifetime diagnosis of PTSD to 110 women without PTSD on sociodemographic factors, mental and physical health, weight measures, intervention attendance, quality of life, internalized homophobia, and mindful eating before and after a 12-week intervention focused on nutrition, physical activity, and mindfulness. At baseline, women with PTSD were younger, had lower household income, were more likely to identify as bisexual or something else, had greater internalized homophobia, and less likely to have a disability (both physical and any disability). Significantly more of them reported fair or poor health and lifetime depression. Women with PTSD were less likely to lose weight, less likely to increase in physical quality of life, and more likely to increase on the lesbian internalized homophobia scale from pre to post. There were no differences on mindful eating subscales or minutes of physical activity. This study is the first to document differences in treatment response for sexual minority women with PTSD. Future research is needed to develop interventions that address trauma and weight interventions, particularly frameworks such as trauma-informed care.

By the end of this study, you will be able to:
• Conceptualize how the role of trauma impacts treatment interventions for sexual minority women.
• Identify needs for future research on adverse childhood experiences and PTSD in sexual minority women
• Apply literature on trauma-informed practice to the study of sexual minority women’s health

The Shabaab Study: Measuring Discrimination and Sexual Risk Behavior among Arab MSM in the United States

Paul Brown, MA

Background: Several studies have shown associations between racism, homophobia, and sexual risk behavior among racial and ethnic minority men who have sex with men (MSM) in the U.S., particularly African-American, Latino and Asian/Pacific Islander men. Because Arabs have not historically been disaggregated as a minority community, scant research has been conducted on these associations among Arab MSM living in the United States. Given the current political and social climate, this is a serious gap in research. This study seeks to measure occurrences of discrimination and homophobia and assess sexual risk behavior in Arab MSM living in the United States. Methods: The study consisted of an anonymous, online cross-sectional survey. The survey assesses Arab MSM ages 18 years and older on measures of ethnic discrimination, homophobia and sexual risk taking. Of the 45 eligible participants, 23 completed the survey and another four answered all questions about discrimination and homophobia. Results: Fifty percent of participants reported at least some discrimination and 41.7% reported at least some homophobia. 22.73% engaged in condomless receptive anal intercourse in the past six months. 47.83% of respondents reported having ever tested positive for an STI. No respondents reported positive or unknown HIV status. Discussion: In the current political climate there is a growing need for more research on the health outcomes of LGBTQ populations with intersecting Middle Eastern and/
or Muslim identities. This study has several limitations. Arab MSM are a difficult-to-reach population, raising challenges for study recruitment. Additionally, the study is conducted in English, limiting its reach.

By the end of this study, you will be able to:
• Describe sexual behavior and STI/HIV testing behavior of Arab MSM in the United States
• Assess ethnic discrimination and homophobia among Arab MSM living in the United States
• Identify areas for further study in this population

Trends of Gender-Affirming Surgery among Transgender Patients in the United States
Omar Harfouch, MD, MPH

Background: Little is known about the incidence of gender-affirming surgical procedures for transgender patients in the United States. Methods: This study analyzed the National Inpatient sample for trends of gender-affirming surgical procedures and payer status among transgender patients seeking these operations. Trends were compared between 2000-2005, 2006-2011 and yearly from 2012 to 2014. Results: This study included 37,827 encounters identified by a diagnosis code of TS or GID. Of all encounters, 3,726 involved gender-affirming surgery. The majority of patients seeking these procedures were not covered by any health insurance plan. The number of patients seeking these procedures who were registered under Medicare and Medicaid increased from 2012-2013 and 2013-2014 by 2.79 and 5.78 fold, respectively. Conclusion: Most transgender patients in our national sample seeking gender-affirming surgery were classified as self-pay. However, as third-party payers initiate regulations banning discrimination based on gender identity, an increasing number of transgender patients are being covered by private insurance, Medicare, or Medicaid. More anti-discrimination policies are critical in engaging transgender patients in care and ensuring coverage for gender-affirming procedures. The lack of collection and reporting of gender identity as a discrete demographic variable in medical records remains a challenge in identifying transgender patients in clinical datasets. Future research should focus on uniform methods of collecting gender identity information from patients to better understand surgical outcomes linked to gender-affirming procedures and the health needs of this population. This will also foster opportunities to improve the overall quality of care for transgender patients.

By the end of this session, you will be able to:
• Describe trends of gender affirming surgeries throughout the past 15 years
• Critique the limited availability and reliability of current methods of identifying transgender patients in medical records
• Defend the adoption of anti-discrimination policies from insurance companies and Medicare/Medicaid services in order to engage more transgender individuals into care

Additional Authors: Lisa Kodadek, Danielle Pelaez, Brandyn Lau, Joseph Canner, Anaeze Offodile, & Adil Haider

Behaviorally Bisexual Transgender Individuals Face Higher Rates of Sexual Intimate Partner Violence
Sarah Peitzmeier, MSPH

Background: Intimate partner violence (IPV) is more prevalent among transgender than cisgender individuals, but little is known about IPV disparities within transgender communities. Methods: Primary care patients at Fenway Health in Boston, Massachusetts undergo routine screening for past-year physical and sexual IPV. Screening responses were abstracted from 1948 transgender patient records and stratified by 1) gender identity (transmasculine or transfeminine spectrum), 2) sexual orientation (bisexual, straight/heterosexual, gay/lesbian/homosexual) reported at registration, and 3) gender of sexual partners (cis or trans men only, cis or trans women only, or both cis/trans men and cis/trans women) recorded by providers. Results: There were no significant differences in past-year physical or sexual IPV victimization by sexual orientation among either transfeminine or transmasculine individuals. However, the prevalence of sexual IPV varied significantly by gender(s) of the patient’s sexual partners. Among transmasculine patients, sexual IPV was reported by
By the end of this session, you will be able to:
• Describe what is known about disparities in IPV in LGBT populations and where there are still gaps in the evidence.
• Describe patterns of physical and sexual IPV observed in a sample of nearly 2000 transgender individuals.
• Describe implications of heightened rates of IPV for clinical practice and public health.

By the end of this session, you will be able to:
• Describe the current state of LGBT education at a dental school.
• Measure the perception of LGBT education and the satisfaction with this education at this dental school.
• Quantify the desire for increased LGBT education by current dental students.

Identifying and Overcoming Barriers to Providing Transgender Care in VA Primary Care Clinics

Nersi Nikakhtar, MD

In 2011, the Veterans Health Administration mandated that VA facilities provide a broad array of services to transgender Veterans. To meet this need, the VA developed a National Transgender E-Consultation Service to advise providers in transgender health care, with three multidisciplinary teams delivering consultations to providers across the nation. Our team has responded to over 270 consult requests during the past three years, predominantly from primary care providers seeking guidance in care for transgender Veterans. We qualitatively analyzed documentation from primary care consults, identified key reasons why primary care providers have reached out to the Transgender E-Consultation service, and considered barriers to care that often underlie the consult question. Identified themes include lack of familiarity with components of transgender care, desire to advocate for patients for services difficult to obtain, reliance on outdated or non-standard transgender care guidelines, and medical or social concerns about the practice of hormone therapy. We offer ideas about how multidisciplinary team consultation work can address these barriers and provide resources to requesting providers to improve health care delivery for transgender patients.
By the end of this session, you will be able to:

• Identify common challenges that affect primary care providers' health care for transgender veterans.
• Explain the needs of primary care providers that underlie their perceived barriers to providing care for transgender veterans.
• Articulate how multidisciplinary remote consultation services can help address and overcome these barriers and needs.

Additional Authors: Elizabeth Goldsmith

Improving LGBTQ Health Education for Tomorrow’s Physicians: Results from a Clinical Medicine Curriculum Intervention

Steven Elsesser

Background: Health disparities experienced by members of the LGBTQ community are well documented. Despite institutions like the American Association of Medical Colleges (AAMC) calling for enhanced LGBTQ-related medical curricula to help improve these disparities, research characterizing the impact of curricular interventions remains sparse. We examined the impact of gender and sexuality clinical instruction presented to first-year medical students. Methods: In January 2017, all first-year medical students Sidney Kimmel Medical College of Thomas Jefferson University received a focused gender and sexuality health curriculum. Students’ attitudes and knowledge regarding LGBTQ patients were assessed using anonymous pre- and post-intervention surveys containing 15 items, measured on a 5-point Likert scale. Results: 244 first-year medical students (96% response rate) completed pre and post-intervention surveys. Statistically significant changes (p < 0.05) between time points were seen in 4 out of 15 items indicating that students (1) increased their ability to empathize with the life experience of LGBTQ patients, (2) enhanced their ability to see discordance between birth sex and gender as a natural human phenomenon, (3) increased their awareness of the unique health risks facing LGBTQ populations, and (4) increased their motivation to learn more about LGBTQ health issues. Conclusions: These findings suggest that a focused gender and sexuality health curriculum can have a significant impact on medical student attitudes and beliefs regarding LGBTQ patients. The specific improvements seen suggest that similar interventions may better equip future physicians to offer patient-centered care to LGBTQ patients. Further evaluation of the long-term impact of such curricula appears warranted.

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

• Describe the gender and sexuality health curriculum intervention provided.
• Characterize the impact of the intervention through the articulation of the quantitative assessments delivered to students.
• Discuss the critical role of tailored LGBTQ health related medical instruction in curtailing health disparities experienced by those who identify as members of the LGBTQ community.

Knowledge, Attitudes, and Changes in Condom Use Among MSM Taking Pre-Exposure Prophylaxis for HIV Prevention

Christopher Terndrup, MD

Background: As pre-exposure prophylaxis (PrEP) continues to play a role in HIV prevention among men who have sex with men (MSM), real world use may differ from controlled settings, especially condom use after initiating PrEP. Methods: An anonymous survey was shared on MSM-focused social media sites between May and July of 2016. Self-identified MSM who were at least 18-years old and living in the United States were assessed for their knowledge of and experiences with PrEP. Results: A total of 747 men who had heard of PrEP were included in the final dataset. 81% knew someone who had used PrEP, and 34% were currently taking it. After controlling for level of education, the odds of taking PrEP increased 1.02 times for each year increase in age (p < 0.002). 20% of respondents thought that PrEP encourages MSM to be more promiscuous. 23% responded that MSM on PrEP no longer need to use condoms to prevent HIV; these respondents were five years older on average. Among consistent condom users, 60% continued this protection in the month after starting PrEP, and only 47% reported consistent condom use in the month preceding survey completion. 75% of those with consistent condom use in the month after starting PrEP reported consistent condom use in the month prior to the survey (all p < 0.001). Conclusion: Many MSM taking PrEP report condom use that decreases over time.
By the end of this session, you will be able to:
• Focus public health messaging for HIV prevention on populations less likely to be taking PrEP.
• Describe changes in condom use among MSM PrEP users.
• Apply this knowledge in clinical settings by targeting specific populations that require close monitoring and education while taking PrEP.

Shared Decision Making About Anal Cancer Screening in Black Gay and Bisexual Men: Role of Intersectionality
H. Sharif “Herukhuti” Williams, PhD, MEd

Background: Shared decision making (SDM) interventions are a strategy to reduce health disparities by improving patient-provider relationships and health outcomes, but have been infrequently studied among dual minority patients who identify as LGBT (Lesbian, Gay, Bisexual, Transgender) and black. Bisexual, gay and other men who have sex with men (MSM) are at risk for anal cancer, in particular black MSM due to a disproportionate burden of HIV infection. This project evaluated facilitators and barriers to SDM around anal cancer screening (ACS) in black MSM. Methods: Thirty semi-structured, in-person, one-on-one interviews and two focus groups from December 2015 to October 2016 were conducted. Each participant completed a paper survey. Inclusion criteria included cisgender males age 18 and over who identified as African American and bisexual, gay or had sex with men. Results: 27 of 45 individuals had spoken with a provider regarding ACS. Barriers to discussion included fear of describing sexual practices, cultural practice of healthcare avoidance and fear of anal cancer; motivators included having friends with cancer and desire to detect anal cancer if present. Identity and intersectionality influenced discussions. Participants wanted to hear all options rather than the provider's recommendation when asked about uncertainty of ACS guidelines. Advice for providers included education, face-to-face communication, and acknowledgement of identity and intersectionality. Discussion: In addition to influencing provider relationships, racial and sexual identities play important roles in discussions, decisions and SDM about ACS. Providers should acknowledge patients' identities and intersectionality to effectively engage in shared decision making and improve health outcomes.

Shared-Decision Making for Chronic Conditions: Experiences and Recommendations from Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) African-American Patients
Kathryn Gunter, MPH, MSW

Background: Persons at the intersection of LGBTQ and a R/E minority identities are at magnified risk for negative healthcare experiences, but there is a paucity of studies about healthcare and shared decision-making (SDM) among African American (AA) LGBTQ patients. Methods: We conducted 25 semi-structured interviews December 2015-October 2016 with LGBTQ AA patients with chronic conditions (e.g., diabetes, hypertension, HIV). Data extracted from audio recordings were transcribed verbatim. We used a modified template approach to identify barriers and facilitators to SDM, the role of patients' identities in their care, and recommendations to improve SDM. Principal Findings: From preliminary analysis, nearly half of respondents reported negative experiences in healthcare due to R/E and/or LGBTQ identity; providers lacked cultural competence, expressed discomfort during exams, or conveyed stereotypes. Participants described navigating healthcare systems due to racial discrimination (in LGBTQ focused organizations) or LGBTQ discrimination (in general healthcare settings). The majority of respondents reported satisfaction when providers demonstrated respect, listened to patients’ perspectives, and inquired about the broader social context of patients' lives. Half of respondents reported that a provider knowing about their LGBTQ identity makes a difference for their care. To improve SDM, respondents emphasized having empathy,
being non-judgmental and trustworthy, asking patients for suggestions, and approaching patients as individuals. Conclusions: LGBTQ AA patients are at risk for dual discrimination within healthcare. Patients report positive experiences when providers listen, elicit preferences, and work to understand patients’ individual needs. Providers who approach patients with these skills may improve opportunities for SDM among LGBTQ AA patients.

By the end of this session, you will be able to:
• Identify ways in which AA LGBTQ patients are at amplified risk for negative healthcare experiences based on their LGBTQ and R/E minority identities.
• Understand the factors that contribute to positive health care experiences for AA LGBTQ patients.
• Describe recommendations from patients to providers for skills that may improve opportunities for SDM.

Additional Authors: Fanny Lopez, MPP

The Health and Resilience of Gay Seniors

Christopher Hnain, MA

Background: Whereas most studies examining the health of men who have sex with men (MSM) have focused on HIV and other sexually transmitted infections (STI), very little is known about the general health of gay and other MSM and even less is known about the health of gay seniors. Methods: To better understand the health and healthcare needs of MSM over the age of 60, data were analyzed from an on-line survey of MSM living in and around Ottawa, Canada. Results: Of 674 survey respondents, 12% were 60 years of age or older. A full 40% of seniors lived alone and 44% lived outside the urban core. Compared to younger men, men over 60 were no more likely to be out to no one (7% versus 8.6%). Interestingly, using a validated screening tool, gay seniors were less likely to suffer from depression (9.5% versus 13.5%) and anxiety (12% versus 18%) compared to younger men, but problem alcohol use was higher (12% versus 4%). Not surprisingly, the prevalence of heart disease, diabetes, hypertension, and high cholesterol was significantly higher among men over 60, but not higher than age-matched national averages. Compared to younger men, gay seniors were only slightly less likely to have undergone HIV and STI testing in the last year. Conclusions: Despite facing more health challenges and engaging in heavier alcohol use, gay seniors suffer less from depression and anxiety compared to younger men, suggesting the development of healthy coping strategies.

By the end of this session, you will be able to:
• Appreciate that MSM 60 years and older are resilient in the face of regular health challenges associated with aging.
• Discuss the health challenges of MSM over the age of 60 including problem alcohol use
• Compare sexual activity and the need for HIV/STI testing between gay seniors and younger MSM

Trans Buddy: A Model Transgender Patient Navigator Program

Del Ray Zimmerman

Transgender patients are underserved in healthcare facilities. Past negative experiences, fear of discrimination, and the limited number of culturally competent providers contribute to delays in care among transgender patients. This systematic lack of access to healthcare contributes to the face significant mental and physical health disparities seen among transgender populations. At the health systems level, Electronic Health Records (EHR) pose barriers to care because most EHR platforms are not designed to adequately address the documentation needs of transgender patients (i.e., preferred name and gender pronouns), resulting in patients being “outed” in the waiting room, and provider confusion about the medical needs of their patient. Methods: In 2015, Vanderbilt University Medical Center developed a first-of-its-kind patient navigator program that pairs transgender patients with trained volunteers who provide advocacy and emotional support during healthcare visits. Results: After two years of service, we demonstrate the effectiveness of Trans Buddy through: 1. High-quality volunteer training, resulting in the retention of 24 active volunteers. 2. Unique stories highlighting the intervention of trained volunteers. 3. The identification of clinical areas needing transgender cultural competency training. 4. Improved health outcomes of transgender patients. Conclusion: Trans Buddy is a low-cost, highly effective and replicable model program that positively influences overall health of transgender patients, by engaging and training volunteers in a patient-centered approach.
By the end of this session, you will be able to:

- Understand unique health disparities of transgender patients
- Learn best practices of engaging volunteers to support transgender patients.
- Relate to success stories and discuss the benefits of a transgender patient navigator program

Utilizing Medical Student Reported Preparedness and Comfort with LGBT Healthcare Topics to Gain Institutional Support for LGBT Curriculum Reform

Erin Klein

The AAMC has recognized the importance of teaching medical students about LGBT health needs and disparities; however, medical school education nationwide on LGBT patient care is limited. To better understand institution-specific educational needs, medical students at Washington University assessed students’ preparedness and comfort to address LGBT health concerns with an anonymous survey of 176 students of all class years. Students strongly agreed that learning about LGBT health is important and should be part of formal medical curriculum. Despite more than 90% of students rating LGBT health topics as relevant, more than 70% of students rated the quality of LGBT content at Washington University as fair, poor or very poor. Utilizing data from student survey responses, medical students were able to demonstrate the necessity of inclusion of LGBT specific content in the medical school curriculum. Data analysis was presented to the Dean of Medical Education, Pre-Clinical Course Directors and Clinical Clerkship Directors, leading to a commitment to improve LGBT education at Washington University through development of a longitudinal plan.

