Caring for LGBTQ Patients

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Hosted by ARI-AHEC and the College of Health Professions
The University of Akron
Goals and Objectives

• Review basic terms used to describe LGBT populations
• Reflect on the impact of discrimination in health care based on sexual orientation and gender identity/expression on health and health access
• Reflect on the intersection of sexual orientation and gender identity/expression with other socio-cultural characteristics
• Discuss what is known of LGBT Population Health and Health Disparities
• Consider ways to provide high quality care for LGBT patients
To Treat Me, You Need to Know Who I Am

Why Learn About LGBT Health?

• Diversity. . .invisible and visible. . .is good.
• Moral Argument
  ▫ Discrimination is wrong and unjust
• Public Health Arguments
  ▫ Important illnesses affect LGBT populations and need to be addressed to improve community health
• These are value-based statements.
Why Learn About LGBT Health?

- **Value and Quality of Care**
  - LGBT Patients are already part of many patient care systems
  - Good Customer Service
  - Reimbursement/Incentives tied to patient satisfaction

- **Professionalism**
  - Codes of Conduct and Ethics of professional organizations
  - Potential Consequences with unprofessional behavior
  - LCME accreditation standard
  - ACGME, Joint Commission standards
  - Presidential Memorandum
Historical Homophobia

- Heterosexism/homophobia mirrors prejudices held by general public (Harrison, 1996)
  - National survey of 1121 MDs (1991)
    - 35% “nervous around homosexuals”
    - 1/3 “homosexuality a threat to many of society’s basic institutions”
    - 36% “homosexual behavior between 2 men just plain wrong”
Television Imagery as a Sea of Change
Conversion Therapy in 2015

- Homosexuality removed from DSM in 1974
Have attitudes changed?

- AMA-GLMA Physician Survey
  - National random sample of 1,500 physicians involved in direct patient care
  - Mailed survey (X3) in 2008-2009
  - Developed by GLMA and AMA w/ expert advisors
    - 266 respondents
    - Unadjusted response rate, 17.7%
Respondent Experiences

• “I have LGBT patients”
  ▫ The average respondent reported a patient panel with:
    • 28 lesbian patients
    • 30 gay male patients
    • 8 bisexual women
    • 5 bisexual men
    • 1 transgender individual

• “I know LGBT people” or “I have a gay friend. . .”
  ▫ 40% of physicians have at least 1 LGBT person in their extended family
  ▫ 58% report at least one LGBT person as a “close friend”
  ▫ 61% have an LGBT co-worker
  ▫ 82% have an LGBT acquaintance
Physician comfort working with...

<table>
<thead>
<tr>
<th></th>
<th>Not comfortable</th>
<th>Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbians</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>Gay men</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Bisexual men</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>Bisexual women</td>
<td>4%</td>
<td>96%</td>
</tr>
<tr>
<td>MTF trans</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>FTM trans</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>MSM (not gay)</td>
<td>10%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Health outcomes with appalling effects of social and economic marginalization
  - Much higher rates of HIV infection, smoking, drug and alcohol use and suicide attempts than the general population.

Refusal of care:
  - 19% of sample reported being refused medical care
  - Higher numbers among people of color

Uninformed doctors:
  - 50% of the had to teach their medical providers about transgender care.

High HIV rates:
  - Over 4 times the national average of HIV infection
  - Rates higher among transgender people of color.

Postponed care:
  - When they were sick or injured, many postponed medical care
    - Due to discrimination (28%)
    - Inability to afford (48%).
Provider Education - Undergraduate

- Historically little health provider training on LGBT patients
  - Medical school:
    - Average of 3 hours 26 minutes exposure to LGBT health in 4 years curriculum (Wallick and Townsend. Academic Medicine, 1992)
    - Decreased to 2 hours 30 minutes in 1998 (Tesar, 1998)
  - Online Survey of 176 Allopathic or Osteopathic schools in the US (Obedin-Malivar et al, JAMA 2011)
    - Median reported time dedicated to teaching LGBT-related content in the entire curriculum was 5 hours
Lesbian, gay, bisexual, and transgender (LGBT)–related topics taught during the required curriculum (N = 132 survey respondents). HIV indicates human immunodeficiency virus; STI, sexually transmitted infections; DSD, disorders of sex development; IPV, intimate partner violence; and SRS, sex-reassignment surgery.

**Figure Legend:**

Lesbian, gay, bisexual, and transgender (LGBT)–related topics taught during the required curriculum (N = 132 survey respondents). HIV indicates human immunodeficiency virus; STI, sexually transmitted infections; DSD, disorders of sex development; IPV, intimate partner violence; and SRS, sex-reassignment surgery.
A New Education Trend?

• Sanchez et al (Jan. 2006)
  ▫ Medical students with increased clinical exposure to LGBT patients
    • Tended to perform more comprehensive histories
    • Held more positive attitudes toward LGBT patients
    • Possessed greater knowledge of LGBT health care concerns

• Probably can generalize to other health professions
Let’s Start with the Genderbread Person
Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.
Gender identity is how you, in your head, think about yourself. It’s the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.
Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.
Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.
Alternative Constructs of Gender Identity: Terminology Follows Concept

Individual Construct
Gender Assertion/Affirmation

Medical Construct
Gender Reassignment or Transitioning

Adapted from AMA/Fenway Institute
Trans* 

Transgender
An all encompassing or umbrella term for people whose anatomies and/or appearances do not conform to predominant gender roles. They have physical and/or behavioral characteristics that readily identify them as having a non-conforming gender identity. It can be someone of any sexual orientation.

Transsexual
Born into one gender identity but psychologically & emotionally as the other. May be transitioning MTF or FTM. May experience Gender Dysphoria

Crossdresser
Comfortable with their physical gender at birth, but will occasionally dress & take on the mannerisms of the opposite gender. Often heterosexual men.

Performers
Dress & act like the “opposite” sex for entertainment. For them “drag” is a job or play. It is not an identity. Some are gay-some are not. Some identify as Transgender. Most do not.

Intersex
People born exhibiting some combination of both male and female genitalia. Often at birth, the attending physician and/or parents “choose” which gender to raise the child, necessitating surgery and/or hormonal treatment.

Gender Benders/Androgyne
Do not fit easily into the above categories as they may be constraining. May have a mix of male & female characteristics. Masculine “butch” lesbians, effeminate “queens” men & many gender expressions in between.

*The terms used to describe Transgender experience are not limited to those listed under this umbrella.
The Spectrum of Transgender Health Care.

