



Improving Health Care Systems to Promote Health Equity for Sexual and Gender Minority Patients

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PCORI Advisory Panel on Health Care Delivery and Disparities Research

May 16, 2019

Fenway Health and The Fenway Institute

Fenway Health

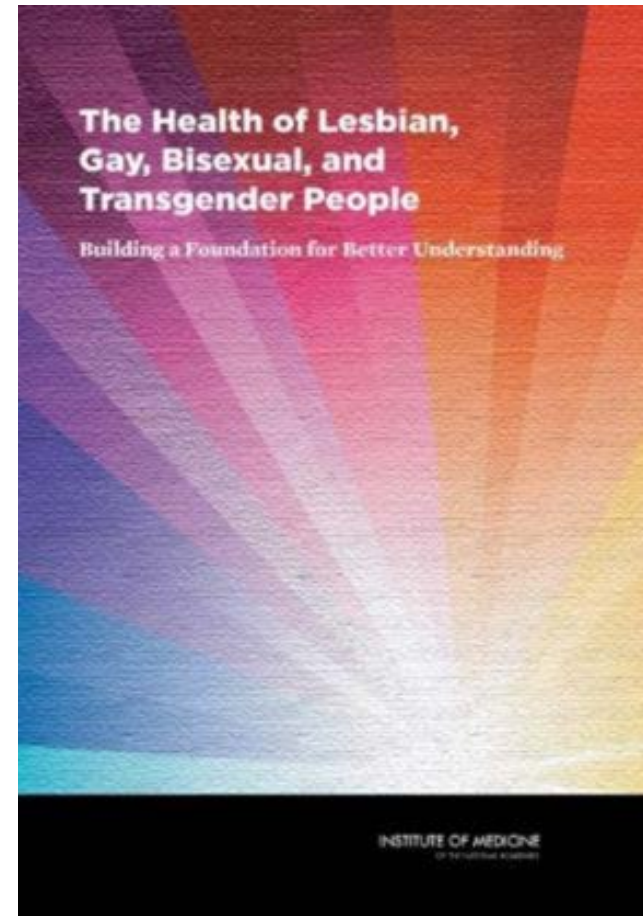
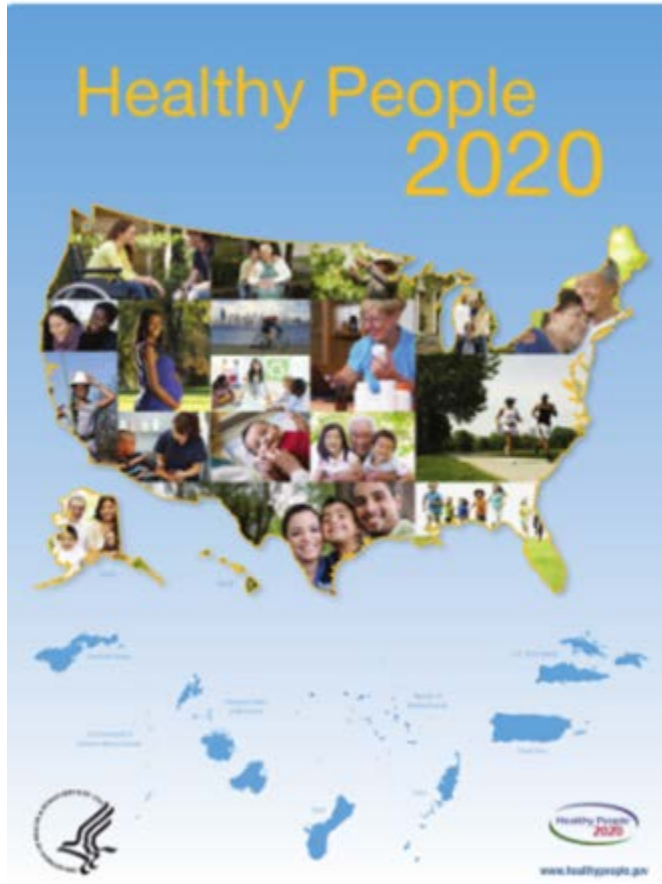
- Independent 501(c)(3) FQHC, founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health
- 1⁰ care for >35,000 patients, about ½ LGBT; >2,000 PLHIV

The Fenway Institute

- Research, Education, Policy
- Clinical Trials and Data Base Research, funded by NIH, CDC, HRSA, PCORI, industry



What is Sexual and Gender Minority Health?