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

- Describe techniques and metrics for assessing student preparedness to address population-specific health needs and evaluation of curricular content
- Identify strategies for gaining institutional support for inclusion of LGBT-specific content in medical education
- Describe a possible technique for implementing LGBT specific education the medical curriculum

Variation in Gender Data Collection by U.S. Public Health Departments

Andy Nguyen

Background: Current estimates of STI and HIV prevalence among gender minorities are limited to small studies with heterogeneous methods of data collection. Routine public health surveillance data could improve prevalence estimates; however non-standardized methods and a lack of data collection on gender minorities are an obstacle. This study sought to identify the proportion of local public health departments that collect and report data on gender minorities for STI and HIV surveillance. Methods: CDC incidence statistics were accessed for chlamydia, gonorrhea, primary and secondary syphilis, and HIV for 2015. For each infection, all counties within the top 50 in case volume were selected for analysis. STI and HIV case reporting forms were collected for each county. Forms were reviewed to generate a list of patient and partner gender reporting options, and then coded in Excel for Mac 2011 based on available options. Results: 71 counties met inclusion criteria. Forms offered 10 options for gender reporting. On patient demographic fields, 34 (49%) counties offered explicit gender minority reporting options (MTF, FTM, transgender, nonbinary, intersexed, other) for STI’s and 60 (85%) counties for HIV. On partner demographic fields, 7 (10%) counties offered gender minority reporting options for STI’s and 17 (24%) counties for HIV. Conclusion: Collection of gender minority data in routine STI and HIV surveillance is heterogeneous and sometimes absent. Standardization and routine collection of gender minority data will better inform prevalence, which is foundational for risk-stratification and practice guidelines.

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

- Describe heterogeneity in gender minority data collection in STI and HIV reporting to public health departments.
- Discuss the implications of STI and HIV reporting on epidemiology, prevention, and treatment of gender minority patients.
- Discuss the parallels in gender identity data collection with existing efforts in research and clinical settings and in the context of national recognition of sexual and gender minority health disparities.
Sarah Abboud, PhD, RN
Sarah Abboud is an Assistant Professor at the University of Illinois at Chicago, College of Nursing, Department of Women, Children, and Family Health Science. Dr. Abboud completed her BS and MS (adult care) in Nursing at the American University of Beirut School of Nursing, Lebanon, and her PhD and post-doctoral fellowship at the University of Pennsylvania School of Nursing. Dr. Abboud’s research interests focus on understanding and identifying individual, societal, cultural, and structural factors associated with risk and protective sexual health factors among Arabs and Arab Americans. One area of particular interest is understanding the impact of the intersectionality of racial/ethnic identities, gender and sexual identities, religion, family, socio-cultural factors, and stigma and discrimination on sexual behaviors and health of Arabs and Arab Americans. She has published several articles and has been teaching the Human Sexuality and Health course for undergraduate students for several years.

Lauren Abern, MD
Lauren Abern, MD is an obstetrician/gynecologist at Harvard Vanguard in Cambridge, MA. She received her medical degree at the University of Miami and completed residency training at Abington Memorial Hospital. She currently practices as a generalist that specializes in family planning and reproductive health for lesbian, bisexual, gay and transgender individuals.

Rhonda G. Acholonu, MD
Rhonda Graves Acholonu, MD is a clinical assistant professor in the Department of Pediatrics, the Associate Dean for Diversity & Academic Affairs, and the Director of Medical Education in Clinical Sciences at the NYU School of Medicine. A native of Philadelphia, she earned her medical degree from the MCP Hahnemann School of Medicine and completed her residency and chief residency at The Children’s Hospital of Philadelphia. Dr. Acholonu is committed to educating about diversity and fostering a climate of inclusion via curriculum & leadership development, recruitment and retention, faculty, resident and student engagement, and community building. She is an active member of the American Academy of Pediatrics and she sits on the executive committee as the New York State representative of the Early Career Physician section and is also the District’s representative to the Committee on Membership. She is married and has 3 children.

Jose Aguilar, MD
Dr. Jose L. Aguilar, M.D. is an assistant clinical professor of psychiatry and neuroscience at the UC Riverside School of Medicine as well as an attending psychiatrist for the Riverside University Health System. Aguilar is a 2007 graduate of UC Riverside, where he earned his B.S. in Biochemistry. He earned his M.D. from the David Geffen School of Medicine through the UCR/UCLA Thomas Haider Program and conducted his residency at the UCLA/ San Fernando Valley Psychiatry Residency Training Program in North Hills, serving as chief resident of medical student education. He is a member of the Association of Gay and Lesbian Psychiatrists, the Gay and Lesbian Medical Association and the Southern California Lambda Medical Association and is certified by the American Board of Psychiatry and Neurology. Aguilar’s research interests include academic medicine, analytical psychotherapy, HIV psychiatry, LGBT health issues, medical ethics, psychodynamic psychotherapy and psychosomatic medicine.

Alison Alpert, MD
Alison Alpert is a clinician investigator in the University of Rochester Psychiatry Department and Cancer Control Unit where she is researching the needs of LGBTQ+ cancer survivors and developing a primary care clinic for transgender patients. She completed Internal Medicine residency at Cambridge Health Alliance and medical school at the University of Vermont where she developed didactic and clinical competency curriculum regarding sexually history-taking and working with LGBTQ+ patients. She has received grants from Women in Medicine, Massachusetts Medical Society, and Howard Hughes Medical Institute. Her work has been presented at GLMA, the Society of General Internal Medicine, the LGBT Health Workforce Conference, the Northeast Group on Educational Affairs, and the Social Medicine Consortium. Her prior research has also focused on the needs and recommendations of marginalized patients. Her paper “Reducing LGBTQI Health Disparities: What (the Community Says) Doctors Should Know and Do” is forthcoming in the Journal of Homosexuality.

Brian Altman, JD
Brian Altman currently serves as both the Director of the Division of Policy Innovation (DPI) and the Acting Director of Legislation at the Substance Abuse and Mental Health Services Administration (SAMHSA), an
operating division of the U.S. Department of Health and Human Services. As the DPI Director, Altman helps drive policy innovation in the field of behavioral health and provides policy counsel on major initiatives such as the agency’s budget and strategic priorities. Altman also helps develop appropriate responses to policy inquiries from the Department of Health and Human Services, other federal agencies, the White House and external stakeholders. Altman also helps lead SAMHSA’s efforts related to regulatory affairs, and the intersection of behavioral health with LGBT and aging populations.

Guillaume R. Bagal III, MA, MHA
Guillaume Bagal is the Public Policy Associate at Whitman-Walker Health (WWH), a federally qualified health center serving Washington, DC’s diverse urban community with special focus on people living with HIV and the LGBT community. He has leadership roles on many HIV and LGBTQ organizations, including The Center for Global Health and Diplomacy on HIV and Maternal, Newborn and Child Health, as President of GLAA (a DC LGBTQ rights alliance founded in 1971), chair of the Research and Evaluation Subcommittee of HIPS’ Sex Workers Advocacy Coalition in DC, and a member of the HIV Working Group at the DC Center for the LGBT Community since 2013. Also, he serves on the Community Advisory Board for the NIH-funded BELIEVE project at George Washington University. Mr. Bagal received an MA in Sociology, and a Master of Healthcare Administration with a concentration in policy from George Mason University (magna cum laude).

Desi Bailey, MD
Desi practiced at Group Health as an anesthesiologist for 36 years, retiring in 2014. She was Hospital Chief of Staff the last 18 years. She received her MD from the University of Nebraska in 1975 and did her residency training at the University of Nebraska Medical Center in Omaha and Virginia Mason Medical Center in Seattle. At Group Health, Desi was an advocate for equal treatment of LGBT staff and patients, and was a founding board member of GH’s LGBT and Allies Staff Resource Group. Desi served on the Human Rights Campaign Board from 2005 to 2009, and in 2008, joined the Healthcare Equality Index Advisory Council. She joined GLMA’s Board in 2009 and was President 2011 to 2013. Desi was the 2013 GLMA Delegate to AMA’s House of Delegates, and currently is the Alternate Delegate. In 2016, she joined AMA’s LGBTQ Advisory Committee. Desi lives in greater Seattle, WA.

Kellan Baker
Kellan Baker is a Senior Fellow with the LGBT Research and Communications Project at American Progress. His work includes improving data collection about LGBT populations, working with the U.S. Department of Health and Human Services on a range of LGBT health policy priorities, and advancing LGBT issues internationally. Baker is a founding steering committee member of Out2Enroll, a nationwide initiative that conducts community education and trains enrollment assisters to help connect LGBT people and their families with their new coverage options under the Affordable Care Act. He also directs the LGBT State Exchanges Project, which partners with LGBT and consumer health advocates in numerous states to ensure that the benefits of the Affordable Care Act reach LGBT communities.

Suha Ballout, PhD, RN
Suha Ballout, PhD, RN is an assistant professor at the College of Nursing and Health Sciences at the University of Massachusetts Boston. Dr. Ballout’s program of research is to contribute to ensuring health equity and enhancing the quality of life in diverse persons with chronic illnesses and their families. Dr. Ballout is very interested and actively engaged in working on advancing and enhancing the health and access to healthcare of LGBT individuals with a focus on preventing and managing chronic conditions in diverse individuals. Currently, she is working on projects with the LGBT community in Boston, Massachusetts focusing on projects with transgender individuals.

Arlene Baratz, MD
Arlene Baratz, MD is a physician and mother of a family affected by intersex, also known as disorders or differences of sex development (DSD). She has served on the boards of the Androgen Insensitivity Syndrome-DSD Support Group and interACT Advocates for Intersex Youth. Arlene co-authored Clinical Guidelines for the Management of Disorders of Sex Development in Childhood and Handbook for Parents, as well as Guidelines for the Development of Comprehensive Care Centers for Congenital Adrenal Hyperplasia: Guidance from the CARES Foundation Initiative. She and daughter Katie, a psychiatrist, contributed patient perspectives as authors of the “Peer Support” section in the 2016 Global Disorders of Sex Development Update Since 2006: Perceptions, Approach, and Care. As Coordinator of Medical and
Research Affairs for AIS-DSD Support Group, and Chair of Medical and Research Policy Committee for interACT, Arlene works with clinicians and researchers to promote patient-centered outcomes of health and well-being.

Iman Berrahou
Iman Berrahou is a fourth year medical student at Harvard Medical School. She is from Austin, TX and graduated with high honors from the University of Texas at Austin with degrees in Plan II Honors (BA) and Microbiology (BS). As a 2016-2017 Albert Schweitzer Fellow, she led an initiative to increase cervical cancer screening rates in the LGBTQ population by creating a film campaign and accompanying medical education curriculum. Iman plans to pursue residency in OB/GYN after medical school.

John Bosco, RN
John Bosco is a Registered Nurse who has worked for over 10 years at the Callen-Lorde Community Health Center in New York, a center that predominantly cares for the LGBTQ communities. His many roles include being the Hepatitis C Program Nurse, as well as delivery of specialized LGBTQ health trainings.

Jennifer Bouey, MPH, PhD
Dr. Jennifer Huang Bouey is an Associate Professor and a behavioral epidemiologist with research interest in behavioral and social determinants of health among marginalized populations, including gender non-conformed persons. She is currently the head scientist leading a research working group on “Migration and Global Health” at the Georgetown University. She is also conducting a community-based research in Washington D.C. to study PrEP as an HIV prevention for African American women with high risks. She has 10+ experience conducting HIV prevention studies among street walkers in Shanghai, China and female sex workers along the Myanmar/China border. Her research and publications have been supported by funding from Susan Mayer Professorship endowment, Georgetown University Global Engagement Scholarship, NICHD/NIH, DC Center for AIDS Research, and Maternal and Child Health Bureau of HRSA. Dr. Bouey also has been providing technical consultancy to international health organizations and international center for disease controls.

Deborah Bowen, PhD
Dr. Bowen is a Professor in the Department of Bioethics and Humanities at the University of Washington. She was recently a Professor and Chair in the Department of Community Health Sciences of the School of Public Health at Boston University. She has been the principal investigator of several NIH-funded grants involving cancer risk feedback and communication, including the Breast Cancer Risk Counseling Studies, the RISK study, the Wires and Suntalk studies. Dr. Bowen has been an investigator in the coordinating centers of three large multi-center prevention trials: the Carotene and Retinol Efficacy Trial (CARET), the Women’s Health Trial: Feasibility Study in Minority Populations (WHT:FSMP) and the Women’s Health Initiative (WHI). She is currently conducting community based research to improve the health of Native people in the Pacific Northwest and Alaska, in collaboration with community partners. She was the Director of the Prevention Research Center at BU, focused on improving the health of public housing residents. In addition, Dr. Bowen has led or participated in numerous community intervention studies that have successfully recruited and maintained advisory committees, including members of the community representing the target audience. She was a co-investigator and member of the Steering committee for a large R25T training grant for pre and post-doctoral fellows at the University of Washington, focused on health communications and bio-behavioral cancer prevention.

Paul A. Brown, MA
Paul is a second year MPH student at NYU's CGPH in the Social and Behavioral Sciences track. He is the principal investigator on the Shabaab Study, a research intern at CHIBPS for over a year, and an intern at NYC DOHMH on the LGBTQ Health Project in the Bureau of HIV/AIDS. Paul has his MA in Middle Eastern studies where he studied LGBTQ communities in the Arab world. His research interests are minority LGBTQ health.

Jack Burkhalter, PhD
Dr. Burkhalter is Assistant Attending Psychologist in the Department of Psychiatry & Behavioral Sciences at Memorial Sloan Kettering Cancer Center (MSKCC), and is Assistant Professor of Psychology in Psychiatry, Weill Medical College of Cornell University. He serves as Assistant Director of the MSKCC Tobacco Cessation Program and provides evidence-based treatment of...
tobacco dependence. He is a clinical health psychologist who specializes in cancer prevention, with a focus on motivational and behavioral smoking cessation interventions in vulnerable populations burdened by tobacco-related disparities. He has provided leadership in organizing and producing the white paper from a 2014 national summit on cancer in the LGBT communities. His research focus includes NIH-funded projects on motivation to quit smoking for LGBT smokers; cancer concerns of PLWHA and assessing health-related quality of life for PLWHA diagnosed with and treated for pre-cancerous anal lesions; and; adjustment and quality of life in cancer survivors.

Julia M. Burton, CRNP
Julia M. Burton CRNP, is board certified by the American Nurses Credentialing Center as a Family Nurse Practitioner. Julia works at the University of Pennsylvania Student Health Service in the Primary Care Section. Her specialty interests include college healthcare; LGB, transgender and gender non-conforming healthcare; sexual health and education; and PrEP/PEP. Julia serves as co-chair of the Transgender Health Working Group at Penn's Student Health Service and is also involved in the Penn Medicine Program for LGBT Health and the Penn Family Medicine Interdisciplinary Trans Health Interest Group. She has been providing primary care to the LGB, transgender and gender non-conforming community on Penn's campus since 2010. Julia is a California native, but has adopted Philadelphia as her home. She spends free time exploring the city's culinary scene and urban parks with husband Tim and 7-month-old Miles.

Sean Cahill, PhD
Sean Cahill, PhD is Director of Health Policy Research at the Fenway Institute and Director of Curriculum and Policy at the National Center for Innovation in HIV Care. He is Visiting Scholar at Northeastern University's School of Public Policy and Urban Affairs, and teaches global HIV policy and LGBT rights policy at Brandeis University’s Heller School. Cahill serves on the Massachusetts Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging, and served on the Massachusetts LGBT Youth Commission from 2012-2015. He has published extensively on LGBT and HIV issues, including the importance of collecting sexual orientation and gender identity data in Electronic Health Records. He manages projects related to HIV prevention, addressing LGBT disparities among Medicare beneficiaries, and LGBT people in juvenile and adult criminal justice systems.

Rebecca Carabez, PhD, RN
Rebecca Carabez PhD, RN is an Associate Professor in the School of Nursing at San Francisco State University and teaches Community/Public Health Nursing and Global Perspectives and Leadership Foundations in Nursing. Dr. Carabez has over twenty years of experience working in public health departments (San Francisco and Fresno counties) and has managed large programs. In 2012 she created an innovative approach in educating nursing students about lesbian, gay, bisexual and transgender health issues. The assignment explored with multiple important student learning outcomes using a cultural humility lens. Diverse teaching modalities included readings, a two-hour presentation on LGBT health issues, and instruction for how to conduct a scripted interview with two nurse key informants based on the Health Care Equality Index (HEI). Nursing students interviewed 268 registered nurses in the San Francisco Bay Area to learn about specific health care needs of LGBT patients.