- Transgender care involves care in multiple domains
  - Primary Care
  - Gender Affirmation/Assertion Care (aka Transitioning)
    - Hormonal Medication
    - Surgical Procedures
  - Mental Health Care and Social Supports
  - Legal issues (document name changes, birth record gender changes)
  - Social issues and Transphobia/discrimination
  - Domestic violence/Hate-motivated violence
  - Alcohol/Substance abuse
Additional Terminology

• **Homophobia**
  ▫ The unreasoning fear of or antipathy toward homosexuals and homosexuality.

• **Transphobia**
  ▫ The unreasoning fear of or antipathy toward transgender individuals and transgenderism.

• **Heterosexism**
  ▫ A prejudiced attitude or discriminatory practices against homosexuals by heterosexuals.
  ▫ View that heterosexual relationships and associations are normative.
What is in a name?

- Gay, Lesbian, Bisexual, Transgender
  - Reflect diverse dimensions of sexuality - attraction, fantasy, experience, orientation, gender identity or group affiliation
- Other terms reflect behaviors only
  - MSM (Men who have sex with Men)
  - MSM/W (Men who have sex with Men and Women)
  - WSW (Women who have sex with Women)
  - WSW/M (Women who have sex with Women and Men)
What is in a name?

- Can be culturally bound
  - Queer
  - Same Gender Loving
  - Boi, Soft Boi
  - Thug
  - DL/Down Low
  - Aggressive
  - Stone butch
  - “Stud”
- Caveats:
  - Different subgroups and individuals ascribe to different labels
  - Not all individuals identify with a specific label and its social connotations
Discordant Sexual Behavior and Self-Reported Sexual Identity

- **Pathela et al (2006)**
  - Cross sectional, randomized telephone survey of 4193 men from NYC from March – August 2003
  - Concurrent measures of sexual behaviors
  - 12.4% of respondents reported sex with other men. . .
    - but 72.8% of the MSMs identified as “straight” (8.9% of sample)
    - 3.3% respondents were Gay identified
    - 0.2% identified as Bisexual
  - MSMs with discordant behavior/identity were more likely to be
    - Foreign born
    - Members of racial/ethnic minorities
    - Have lower education/income
    - Married
Public Health Implications of Discordant Behavior/Identity

• MSMs who do not identify with LGBT community may not have access to prevention, treatment, support and health improvement systems in place in LGBT communities. (Chapple et al, 1998)
  ▫ Failure to promote health messages
  ▫ Failure to reduce risk behaviors
  ▫ Less likely to seek care from dedicated LGBT health spaces
Populations: Who Is LGBT?
The 10% Club –
Kinsey Institute Research

- *Sexual Behavior in the Human Male* ([1948](#))
- *Sexual Behavior in the Human Female* ([1953](#))
  - 37% of males and 13% of females had at least some overt homosexual experience to orgasm
  - **10%** of males were more or less exclusively homosexual
  - 8% of males were exclusively homosexual for at least three years between the ages of 16 and 55.
  - Females range of 2-6% for more or less exclusively homosexual experience/response.
  - 4% of males and 1-3% of females had been exclusively homosexual after the onset of adolescence up to the time of the interview.
A Modern Day Kinsey Scale

Exclusively heterosexual

Exclusively homosexual

Varying bisexual responses
Who is LGBT?

- **Williams Institute Report (2011)**
  - ~3.5% of adults in the United States identify as lesbian, gay, or bisexual
  - ~0.3% of adults are transgender.
  - ~19 million Americans (8.2%) report same-sex sexual behavior
  - ~25.6 million Americans (11%) acknowledge some same-sex sexual attraction.

- **Underestimated population**
  - Fear of “Coming Out” and disclosure
  - Questioning Youth, People of Color, LGBT elders
Same-Sex Couples Per 1000 Households, by county (adjusted)
Cuyahoga County is ranked #7/45 counties with >50 same-sex couples per 1000/households

<table>
<thead>
<tr>
<th>State rank</th>
<th>US rank among 1,142 counties with 50+ same-sex couples</th>
<th>County</th>
<th>Same-sex couples (adjusted)</th>
<th>Same-sex couples per 1,000 households (adjusted)</th>
<th>Same-sex male couples (adjusted)</th>
<th>Same-sex female couples (adjusted)</th>
<th>% Raising “own” children among same-sex couples (adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>45</td>
<td>Franklin</td>
<td>4584</td>
<td>9.61</td>
<td>3069</td>
<td>1515</td>
<td>17%</td>
</tr>
<tr>
<td>2</td>
<td>264</td>
<td>Hamilton</td>
<td>1843</td>
<td>5.52</td>
<td>1128</td>
<td>715</td>
<td>15%</td>
</tr>
<tr>
<td>3</td>
<td>304</td>
<td>Montgomery</td>
<td>1177</td>
<td>5.25</td>
<td>650</td>
<td>527</td>
<td>19%</td>
</tr>
<tr>
<td>4</td>
<td>321</td>
<td>Lucas</td>
<td>929</td>
<td>5.16</td>
<td>447</td>
<td>482</td>
<td>23%</td>
</tr>
<tr>
<td>5</td>
<td>346</td>
<td>Athens</td>
<td>118</td>
<td>5.01</td>
<td>52</td>
<td>66</td>
<td>12%</td>
</tr>
<tr>
<td>6</td>
<td>386</td>
<td>Summit</td>
<td>1075</td>
<td>4.83</td>
<td>521</td>
<td>554</td>
<td>12%</td>
</tr>
<tr>
<td>7</td>
<td>391</td>
<td>Cuyahoga</td>
<td>2610</td>
<td>4.79</td>
<td>1520</td>
<td>1089</td>
<td>18%</td>
</tr>
<tr>
<td>8</td>
<td>403</td>
<td>Pickaway</td>
<td>93</td>
<td>4.73</td>
<td>28</td>
<td>65</td>
<td>31%</td>
</tr>
<tr>
<td>9</td>
<td>477</td>
<td>Madison</td>
<td>65</td>
<td>4.44</td>
<td>33</td>
<td>33</td>
<td>49%</td>
</tr>
<tr>
<td>10</td>
<td>519</td>
<td>Delaware</td>
<td>269</td>
<td>4.29</td>
<td>89</td>
<td>180</td>
<td>10%</td>
</tr>
</tbody>
</table>
LGBT Health Disparities

HIV Health Disparities
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2008–2011—United States and 6 Dependent Areas

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
Estimates of New HIV Infections in the United States for the Most-Affected Subpopulations, 2010