Increasing awareness of health disparities over the past decade

SEX AND GENDER

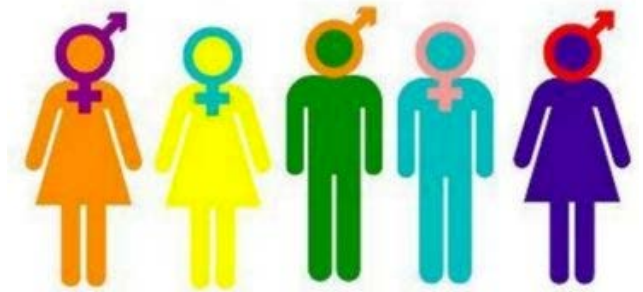
Sex and gender core determinants of health

Sex – biological differences

- Anatomy, chromosomes, hormones, genes, etc.

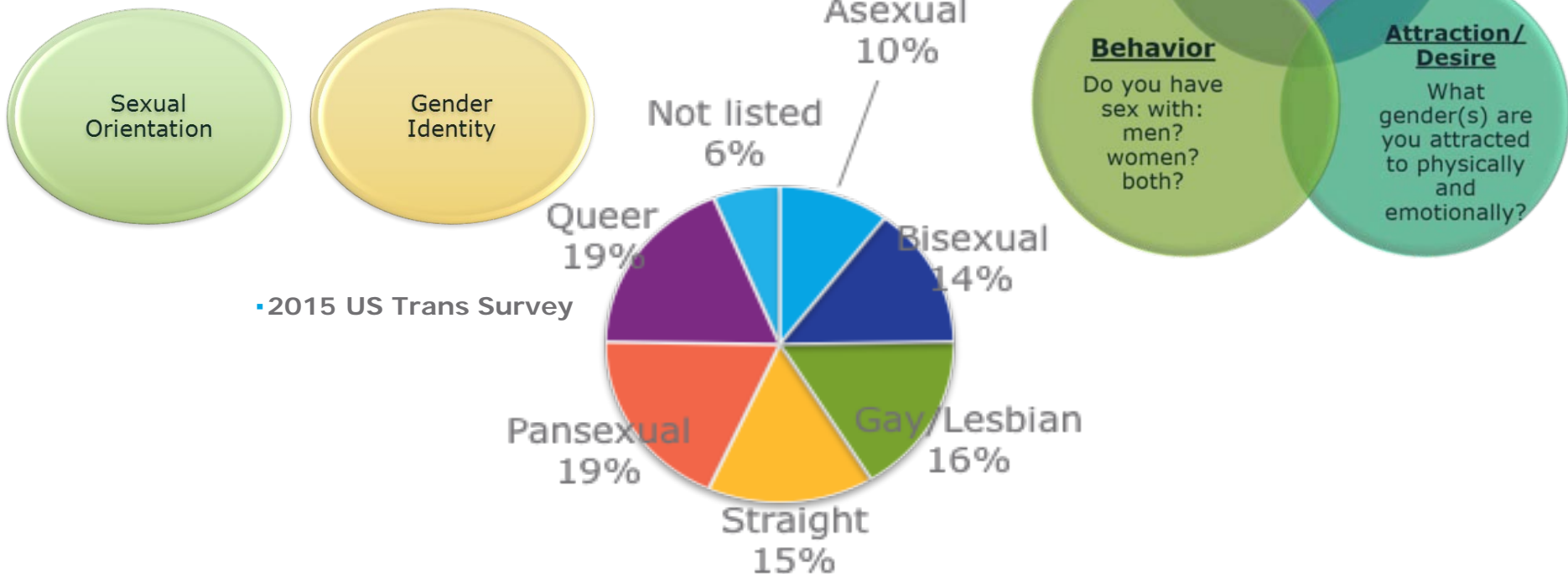
Gender – social and cultural distinctions