Sand Chang, PhD
Sand Chang, PhD (pronouns: they/them/theirs) is a Chinese American genderqueer-identified psychologist, educator, and trainer. They currently work for NCAL Kaiser Permanente in designing clinical and cultural competence education programs for transgender health. They also maintain a private practice in Oakland specializing in trauma and EMDR, addictions, relationships, and healing work with marginalized communities, particularly people affected by the intersections of racism, homophobia, and transphobia. Sand served on the Task Force that authored the 2015 American Psychological Association Guidelines for Psychological Practice with Transgender and Gender Nonconforming Clients and is the past Chair of the APA Committee on Sexual Orientation and Gender Diversity (CSOGD). Outside of their professional work, Sand is a dancer, musician, avid foodie, and pug enthusiast.

Maxime Charest, MA
Maxime Charest is a Clinical Research Assistant at the Ottawa Hospital Research Institute working in the field of gay men’s health and HIV. After finishing his BSc in Biology and Religious Studies and a BA in Psychology from the University of Ottawa, he then completed an MA in Religious Studies from Queen's University. His undergraduate work looked at LGBTQ+ sources of sexual health information and his graduate work explored the
intersection between HIV and spirituality for people living with HIV/AIDS. He has worked in the community as a facilitator for a queer and trans youth group, running sexual health and harm reduction drop-ins for at-risk and street-involved youth, and as a recruiter for Totally OutRight Ottawa, a program that helps young MSM become leaders in their communities. In the future, Maxime hopes to complete his Ph.D. in Clinical Psychology in the field of sexuality and HIV.

Julie Christensen
Julie Christensen is a MD Candidate at Sidney Kimmel Medical College of Thomas Jefferson University in Philadelphia. Julie has worked as a Research Assistant with the Children’s Hospital of Philadelphia’s Gender and Sexuality Development Clinic and PolicyLab since 2016. Her current research interests include health policy and transgender health. Before medical school, Julie worked as a Health Insurance Navigator and Data Manager for Chicago House and Social Service Agency’s TransLife Center, the Midwest’s first supportive housing program for the transgender community. Julie received her BA in Anthropology from Oberlin College where she studied global health and humanism.

Jules Chyten-Brennan, DO
Jules Chyten-Brennan, DO is currently a general internal medicine fellow at Montefiore Medical Center, doing research on community driven integration of trans healthcare throughout large mainstream medical institutions. He completed an internal medicine residency in Montefiore’s Primary Care and Social Medicine program in the Bronx, NY, and is working to integrate transgender health throughout the Montefiore system. He has a particular interest in providing healthcare for trans people at the intersections of other medically underserved populations, including focuses on substance treatment, healthcare for incarcerated and recently incarcerated people, and HIV care.

Tiffany E. Cook
Tiffany is the Training and Professional Development Program Coordinator at NYU School of Medicine’s Office of Diversity Affairs, where she uses a transformative paradigm to develop medical curricula promoting social justice and health equity in the clinical setting. Prior to joining NYU, she served as the Executive Director of Praxis Clinical, where she developed and provided clinical skills workshops on gynecological and andrological exams, ultrasound exams, sexual assault forensic exams, and LGBTQI/DSD+ health for a variety of nursing and medical programs across the northeast region. Tiffany received her undergraduate degree in General Studies with a minor in Women’s and Gender Studies from the University of Idaho and is currently applying to nursing school with plans to become a Family Nurse Practitioner. She serves on the GLMA Membership and Development Committee and the Nursing Section’s Web Team.

Stephanie Cousins, MD
Stephanie Cousins, MD is an OB/GYN resident at Kaiser Oakland Medical Center. She completed her BA in the History of Science and Medicine at Yale University in 2012. She then received her MD from Saint Louis University School of Medicine in 2016.

Jill Crank, MSN/MPH, CRNP
Jill Crank, MSN/MPH, CRNP has been providing comprehensive primary care focusing on LGBTQ health and HIV treatment and prevention in Baltimore for almost 10 years. She earned her joint Master of Science in Nursing/Master of Public Health degree at the Johns Hopkins University School of Nursing and Bloomberg School of Public Health. She is board certified as a family nurse practitioner from the American Nurses Credentialing Center and certified as an HIV Specialist from the American Academy of HIV Medicine. Jill has been an invited panelist and speaker at numerous institutional, specialty, and community meetings on a wide range of topics, including diversity training, transgender health care, and HIV pre-exposure prophylaxis. Her passion is to provide dignified, high-quality care to marginalized populations and educate other clinicians on how to join her.

Erin G. Cross, PhD
Erin Cross, PhD, has worked at the University of Pennsylvania’s LGBT Center for almost 20 years, being honored as a Model of Excellence – Penn’s top staff honor – 3 times. She teaches courses focused on gender, sexuality, intersectionality, and out of school learning at Penn’s Graduate School of Education. Erin is part of an interdisciplinary grant team examining how to better prepare nurses, educators, and social workers to work with LGBTQ youth, particularly those of color, co-PI on
a Provost’s Excellence Through Diversity Fund project exploring the Inclusion of LGBTQ Students and Topics in Professional Education, and a member of the Fels Working Group on Policies Affecting LGBTQ Youth and Families. In addition, she is a Senior Fellow at Penn Nursing’s Center for Global Women’s Health, Faculty Fellow at Penn’s Stouffer College House, and the co-chair of Penn’s University-wide working group on interpersonal violence in the LGBTQ+ community.

**Katharine B. Dalke, MD, MBE**

Katharine Baratz Dalke, MD, MBE, is an Assistant Professor of Psychiatry at the Penn State Milton S Hershey College of Medicine. Katie earned her MD and Master’s in Bioethics from the University of Pennsylvania, where she also completed Psychiatry training. Her academic and clinical work is centered on the support and psychiatric care of adult and transitional-age patients who are LGBT-identified and/or affected by intersex conditions. An intersex woman, she also serves on the Medical Advisory groups to the Androgen Insensitivity Syndrome-Differences in Sex Development Support Group and interACT Advocates. Katie has been recognized with awards for her commitment to teaching, clinical work, and patient advocacy.

**David W. Dean, PhD**

Dr. David Dean Jr. (“Chipper”) is a developmental-health psychologist and Chief of the Analysis and Services Research Branch (ASRB) in the Center for Behavioral Health Statistics and Quality (CBHSQ) at the Substance Abuse and Mental Health Services Administration (SAMHSA). He also serves as Director of the National Registry of Evidence-based Programs and Practices (NREPP) and task lead on the NREPP Registry. Dr. Dean has research interests in the psychosocial determinants of health risk and protective behavior and currently coordinates the CBHSQ research portfolio on vulnerable populations, Co-Chairs the interagency Indian Alcohol and Substance Abuse Data Workgroup and the HHS Sexual and Gender Minority Research Workgroup, and serves as Co-Lead on the Healthy People 2020 Workgroups for Adolescent Health and LGBT Health. He received his PhD from Columbia University and postdoctoral training at the University of Washington.

**Oscar E. Dimant**

Oscar is a third year medical student at NYU School of Medicine. He graduated from Brooklyn College and went on to teach for Kaplan Test Prep and work for the public mental health initiative, Parachute NYC, where he trained staff in two models of care and in LGBTQ sensitivity, with a focus on understanding and supporting transgender people. He also achieved policy changes to support transgender people seeking care and drove extensive efforts to build relationships between the LGBTQ community and Parachute NYC. Oscar co-founded a young adult Community Advisory Board (CAB) and currently serves as a member of the Transgender Health Committee and as the Vice Chair of the agency-wide CAB at Callen-Lorde Community Health Center.

**Christina N. Dragon, MSPH**

Christina is the Sexual and Gender Minority (SGM) Lead in the Data and Policy Analytics Group in the Office of Minority Health (OMH) at Centers for Medicare and Medicaid Services (CMS). At CMS OMH Christina works on transgender Medicare beneficiary research, increasing sexual orientation and gender identity data collection, and participates on SGM data related workgroups. Previously, she worked for the National Center for Health Statistics, CDC, as the data analyst for the Healthy People 2020 initiative including the LGBT Health and Social Determinants of Health topic areas. She holds a Masters’ Degree in Public Health from the Johns Hopkins Bloomberg School of Public Health, and a double major from Smith College in Neuroscience and Woman and Gender Studies. In her free time she bakes bread, drinks third wave coffee, and entertains her hound dog.

**Samuel Dubin**

Sam is an M.D. Candidate, Class of 2020, at NYU School of Medicine where he is a leader of the LGBT+ People in Medicine student group. Before starting medical school, he was an HIV/STI test counselor and worked with the local health departments LGBTQ Health Initiative. Sam has also worked on PrEP outreach and insurance access projects with Equitas Health in central Ohio. He is currently working on SO/GI data collection and implementation research as well as a qualitative assessment of transgender health access needs in New York City. Sam received a B.S. in Neuroscience with a minor in Sexuality Studies from Ohio State University.
Jesse M. Ehrenfeld, MD, MPH
Dr. Jesse Ehrenfeld is a Professor at Vanderbilt University Medical School in the Departments of Anesthesiology, Surgery, Biomedical Informatics, and Health Policy. He serves as Director of the Vanderbilt Program for LGBTI Health. His research has been funded by the National Institutes of Health, the Department of Defense, the Anesthesia Patient Safety Foundation, the Foundation for Anesthesia Education and Research, and the AMA. He is a current member of the AMA Board of Trustees. For the past decade, Dr. Ehrenfeld has been a staunch LGBT health advocate. He founded and served as chair of the Massachusetts Committee on LGBT Health, before moving to Nashville. For his work in capturing and supporting the lives of LGBT people, in 2015, he was recognized with a White House News Photographers Association award, was a 2016 GLAAD Media Award nominee, and a 2016 Emmy Nominee.

Elizabeth D. Eldridge, PhD
Elizabeth “Devon” Eldridge, PhD, is a Postdoctoral Health Psychology Fellow at The Medical College of Georgia, Augusta University. Dr. Eldridge specializes in providing psychological services to individuals with chronic health concerns. She has a background in working with patients with various medical conditions, including HIV, MS, cancer, and cardiovascular disease. She also provides psychological screenings and consults in a free LGBT clinic, primarily serving transgender patients seeking gender affirming treatment. She interacts daily with a wide variety of health professionals, including medical students, nurses, physicians, and peer specialists. Additionally, she is part of an active research team that focuses on health needs and experiences of LGBT community members.

Michele Eliason, PhD
Mickey Eliason is a Professor of Health Education and Assistant Dean for Faculty Development at San Francisco State University, after working for 20 years in the University of Iowa College of Nursing and Sexuality Studies Programs. She has conducted research on LGBTQ health topics for nearly 30 years, including such topics as nurses’ attitudes about LGBTQ people, identity formation, substance abuse and mental health, and physical health. She was recently PI on a project funded by the DHHS Office on Women’s Health to develop and test health interventions for older sexual minority women at risk for weight-related health problems.

Steven A. Elsesser
Steven Elsesser is a medical student at Sidney Kimmel Medical College of Thomas Jefferson University. He completed his BA in Clinical Psychology at Tufts University in 2009. From 2009 through 2015, he implemented cognitive behavioral interventions aimed at improving health outcomes in sexual minority populations as a clinical research coordinator at The Fenway Institute, the research and policy arm of Fenway Health, a community health center specializing in LGBT healthcare.

Laura Erickson-Schroth, MD, MA
Laura Erickson-Schroth, MD, MA is a psychiatrist working with LGBTQ people in New York City. She is the editor of Trans Bodies, Trans Selves, a resource guide written by and for transgender people, and co-author of “You’re in the Wrong Bathroom!” and 20 Other Myths and Misconceptions About Transgender and Gender Nonconforming People. She is also a board member of the New York County Psychiatric Society and the Association of Gay and Lesbian Psychiatrists, and a former board member of GLMA: Health Professionals Advancing LGBT Equality. She has appeared on NPR’s Fresh Air and On Point, and was named to OUT Magazine’s OUT 100 in 2014. Laura graduated from Dartmouth Medical School, New York University Psychiatry Residency, Columbia University Public Psychiatry Fellowship, and Mount Sinai Psychosomatic Medicine Fellowship.

Jerome Ernst, MD
Dr. Jerome Ernst is the Chief Medical Officer of Amida Care, a community-sponsored, not-for-profit Medicaid Managed Care Special Needs Health Plan. He is also the Medical Director of ACRIA (the AIDS Community Research Initiative of America), and oversees their portfolio of clinical trials. He has served previously as the Associate Director of Medicine, Chief of the Division of Pulmonary Diseases, and Chief of the Division of Infectious Diseases at Bronx-Lebanon Hospital Center. Dr. Ernst was previously an Associate Professor of Medicine at Albert Einstein College of Medicine at Albert Einstein College of Medicine, and is a Fellow of the New York Academy of Medicine and the American College of Chest Physicians. His recent publications include “The Impact of Comprehensive Case Management on HIV Client Outcomes” PLOS ONE: (February 2016) and “Hepatitis C Direct Acting Antiviral Therapies in a New York City HIV/AIDS Special Needs Plan: Uptake and Barriers” AIDS Patient Care and STDs (November 2015).
Amanda Fallin-Bennett, PhD, RN
Amanda Fallin-Bennett is an Assistant Research Professor at the University of Kentucky College of Nursing, Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) Scholar, and Tobacco Treatment Specialist. She completed her BSN, MSN in public health nursing and PhD at the University of Kentucky College of Nursing and a three-year postdoctoral fellowship with Dr. Stanton Glantz at the University of California San Francisco’s Center for Tobacco Control Research and Education. Her research interests are: tobacco control and vulnerable populations, and lesbian, gay, bisexual and transgender (LGBT) health. She has led multiple projects exploring tobacco use and attitudes toward tobacco treatment and smoke-free policy among LGBTQ individuals. Fallin-Bennett leads the research and needs assessment for Transform Health.

Keisa Fallin-Bennett, MD, MPH
Keisa Fallin-Bennett is an associate professor in the Department of Family and Community Medicine at the University of Kentucky, where she participates in clinical care, teaching, and research. She earned an MD and Master’s in Public Health at the University of Kentucky, and completed post-graduate training in Lawrence Massachusetts and a faculty development and policy fellowship at Georgetown University. Dr. Bennett’s special interests are LGBTQ* health, inter-professional teamwork, and recovery from substance use. She is a Master Educator for the College of Medicine and has served as a Co-Investigator or Primary Investigator of several grant-funded research studies. She leads the overall Transform Health effort as well as the Education working group.

Olivier Ferlatte, PhD
Dr. Olivier Ferlatte is a post-doctoral research fellow with the Men’s Health Research program at the School of Nursing at the University of British Columbia. He has over 15 years of experience working in gay men’s health promotion and research. His research focuses on the relationships between marginalization, violence, social inequity, and health outcomes among gay and bisexual men.

Celia B. Fisher, PhD
Celia B. Fisher is the Fordham University Marie Ward Doty University Chair in Ethics, Professor of Psychology and Director of the Center for Ethics Education and Director of the NIDA funded HIV/Drug Abuse Prevention Research Ethics Training Institute. She has served on numerous federal research oversight committees and was awarded the Lifetime Achievement Award for Excellence in Human Research Protection in 2010 and named a 2012 Fellow of the American Association for the Advancement of Science. Her funded research programs focuses on ethical issues in health research and practice involving racial/ethnic and gender and sexual minority youth and adults.

Lourdes Dolores Follins, PhD, LCSW
Lourdes Dolores Follins, PhD, LCSW’s an Associate Professor at the City University of New York--Kingsborough Community College and the principal of Meliora Consulting, LLC. As a psychotherapist, organizational consultant, and behavioral scientist, Lourdes Dolores has worked with and for LGBTQ adolescents and adults of color for over 20 years. Her writing has been published in several books and journals including Journal of HIV/AIDS and Social Services, Journal of Gay and Lesbian Mental Health, and Psychology and Sexuality. Her research and clinical interests are resilience and resistance in same-gender-loving and LGBTQ people in the African diaspora and decision making in young gay men of color. Lourdes Dolores’ first co-edited book, Black LGBT Health in the United States: The Intersection of Race, Gender, and Sexual Orientation (Lexington) was published in 2016 and she is currently editing a second book, Black LGBT Health Across the Globe: A Regional Perspective (Lexington).

M. Blair Franklin
M. Blair Franklin is the HIV Prevention Program Manager at the STAR TRACK Adolescent Health Program at the University of Maryland where he oversees outreach, testing, community mobilization, provider training, and advocacy and coalition building for youth and young adults up to 26 years old. He sits on the Board of Directors of Free State Justice, a legal advocacy organization that seeks to improve the lives of low-income LGBTQ Marylanders, and is an Advisory Board member of the ViiV Healthcare ACCELERATE Initiative and Baltimore Racial Justice Action. In 2014 he received a BMe Community Award and was recognized as one of the 100 Black LGBTQ/SGL Emerging Leaders to Watch by the National Black Justice Coalition, and in 2016 he was nominated and selected as a Gardarev Center Fellow for his work at the intersections of social justice activism and the creative arts.
Facility Bios

Rob Fredericksen, PhD, MPH
Rob Fredericksen, PhD, MPH, is a Senior Research Scientist at the University of Washington for the Centers for AIDS Research. He is a cultural anthropologist who oversees collection of patient-reported outcomes (PROs) for the CFAR Network of Integrated Clinical Systems. He is a PI for a PCORI funded project to identify and develop PROs for use in HIV care.