- White MSM: 11,200
- Black MSM: 10,600
- Hispanic/Latino MSM: 6,700
- Black Heterosexual Women: 5,300
- Black Heterosexual Men: 2,700
- White Heterosexual Women: 1,300
- Hispanic/Latino Heterosexual Women: 1,200
- Black Male IDUs: 1,100
- Black Female IDUs: 850
- Hispanic/Latino Heterosexual Men: 780
Awareness of Serostatus Among People with HIV and Estimates of Transmission

- ~25% Unaware of Infection
- ~75% Aware of Infection

People Living with HIV/AIDS: 1,039,000-1,185,000

Accounting for:

New Sexual Infections Each Year: ~32,000

~54% of New Infections

~46% of New Infections

Marks G, Crepe N, Janssen RS. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. AIDS 2006 Jun 26;20(10):1447-50.
Linkage to Care

HIV Testing

Linkage to HIV Care Interventions

Retention in HIV Care Interventions

Re-engagement in HIV Care Interventions

Unaware of HIV Status
Not tested or never received results

Aware of HIV status but not in HIV medical care
(not referred to care, did not attend initial visit)

Received initial HIV medical care visit

Received first set of follow up HIV medical care visits

In long-term, continuous HIV medical care

Resumed medical care after lapse
Linkage to Care

Findings from NHIS 2014

- National, telephonic survey
- 34,557 adults aged 18 – 64
- Methodology: self-Id

- “Which of the following best represents how you think of yourself?”
  - 5 response options, varying by respondent sex.

- For male respondents, they are:
  - Gay,
  - Straight, that is, not gay,
  - Bisexual,
  - Something else, and
  - I don’t know the answer.

- For female respondents, the response options are:
  - Lesbian or gay,
  - Straight, that is, not lesbian or gay,
  - Bisexual,
  - Something else, and
  - I don’t know the answer.
# US Adult Sexual Orientation
**NHIS 2014**

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Gay or lesbian¹</th>
<th>Straight²</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in thousands</td>
<td>Percent² (standard error)</td>
<td>Number in thousands</td>
<td>Percent³ (standard error)</td>
</tr>
<tr>
<td>Overall</td>
<td>3,729 1.6 (0.09)</td>
<td>224,163 97.7 (0.11)</td>
<td>1,514 0.7 (0.06)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>2,000 1.8 (0.14)</td>
<td>108,093 97.8 (0.15)</td>
<td>481 0.4 (0.06)</td>
</tr>
<tr>
<td>Women</td>
<td>1,729 1.5 (0.12)</td>
<td>116,071 97.7 (0.15)</td>
<td>1,033 0.9 (0.10)</td>
</tr>
<tr>
<td>Age group (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–44</td>
<td>2,028 1.9 (0.15)</td>
<td>104,947 97.1 (0.18)</td>
<td>1,153 1.1 (0.12)</td>
</tr>
<tr>
<td>45–64</td>
<td>1,422 1.8 (0.16)</td>
<td>77,686 97.8 (0.17)</td>
<td>289 0.4 (0.07)</td>
</tr>
<tr>
<td>65 and over</td>
<td>278 0.7 (0.13)</td>
<td>41,531 99.2 (0.14)</td>
<td>73 *0.2 (0.05)</td>
</tr>
</tbody>
</table>

¹ Estimate has a relative standard error greater than 30% and less than or equal to 50% and should be used with caution as it does not meet standards of reliability or precision.
² Response option provided on the National Health Interview Survey was “gay” for men, and “gay or lesbian” for women.
³ Response option provided on the National Health Interview Survey was “straight, that is, not gay” for men, and “straight, that is, not gay or lesbian” for women.
⁴ Percent distributions in this table may not equal exactly 100.0% due to rounding.

**SOURCE:** CDC/NCHS, National Health Interview Survey, 2013.
Health Behaviors - US Adults by Sexual Orientation, NHIS 2014

Table 2. Selected health-related behavior indicators of U.S. adults, by sexual orientation and sex: United States, 2013

<table>
<thead>
<tr>
<th>Selected health-related behavior indicator</th>
<th>Both sexes</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gay or lesbian</td>
<td>Straight</td>
<td>Bisexual</td>
</tr>
<tr>
<td>Aged 18 and over (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current cigarette smoker</td>
<td>25.8 (2.57)</td>
<td>17.6 (0.31)</td>
<td>28.6 (4.11)</td>
</tr>
<tr>
<td>Five or more alcoholic drinks in 1 day at least once in past year</td>
<td>33.0 (2.64)</td>
<td>22.3 (0.36)</td>
<td>39.5 (4.15)</td>
</tr>
<tr>
<td>Met federal guidelines for aerobic physical activity</td>
<td>56.2 (2.82)</td>
<td>49.2 (0.45)</td>
<td>54.8 (4.47)</td>
</tr>
<tr>
<td>Aged 18–64 (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current cigarette smoker</td>
<td>27.2 (2.73)</td>
<td>19.6 (0.36)</td>
<td>29.5 (4.29)</td>
</tr>
<tr>
<td>Five or more alcoholic drinks in 1 day at least once in past year</td>
<td>35.1 (2.80)</td>
<td>26.0 (0.41)</td>
<td>41.5 (4.34)</td>
</tr>
<tr>
<td>Met federal guidelines for aerobic physical activity</td>
<td>57.9 (2.92)</td>
<td>52.3 (0.50)</td>
<td>55.5 (4.62)</td>
</tr>
</tbody>
</table>

1Selected health-related behavior indicators were chosen based on those provided in the report series titled “Early Release of Selected Estimates Based on Data From the National Health Interview Survey” (see reference 13). Definitions of certain selected health-related behavior indicators can be found in the Technical Notes section of this report.
2Response option provided on the National Health Interview Survey was “gay” for men, and “gay or lesbian” for women.
3Response option provided on the National Health Interview Survey was “straight, that is, not gay” for men, and “straight, that is, not gay or lesbian” for women.