Ethan Fusaris, MPH, CHES
Ethan Fusaris, MPH, CHES has been engaged in LGBT activism for 16 years and has over a decade of experience in the healthcare field. He has provided dozens of lectures on LGBT health and identity to medical providers, public health practitioners, and students, and has worked with many agencies to improve policies and procedures that affect individuals that identify as LGBT. He is currently Director of Grants Management at Amida Care, a not-for-profit Medicaid health plan that specializes in providing comprehensive health coverage and coordinated care to New Yorkers with chronic conditions. Ethan oversees the Plan’s grant-funded programs and research initiatives. Prior to joining Amida Care, Ethan worked at Brightpoint Health, where he oversaw the agency’s grant-funded programs, at Callen-Lorde Community Health Center, where he developed and coordinated the agency’s syphilis prevention program, and held various positions at Planned Parenthood of Southern New England.

Samantha Garbers, PhD
Samantha Garbers, PhD, is Assistant Professor of Population & Family Health at the Mailman School of Public Health of Columbia University. Her primary focus is the translation of health interventions for women, young men, and sexual and gender minority populations from research into practice. She serves as a scientific advisor to the Office on Women’s Health-funded Adverse Childhood Experiences and Healthy Weight Intervention Development Center. Previously, she served as Project Director for the national coordinating center of the Healthy Weight Intervention Development Center. She is interested in maternal and child health, sexual health, and addiction medicine. Christine has a strong will bent towards social justice.

Marcos Garcia
Marcos Garcia is the Senior Manager of the Health and Aging program at the Human Rights Campaign Foundation. In this role, he manages the Healthcare Equality Index, the national survey tool for healthcare facilities that promotes equitable and inclusive care for LGBTQ patients and their families through the implementation of inclusive policies and practices. Daily, Marcos works hand-in-hand with healthcare executives to tackle healthcare gaps and ensure initiatives are implemented appropriately. Marcos joined HRC four years ago after having spent time working in metastatic melanoma research at the National Cancer Institute, where he earned a Distinguished Achievement Award in 2012. He holds a Bachelor’s in Neuroscience and Behavior from Columbia University.

Sophia Geffen
Sophia Geffen is HIV Prevention Research Project Manager at The Fenway Institute. She directs a CDC Department of Adolescent and School Health-funded research project aimed at developing HIV prevention tools and strategies for adolescent MSM and transgender youth. As a member of the Health Policy Department, Sophia also contributes to a variety of policy projects, authoring issue briefs, opinion editorials, and presentations on issues related to the health of LGBT people and people living with HIV. Sophia holds a degree in Public Policy Analysis and Global Health from Pomona College.

Christine George, MD
Christine George is a second year resident at the University of Kentucky Family and Community Medicine program, where she is a member of the Global Health Track and TransTrack for transgender patients. She went to medical school at St. George’s University in Grenada, West Indies. She is originally from Boston, MA and has a B.A. in Religion and a B.S. in Biology from Boston University. She is interested in maternal and child health, sexual health, and addiction medicine. Christine has a strong will bent towards social justice.

Justin Glasgow, MD, PhD
Justin Glasgow, MD, PhD, is a hospitalist board certified in Internal Medicine and Senior Clinical Investigator within the Value Institute at Christiana Care Health System in Newark, DE. He completed a dual MD PhD at the University of Iowa with a research focus on systems engineering.
approaches to improve healthcare. Current activities at Christiana Care cover a wide breadth of topics and include developing an early warning system for inpatient clinical deterioration to broadening healthcare opportunities for LGBT populations. He has previously presented workshops on change management techniques at the Society of Hospital Medicine in 2013 and 2016 and previously presented at GLMA in 2013.

Elizabeth S. Goldsmith, MD, MS
Elizabeth S. Goldsmith, MD, MS, is a general internist and Advanced Health Services Research Fellow at the Minneapolis VA Center for Chronic Disease Outcomes Research, and is pursuing an epidemiology PhD at the University of Minnesota School of Public Health. She is interested in primary care and health disparities research, particularly concerning the effects of people's life experiences and identities on chronic disease prevention, diagnosis and management.

Deborah Goldstein, MD
Deborah Goldstein, MD, is the Director of Clinical Research at Whitman-Walker Health in Washington, DC. She completed her BA in Anthropology at Amherst College and her MD at the University of Chicago Pritzker School of Medicine. She completed her residency in Internal Medicine and her fellowship in Infectious Diseases at Georgetown University Hospital. She subsequently joined the staff at Whitman-Walker Health (WWH), where she treats transgender patients as well as those with HIV and hepatitis.

Zil Goldstein, FNP-BC
Zil Goldstein, FNP-BC, is currently the Clinical Program Director for the Center for Transgender Medicine at Mount Sinai where she oversees pre-operative care for transgender patients as well as hormone therapy, primary care, and access to mental and spiritual health services while carrying a panel of TGNC patients.

Chris Grasso, MPH
Chris Grasso, MPH, serves as Fenway’s Associate Director of Health Informatics and Data Services and has nearly 20 years of experience working in the health, research and technology fields. She was instrumental in getting sexual orientation and gender identity questions programmed into Fenway’s EHR and directed the implementation of the SOGI collection at Fenway. She has over a decade of experience completing the UDS and helped Fenway achieve Patient Centered Medical Home Level 3 status. Under Chris’s leadership, Fenway has been an early adopter of technology, implementing a patient portal in 2007 and a web-based electronic patient reported outcomes software in 2009. She supervises a team of 15 who manages the EHR, EHR ancillary software products, database development, and all the data mining, management and reporting for the organization. She is proficient in a number of software packages and programming languages. She also oversees Fenway’s participation in 3 national data registry projects whose funding sources include NIH and PCORI. She has presented at national conferences and is also co-authored numerous publications.

Richard E. Greene, MD
Dr. Greene is an attending physician at NYC Health + Hospitals/Bellevue, where he was named 2016 Physician of the Year. He is also associate director of the primary care residency program at NYU School of Medicine. Dr. Greene presents across the country on primary care topics, including LGBTQ+ healthcare disparities. He has been named Outpatient Teacher of the Year for his role in the primary care and categorical residency programs, and he received the Leonard J. Tow Humanism in Medicine Award from the medical school class of 2016. Dr. Greene is also the medical director of the Center for Health, Identity, Behavior and Prevention Studies.

Jessica Grenfell
Jessica Grenfell is a third-year dental student at the Stony Brook School of Dental Medicine. She holds a BA in Classical Studies from Hunter College, and completed her post-baccalaureate pre-health certificate at Hunter College. She is an active advocate for LGBT issues in dentistry and dental education.

Frances Grimstad, MD
Frances Grimstad is an Obstetrics and Gynecology resident at the University of Kansas. She grew up in San Francisco, received her undergraduate degree at Sarah Lawrence College in New York, and her medical degree from the University of Southern California. She has been accepted to Children’s Mercy Hospital in Kansas City for a Pediatric and Adolescent Gynecology fellowship starting July 2017. Dr. Grimstad has had a diverse set of interests since childhood including civil liberties advocacy and transgender health, both of which have steered her towards her current
profession. She is a strong supporter of community efforts to create safe and empowering spaces for persons of all sexuality and gender identities. She strives to become a pediatric and adolescent gynecologist with special interests in transgender care across the life span, as well as disorders of sexual development.

Paul Guerino, MS
Paul Guerino is the Poverty Data Lead in the CMS Office of Minority Health's Data and Policy Analytics Group. He recently completed a six-month detail at the Office of Management and Budget, where he collaborated closely with the statistician in charge of coordinating Federal measurement of sexual orientation and gender identity. Paul sits on the Federal Interagency Working Group (IWG) on Measuring Sexual Orientation and Gender Identity and recently co-chaired and co-authored the IWG’s most recent report, “Evaluations of Sexual Orientation and Gender Identity Survey Measures: What Have We Learned?” Previously, Paul was the lead survey methodologist for the Current Medicare Beneficiary Survey (MCBS).

Kathryn E. Gunter, MPH, MSW
Kathryn E. Gunter, MPH, MSW is a Research Project Manager at the University of Chicago. She obtained a dual Master's Degree in Public Health and Social Work from the University of Michigan. Her current research focuses on delivery system and payment reform to reduce health disparities; shared decision-making for chronic conditions, advance care planning, and intimate partner violence among LGBTQ racial/ethnic minority patients; quality improvement to support care delivery for chronic conditions; and promising practices for an intersectoral health system to bridge healthcare organizations with non-healthcare sectors to support chronic disease management. She manages three studies with an AHRQ-funded research project (U18HS023050) to improve shared decision-making between clinicians and LGBTQ racial/ethnic minority patients. Previously, she co-managed a five-year evaluation of a patient-centered medical home implementation initiative in safety net clinics. She has experience implementing community-based interventions for chronic disease management in culturally tailored and patient empowerment interventions.

Samuel C. Haffer, PhD
Samuel “Chris” Haffer is currently a senior manager in the Office of Minority Health at the U.S. Centers for Medicare and Medicaid Services serving as Director, Data and Policy Analytics Group. He directs and manages major cross-cutting operational activities that relate to identifying and eliminating health disparities in underserved populations. Haffer develops new programs and initiatives, evaluates existing programs, and serves as an expert and the principal source of advice and guidance to the OMH Director on health disparities, data analysis, research and evaluation. His research has focused on racial/ethnic, gender, and socio-economic disparities in health outcomes in the elderly. Haffer is currently exploring the impact of sexual minority status on health in the Medicare population. Chris is a Baltimore native and attended Archbishop Curley High School, Loyola College (BA, Sociology), and UMBC (MPS, Ph.D., Public Policy) where he also served as adjunct associate professor of public policy.

Jamal Hailey, MA
Jamal has spent over a decade working to improve the lives of adolescents and young adults in Baltimore City. He currently works with the STAR TRACK Program at the University of Maryland, School of Medicine as the Director of Programs. In this role, Jamal oversees administrative, research and programmatic activities, manages community partnerships, and participates in regional and national capacity building initiatives. In addition, he is responsible for all early identification and linkage-to-care services, outreach programming, patient retention services, and health education initiatives involving high-risk and HIV-infected youths. His research interests include sexual identity formation for non-heterosexually identified men, body dysmorphic disorder in urban youth, gender identity formation, and ethnocentricity and its impact on health outcomes. He is currently enrolled in the Counseling Psychology doctorate program at Howard University.

Tari Hanneman, MPA
Tari Hanneman is the Director of the Health Equality Project at the Human Rights Campaign Foundation, where she oversees the annual LGBTQ Healthcare Equality Index and other projects related to LGBTQ health and aging. Tari 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 worked for elected officials and non-profits focused on the environment, reproductive rights and HIV. She has a Master's in Public Administration with an emphasis on Nonprofit Management from the University of Southern California.

Omar Harfouch, MD, MPH
Omar Harfouch is a medical graduate from Saint Joseph University in Beirut. He also holds a Master's in Public Health from the Johns Hopkins Bloomberg School of Public Health where he focused in Epidemiology and LGBT health. Dr. Harfouch currently serves as a post-doctoral research fellow for the EQUALITY study at the Johns Hopkins Hospital. He is also the president of the Lebanese Medical Association for Sexual Health. He is also a co-instructor at the Johns Hopkins School of Public Health on “Global perspectives in LGBT health.”

Linda A. Hawkins, PhD, LPC
Linda A. Hawkins, PhD, is Co-Director of the Gender & Sexuality Development Clinic at The Children's Hospital of Philadelphia, which now supports nearly 500 families. Dr. Hawkins provides assessment, resources and recommendations to families supporting their transgender or gender non-binary child or youth. She has over 20 years of experience working with LGBTQ children, youth and families. Dr. Hawkins is also the Family Services Specialist in support of LGBTQ competencies for children, families and staff throughout The Children's Hospital of Philadelphia Network of care. This includes assuring that all care CHOP offers is fully LGBTQ competent and compassionate.

Mitchel Hawkins, MD
Mitchel Hawkins, MD earned undergraduate degrees in Women Studies and Psychology at Seattle University before attending medical school at the University of California, San Francisco and is currently a third-year obstetrics and gynecology resident at Oregon Health & Science University. Before medical school she worked in medical education research and curriculum development at Physicians for Reproductive Health and the national Ryan Residency Training Program in Family Planning. Co-author of the Early Abortion Training Workbook and contributor to American Academy of Pediatrics curriculum on adolescent sexual health. As a medical student Mitchel was a volunteer and trainee at Lyon-Martin Health Services, a community feminist LGBTQ health center in San Francisco. Mitchel's clinical and research interests include comprehensive care for LGBTQ, and specifically trans people, patient centered intrapartum care, medical education, and family planning and abortion.

Tfawa Haynes, MSW, LICSW
Tfawa Haynes, MSW, LICSW is a Jamaican, Black gay, cisgender male Clinical Social Worker and research study therapist, and clinical supervisor at Fenway Health, The Fenway Institute, and AIDS Action Committee of Massachusetts. He also serves as an Adjunct Professor at Simmons College School of Social Work. He received his MSW from Boston University focusing on Group Work and Trauma. His areas of interest include intersections of race and gender identity among LGBTQs; transgender care; immigration and acculturation; homelessness; and chronic illnesses. Black men who have sex with men (MSM) are a significantly underserved subgroup and to help meet their needs in Boston Massachusetts, Mr. Haynes created and facilitates the Shades of Black Group at Fenway Health.

Helene Hedian, MD
Helene Hedian, MD earned undergraduate degrees in biochemistry and Spanish from the University of Dayton. After graduation, she engaged in public health and education efforts in El Salvador, Central America with the international nonprofit Global Missions Development. She attended medical school at the University of Maryland, where she subsequently completed an internal medicine residency and served as Chief Resident. She is currently an attending physician and assistant professor at Johns Hopkins University. As a clinician-educator, Dr. Hedian provides primary care for a diverse panel of adults with complex medical conditions. Her area of clinical expertise is the health needs of LGBTQ patients, including health disparities within this community. Her research focuses on provider attitudes and knowledge regarding LGBTQ health, with the goal of expanding competent and compassionate healthcare practices. She will be providing primary care to patients through the Johns Hopkins Transgender Center when it opens in summer 2017.
Macey Henderson, JD, PhD
Macey Henderson, JD, PhD is an Instructor of Surgery at Johns Hopkins School of Medicine in the Department of Surgery, Division of Transplantation. Her background in law, ethics, health policy and management support her research into the health outcomes of live kidney donors and transplant patients. She draws on the areas of health information technology, clinical informatics, media, communications, and implementation science to drive innovation and new technology to improve the lives of transplant patients and live donors. Dr. Henderson is an expert in social media and professionalism for healthcare professionals, and actively develops national policy and guidance in organ donation and transplantation.

Bryan K. Hendrickson, MD, MS
Bryan Hendrickson, MD, MS, MHSM is a Family Medicine resident at University of Utah Health. He completed a BS in Biophysics from Brigham Young University and Masters’ degrees in Biomedical Informatics and Health Sector Management at Arizona State University. He obtained his MD at The University of Arizona College of Medicine – Phoenix in 2014.

Patrick D. Herron, DBioethics
Dr. Patrick Herron is an Assistant Professor of Clinical Family and Social Medicine and an Associate in the Einstein-Montefiore Center for Bioethics. A member of the Einstein faculty since 2010, he serves as co-Director of the Introduction to Clinical Medicine (ICM) program and Director of Operations for Einstein’s Ruth L. Gottesman Clinical Skills Center. He also serves as a member of the Board of Directors of the Academy for Professionalism in Health Care and has presented numerous lectures and workshops on topics related to ethics, professionalism and social media. Dr. Herron completed his Doctor of Bioethics at Loyola University, Chicago, and his Master of Bioethics at the University of Pennsylvania School of Medicine. He holds a Bachelor of Science in special education from West Chester University of Pennsylvania.

Natalie Hinchcliffe, DO
The official motto of Key West, Florida is “All human beings are created equal members of one human family.” Growing up in Key West during the AIDS crisis shaped Dr. Hinchcliffe’s desire to become a physician. Dr. Hinchcliffe was a Women's Studies major while pursuing her pre-medical studies at the University of Florida, and has always viewed medicine through its social and cultural context. In her training as an osteopathic physician in rural Iowa at Des Moines University, and a family medicine physician at Mount Sinai Beth Israel in Manhattan, Dr. Hinchcliffe has seen how social determinants of health affect patient care. Dr. Hinchcliffe has been most impacted by her understanding of how stigma negatively affects healthcare and has dedicated her career to those areas most dehumanized. She currently provides LGBTQ care, HIV primary care, and reproductive health and family planning to her patients in Cleveland, OH.

Rabbi Jo Hirschmann, BCC, ACPE
Rabbi Jo Hirschmann is the Director of the Department of Spiritual Care and Education, Mount Sinai Beth Israel, New York, where she directs all activities of spiritual care department, in partnership with spiritual care directors throughout the Mount Sinai Health System, to ensure that spiritual needs of patients, families, and staff are met. She also serves on the Steering Committee for Mount Sinai’s Center for Transgender Medicine and Surgery. As the Clinical Pastoral Education Coordinator, Hebrew Union College-Jewish Institute of Religion, New York, in partnership with the Center for Spirituality and Health of the Mount Sinai Health System, she is responsible for supervising CPE students in seminary-based program and educational placement site of the Mount Sinai Health System. Rabbi Hirschmann is a graduate of Hebrew Union College and Cambridge University, England.

Matthew E. Hirschtritt, MD, MPH
Matthew E. Hirschtritt, MD, MPH, is a third-year trainee in the University of California, San Francisco (UCSF) Department of Psychiatry Adult Residency Program. He received his undergraduate degree in psychology from Cornell University, followed by a two-year fellowship at the National Institute of Mental Health. During his medical training at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, he completed a master of public health degree, with a focus on population health research, and served as a Doris Duke Clinical Scholar at UCSF. His work has appeared in JAMA, JAMA Psychiatry, Neurology, and the American Journal of Psychiatry, among other journals.
Christopher Hnain, MA
Christopher Hnain is a Program Coordinator and Mental Health Counsellor at the Ottawa Hospital Research Institute working in the field of gay men's health and HIV. He completed a BA in Psychology at Carleton University, and finished an MA in Counselling Psychology at the University of Ottawa. Chris has worked in various areas of counseling, and is presently working as a mental health counselor with gay and other MSM who need support managing HIV, or who have been newly diagnosed. Within the community, he works with Jewish Family Services of Ottawa as a counselor with Syrian refugees, and runs social skills art groups for children struggling at school. Chris hopes to continue to work with the GLBTQ+ community, and wishes to branch into private practice.

Matthew Holley, PhD
Matthew Holley, PhD, is an Assistant Professor of Family Medicine at the Indiana University School of Medicine. He also serves as the Associate Director of Medical Student Education for the Department of Family Medicine and as the Statewide Course Director for the Foundations of Clinical Practice Year One course. His academic research is in the areas of medical student education, faculty development, service learning and community engagement, and healthcare disparities. Originally from Illinois, Matthew graduated from Millikin University with a Bachelor’s degree in Speech and Debate and earned Master's degrees in Higher Education and Philanthropic Studies, along with his PhD from Indiana University.

Travis J. Hunt
Travis Hunt is a medical student at the Sidney Kimmel Medical College of Thomas Jefferson University. He graduated from the University of Pennsylvania in 2014 with a B.A. in Physics and has since worked for the HIV/AIDS Prevention Research Division of the University of Pennsylvania and for Philadelphia FIGHT.

Jeff Huyett, MS, APRN, BC
Jeff Huyett has practiced in LGBTQ health for most of his thirty years in nursing. He has been providing sexual health and anal health care throughout that time. He has been a regular presenter of Ass Class over the years. He currently lives in a Radical Faerie commune in Vermont and practices at the Brattleboro Retreat in the admissions clinic.

Michael T. Ingram, MD, MS
Dr. Michael Ingram grew up in the suburbs of Sacramento, California and received his undergraduate degree in biochemistry at Occidental College in Los Angeles. After receiving his Master of Science in global medicine at the Keck School of Medicine of the University of Southern California, Ingram traveled across the country to Albany, New York where he attended Albany Medical College. Although initially interested in surgery, Ingram quickly became fascinated with human behavior and fell in love with dissecting the human mind. He chose UCR for its receptive faculty and administration, its unique association with a county system, and its dedication to making mental health a priority in underserved communities. Ingram’s interests include psychosomatic medicine, psychopharmacology, personality disorders, and bipolar disorder.

Robin Ivester, MD
Dr. Robin Ivester received their MD from UCSF School of Medicine and completed residency in Internal Medicine at Tulane University School of Medicine in New Orleans, LA. At UCSF, Dr. Ivester's interest in LGBTQ health advocacy was supported by effective integration of LGBTQ health topics into the undergraduate medical curriculum. As a resident, Dr. Ivester provided gender-affirming care to transgender patients at a community clinic in New Orleans. Additionally, they developed a curriculum for Tulane Internal Medicine residents to address the scarcity of local providers knowledgeable about transgender healthcare. Since 2015, Dr. Ivester has worked in New Orleans as a primary care physician and clinical educator at Ochsner Health System, a large nonprofit academic healthcare system with facilities across southeast Louisiana. Dr. Ivester is active in Ochsner's new LGBTQ Resource Group, which aims to improve access and quality of care for LGBTQ patients throughout Ochsner and in the Gulf South.

Jennifer M. Jabson, MPH, PhD
Dr. Jabson is an Assistant Professor in the Department of Public Health at the University of Tennessee, Knoxville. Dr. Jabson specializes in LGBTQ health and behavioral interventions to reduce LGBT health inequities. Dr. Jabson’s current work involves testing the feasibility and acceptability of mindfulness-based stress reduction programs among gay, lesbian, and bisexual men and women in East Tennessee, with the goal of using such interventions to reduce
stress and stress-related health problems experienced disproportionately by LGB people, including depression, anxiety, alcohol and tobacco use, and obesity/overweight.

Aron Janssen, MD
Aron Janssen, MD, is a Clinical Assistant Professor of Child and Adolescent Psychiatry and an Attending Physician at the NYU Child Study Center. He is the founder and clinical director of the Gender and Sexuality Service and Co-Director of the NYU Consultation-Liaison Service. His primary academic focus is on gender and sexuality development and gender variance in childhood and adolescence. Prior to joining the NYU Child Study Center, he completed his general psychiatry residency and child psychiatry fellowship at NYU/Bellevue. While in training, he created the LGBT mental health elective and continues to oversee its operation. Dr. Janssen is a member of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, and World Professional Association for Transgender Health. He has published in several journals and books and presented on transgender youth nationally, internationally and on radio and television.

Jeffrey N. Jin, MSW, ACSW
Jeffrey Jin, MSW, ACSW is the Lead Social Worker for Dialysis at Kennedy Health System in New Jersey. Prior to that, he served as the Team Leader and HIV Risk Reduction Director of the Community Living Room psychosocial rehabilitation program in Philadelphia. He completed both his BA in Anthropology and Master of Social Work degrees at the University of Pennsylvania where he is now entering his final year of the Doctorate of Social Work program. He also serves as a founding member of the Executive Diversity Council and of the Transgender Workgroup at Kennedy Health System, as well as a fellow for the Penn Program for LGBT Medicine.

Rakiyah Jones, MSN, MPH
Rakiyah Jones is a transmasculine identified Brown Boi from Bronx, NY by way of Newark, NJ. He is a Family Nurse Practitioner, Rudin Fellow and Doctor of Nursing Practice candidate at Columbia University School of Nursing. Rakiyah received his M.S. in Nursing from Columbia University, MPH and MBA in Healthcare Management from Liberty University, B.S. in Nursing from Rutgers School of Nursing and B.S. in Biology from Montclair State University. Rakiyah was one of the few actively serving military members that pushed for open transgender service within the Armed Forces. In June 2016, for his activism in successfully pushing this important work forward he was invited as a guest of President Obama’s to his last White House Pride reception.

Mara Keisling
Mara Keisling is the Executive Director of the National Center for Transgender Equality, the nation’s leading social justice advocacy organization winning life-saving change for transgender people. Since founding NCTE in 2003, Mara has led organizational and coalition efforts that have won significant advances in transgender equality, including the inclusion of gender identity in the Employment Non-Discrimination Act, the first-ever Congressional hearing on transgender issues, and countless federal administrative and state-level wins. As one of the nation’s leading voices for transgender equality, Mara is regularly quoted in national and local print media and has appeared on major television networks, including CNN, MSNBC, and Fox News. She was part of the first all-transgender television interview on Melissa Harris-Perry’s show in 2012. A proud Pennsylvania native, Mara holds a BSS from Pennsylvania State University and did her graduate work in American Government at Harvard University. Prior to founding NCTE, Mara worked for 25 years in social marketing and opinion research.

Erin Klein
Erin Klein is a third-year medical student at Washington University in St. Louis. Erin is a member of the Advisory Board and the Medical Student Representative to OUTMed, the Department of Medicine’s LGBTQ Faculty Organization. She is also President Emeritus of LGBTQ Med, the Medical Student LGBTQ Organization. Erin was selected as a 2017 Academic Scholarship recipient from the Women in Medicine Organization for her demonstrated leadership within the LGBTQ community. She also received the 2016 Committed Educator Award from Washington University in recognition of her work to raise awareness of LGBTQ health topics within the medical school. Prior to entering medical school, Erin attended Dartmouth College, where she studied Biology and Theater, and worked in healthcare consulting. Erin is interested in pursuing a career focused on LGBT adolescent care and transgender health.
Adarsh E. Krishen, MD, MMM
Dr. Krishen is a Professor of Family and Community Medicine at Northeast Ohio Medical University in Rootstown, Ohio. He currently is the Chief Medical Officer for Planned Parenthood of Greater Ohio. Previously he worked for 25 years as Associate Director at Summa Family Medicine Residency in Akron, Ohio where he provided care to patients, taught residents and served as the Clinical Director of the Family Medicine Center of Akron. He has received the Summa Family Medicine Teacher of the Year Award and lead the successful attainment and recertification of PCMH level 3 recognition for the residency clinic. Dr. Krishen completed is Bachelor of Science in Chemistry at Kent State University and his Medical Degree from Northeastern Ohio University College of Medicine. He earned a Master’s in Medical Management for Carnegie Mellon University in 2009. He completed his internship and residency in Family Medicine at Akron City Hospital in Akron, Ohio.

Jessica Landry, DNP, FNP-BC
Dr. Jessica Landry is an instructor at the LSU SON in New Orleans, Louisiana. She organized formal Safe Zone® training for faculty by Gay Alliance. Safe Zone® was adopted into the nursing and medical school after Dr. Landry and other faculty provided the training to students, faculty, and staff. Dr. Landry also was able to invoke a change in the SON that include LGBT+ training throughout the undergraduate and graduate curricula. Dr. Landry led the development of the training for healthcare providers, published about the need for healthcare providers to be culturally aware in the Journal of Nurse Practitioners, presented CEUs nationally for the American Academy of Nurse Practitioners, and presented locally in the Greater New Orleans Area.

Jonathan Mathias Lassiter, PhD
Jonathan Mathias Lassiter, PhD is a 21st century polymath utilizing psychology, writing, and dance to help others heal and thrive. As a Clinical Psychologist, he specializes in health psychology, spirituality, and multiculturalism. He has worked with clients in medical centers across the country including Alameda County Medical Center, Harlem Hospital, and the Indianapolis VA Medical Center. His writing has been published in several journals including Psychology of Sexual Orientation and Gender Diversity and Journal of Acquired Immune Deficiency Syndromes. In addition, he is co-editor of Black LGBT Health in the United States: The Intersection of Race, Gender, and Sexual Orientation (Lexington Books, 2017). Currently, he is Assistant Professor of Psychology at Muhlenberg College, Visiting Professor of Medicine at the Center for AIDS Prevention Studies, UC San Francisco, and a freelance choreographer.

Brandyn D. Lau, MPH
Brandyn Lau is an Assistant Professor of Surgery and Health Sciences Informatics at the Johns Hopkins University School of Medicine and Associate Faculty in the Armstrong Institute for Patient Safety and Quality. He chairs the research committee for the Johns Hopkins Medicine Center for Transgender Health and oversees the research and quality improvement activities related to the provision of gender-affirming care at Johns Hopkins Medicine. He is a principal investigator (PI) of the Patient Centered Outcomes Research Institute (PCORI)-funded study to collect sexual orientation and gender identity information from hospitalized patients to evaluate care processes, disparities in care, and opportunities to improve care quality among sexual and gender minority patients.

Katharine Lawrence, MD, MPH
Katharine Lawrence is an Internal Medicine resident at New York University School of Medicine. She received her BA in Anthropology from Vassar College, and her MPH from the Mount Sinai School of Medicine. She attended FIU Herbert Wertheim College of Medicine (HWCOM) in Miami, FL. As a medical student, Katharine founded the HWCOM Student Coalition for Gender and Sexuality Advancement, a student education and advocacy group for LGBTQ health concerns for the College of Medicine and the greater South Florida Community. She has spoken at the local, regional, and national level on the importance of incorporating LGBT health in medical education.

Eugene E. Lee, MD, MPH
Eugene Lee, MD, MPH is a clinical informaticist, Associate Program Director for the Internal Medicine Residency at Sutter Health California Pacific Medical Center, and a primary care provider. He obtained his medical degree at UNC Chapel Hill and obtained his MPH at the Yale University School of Public Health in Health Policy and Administration. In addition to his work in graduate medical education, he focuses on improving EMR utilization, use of the EMR for quality improvement, and integration of data across the network.
Rachel Levine, MD
Dr. Levine is currently the Acting Secretary of Health and Physician General for the Commonwealth of Pennsylvania and Professor of Pediatrics and Psychiatry at the Penn State College of Medicine. As Physician General, Dr. Levine has made significant strides combating the opioid epidemic and advocating on behalf of the LGBTQ population. She spearheaded the efforts to establish opioid prescribing guidelines and establish opioid prescribing education for medical students. She has also led an LGBTQ workgroup for the governor's office which has worked to create programs and processes that are fair and inclusive in healthcare, insurance, and many other areas. Recently, Dr. Levine was recognized as one of NBC's Pride 30, a national list of 30 people who are both members of and making a difference in the lives of the LGBTQ community. She was the Liaison for the LGBT community for the Office of Diversity at the Penn State College of Medicine. In that role, she established a LGBT faculty and staff affinity group and was the facilitator for the LGBT student group. Dr. Levine teaches at the Penn State College of Medicine on topics in adolescent medicine, eating disorders and transgender medicine. In addition, she has lectured nationally and internationally and has published articles and chapters on these topics.

Nathan Levitt MSN, FNP-BC
Nathan Levitt MSN, FNP-BC is the Director of Transgender Care at Community Healthcare Network. He was previously at CHN in New York’s first Family Nurse Practitioner fellowship program. Nathan is a Transgender Health Training Consultant to NYC Department of Health and has served on NY DOH Transgender and Gender Non-Conforming Advisory Group to the End of the Epidemic Blueprint guiding HIV prevention and treatment throughout New York State. Nathan worked for 8 years at Callen-Lorde Community Health Center as the Community Outreach and Education Registered Nurse and Community Education Coordinator. His Registered Nurse hospital experience includes 5 years at Maimonides Medical Center on the Oncology Unit. He has worked as a Community Organizer, Program Coordinator, researcher, consultant, trainer, and health educator with international and national organizations for over 15 years. Nathan trains community health centers, health professional schools, hospitals, and community-based organizations, and has been published widely, on transgender health.

Alison Liss
Alison is a medical student at NYU School of Medicine, class of 2020. She is a leader of the NYUSoM LGBT+ People in Medicine group, on the executive board of the Student Diversity Initiative, and a member of the steering committee for the New York City Free Clinic. She received her Bachelor's degree from Macalester College and, prior to entering medicine, enjoyed a career in literary publishing.

Fanny Y. Lopez, MPP
Fanny Y. Lopez, MPP is a graduate of Dominican University and the University of Chicago Harris School of Public Policy. She is the lead research project manager for the AHRQ-funded project (U18HS023050) “Your Voice! Your Health! Improving Shared Decision Making Between Clinicians and LGBT Racial and Ethnic Minority Patients.” This abstract is based upon a qualitative sub-study on shared decision making (SDM) about intimate partner violence (IPV) between Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people of color (POC) and their healthcare providers.

Erin Loubier, JD
Erin Loubier is Senior Director for Health and Legal Integration and Payment Innovation at Whitman-Walker Health (WWH), a federally qualified health center serving Washington, DC’s diverse urban community with special focus on people living with HIV and the LGBT community. WWH has had legal services as part of the care team for more than 30 years. Erin focuses on the critical collaborations between health care and legal services to promote patient health and wellness by addressing the social and legal determinants of health. Erin is a member of WWH’s leadership team, overseeing Legal Services, Public Benefits and Insurance Navigation, health care payments, and payment reform work. In her 18 year legal career at WWH, Erin has played a number of operational roles, including creating an insurance navigation program focused on reducing barriers to care and assisting to design the “red carpet” program for immediate access to care for HIV-positive patients.

Shail Maingi, MD
Dr. Maingi is a board certified Hematologist, Medical Oncologist and Palliative Care Physician who is involved in LGBTQ health care advocacy. She is a board member of GLMA: Health Professionals Advancing LGBT Equality and the National LGBT Cancer Network and recently
serves as Vice President of the Lesbian Health Fund. She was the founding chair of the American Academy of Hospice and Palliative Medicine’s LGBT Special-Interest-Group and continues to work with that organization to improve the quality of end-of-life care provided to all people. However, most of her work involves the direct care of patients with cancer. She is currently affiliated with Montefiore Medical Center in Bronx NY and St. Peter’s Cancer Care in Troy, NY.

David J. Malebranche, MD, MPH
David J. Malebranche, MD, MPH, is a board certified Internal Medicine physician, researcher, and public health activist with expertise in HIV and sexually transmitted infection (STI) prevention and treatment, racial disparities research, and LGBT health. He is an Associate Professor of Medicine at Morehouse School of Medicine, has published over 50 articles in medical/public health journals, and is known as a dynamic speaker worldwide. In 2015, Dr. Malebranche authored a memoir about the lessons he learned from his father entitled Standing on His Shoulders, and can also be seen on the “Ask the HIV Doc” series on YouTube. He currently resides in Atlanta, Georgia.

Mannat Malik, MHS
Mannat recently completed a Master of Health Science at the Johns Hopkins Bloomberg School of Public Health and now works at the JHSPH Center for Public Health and Human Rights, as a Senior Program Research Coordinator. Her research uses qualitative and quantitative methods to explore HIV vulnerabilities among transgender women of color, and to assess the major health and social service needs of the trans community in Baltimore. She is also involved in projects on intimate partner violence among trans women and the health effects of chest binding for trans men and gender nonconforming individuals. Broadly, her research interests include LGBT health disparities, community empowerment through research, and the health impacts of intimate partner violence.

Liz Margolies, LCSW
Liz Margolies, LCSW, 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. In addition, she is a regular blogger for the Huffington Post. In 2014 Liz was chosen as one of the OUT100 for her work in the LGBT community.