## Health Behaviors - US Adults by Sexual Orientation, NHIS 2014

### Table 3. Selected health status indicators of U.S. adults, by sexual orientation and sex: United States, 2013

<table>
<thead>
<tr>
<th>Selected health status indicator</th>
<th>Both sexes</th>
<th>Gay or lesbian</th>
<th>Straight</th>
<th>Bisexual</th>
<th>Men</th>
<th>Gay or lesbian</th>
<th>Straight</th>
<th>Bisexual</th>
<th>Women</th>
<th>Gay or lesbian</th>
<th>Straight</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 18 and over (years)</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Health status described as excellent or very good</td>
<td>60.3 (2.85)</td>
<td>60.6 (0.40)</td>
<td>58.1 (4.25)</td>
<td>66.2 (3.59)</td>
<td>61.6 (0.55)</td>
<td>63.6 (7.13)</td>
<td>53.4 (4.20)</td>
<td>59.8 (0.51)</td>
<td>55.5 (5.40)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced serious psychological distress in past 30 days</td>
<td>4.9 (1.12)</td>
<td>3.7 (0.15)</td>
<td><strong>10.8 (2.78)</strong></td>
<td><strong>4.5 (1.60)</strong></td>
<td>3.1 (0.19)</td>
<td>t</td>
<td>5.3 (1.55)</td>
<td>4.2 (0.21)</td>
<td>10.9 (2.87)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese*</td>
<td>29.5 (2.61)</td>
<td>29.0 (0.37)</td>
<td>36.3 (4.26)</td>
<td>23.6 (3.03)</td>
<td>29.7 (0.53)</td>
<td>26.3 (6.17)</td>
<td>36.7 (4.17)</td>
<td>28.3 (0.46)</td>
<td>40.9 (5.52)</td>
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<td></td>
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<tr>
<td>Aged 18–64 (years)</td>
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<td></td>
</tr>
<tr>
<td>Health status described as excellent or very good</td>
<td>60.5 (2.97)</td>
<td>64.1 (0.44)</td>
<td>58.3 (4.39)</td>
<td>66.0 (3.78)</td>
<td>64.9 (0.61)</td>
<td>62.3 (7.65)</td>
<td>54.0 (4.33)</td>
<td>63.3 (0.56)</td>
<td>56.5 (5.49)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced serious psychological distress in past 30 days</td>
<td>5.0 (1.22)</td>
<td>3.9 (0.17)</td>
<td><strong>11.0 (2.91)</strong></td>
<td><strong>4.8 (1.72)</strong></td>
<td>3.3 (0.22)</td>
<td>t</td>
<td>5.2 (1.71)</td>
<td>4.5 (0.24)</td>
<td>10.8 (2.93)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese*</td>
<td>28.9 (2.68)</td>
<td>29.7 (0.41)</td>
<td>34.8 (4.45)</td>
<td>23.2 (3.14)</td>
<td>30.7 (0.60)</td>
<td>25.4 (6.58)</td>
<td>35.9 (4.25)</td>
<td>28.9 (0.53)</td>
<td>40.4 (5.68)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*Estimate has a relative standard error greater than 30% and less than or equal to 50% and should be used with caution as it does not meet standards of reliability or precisio.
†Estimates with a relative standard error greater than 50% are replaced with a dagger and not shown.

*Selected health status indicators were chosen based on those provided in the report series titled “Early Release of Selected Estimates Based on Data From the National Health Interview Survey” (see reference 13). Definitions of certain selected health status indicators can be found in the Technical Notes section of this report.

*Response option provided on the National Health Interview Survey was “gay” for men, and “gay or lesbian” for women.

*Only calculated for adults aged 20 and over.

**SOURCE:** CDC/NCHS, National Health Interview Survey, 2013.
Health Access - US Adults by Sexual Orientation, NHIS 2014

Table 5. Selected health care access indicators of U.S. adults, by sexual orientation and sex: United States, 2013

<table>
<thead>
<tr>
<th>Selected health care access indicator</th>
<th>Both sexes</th>
<th>Gay or lesbian</th>
<th>Straight</th>
<th>Bisexual</th>
<th>Men</th>
<th>Gay</th>
<th>Straight</th>
<th>Bisexual</th>
<th>Women</th>
<th>Gay or lesbian</th>
<th>Straight</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 18 and over (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a usual place to go for medical care</td>
<td>80.0 (2.29)</td>
<td>63.9 (0.30)</td>
<td>73.6 (3.96)</td>
<td></td>
<td>82.2 (5.18)</td>
<td>79.7 (0.47)</td>
<td>76.0 (5.72)</td>
<td></td>
<td>77.5 (3.49)</td>
<td>87.8 (0.34)</td>
<td>72.5 (5.14)</td>
<td></td>
</tr>
<tr>
<td>Failed to obtain needed medical care in past year due to cost</td>
<td>11.7 (1.61)</td>
<td>7.6 (0.20)</td>
<td>16.2 (3.01)</td>
<td></td>
<td>9.4 (2.01)</td>
<td>6.9 (0.28)</td>
<td>*16.1 (5.23)</td>
<td></td>
<td>14.3 (2.49)</td>
<td>8.2 (0.27)</td>
<td>16.2 (3.74)</td>
<td></td>
</tr>
<tr>
<td>Currently uninsured</td>
<td>16.0 (1.99)</td>
<td>16.5 (0.32)</td>
<td>22.5 (4.62)</td>
<td></td>
<td>14.6 (2.33)</td>
<td>18.3 (0.46)</td>
<td>*19.0 (5.89)</td>
<td></td>
<td>17.6 (2.98)</td>
<td>14.9 (0.37)</td>
<td>24.1 (4.54)</td>
<td></td>
</tr>
<tr>
<td>Currently with public health plan coverage</td>
<td>20.7 (2.17)</td>
<td>31.1 (0.39)</td>
<td>23.1 (3.69)</td>
<td></td>
<td>19.7 (2.86)</td>
<td>28.0 (0.51)</td>
<td>22.2 (6.57)</td>
<td></td>
<td>21.8 (3.35)</td>
<td>33.9 (0.51)</td>
<td>23.5 (4.49)</td>
<td></td>
</tr>
<tr>
<td>Currently with private health insurance coverage</td>
<td>69.1 (2.55)</td>
<td>62.3 (0.42)</td>
<td>56.7 (4.40)</td>
<td></td>
<td>70.3 (2.34)</td>
<td>62.7 (0.57)</td>
<td>63.4 (7.47)</td>
<td></td>
<td>67.8 (3.76)</td>
<td>61.9 (0.54)</td>
<td>53.7 (5.50)</td>
<td></td>
</tr>
<tr>
<td>Aged 18–64 (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a usual place to go for medical care</td>
<td>78.6 (2.45)</td>
<td>81.0 (0.35)</td>
<td>72.5 (4.13)</td>
<td></td>
<td>81.2 (3.38)</td>
<td>76.4 (0.55)</td>
<td>74.5 (6.21)</td>
<td></td>
<td>75.6 (3.78)</td>
<td>85.5 (0.41)</td>
<td>71.6 (5.27)</td>
<td></td>
</tr>
<tr>
<td>Failed to obtain needed medical care in past year due to cost</td>
<td>11.9 (1.68)</td>
<td>8.8 (0.24)</td>
<td>16.5 (3.14)</td>
<td></td>
<td>9.1 (2.02)</td>
<td>8.1 (0.33)</td>
<td>*16.0 (5.61)</td>
<td></td>
<td>15.2 (2.67)</td>
<td>9.6 (0.33)</td>
<td>16.7 (3.95)</td>
<td></td>
</tr>
<tr>
<td>Currently uninsured</td>
<td>17.3 (2.03)</td>
<td>20.1 (0.37)</td>
<td>23.7 (3.79)</td>
<td></td>
<td>15.7 (2.50)</td>
<td>21.9 (0.54)</td>
<td>*20.8 (6.41)</td>
<td></td>
<td>19.1 (3.21)</td>
<td>18.4 (0.45)</td>
<td>24.9 (4.67)</td>
<td></td>
</tr>
<tr>
<td>Currently with public health plan coverage</td>
<td>14.8 (1.99)</td>
<td>16.3 (0.33)</td>
<td>19.2 (3.67)</td>
<td></td>
<td>14.0 (2.68)</td>
<td>14.2 (0.42)</td>
<td>*14.9 (6.75)</td>
<td></td>
<td>15.8 (3.02)</td>
<td>18.3 (0.47)</td>
<td>21.1 (4.43)</td>
<td></td>
</tr>
<tr>
<td>Currently with private health insurance coverage</td>
<td>68.9 (2.68)</td>
<td>65.1 (0.46)</td>
<td>57.1 (4.56)</td>
<td></td>
<td>70.8 (3.36)</td>
<td>65.2 (0.63)</td>
<td>64.3 (8.02)</td>
<td></td>
<td>66.7 (3.98)</td>
<td>64.9 (0.60)</td>
<td>54.0 (5.61)</td>
<td></td>
</tr>
</tbody>
</table>