Jessica Marsack, RN, BSN
Jessica Marsack is currently in the third year of the nursing doctorate program at the University of Michigan. After working in an outpatient clinic known as a safe haven for members of the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) population, she realized how much work must be done to improve healthcare outcomes for this population. Her dissertation focus within the LGBTQI population is examining the effect of stigma on various health outcomes.

Phoenix A. Matthews, PhD
Dr. Phoenix Matthews is a Professor and clinical psychologist at the University of Illinois at Chicago. They have more than 20 years of experience in examining determinants of cancer-related health disparities with a particular focus on underserved populations. Their recent research focuses on the use of community-based and culturally targeted health promotion interventions to reduce risk factors associated with cancer disparities including smoking cessation treatments and cancer-screening interventions. Dr. Matthews has served as the PI of 4 federally funded projects and co-investigator for several others. They recently completed an NIH-funded study to conduct a randomized clinical trial of a culturally targeted and non-targeted smoking cessation intervention for adult LGBT smokers.

William L. Mellman, MSW
Will Mellman, MSW is a doctoral candidate in Sociomedical Sciences at Columbia University’s School of Public Health. He completed a Master of Social Work at the University of Pennsylvania and a Bachelor’s degree at Wellesley College. He is primarily interested in studying the social factors that influence the health practices and outcomes of transgender individuals. His dissertation focuses on the dating and relationship experiences of transgender men and their cisgender partners with a particular focus on how transgender men learn about and navigate romantic relationships in the context of identity development and affirmation.
Dane Menkin, CRNP  
Dane Menkin is a CRNP and director of clinical operations at Mazzoni Center. He has been providing transgender care for almost 10 years. He is faculty at Drexel University’s School of Nursing as well as the coordinator for the medical track of the Philadelphia TransHealth Conference.

Nassr Nama, MD, MSc  
Dr. Nassr Nama is a Pediatric resident at the University of British Columbia (Vancouver, BC). He obtained his MSc from the University of Montreal (Montreal, QC) in 2014 and his MD from the University of Ottawa (Ottawa, ON) in 2017. Dr. Nama has first authored 3 peer reviewed publications, as well as more than 30 published abstracts. He has a special interest in LGBT healthcare and medical education. He is active in projects supporting LGBT children, adolescents and their families, as well as offering education for trainees to provide better medical care for LGBT patients. He has piloted an interest group to advocate for LGBT healthcare, as well as a mentorship program for LGBT identifying medical students at the University of Ottawa.

William J. Nazareth  
William J. Nazareth Jr. has dedicated over a decade of his career to help stem the HIV/AIDS epidemic in New York City, particularly among communities of color and the LGBTQ community. Currently, as the Director of Creative Media at Callen-Lorde Community Health Center, William manages the creation, production and distribution of Callen-Lorde’s video media projects. As a filmmaker, videographer and artist, William has produced, directed and edited a growing list of health edutainment videos and mini-documentaries for organizations, studies and community groups throughout the United States. William believes that through visual media, we have the power to tell the stories and provide the critical information and education that matters most in addressing health disparities and improving health outcomes. He is NYC DOHMH's HIV Planning Group’s Community Co-Chair for 2016.

Elijah C. Nealy, PhD, MDiv  
For the past 25 years, Elijah C. Nealy, PhD, MDiv, LCSW has worked extensively with LGBTQ adolescents and adults in both pastoral and social service capacities. Currently assistant professor of social work at the University of Saint Joseph, CT, he provides trainings in health and mental healthcare settings and clinical consultation around work with transgender and gender-diverse children, youth, and adults. He served the LGBT Community Center in New York City for 12 years, initially as Director of adolescent and adult mental health programs, and then as Deputy Director. For the past 8 years, his clinical practice has focused on transgender and gender diverse youth and their families. Ordained with Metropolitan Community Church, an out trans man, and author of Transgender Children and Youth: Cultivating Pride and Joy with Families in Transition [2017], Elijah lives in Connecticut with his partner and is the proud father of three amazing young people.

Paula M. Neira, JD, MSN  
Paula M. Neira, MSN, JD, RN, CEN serves as the Co-Chair of the Johns Hopkins Transgender Medicine Executive Taskforce and is the inaugural Clinical Program Director for the Johns Hopkins Center for Transgender Health. Paula graduated with distinction from the US Naval Academy in 1985. After serving in the Navy, including mine warfare combat during Operation Desert Storm, she began her career as a registered nurse. She is certified in emergency nursing and focused her career on adult emergency care and trauma resuscitation. From 2008-2016, Paula served as the Nurse Educator in Emergency Medicine at The Johns Hopkins Hospital. An attorney since 2001, Paula was a leader in the repeal of the Don’t Ask, Don’t Tell policy and the changes in military medical regulations on transgender military service. She lectures nationally on the need for improved transgender cultural competence in healthcare.

Henry Ng, MD, MPH  
Henry Ng, MD, MPH, FAAP, FACP is the Director for Internal Medicine-Pediatrics at MetroHealth Medical Center. He completed his BS and his MD at Michigan State University and his residency and chief-residency at MetroHealth before joining the faculty in 2006. In 2012, he completed a MPH degree at Case Western Reserve University with an emphasis on Health Promotion/Disease Prevention for LGBT populations. Dr. Ng’s work focuses on delivering culturally and clinically competent care to medically vulnerable populations. He co-founded and serves as the Clinical Director of the PRIDE Clinic, Ohio’s first medical home for LGBT patients and is a member of MetroHealth’s KIDZ Pride Clinic, a multidisciplinary
service providing care for Transgender, Gender diverse and Gender awesome youth and their families. He is the Immediate Past President of GLMA: Health Professionals Advancing LGBT Equality, an Associate Editor for the journal LGBT Health and a member of the AAMC Axis Committee.

**Andy Nguyen**

Andy Nguyen is a fourth year medical student at Harvard Medical School. He graduated with a BS in Chemistry from Stanford University. He spent a year between graduation and medical school as a Post-baccalaureate IRTA research fellow at the National Institutes of Health in Bethesda, MD. He currently conducts research through Massachusetts General Hospital and Fenway Health focused on access to care issues, LGBT health, and anal dysplasia. He hopes to further pursue these interests as a future dermatologist.

**Giang T. Nguyen, MD, MPH**

Giang T. Nguyen, MD, MPH, MSCE, FAAFP, is a board-certified family physician, public health researcher, and Clinical Associate Professor at the University of Pennsylvania’s Perelman School of Medicine. His academic interests include LGBT health, college health, diversity/inclusion, and primary care. He is the Executive Director for Penn’s Student Health Service, a comprehensive primary care and campus public health service that provides medical care to Penn’s 24,000 undergraduate, graduate, and professional students. SHS delivers transgender hormone therapy, STI screening, PrEP, public health education, and an array of other services. Dr. Nguyen regularly teaches medical students and residents about LGBT health, has worked to address LGBT issues in community, non-profit, and university settings since 1991, and is a Senior Fellow at the Penn Medicine Program for LGBT Health.

**Nersi Nikakhtar, MD**

Nersi Nikakhtar, MD, is an assistant professor of Medicine at the University of Minnesota and lead physician of the Minneapolis VA Transgender Consultation Group, one of three interdisciplinary team delivering consultation to primary care providers for transgender vets nation-wide in the VA.

**Nicole Nisly, MD**

Dr. Nicole Nisly is the co-Director and co-founder of the University of Iowa LGBTQ Clinic and Medical Director of the PrEP (HIV Pre-Exposure Prophylaxis) Clinic. She serves as Associate Department Chair for the Department of Internal Medicine and Diversity Officer. The University of Iowa LGBTQ Clinic now in its 5th year is a multidisciplinary program providing comprehensive care for LGBTQ patients and their families, including gender transition care and primary care. It serves approximately 600 Transgender identified people.

**Sean O’Mahony, MB, BCh**

Sean O’Mahony is an academic palliative medicine physician. He works at Rush University Medical Center as the Director for the Section of Palliative and Supportive Medicine. His clinical interests include end-of-life care, chronic pain management and the palliation of the sequelae of chronic illnesses. He has a Master of Science in Clinical Research and Biostatistics from Columbia University. His research and teaching interests include pain management, end-of-life and palliative care, quality-of-life at the end-of-life and clinical outcomes and effectiveness of palliative care programs, and how to meet the needs of the underserved and minority communities at the end of life. He is the current chair of the Diversity Taskforce for the American Academy of Hospice and Palliative Medicine.

**Samuel C. Pang, MD**

Samuel C. Pang, MD, Medical Director at IVF New England (IVFNE), is subspecialty board certified in Reproductive Endocrinology. Prior to joining IVF New England in 1993, he trained in reproductive endocrinology at UCLA. Dr. Pang has been director of the Third Party Assisted Reproduction program at IVFNE since 1997, serving couples who utilize IVF with donor eggs and/or a gestational surrogate to have children. He has helped male couples have children with donor eggs and gestational surrogacy since 1998, and almost every male couple who has done this at IVFNE has been successful. Dr. Pang and his husband have two sons through this process.

**Karen L. Parker, PhD, MSW**

Karen L. Parker, PhD, MSW currently serves as Director of the Sexual & Gender Minority Research Office, NIH. The office was established in response to the 2011 NIH-commissioned Institute of Medicine Report which highlighted opportunities where NIH could better support current knowledge of the health status of the
LGBT communities. It is part of the Division of Program Coordination, Planning, and Strategic Initiatives within the NIH Office of the Director. Previously, Dr. Parker was with the NCI as an Acting Branch Chief in the NCI Office of Science Planning and Assessment and Women’s Health Officer for the Institute, and before that she was the Special Assistant to the President’s Cancer Panel. Dr. Parker received her Bachelor of Arts in English from Indiana University, Master of Social Work from the University of Michigan, and PhD at the University of Maryland, School of Social Work.

Sarah Peitzmeier, MSPH
Sarah Peitzmeier, MSPH is a PhD Candidate at the Johns Hopkins Bloomberg School of Public Health focusing on sexual health and violence in marginalized populations.

Lance Poston, MA
Lance Poston is the inaugural Director of LGBTQ* Resources at the University of Kentucky. In this capacity, he leads diversity and inclusivity focused initiatives that support students, faculty, staff, and alumni. He received an undergraduate degree from Presbyterian College and a master’s degree from Ohio University (OU). Before his current post, he was a faculty member in the Women’s, Gender, and Sexuality Studies Program at OU, where he is also a PhD Candidate in history. He leads the Branding and Marketing working group and is a key member of the Education group for Transform Health.

Tonia Poteat, PhD, MPH
Tonia Poteat, PhD, MPH, PA-C is an Assistant Professor in the Department of Epidemiology at Johns Hopkins Bloomberg School of Public Health. She completed her PhD in International Health at Johns Hopkins. She holds an undergraduate degree in Biology from Yale University, a Master of Medical Science from Emory University, and a Master of Public Health from Rollins School of Public Health. Her research, teaching, and clinical practice focus on HIV and LGBT health with particular attention to transgender health disparities. Dr. Poteat is a certified HIV Specialist by the American Academy of HIV Medicine and currently provides medical care for people living with HIV at Johns Hopkins Hospital.

Andrew Pregnall
Andrew Pregnall is junior at Virginia Tech pursuing a dual degree in Microbiology and History as well as a minor in Medicine and Society. Passionate about reducing the disparities Queer people face in their everyday lives through both research and the arts, Andrew focuses on turning their academic and creative studies into a praxis for social change. Andrew currently serves as a Residential Advisor in the Honors Residential Commons at East Ambler Johnston where they work to listen to student's needs and connect them with appropriate resources as well as to promote the creation of inclusive and diverse residential spaces. After graduating from Virginia Tech, Andrew hopes to attend medical school and continue their interdisciplinary education by pursuing a joint MD-MPH.

Harlan Pruden
After living in New York for 20 years, Harlan Pruden, First Nation Cree/nēhiyaw, now calls Vancouver home and is a PhD student at UBC’s Interdisciplinary Studies Graduate Program and is also the Managing Editor of Two-SpiritJournal.com. Harlan also serves as a Two-Spirit consultant to US Tribal Training and Technical Assistance Center, BC Center for Disease Control’s Chee Mamuk Program and the newly formed Trans* Care BC. In August 2014, Harlan was appointed to the United States’ Presidential Advisory Council on HIV/AIDS where he works to provide advice, information, and recommendations to the Secretary of Health & Human Services and the White House. Harlan was serves on the International Indigenous Peoples Working Group on HIV/AIDS. Closer to home, Harlan is a board member of Qmunity, the home for Vancouver’s LGBT, Queer and Two-Spirit community.

Asa Radix, MD, MPH
Dr. Radix is the Director of Research and Education at the Callen-Lorde Community Health Center and an Assistant Clinical Professor of Medicine at New York University. Originally from the West Indies, Asa later trained in internal medicine and infectious diseases at the University of Connecticut and completed postgraduate qualifications in tropical medicine and public health in the United Kingdom. Asa has over 20 years of experience providing primary care and hormone therapy to transgender and gender non-binary people, and has lectured nationally and internationally on
transgender medicine. Asa has contributed to guidelines in transgender health for the World Health Organization, the Pan American health Organization, The Asia Pacific Transgender Network, and the UCSF Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People.

Donnie Roberts
Donnie Roberts brings more than 15 years of progressively responsible non-profit management experience to his role as Senior Director of Development and Communications at Callen-Lorde Community Health Center. He is a seasoned, motivated and creative development and communications professional who has raised tens of millions of dollars in senior development positions at organizations dedicated to improving the lives of LGBTQ people, safeguarding reproductive choice, and for a community hospital in Brooklyn.

Amorie Robinson, PhD
Dr. Amorie Robinson, aka Kofi Adoma, is a licensed clinical psychologist who received her Bachelor’s in Psychology from Oberlin College and a PhD in Clinical Psychology from the University of Michigan. Dr. Robinson works at the Wayne County Circuit Court Family Division Clinic for Child Study in Detroit, conducting psychotherapy with adjudicated youth and their families. She provides clinical supervision for Michigan School of Professional Psychology’s graduate students and conducts LGBT cultural competency trainings for mental health providers and medical clinic staff. Dr. Robinson has written about Black LGBTQ/GNC youth in juvenile detention, Black lesbians and domestic violence, and Black masculine-identified lesbians. She has also co-founded numerous organizations including The Ruth Ellis Center, a shelter for LGBTQ homeless youth in Detroit. Dr. Robinson is a member of American Psychological Association’s Society for the Study of the Psychology of Women and the Association for Women in Psychology, and is the president of the Metro Detroit Chapter of the Association of Black Psychologists.

Travis Salway, PhD
Travis Salway is a social epidemiologist whose research focuses on health inequities experienced by lesbian, gay, and bisexual (LGB) people. Travis is a Banting Research Fellow at the UBC School of Population and Public Health and the BC Centre for Disease Control, where he investigates health services solutions to elevated rates of depression, anxiety, suicide ideation, and substance use among LGB Canadians. Travis’s training spans social work (University of California at Berkeley, 2002), clinical epidemiology (McGill University, 2008), and public health epidemiology (University of Toronto, 2017). His work is motivated by a commitment to social justice and to reallocating public health resources to benefit historically disadvantaged populations.

Caroline E. Scott
Caroline Scott is a third-year undergraduate student in the School of Public Health at Tulane University in New Orleans, Louisiana. Her interests include sexual and gender minority topics in public health and medicine, as well as adolescent and college health. She is a Certified Peer Health Educator and serves as president of Tulane’s Queer Student Alliance as well as Senator and Liaison for LGBTQ+ Health on Undergraduate Student Government. She plans to attend medical school.

Marianne Snyder, PhD
Dr. Marianne Snyder is currently the Director of Pre-licensure Nursing Programs at the University of Saint Joseph in Connecticut. She earned her PhD in Nursing at UCONN, MSN from West Virginia University, and BSN from the University of Central Florida. She has been a registered nurse for over 34 years and has taught in higher education for the past 19 years. She is a current member of GLMA, American Nurses’ Association, the National and Connecticut League for Nursing, American Association of Colleges of Nursing, and the Eastern Nursing Research Society. She is passionate about educating students about culturally appropriate, individualized, patient-centered care and understanding their role in shaping health policy. Her dissertation research was a mixed methods study of beliefs, behaviors, and experiences of APRNs when caring for lesbian and gay patients. She plans to continue her research focused on LGBT health disparities.

Kevin Steffens, RN, MBA
Kevin Steffens, RN, MBA has over 20 years of experience in the healthcare field. He is currently the Vice President of Clinical Services and Programs at Amida Care, a not-for-profit Medicaid health plan that specializes in providing comprehensive health coverage and coordinated care to New Yorkers with chronic conditions. Kevin oversees
the Plan’s Transgender Program, which includes Care Coordination and Utilization Management for gender affirming primary care, behavioral health, hormone therapy, and surgery as well as a specialized health navigation program for Plan members of transgender experience. Prior to joining Amida Care, most recently Kevin worked at Housing Works as Vice President of Health Services and at Callen-Lorde Community Health Center as the Director of Nursing, Prevention, and Outreach where he provided oversight and management of all nursing staff, chronic disease management programs, and HIV counseling and testing.