* Estimate has a relative standard error greater than 30% and less than or equal to 50% and should be used with caution as it does not meet standards of reliability or precision.

1Selected health care access indicators were chosen based on those provided in the report series titled “Early Release of Selected Estimates Based on Data From the National Health Interview Survey” (see reference 13). Definitions of certain selected health care access indicators can be found in the Technical Notes section of this report.

2Response option provided on the National Health Interview Survey was “gay” for men, and “gay or lesbian” for women.

3Response option provided on the National Health Interview Survey was “straight, that is, not gay” for men, and “straight, that is, not gay or lesbian” for women.

The Health of Lesbian, Gay, Bisexual and Transgender People – Building a Foundation for Better Understanding, IOM (2011)
Conceptual Framework

- *The minority stress model* calls attention to the chronic stress that sexual and gender minorities may experience as a result of their stigmatization;
- *The life course perspective* looks at how events at each stage of life influence subsequent stages;
- The *intersectionality perspective* examines an individual’s multiple identities and the ways in which they interact; and
- *The social ecology perspective* emphasizes that individuals are surrounded by spheres of influence, including families, communities, and society.
Marriage Equality and Health

- **DOMA unconstitutional**
  - 6/26/2013

- **American Academy of Pediatrics Supports Same Gender Civil Marriage**
  - 3/21/2013

- **AAFP Backs Same-Sex Marriage**
  - 10/18/2012

- **AMA adopts policy supporting same-sex marriage**
  - 6/27/2011
Healthy People 2020

- Nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and opportunities for progress.
- Provide measurable objectives and goals applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that driven by best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.
Healthy People 2020 - LGBT Health Objectives

- LGBT-1.1: Increase the number of population-based data systems used to monitor Healthy People 2020 objectives which collect data on (or for) lesbian, gay and bisexual populations
  - NHIS 2014 dataset
- LGBT-1.2: (Developmental) Increase the number of population-based data systems used to monitor Healthy People 2020 objectives which collect standardized data that identify lesbian, gay and bisexual populations
- LGBT-1.3: Increase the number of population-based data systems used to monitor Healthy People 2020 objectives which collect data on (or for) transgender populations
- LGBT 1.4: (Developmental) Increase the number of population-based data systems used to monitor Healthy People 2020 objectives which collect standardized data that identify transgender populations
The PRIDE Clinic at MetroHealth Medical Center

A Model of LGBT affirming Care
What are We?

- Founded in April 2007, named by the community we serve
- Person-centered medical home for LGBT people and their friends and families
- Primary care “plus”
- Comprehensive medical, mental health, transgender hormonal care, pediatric and adult care, care of gender variant/creative youth
- Two locations – urban and suburban
- One half-day – team, 3 half-days, Dr. Ng
Who are We?

- Henry Ng, MD, MPH
- Doug Van Auken, MD
- Daniel Medalie, MD
- Steven Weight, MD
- Robert Pollard, MD
- Dianne Schubeck, MD
- Terry Stancin, PhD
- Ajuah Davis, MD
- Owen Groze, LISW
- Mary Sanabria, RN
- Barb Sperk, RN
- Eleanora Marquez, MTA
- Julia Torres, MTA
- Rosalyn Hill, PSR
Meet Our Doctors & Staff

Family Medicine

Douglas Van Auken, MD
Certification: American Board of Family Medicine
Clinical Expertise: HIV/AIDS, Care of Sexual Minorities; Language: Spanish
Joined the MetroHealth team in 1993

Internal Medicine-Pediatrics

Henry Ng, MD FAAP FACP
Clinical Director: Pride Clinic
Certification: American Board of Internal Medicine, American Board of Pediatrics
Clinical Expertise: Health Disparities and Care of Sexual Minorities
Languages: Spanish, Cantonese and ASL
Joined the MetroHealth team in 2005

Obstetrics/Gynecology

Dianne Schubbeck, MD
Certification: American Board of Obstetrics and Gynecology
Clinical Expertise: Gynecologic Care, Family Planning, Women’s Health
Joined the MetroHealth team in 1993

Steven Weight, MD
Certification: American Board of Obstetrics and Gynecology
Clinical Expertise: Gynecologic Care, Women’s Health
Joined the MetroHealth team in 1988

Pediatric Endocrinology

Ajuah O. Davis, MD
Certification: American Board of Pediatrics
Clinical Expertise: Endocrinology, Pediatrics, Diabetes, Children’s Health
Joined the MetroHealth team in 2000

Psychology

Terry Stacin, PhD
Training: Kent State University PhD
Clinical Expertise: Pediatric Psychology, Children’s Health
Joined the MetroHealth team in 1987

Plastic and Reconstructive Surgery, Transgender Surgery

Daniel Medalie, MD
Certification: American Board of Plastic Surgery
Clinical Expertise: Reconstructive Microsurgery, Facial Aesthetic and Reconstructive Surgery
Joined the MetroHealth team in 2006

Specialty and Support Services

Owen Groze, MSW, LSW
Education: Masters Degree in Social Work
Clinical Expertise: HIV/AIDS, Mental Health, and Substance Abuse

Mary Sanabria, RN
Education: Associates Degree in Nursing
Language: Spanish

Gynecology Surgery

Robert Pollard, MD
Certification: American Board of Obstetrics and Gynecology
Clinical Expertise: Centers for Advanced Gynecology, Minimally Invasive Surgery
Joined the MetroHealth team in 1999

Urology

J. Patrick Spirmak, MD
Certification: American Board of Urology
Clinical Expertise: Stones, Prostate Cancer, General Urology, Prostate Problems
Joined the MetroHealth team in 1983

For an appointment, call 216-957-4905.

MetroHealth Pride Clinic at Thomas F. McCafferty Health Center
4242 Lorain Avenue • Cleveland, OH 44113
www.metrohealth.org/prideclinic
Who are the patients?

- Average age 39
- 50% gay men
- 16% lesbian women
- 8% bisexual
- 25% transgender
- Gender variant youth aka “Trans kids”

- Over 1,000 unique patients
- 47.6% (131) patients reside in Cleveland.
- 12.4% (34) patients reside in Lakewood.
- Remainder of patients from outlying communities, many over 30 miles away
Unique Patient Insurance Status (Jan 2015)

<table>
<thead>
<tr>
<th>Year</th>
<th># patients</th>
<th>Commercial</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>SelfPay</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td>137</td>
<td>77</td>
<td>29</td>
<td>13</td>
<td>256</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>53.5%</td>
<td>30.1%</td>
<td>11.3%</td>
<td>5.1%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>143</td>
<td>110</td>
<td>22</td>
<td>19</td>
<td>294</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>48.6%</td>
<td>37.4%</td>
<td>7.5%</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td># patients</td>
<td>280</td>
<td>187</td>
<td>51</td>
<td>32</td>
<td>550</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>50.9%</td>
<td>34.0%</td>
<td>9.3%</td>
<td>5.8%</td>
<td></td>
</tr>
</tbody>
</table>
What are the Health Concerns?

- General Medical Exam
- **Depression**
- **Tobacco Abuse**
- **Obesity**
- Gender Identity Disorder/Dysphoria and Endocrine Disorder NOS
- Elevated BP w/o HTN
- HTN
- Hypercholesterolemia
- GERD
- Allergic rhinitis

- Initial Dx at first PRIDE Clinic visit
- Common primary care medical concerns
- Highlighted health concerns and disparities known in LGBT populations elsewhere
What else do we do?

- **Patient Care Coordination:**
  - 2010 – 2011: 484 visits
    - 75 social work referrals.
    - 20% referrals - complex patient care or trauma.
    - 20% referrals - patient assistance for medications
  - > 50% of social work referrals resulted in service coordination.
  - > 1/3 of social work referral outcomes resulted in decreased barriers to patient self-care and management.
What else do we do?

• Health Professional Education – over 260 contact hours
  ▫ 2011-2012 academic year:
    • 14 medical residents (9 MHMC Med/Peds residents, 6 CCF/Fairview FP residents, 1 MHMC Psychiatry resident)
    • 13 medical students
    • 1 MPH student
    • 1 undergraduate Chester Scholar
    • 1 post-graduate observer
  ▫ 2012-2013 academic year:
    • 10-12 Med/Peds residents
    • 6 CCF Fairview FP residents
    • 1 CCF Psychiatry resident
    • 4 medical students
    • 1 advanced nurse practitioner student.
What have we learned?

- Trust takes time
- Safe physical and emotional environments are important
- It’s OK to get pronouns wrong the first time, but make an effort to address the patient by his/her preferred name and pronoun
- Be patient-centered
- Be flexible and adapt
- Ask questions, honestly and with respectfully
- Be prepared for unfamiliar patient needs

- Develop workarounds
  - No space in EHR for Gender Identity or Sexual Orientation
  - Create processes to allow patients to share these characteristics - all team members on the same page
  - Registration forms
  - Room assignment, name listing

- If you build it, they will come
What Can You Do to Improve LGBT Health?

- **Individual level**
  - Improve clinical and cultural competency
  - Obtain additional training
    - CME, CEU, other trainings on LGBT health (GLMA, Fenway, UCSF, PTHC webinars and conferences)
  - Raise awareness –
    - Host discussions, panels
    - Recognize/celebrate LGBT “holidays”
  - Join LGBT Section/org/ERG
    - GLMA, APHA LGBT Sig, etc.

- **Institutional/Environmental level**
  - Environmental Scan – is space LGBT welcoming?
    - Inclusion of non-binary identities, pronoun preference, preferred name, partner/same-sex spouse on forms
  - Organization policy (Achieve HRC HEI Leader status)
  - Include topic into health professional curricula
What Can You Do to Improve LGBT Health?

• Contribute/participate in LGBT health research
  ▫ Many gaps – Transgender health, Aging, chronic health conditions, etc.

• Practice cultural humility
  ▫ “To Treat Me, You Need to Know Who I am”
Utilizing LGBT Health Resources
LGBT Health Resources – National Organizations

- www.glma.org for referrals and updated provider links
- Healthy People 2010 Companion Document
- LGBT health professional health campus white paper

- www.pflag.org
LGBT HEALTH RESOURCES

- The Fenway Guide To Lesbian, Gay, Bisexual and Transgender Health
  - www.acponline.org
  - Amazon/Kindle
LGBT HEALTH RESOURCES

- Lesbian Health 101
- **Suzanne L. Dibble**, DNSc, RN
  Professor Emerita
  Institute for Health & Aging,
  Department of Social and Behavioral
  Sciences
  UCSF School of Nursing

- **Patricia A. Robertson**, MD
  Professor and Endowed Chair in
  Obstetric and Gynecology Education
  UCSF Department of Obstetrics,
  Gynecology, and Reproductive Sciences
Trans Bodies, Trans Selves

• Aka TBTS
• Resource for Trans community
• Written by community members and health experts
• Modelled after Our Bodies, Ourselves
LGBT Health Journal

- Journal dedication to LGBT health concerns
  - Original research
  - Education
  - Policy papers
  - Perspectives
  - Book reviews
LGBT Health Resources

- Healthy People 2020 – LGBT site

- CDC site for LGBT Health
  - [www.cdc.gov/lgbthealth](http://www.cdc.gov/lgbthealth)

- LGBT Health Channel
  - [http://www.lgbthealthchannel.com/](http://www.lgbthealthchannel.com/)
LGBT Health Resources

• Joint Commission Field Guide
  ▫ http://www.jointcommission.org/lgbt/

• IOM LGBT Health Report
LGBT Health Resources – Bisexual Health

• The Task Force: Bisexual Health Report
  ▫ www.thetaskforce.org/reports_and_research/bisexual_health
LGBT Health Resources – Transgender Health

- TransGender Care
  - www.transgendercare.com

- World Professional Association for Transgender Health (WPATH)
  - www.wpath.org

- American Psychological Association handout
  - “Answers to Your Questions About Transgender Individuals and Gender Identity”
In Closing. . .