Perri Stella, MSN, CRNP
Perri Stella, MSN, CRNP, RNC, is an adult primary care nurse practitioner with over 28 years of college health experience. Ms. Stella practices at the University of Pennsylvania Student Health Service and regularly precepts nurse practitioner students. She provides care in the Women's Health Section and sees cis gender women and transgender men. She is a Clinical Associate at the University of Pennsylvania’s School of Nursing and holds a national certification in Adult Primary Care by the American Nursing Credentialing Association. Her clinical interests include LGBT health, women’s health including the evaluation and treatment vulvovaginal disorders, family planning, STI screening, and general primary care in the college age population. She is an active executive board member of the Mid-Atlantic College Health Association and participates in Trans Health working groups at SHS and the Penn's Department of Family Medicine. She is a Senior Fellow at Penn Medicine Program for LGBT Health.

David Sternberg
David Sternberg is the Clinical Services Manager at HIPS. He oversees the day to day operations of the GRAVITY Project, an onsite hepatitis C clinic representing a partnership between HIPS, the NIH, the University of Maryland Institute of Human Virology, and the DC Partnership for HIV/AIDS Programs. David spent the last eleven years in direct service as a Medical Assistant and Phlebotomist in Radiation Oncology, Family Planning, Sexual Health, and both Surgical and Medical Abortion services. During a five-year tenure at Planned Parenthood Northern California, he contributed to the launch of transgender health services and low-barrier hormone therapy as well as trans-friendly patient care training. As a member of research teams at Florida Atlantic University, Northwestern University, Georgetown University, and UC San Francisco, David continues to focus on health disparities experienced by immigrant Latina women, stress of immigration, HIV risk among female commercial sex workers, and community-based mental health interventions.

Carl G. Streed, MD
Carl G. Streed, Jr earned his medical degree from Johns Hopkins, where 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, Carl has served as the American Medical Student Association LGBT Policy Coordinator, served on the board of GLMA, and chaired the American Medical Association Advisory Committee on LGBTQ Issues. Carl'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, AMA Foundation Excellence in Medicine Award, the Erickson-Zoellers Point Foundation Scholarship as well as recognition by the White House. He currently is completing fellowship in General Internal Medicine at Brigham & Women's Hospital.

Erika Sullivan, MD, MS
Erika Sullivan, MD, MS is Family Medicine Physician and Assistant Clinical Professor at University of Utah Health. She completed her residency in Family Medicine at the University of Utah and joined the faculty in 2014. She received Bachelor’s degrees in French and Microbiology from the University of California, Santa Barbara and a Master's degree in Microbiology at the University of Hawaii, Manoa. She obtained her MD and a Master's degree in Pathology from the University of Chicago, Pritzker School of Medicine.

Christopher Terndrup, MD
Christopher Terndrup, MD is a General Internist in Portland, OR. He completed his BA in Spanish Language and Literature at Tulane University, where he stayed for his medical degree. He completed his residency in Internal
Medicine with a focus on Primary Care Leadership and Urban Health at the Johns Hopkins Hospital in 2016. He is an Assistant Professor of Medicine and Clinician Educator at the Oregon Health & Sciences University, specializing in the care of LGBTQ patients and Quality Improvement.

Rosemary Thomas, MPH
Ms. Thomas serves as the Program Coordinator for the Penn Medicine Program for LGBT Health. She earned her Master's in Public Health at Drexel University along with a Certificate in LGBT Health. Rosemary is a Certified Health Education Specialist and over the course of her career, she has educated medical providers about HIV and youth, presented at professional conferences about her work educating youth about sexual health, completed her graduate research thesis on youth and the HIV Care Continuum, and worked one on one with both adults and youth providing health education. Her work with individuals living with HIV has fostered a passion for LGBT health care and a commitment to bettering the health of all LGBT individuals.

Hale M. Thompson, PhD
Hale Thompson, PhD is Assistant Professor in the Section on Population and Behavioral Health in the Department of Psychiatry at Rush University Medical Center. His research focuses on uses of information communication technologies to improve health outcomes and access to care. Hale earned his PhD in Public Health, and his dissertation examined electronic health record implementations and the challenges related to gender identity and sexual orientation data collection.

Justin Tidwell, DNP
Justin Tidwell earned his ASN (2002) from Northwest Shoals Community College and a BSN (2011) from Fort Hays State University. He achieved certification as an Adult-Gerontology Acute Care Nurse Practitioner and MSN (2013) followed by a DNP (2017) from the University of Arizona. As a NP, he specializes in Critical Care at California Pacific Medical Center in San Francisco with his doctoral and research interest focused on transgender populations.

Jeremy Toler, MD
Jeremy Toler is a pediatric neurologist and epilepsy specialist practicing in academic medicine in New Orleans, LA. He serves as the GLMA Delegate to the AMA House of Delegates, working to promote LGBTQ health issues and GLMA’s interests in the AMA. Jeremy is a recent member of the GLMA Board of Directors, and has served as a student and subsequent resident member of the AMA Advisory Committee on LGBTQ issues. He is a graduate of West Virginia University School of Medicine and completed his resident/fellowship training at Louisiana State University School of Medicine and University of Colorado School of Medicine. He currently lives in New Orleans with his partner of 5 years, Brian.

Caroline Voyles, MPH
Caroline is a first year DrPH student as well as the Director of Student Placement and Partnership Development at Dornsife School of Public Health at Drexel University. In her current student role, she is passionate about LGBTQI health and aims to research the way different communities integrate sexual/gender identities with other identities in order to influence health outcomes. She has particular interests in the intersections of athletic and LGBTQI identities and in LGBTQI disparities globally. Prior to Drexel, Caroline received her MPH from Drexel University with a concentration in Community Health and Prevention and a B.A. in Psychology and Russian Language & Culture at Colby College in Waterville, ME.

Timothy Wang, MPH
Timothy Wang, MPH is a health policy analyst in the Department of Health Policy Research at the Fenway Institute in Boston, US. At the Fenway Institute, he works on a variety of projects involving LGBT health and HIV policy with the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention. Timothy has previously authored issue briefs, opinion editorials, and presentations on anti-LGBT legislation and its effect on LGBT health.

Barbara E. Warren PsyD
Barbara E. Warren PsyD, is Director for LGBT Programs and Policies in the Office for Diversity and Inclusion, Mount Sinai Health System, and Assistant Professor of Medical Education at the Icahn School of Medicine at Mount Sinai. Dr. Warren leads Mount Sinai's implementation of LGBT culturally and clinically competent health care. Dr. Warren served as Distinguished Lecturer and Director for the Center for LGBT Social Science and Public Policy at Hunter College, City University

of New York. For 21 years, she was senior management at the Lesbian, Gay, Bisexual and Transgender Community Center of New York City, for the Center's behavioral health programs and was responsible for the health policy and government relations initiatives. She holds a doctorate in counseling psychology and has 40 years of experience in the development of substance abuse, mental health and public health programs in healthcare and community settings.

H. Sharif “Herukhuti” Williams, PhD, MEd
H. Sharif “Herukhuti” Williams, PhD, MEd is a research consultant on Your Voice, Your Health, a project focused on the development of clinical tools for LGBT patients of color and their healthcare providers that reduce health disparities and inequities through the use of shared decision making and intersectionality. Author and editor of numerous publications and a governing board member of the Association of Black Sexologists and Clinicians, he is a clinical sociologist, cultural studies scholar, sexologist, systems theorist, and artist with three decades of experience in social justice and human rights activism. At the intersection of race, culture, sexuality and spirituality, his work draws upon the arts, social sciences, performance studies, and cultural studies using a variety of methods including narrative/storytelling, autoethnography, close readings of media, literary criticism, Theatre of the Oppressed, oral history interviewing and critical theory. He is a professor of interdisciplinary studies in the undergraduate programs at Goddard College and adjunct associate professor in the graduate program in applied theatre at the School of Professional Studies, City University of New York. A scholar-practitioner who is committed to serving others, Dr. Herukhuti, as he is commonly known, is the founder and CEO of the Center for Culture, Sexuality, and Spirituality, a social enterprise organization based in New York City and online at sacredsexualities.org and serves on the editorial boards of Journal of Bisexuality and Journal of Black Sexuality and Relationships.

Lillian Williams, MHHS
Lillian resides in Northeast Ohio and has been with Planned Parenthood since 1994. She brings more than 22 years of non-profit, reproductive health care operations and executive management experience. During her tenure she has served in several administrative roles including Director of Health Services, Regional Director of Health Service Operations, Director of Business Operations and currently as Vice President of Health Services. She has extensive knowledge and background in operations management, program evaluation, business development and business operations. She is a resource and technical expert and has presented nationally on healthcare operations subject matter. In the role of Vice President of Health Services, Lillian is responsible for strategic planning, business operations, program development, and coordination of PPGOH medical services and program for 22 health center locations and call center operations.

Erin Wingo, MSPH
Erin Wingo, MSPH, is a research coordinator with ANSIKH (Advancing New Standards in Reproductive Health), a research collaborative within the University of California, San Francisco. She received her MSPH, with a concentration in sexual and reproductive health, from the Johns Hopkins School of Public Health in 2016 and her BA from Sarah Lawrence College in 2007. Her research interests lie in understanding and overcoming structural barriers that impact individual reproductive choices and sexual behavior for marginalized populations.

Ilene Wong Gregorio, MD
Ilene Wong is a general urologist in the Greater Philadelphia area and young adult author. After graduating from the Yale University School of Medicine, she did her urology residency at Stanford Hospital and Clinics, where she met the intersex patient who inspired her debut novel, None of the Above (Balzer & Bray/HarperCollins), written under the pen name I.W. Gregorio. None of the Above was a Lambda Literary Award Finalist, a Publishers Weekly Flying Start and has been optioned for a TV series. Over the years, her essay and feature writing has appeared in The Washington Post, San Francisco Chronicle, San Jose Mercury News and Journal of General Internal Medicine. She’s also been featured on KQED - San Francisco and on CUNY-TVs Asian American Life. While at Stanford, she won the Samuel L. Kountz Humanitarian Award and the Bodner Stegman Award from the AUA Western Section.

Kate Wright
Kate Wright is an MPH student at the Johns Hopkins Bloomberg School of Public Health, focusing on human rights and maternal and child health. In her work as a birth doula, she acts as an educator and advocate while also providing physical and emotional support to pregnant
people and their partners throughout the childbearing year. Her work with the Lebanese Medical Association for Sexual Health involves deepening the understanding of transgender health and healthcare in Lebanon. She has previously worked in research and policy at Maternity Care Coalition in Philadelphia as well as with underserved populations in South Africa and political prisoners in Morocco.

**Horim Yi, MSW**

Horim Yi is a PhD student in Public Policy and Management at the Department of Public Health Science, Graduate School of Korea University. She received her MSW at the Graduate School of Seoul National University after completing her thesis on “The Effect of Minority Stress on the Mental Health of Sexual Minorities (LGB) in Korea”. Horim has currently participated in a research project called Rainbow Connection Project (RCP) which is a series of research projects using epidemiological study methods with the goal to understand and promote the health of LGBT people in South Korea. She was a project manager of the RCPI – Korean Lesbian, Gay, & Bisexual Adults’ Health Study conducted in 2016. Her main research interests include health disparities of sexual minority population, risk and protective factors of sexual minority health, and mental health and suicidality of sexual minority.

**Jiby Yohannan**

Jiby Yohannan is a second year medical student at the Medical College of Georgia at Augusta University. He graduated from the Georgia Institute of Technology in 2015 with a Bachelor’s of Science in Biology and a Korean minor. Jiby was a 2016 Arnold P. Gold Foundation Summer Fellow and conducted research surveying the needs, behaviors, and experiences of the LGBTQ population in the Central Savannah River Area. He continues to study LGBTQ health disparities in rural areas and plays an active role at the Equality Clinic of Augusta, Inc., a free student-run LGBTQ clinic that serves patients throughout rural areas of Georgia and South Carolina.

**Del Ray Zimmerman**

Del Ray Zimmerman is the manager of the Vanderbilt Program for LGBTI Health. In this role, he oversees patient referrals to culturally competent providers, as well as training and education programs for healthcare providers and Middle Tennessee’s LGBTQI+ community. He also guides daily operations for Trans Buddy, the only patient navigator program in the country that utilizes trained volunteers to provide emotional support for transgender patients during healthcare visits. With more than 20 years of nonprofit management experience, Del Ray is also a leader in the larger Nashville area, having served as board chair for OutCentral Cultural Center (2011-12) and GLSEN Tennessee (2013-16) and as a volunteer project leader at Hands On Nashville and Nashville CARES.
GLMA is grateful to our student scholarship recipients who provide invaluable service hours to make the GLMA Annual Conference on LGBT Health a tremendous success.

GLMA is proud to provide scholarships to students and trainees from across the health professions. Scholarships would not be possible without the generous support of our members and conference registrants who have made donations to the GLMA Scholarship Fund.

Thank you to those of you who contributed to ensure these students and trainees are able to attend GLMA’s 35th Annual Conference! Donations for scholarships can be made at the Conference Registration Desk in Overture, Third Level.

Christopher Aguilar, Philadelphia, PA  
Advanced Practice Nursing Student, University of Pennsylvania

Alisha Berry, Portland, OR  
Medical Student, Oregon Health and Science University

Kylie Blume, MA, Minneapolis, MN  
Medical Student, University of Minnesota Medical School

Arun Chandran, Cambridge, MA  
Resident, Mount Auburn Hospital

Lexi Dickson, Greer, SC  
Pre-Health Student, University of South Carolina

Olivier Ferlatte, MPH, Vancouver, Canada  
Post-Doctoral Research Fellow, University of British Columbia

Nicholas Grant, PhD, Washington, DC  
Congressional Fellow, American Psychological Association

Alyssa Greco, MS, Hopewell, NY  
Nursing Student, New York University

Sylvia Guerra, MTS, Hartford, VT  
Medical Student, Geisel School of Medicine at Dartmouth

Ashwin Gupta, Philadelphia, PA  
Medical Student, Temple University Lewis Katz School of Medicine

Nicholas Harriel, Clarksville, TN  
Pre-Health Student, Austin Peay State University

Erica Hellerstein, Philadelphia, PA  
Occupational Therapy Student, University of the Sciences

Priyoth Kitticerasack, MSN, Chicago, IL  
PhD Student, Nursing, University of Illinois at Chicago

Dana Kline, MPH, New York, NY  
Advanced Practice Nursing Student, Frontier Nursing University

Nathaniel Kraik, Columbus, OH  
Medical Student, Ohio Heritage College of Osteopathic Medicine

Kathryn Molé, Silver Spring, MD  
Advanced Practice Nursing Student, Frontier Nursing University

Tyler Murphy, Brooklyn, NY  
Medical Student, St. George’s University School of Medicine

Nassr Nama, MD, Vancouver, Canada  
Resident, University of British Columbia

Jake Perlson, Lebanon, NH  
Medical Student, The Geisel School of Medicine at Dartmouth

Hanna Rajabi, Philadelphia, PA  
PA Student, Temple University

Joebert Rosal, Philadelphia, PA  
Pre-Health Student, University of Pennsylvania

Qiao Ruan, Los Angeles, CA  
Medical Student, UCLA

Travis Salway, MSc, Vancouver, Canada  
Post-Doctoral Fellow, University of British Columbia

Kris Schwacha, Columbus, OH  
Medical Student, Ohio University College of Osteopathic Medicine

S. Annah Shapiro, ND, Milwaukie, OR  
Resident, The Equi Institute

Liz Tree-Bariletto, Boulder City, NV  
Nursing Student, Roseman University of Health Sciences

Yevgeniya Ventura, EdM, Philadelphia PA  
Post-Degree Trainee, Philadelphia School of Psychoanalysis

Caroline Voyles, MPH, Philadelphia, PA  
Public Health Student, Drexel University

Emile Whaibeh, MPH, Jdeideh, Lebanon  
Public Health Student, University of Balamand

Jack Wilkinson, Philadelphia, PA  
Medical Student, University of Pennsylvania

Jiby Yohannan, Augusta, GA  
Medical Student, Augusta University
American Medical Association
www.ama-assn.org/ama
The American Medical Association is the premier national organization empowering the nation's physicians to provide safer, higher quality, and more efficient care for patients and communities. The AMA is unwavering in its commitment to shape a better future for America's medical students, physicians and patients with a single goal: to advance the health of the nation. To learn more, visit www.ama-assn.org.

Aurora Health Care
https://www.aurorahealthcare.org/
Aurora Health Care is the largest health system in Wisconsin with service areas extending to northeastern Illinois. Our integrated delivery model allows Aurora physicians and advanced practice professionals to support their patients, connect with colleagues and offer state-of-the-art, top tier quality care. For more information, please call 414-647-3146 or visit our website at aurora.org/doctor.

Boston Scientific
www.bostonscientific.com
Boston Scientific transforms lives through innovative medical solutions that improve the health of patients around the world. As a global medical technology leader for more than 35 years, we advance science for life by providing a broad range of high performance solutions that address unmet patient needs and reduce the cost of healthcare. For more information, visit www.bostonscientific.com and connect on Twitter and Facebook.

The Christopher & Dana Reeve Paralysis Resource Center
https://www.christopherreeve.org/
The Christopher & Dana Reeve Paralysis Resource Center (PRC) promotes the health, well-being, and independence of people living with paralysis, a spinal cord injury, or mobility impairment as well as their caregivers and families by providing free comprehensive information, resources, and referral services in order to achieve a better quality of life.

Cigna
www.cigna.com
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.