- Perform routine sexual history and behavior screening
- Recognize that health disparities exist for LGBT populations, the extent to which has yet to be determined
- LGBT patients have unique health concerns historically not addressed in the standard medical interview, health professional education
- Utilize local, state, national and web resources for your LGBT patients
- **Discrimination in health care is a health hazard**
Questions???
Thank you for your attention!

hng@metrohealth.org
LGBT Health Resources

Resources
LGBT HEALTH RESOURCES - LOCAL/REGIONAL

- The Lesbian Gay Bisexual Transgender Community Center of Greater Cleveland Center
  - www.lgcsc.org
- Local PFLAG (Parents and Families of Lesbians and Gays) Chapter
  - www.pflagcleveland.org
- TransFamily
  - www.transfamily.org
Additional Slides – LGBT Health Disparities

Additional Slides
Primary Care Concerns for LGBT Patients
Unique Health Issues for Gay, Bisexual Men and MSMs

- Anal CA screening
  - Related to perianal HPV infection
  - No current recommendation for screening unless HIV+
  - Studies ongoing
  - Requires team approach (ID, PCP, Colorectal surgeon, trained Pathologist)
- Non-genital site screening for GC and CT
- Recreational Drug use
- “Barebacking” and “PnP”
- Hepatitis A/B/C screening and immunization
Unique Health Issues for Lesbian, Bisexual Women and WSW

- Clinical breast exam and mammography
- Regular gynecologic care including Pap
  - 50 – 99% of Lesbian women have had a sexual encounter with a male and thus potential exposure to HPV
  - Intimate partner infection with STI can occur → safer sexual practice discussions
- Duty to discuss reproductive health needs and family planning
  - Need for contraception (OCP vs. Depo-Provera vs. IUD vs. other)
  - Identified male partner vs. Sperm donor
  - In vitro fertilization
    - Finding a provider may be difficult (limited providers/bias)
Unique Health Issues for Transgender Persons

- Few formal studies
- Mostly convenience samples (sex workers)
- Unclear what true incidence and prevalence of many health issues are
- Sexual risk behaviors in MTF populations
- “Pump Parties” and “Street” Physical Augmentation
  - (industrial grade silicone)
- Hormonal Therapy and “purity”
  - Internet pharmacies
- Loss of insurance after Dx with GID
- Mammograms, pelvic/Pap for Transmen
- Mammograms, PSA and DRE for Transwomen
Special Populations - Adolescents
Adolescent Sexuality

• “...The prevalence of homosexuality among adolescents is unknown because gender roles and sexual identity may take years to evolve and be acknowledged. . .Although only 1% of 12th-grade males and less than 1% of 12th-grade females viewed themselves as mostly or completely homosexual, 10% were unsure of their sexual orientation.”
HEADS FIRST Mnemonic

- **Home**: Separation, support, "space to grow"
- **Education**: Expectations, study habits, achievement
- **Abuse**: Emotional, verbal, physical, sexual
- **Drugs**: Tobacco, alcohol, marijuana, cocaine, others
- **Safety**: Hazardous activities, seatbelts, helmets
- **Friends**: Confidant, peer pressure, interaction
- **Image**: Self-esteem, looks, appearance
- **Recreation**: Exercise, relaxation, TV, media games
- **Sexuality**: Changes, feelings, experiences, identity
- **Threats**: Depressed or upset easily, harm to self or others

Potential Psychosocial Problems of Gay and Lesbian Adolescents

- Social isolation
- Running away
- Prostitution
- Substance abuse
- Compromised mental health
- Damaged self-esteem
- Depression
- Anxiety
- Suicide
Impact of Family Rejection On LGB Youth Health

• Higher rates of family rejection associated with poorer health outcomes
  ▫ LGB adolescents who reported higher levels of rejection were:
    • 8.4 times more likely to have attempted suicide
    • 5.9 times more likely to report high levels of depression
    • 3.4 times more likely to use illegal drugs
    • 3.4 times more likely to have engaged in unprotected intercourse

Ryan et al. Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. Pediatrics 2009; 123; 346-352
Reproductive and Sexual Health Concerns

• Increased incidence of high risk sexual behaviors
• Young men with partners of both sexes less likely to use condoms and more likely to have had multiple partners
• Bisexual and lesbian teens twice as likely to experience unintended pregnancy
• Pregnancy as a means to hide sexual identity
• Increased risk for STIs including HIV
Gay Teen Suicides
Gay Men and Cancer

• Anal Carcinoma
  ▫ Daling et al (1987) and Beckman et al (1989) and several other researchers found exposure to HPV as precursor to anal CA in MSM
    • Receptive anal intercourse
    • Rectal administration of recreational drugs
    • Higher number of lifetime partners
    • Higher smoking prevalence
Gay Men and Cancer

• Kolbin et al (1996) found increased incidence of Non-Hodgkin’s Lymphoma and Hodgkin’s lymphoma in gay men
  ▫ Cohort design study
  ▫ Records from New York City and San Francisco cancer registries and National Health index from 1978-1990
  ▫ No difference in incidence of CA at other sites
  ▫ Increased NHL and Hodgkin’s related to HIV infection
Lesbians and Cancer

- Haynes and Denenberg et al (1995) found that Lesbians are at increased risk to develop Breast cancer compared to heterosexual women.
  - Nulliparity
  - No/Rare OCP use
  - Increased Obesity/alcoholism
- Robertson et al (1981) noted less frequent gynecologic care in lesbian women
  - Failure to diagnose sexually transmitted infections
  - Failure to screen for gynecologic malignancies
Factors Associated with HIV infection in MSM

- High prevalence in HIV – “Community Viral Load”
- Lack of knowledge of HIV status
- Complacency about risk
  - Younger generation, naïve of HIV epidemic
  - False beliefs about HIV risk
  - Consistency of risk reduction behaviors
- Social discrimination and cultural issues
  - MSM vs. Gay/Bisexual
  - Access to prevention services and messages
- Substance abuse
  - Affecting judgment with sexual behaviors
  - Direct risk of blood borne pathogens
Transgender Populations and HIV/AIDS

- Overrepresentation in TG community, but varies across gender identity
- Many studies of convenience samples, hard to generalize
- 22-47% among urban subpopulations from several studies (Nemoto, et al; Xaiver et al; McCowan et al)

  - Poor self-esteem, history of rejection, increased risk taking behaviors, survival sex, IVDU, MTF “Pump Parties”

  - MTF 20-30% HIV+ prevalence
  - FTM 2-3 % HIV+ prevalence
Gay Men and Mental Health

• Cochran and Mays, 2000
  ▫ Gay men report higher rates of depression and anxiety disorders than heterosexual counterparts

• Geneva Gay Men’s Health Study, 2002
  ▫ Comprehensive health survey among 571 gay men in Geneva, Switzerland
  ▫ 43.7% of participants fulfilled criteria for one of five DSM-IV disorders
    ▪ 19.2% Major depression in last 12 months
    ▪ 21.9% Specific and/or social phobia in last 12 months
    ▪ 16.7% Alcohol or drug dependence disorder in last 12 months
    ▪ >25% comorbid mental health conditions
    ▪ 35.7% had consulted a mental health provider
Lesbians and Mental Health

- National Lesbian Health Survey 1984-1985
- Bradford et al, 1994
  - 1925 Lesbians from all 50 states
  - Over 50% with thoughts of suicide at some time
  - 18% attempted suicide
  - 37% abused as a child or adult
  - 32% raped or sexually attacked
  - 19% involved in an incestuous relationship
  - Nearly 1/3 used tobacco daily
  - 30% drank alcohol more than once a week
  - 6% drank alcohol daily
Mental health and perceived discrimination

- MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS)
  - Cochran and Mays, 2001
  - Population based survey with random telephone sampling design
  - Heterosexual N = 2844, Bisexual N = 32
  - Homosexual N = 41
  - Measures of experiences in 4 domains
    - Lifetime discriminatory experiences
    - Frequency of day-to-day discrimination
    - Reasons for discrimination
    - General effects of discrimination
    - Multiple settings: school, work, financial services, social hostility
Mental health and perceived discrimination

- Measures of mental health
  - Mental health indicators of 5 stress-sensitive psychiatric disorders
  - Drug and alcohol dependence
- Homosexual and bisexual individuals reported lifetime and day to day experiences with discrimination more frequently than heterosexuals
  - ~42% attributed this in part or in total to their sexual orientation
  - Odds of having any psychiatric disorder increases for any lifetime discriminatory event (OR 1.6)
  - Or day-to-day experience of discrimination (OR 2.13)
  - Findings limited by small sample size and low power
Framing Gender Identity – Condition or Disorder?

- DSM-IV: Gender Identity Disorder (GID) in children, adolescents and adults
  - Requires distress/impairment of functioning
  - Being transgender alone does not constitute a mental disorder
  - Gender incongruence, dysphoria
  - When does treatment end?
  - Considered stigmatizing/pejorative
    - Dysphoria vs. disorder

American Psychiatric Association, 1994
Lesbians and Obesity

- Roberts et al (1998), Seiver (1994) and several non-randomized studies suggest Lesbians are more likely to be overweight.
  - Less preoccupied with weight and body image than heterosexual women (Seiver).
  - Valanais et al (2000) in comparing data from the Women’s Health Initiative found that Lesbians consume fewer fruits and vegetables than heterosexual women.
Gay/Bisexual Men and Nutrition

- Very little known and variable habits reported
- Some studies show correlation between eating disorders and sexual orientation among men (Beren et al, 1996) . . .
- while others did not (Turnbull et al, 1987 and Pope et al, 1986)
- “Gay male gym culture” (Bernard 1998)
  - Response to need to appear healthy in time of AIDS epidemic
  - Anabolic steroid use
  - HIV and Hepatitis risks
Gay/Bisexual Men and Nutrition

- Kaminski et al (2004) studied body image, eating behaviors and attitudes toward exercise among gay and straight men
  - Use of Male Eating Behavior and Body Image Evaluation (MEBBIE) tool
  - Previous studies used instruments designed to assess eating disorder symptomology in women
  - Gay men:
    - Dieted more
    - Were more dissatisfied with their degree of muscularity
    - Were more dissatisfied with their bodies in general
    - Were more fearful of becoming fat
  - No difference between straight and gay men in degree of exercise or feeling guilty about missing workout
LGBT and Substance Abuse

- McKirnan and Peterson (1989)
  - Survey 748 Lesbians and 2652 Gay men
  - Comparison of drug and alcohol use to general population
  - Higher numbers of Lesbians and Gay men use alcohol, marijuana and cocaine
  - Lesbians and Gay men did not have rates of heavy alcohol use higher than general population
  - Gay men and Lesbians reported problems with alcohol twice as often as matched heterosexual counterparts
LGBT and Substance Abuse

- EtOH consumption rates do not seem to decrease with age as quickly as they do among heterosexuals (Skinner, 1994)
- Club drugs popular among younger gay men and lesbians and some other groups, but prevalence unknown.
  - MDMA (Ecstasy, E)
  - Methamphetamine (Crystal Meth, Ice, Tina)
  - Ketamine (Special K)
  - Gamma Hydroxy Butyrate (GHB)
  - Amyl Nitrite (Poppers)
Drug abuse, Sexual Risk and MSMs

- Study on drug use patterns and sexual risk behavior of 13 to 21 year old MSM from 1994-1997 (Remafedi, 1999)
- Associations noted between unprotected anal intercourse and use of:
  - Alcohol
  - Marijuana
  - *Cocaine*
    - Independent predictor of failure to use condoms
  - Amphetamines
  - Barbiturates
  - Heroin
  - LSD
  - Volatile nitrites
  - Tranquilizers
  - Methaqualone
LGBT and Substance Abuse

- Transgender and substance abuse
  - Very little research and unclear extent of problem
  - Convenience samples from urban areas
  - Cannot generalize
  - More specific for subpopulations (MTF sex workers)
  - San Francisco DOH (1999)
    - MTF transsexuals drug use pattern in prior 6 months
      - THC 64%
      - Heroin/speed 30%
      - Crack cocaine 21%
      - FTM THC 43%

San Francisco DOH Study 1999
LGBT and Tobacco Abuse

- Smoking in Lesbians is 70% higher than heterosexual women (25.3% vs. 14.9%)
- Smoking in Gay men 33.2% vs. heterosexual men 21.3%
- Demographic risk factors
  - Age 35-44
  - Non-Hispanic White
  - Low-education attainment (< high school)
  - Low household income (<$30,000)

Tang et al 2004
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- American Psychiatric Association: [www.psych.org](http://www.psych.org)