Eisenhower Medical Center
www.emc.org
Eisenhower Medical Center is a not-for-profit, comprehensive health care institution that includes the 463-bed Eisenhower Hospital, the Barbara Sinatra Children's Center at Eisenhower and the Annenberg Center for Health Sciences at Eisenhower. The Betty Ford Center is also located on the Eisenhower campus. The Medical Center is renowned for its Centers of Excellence in Orthopedics, Cardiovascular, Neuroscience and Oncology. Situated on 130 acres in Rancho Mirage, and with outpatient clinics across the valley, the Medical Center has provided a full range of quality medical and educational services for more than 40 years for residents and visitors to the greater Coachella Valley. Eisenhower has earned ANCC Magnet Recognition® for professionalism in nursing and excellence in patient care. The first accredited teaching hospital in the valley, Eisenhower trains physician residents in both Internal Medicine and Family Medicine. For more information, visit emc.org or follow the Eisenhower Medical Center page on Facebook.

FDA/Advisory Committee and Oversight Management Staff (ACOMS)
https://www.fda.gov/AdvisoryCommittees/
FDA Advisory Committees contribute credibility and integrity to FDA's mission of protecting and promoting the public health by obtaining outside, independent, expert advice and allowing for open public discussion of important health issues. Advisory committee membership includes
Exhibitor Descriptions

academicians, clinical practitioners and consumers. As part of the Food and Drug Administration's (FDA) mission it is continually requesting nominations of qualified individuals interested in serving on FDA advisory committees. Consumer Representatives serving on FDA advisory committees represent the consumer perspective, serve as a liaison between the committee and consumers and facilitate dialogue on scientific issues affecting consumers. Consumer Representatives must have an affiliation with and/or active participation with consumer or community-based organizations; be able to analyze scientific data and research design; and understand and evaluate benefits & risks, and safety & efficacy of products.

FDA Office of Women's Health
https://www.fda.gov/aboutfda/centersoffices/oc/officeofwomenshealth/default.htm
The U.S. Food and Drug Administration Office of Women's Health addresses the health issues of the nation's women by funding scientific research, collaborating with national organizations to sponsor outreach efforts, and disseminating free patient education resources on topics including medication safety, depression, HIV, contraception, diabetes, healthy aging, and mammography.

George Washington University, LGBT Health Policy and Practice Program
lgbt.columbian.gwu.edu
GW's LGBT Health Policy & Practice Program is the first practice-focused, interdisciplinary graduate certificate in the nation that trains current and future health care leaders and policy advocates on issues relating to the health and well-being of the lesbian, gay, bisexual and transgender community. Our innovative certificate addresses challenges resulting from health care disparities and focuses on strategies to move toward a more inclusive, equitable society. The one-year, 12-credit on-campus/online hybrid curriculum includes contemporary topics such as transgender care and marriage equality that cut across psychological, medical, legal and public policy fields. The program is designed specifically for those who are, or who will be, working on the front lines. Students come from a variety of backgrounds, including medical and mental health care, public health, public policy, social work and education. We provide ample opportunities to meet and study with leaders in policy and practice from the government, academia, nonprofits and the for-profit private sector.

Gilead Sciences, Inc
http://www.gilead.com/
Gilead Sciences, Inc. is a research-based biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet medical need. We strive to transform and simplify care for people with life-threatening illnesses around the world. Gilead's portfolio of products and pipeline of investigational drugs includes treatments for HIV/AIDS, liver diseases, cancer, inflammatory and respiratory diseases, and cardiovascular conditions.

The Human Rights Campaign Foundation
http://www.hrc.org/hrc-story/hrc-foundation
The Human Rights Campaign Foundation improves the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ) people by working to increase understanding and encourage the adoption of LGBTQ-inclusive policies and practices. The Foundation's Health & Aging program (HAP) administers the annual Healthcare Equality Index (HEI), which educates healthcare facilities nationwide about best practices in LGBTQ care and shows LGBTQ patients which facilities have publicly committed to equity and inclusion. The HAP also engages in wide-ranging efforts to promote awareness of LGBTQ health and aging concerns and has a significant focus on reducing HIV and AIDS among gay and bisexual men and transgender women.

Humana Inc.
www.humana.com/about/careers
Humana Inc., headquartered in Louisville, Ky., is a leading health and well-being company focused on making it easy for people to achieve their best health with clinical excellence through coordinated care. The company’s strategy integrates care delivery, the member experience, and clinical and consumer insights to encourage engagement, behavior change, proactive clinical outreach and wellness for the millions of people we serve across the country. Physicians feel free to search for opportunities with the following key words: Care Delivery roles: #findadoctorprimarycare. Physician Executive roles: #findadoctormedicaldirector

Jefferson, Home of Sidney Kimmel Medical College
http://www.jefferson.edu/university/skmc.html
Jefferson, through its academic and clinical entities of
Thomas Jefferson University and Jefferson Health, including Abington Health and Aria Health, is reimagining health care for the greater Philadelphia region and southern New Jersey. Jefferson has 23,000 people dedicated to providing the highest-quality, compassionate clinical care for patients, educating the health professionals of tomorrow, and discovering new treatments and therapies to define the future of care. With a university and hospital that date back to 1824, today Jefferson is comprised of six colleges, nine hospitals, 35 outpatient and urgent care locations, and a multitude of physician practices throughout the region, serving more than 100,000 inpatients, 373,000 emergency patients and 2.2 million outpatients annually.

Kaiser Permanente
https://healthy.kaiserpermanente.org/
Kaiser Permanente has been training physicians for over 70 years and currently has 40 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
www.liebertpub.com/lgbt
LGBT Health is the only peer-reviewed journal dedicated to promoting optimal healthcare for millions of sexual and gender minority persons worldwide. The Journal 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. LGBT Health also encourages further research and increased funding in this critical but currently underserved domain. To meet the urgent need for increased research in this field, LGBT Health will be increasing frequency to 8 issues in 2017. Learn more at www.liebertpub.com/lgbt. Transgender Health is the first peer-reviewed open access journal dedicated to addressing the healthcare needs of transgender individuals throughout the lifespan and identifying gaps in knowledge as well as priority areas where policy development and research are needed to achieve healthcare equity. Read the complete journal content online at www.liebertpub.com/trgh

Mazzoni Center
https://www.mazzonicenter.org/
Mazzoni Center is the only health care provider in the Philadelphia region specifically targeting the unique health care needs of the lesbian, gay, bisexual, and transgender communities. It was founded in 1979 as an all-volunteer clinic to serve the needs of sexual minorities in Philadelphia. When the first cases of HIV/AIDS began to appear in the early 1980s, the organization quickly responded, becoming the oldest AIDS service organization in the Commonwealth of Pennsylvania, and the fourth-oldest in the nation. As it grew and evolved to meet the needs of our constituents, Mazzoni Center combined HIV/AIDS-related services with a broad continuum of health care and supportive services, which include: outreach, prevention, education, direct medical and care services, psychosocial services, legal services, and support groups. With over 35,000 individuals benefiting annually from our services, we have proven ourselves to be a leader among community-based organizations in the greater Philadelphia area, and have developed a reputation for excellence and innovation in service delivery to our constituents.

Perelman School of Medicine Office of Inclusion and Diversity and the Program for LGBT Health
http://www.med.upenn.edu/
Launched in August 2013, the Office of Inclusion and Diversity is a relatively new addition to Penn Medicine that supports, evaluates, and generates programs that promote diversity within our research community. Prior to the generation of this office, initiatives and programs to broaden access in the medical school and biomedical graduate studies, from graduate students to faculty, were handled by separate entities. There was a need for an executive-level office to direct a more cohesive and coordinated effort. The Office of Inclusion and Diversity (OID) is a product Penn Medicine’s five-year Strategic Plan, “Shaping the Future of Medicine,” which incorporates goals set by President Gutmann’s Action Plan for Faculty Diversity and Excellence. Overall, the OID represents an administrative commitment to fostering innovation at Penn through inclusion and diversity. Visit http://www.med.upenn.edu/inclusion-and-diversity/.
The Penn Medicine Program for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health was initiated in July 2013 as a unique interdisciplinary program, involving the Perelman School of Medicine, School of Nursing, School of Dental Medicine, Center for Public Health Initiatives, and affiliated health systems (The Children’s Hospital of Philadelphia, University of Pennsylvania Health System, and Philadelphia Veterans Affairs Medical Center). The Program is an anchor program of the Perelman School of Medicine Office of Inclusion and Diversity. Dr. Baligh R. Yehia, Assistant Professor in the Division of Infectious Diseases, Department of Medicine, founded this Program and was Director of the Penn Medicine Program for LGBT Health until he stepped down from his role in February 2016. Drs. Judd D. Flesch and Rebecca Hirsh, the Associate Directors of the Penn Medicine Program for LGBT Health, assumed the responsibilities of Director supported by the Program Coordinator Rosemary Thomas, MPH. Visit https://www.pennmedicine.org/for-patients-and-visitors/find-a-program-or-service/lgbt-health

**The Fenway Institute at Fenway Health**  
http://fenwayhealth.org/  
The Fenway Institute is an interdisciplinary center for research, training, education and policy development. Our focus is on national and international health issues. Our mission is to ensure access to high-quality, culturally-competent medical and mental health care and to reduce health disparities for traditionally underserved communities including LGBT people and those affected by HIV/AIDS. We are motivated by the belief that everyone everywhere deserves access to high-quality healthcare.

**The PRIDE Study**  
https://pridestudy.org  
The PRIDE Study is a national, longitudinal study designed to better understand the health needs of LGBTQ people and other sexual and gender minorities in the United States. Anyone who lives in the US or US Territories, identifies as LGBTQ, is 18 years or older, and is able to read and understand English is eligible to enroll. The study is available via any web-enabled device on the internet at https://pridestudy.org. It takes about 60 minutes to complete all sections of enrollment, depending on the details of your health history. We ask you questions about your sexual orientation, gender identity, and physical, mental, and social health. PRIDEnet is a network of organizations and individuals dedicated to involving LGBTQ people in all stages of health research, which includes helping to create research questions, as well as analyzing, and disseminating results from The PRIDE Study. We partner with more than 35 LGBTQ groups from around the country, including trusted organizations like Fenway Health, Callen-Lorde, ZAMI NOBLA, Whitman-Walker Health, the National Center for Lesbian Rights, GLMA, SAGE, and WPATH.

**US Department of Health and Human Services**  
www.hhs.gov  
The U.S. Department of Health and Human Services (HHS) is a Cabinet-level agency with nearly 90,000 employees worldwide. HHS provides the building blocks millions of people need to live healthy, successful lives through health promotion; access to high-quality health care; food safety; prevention of the spread of infectious diseases; advances in research, medical diagnoses and treatments; and preparedness for new health threats. HHS is composed of more than a dozen staff divisions and 11 internationally recognized public health and social service agencies that are responsible for advancing, protecting, and promoting the health and well-being of all individuals. These familiar entities include: Administration for Children and Families (ACF); Administration for Community Living (ACL); Agency for Healthcare Research and Quality (AHRQ); Centers for Disease Control and Prevention (CDC); Centers for Medicare and Medicaid Services (CMS); Food and Drug Administration (FDA); Health Resources and Services Administration (HRSA); Indian Health Service (IHS); National Institutes of Health (NIH); Program Support Center (PSC); and the Substance Abuse and Mental Health Services Administration (SAMHSA).
GLMA Presidents

2015–Present
Jesse Joad, MD, MS

2013–2015
Henry Ng, MD, MPH

1995–1996
Val Ulstad, MD

2011–2013
Desiray Bailey, MD

1994–1995
Bob Cabaj, MD

2009–2011
Rebecca Allison, MD

1993–1994
Kate O’Hanlan, MD

2007–2009
Jason Schneider, MD

1992–1993
Larry Prater, MD

2005–2007
Robert Garofalo, MD, MPH

1991–1992
Jane Petro, MD

2004–2005
Tri Do, MD, MPH

1990–1991
Michael Hulton, MD

2003–2004
Kenneth A Haller, Jr., MD

1989–1990
Audrey Mertz, MD

2002–2003
Christopher E Harris, MD

1988–1989
Elizabeth Harrison, MD

2001–2002
William S Gilmer, MD

1987–1988
Peter Hawley, MD

2000–2001
Saul Levin, MD, MPA

1986–1987
David Ostrow, MD, PhD

1999–2000
Donald I. Abrams, MD

1985–1986
Alvin Novick, MD

1998–1999
Kathy Oriel, MD

1984–1985
Brett Cassens, MD

1997–1998
Michael Horberg, MD

1983–1984
Neil Schram, MD

1996–1997
Jocelyn White, MD

1982–1983
Denny McShane, MD
### Past GLMA Annual Conference Locations

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<thead>
<tr>
<th>Year</th>
<th>Location</th>
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<tr>
<td>2016</td>
<td>St. Louis, Missouri</td>
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<tr>
<td>2015</td>
<td>Portland, Oregon</td>
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Thank You to GLMA’s Major Donors

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<th>Visionaries for LGBT Health ($5,000 and above)</th>
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<tr>
<td>Rebecca Allison, MD</td>
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<td>Desi Bailey, MD</td>
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<td>Brad Deal, MD</td>
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<td>Shail Maingi, MD</td>
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<td>M. Azzam Mehssen, MD</td>
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<td><strong>Kevin Kapila, MD</strong></td>
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<td><strong>H. Ronald Kennedy, MD</strong></td>
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<td><strong>Diane Krause, MD, PhD &amp; Liz Hellwig</strong></td>
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<td><strong>Henry Lao, MD</strong></td>
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<td><strong>Chuck Lynn, MD</strong></td>
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<td><strong>Stewart Martin, MD</strong></td>
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<td><strong>Stuart Martin Jr., DDS</strong></td>
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<td><strong>Terry Perrine, MD</strong></td>
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<td><strong>Jane A. Petro, MD</strong></td>
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<td><strong>David Prelutsky, MD, FACP</strong></td>
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<td><strong>Tonia Poteat, PhD, PA-C, MPH</strong></td>
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<td><strong>Joseph N. Ragan, MD</strong></td>
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<td><strong>Patricia Robertson, MD</strong></td>
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<td><strong>Delmar Stone, MSW</strong></td>
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<th>Champions for LGBT Health ($2,500 - $4,999)</th>
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<td>Julio Aponte, MD</td>
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<td>Carolyn Becker, MD</td>
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<td>Paul J Bock, MD</td>
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<td>Bobbi Dalley, MD</td>
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<td>Titus Daniels, MD, MPH, MMHC</td>
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<td>Andrew Dietz, MD &amp; Christian Slotter</td>
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<td>Andrew Hamp, MD</td>
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<td><strong>Brian Hurley, MD, MBA, DFASAM</strong></td>
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<td><strong>Colin Jairam, MD</strong></td>
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<td><strong>Carolos Jusino-Berrios, MD</strong></td>
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<td><strong>Ranjit Kadam, MD</strong></td>
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<td><strong>Kevin Kapila, MD</strong></td>
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<td><strong>Kenneth Katz, MD</strong></td>
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<td><strong>H. Ronald Kennedy, MD</strong></td>
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<td><strong>Diane Krause, MD, PhD &amp; Liz Hellwig</strong></td>
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<th>Leaders for LGBT Health ($1,000-$2,499)</th>
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<tr>
<td>Anonymous</td>
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<tr>
<td>Amir K Ahuja, M</td>
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<td>Lemuel Arnold, MD</td>
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<td>Jonathon R Baker, PA-C</td>
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<td>Donna Brogen, PhD</td>
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<td>William Byne, MD, PhD</td>
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<td>Jennifer Chaffin, MD</td>
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<td>John Davis, MD, PhD</td>
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<td>Tri Do, MD, MPH</td>
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<td>Patrick Dominguez, MD, FAAD</td>
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<td><strong>Anonymous</strong></td>
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<td><strong>Julio Aponte, MD</strong></td>
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<td><strong>Carolyn Becker, MD</strong></td>
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<td><strong>Paul J Bock, MD</strong></td>
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<td><strong>Bobbi Dalley, MD</strong></td>
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<td><strong>Titus Daniels, MD, MPH, MMHC</strong></td>
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<td><strong>Andrew Dietz, MD &amp; Christian Slotter</strong></td>
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<td><strong>Andrew Hamp, MD</strong></td>
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<td><strong>Mitchell Lunn, MD</strong></td>
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<td><strong>Kathleen White, DO</strong></td>
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Lesbian Health Fund Major Donors ($1,000+)

| Anonymous                              |
| **Mitchell Lunn, MD**                  |
| **Gal Mayer, MD**                      |
| **Christopher Nguyen, MD**             |
| **Andrew Petroll, MD**                 |
| **Jason Schneider, MD**                |
| **Christopher Terndrup, MD**           |
| **Douglas P. Van Auken, MD**           |
| **Kathleen White, DO**                 |

Look for our Major Donor pins, worn proudly to showcase generous support of GLMA’s mission for LGBT health equality!
Thanks to our partner, GLMA, for a shared commitment to equality and self-determination at the end of life.

Compassion & Choices is the nation’s oldest, largest and most active nonprofit working to improve care and expand options for the end of life.

CompassionAndChoices.org

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

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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
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 programing 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

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

*Contact:* externalaffairsc committe@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:* studenttraineecommittee@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

**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

**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:* lhf@glma.org

We hope you will consider supporting GLMA with your skills, expertise and energy by joining a committee! Visit [www.glma.org/committees](http://www.glma.org/committees) for more information about GLMA committees.
The GLMA Nursing Section, GLMA’s first section, was established in 2014.

GLMA Sections support active involvement of a member group in fulfilling GLMA’s mission, with a focus on specific goals and activities that pertain to the interests of section members.

Visit our website to learn more about Sections!

To learn more about the GLMA Nursing Section, including how to join, please visit www.glma.org/nursingsection
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
GLMA would like to thank the following sponsors of the 35th Annual Conference on LGBT Health

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