- Multidimensional
- Psychological, social, behavioral
- Gender identity, gender expression, gender roles



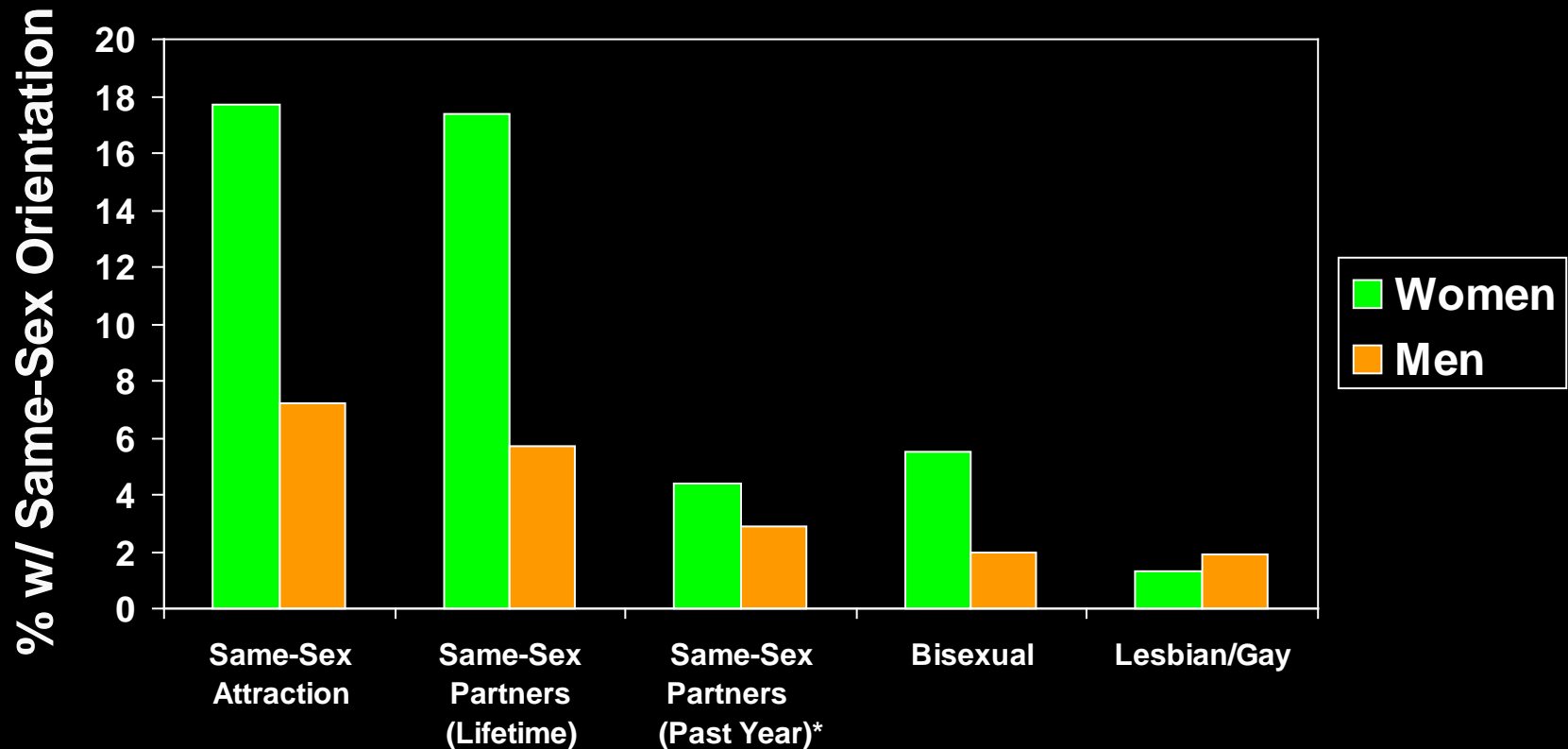
Sexual Orientation and Gender Identity

- Sexual Orientation is different than gender identity
- Sexual orientation can be defined by sexual identity, sexual behavior, and sexual attraction
- Identity is different than behavior!



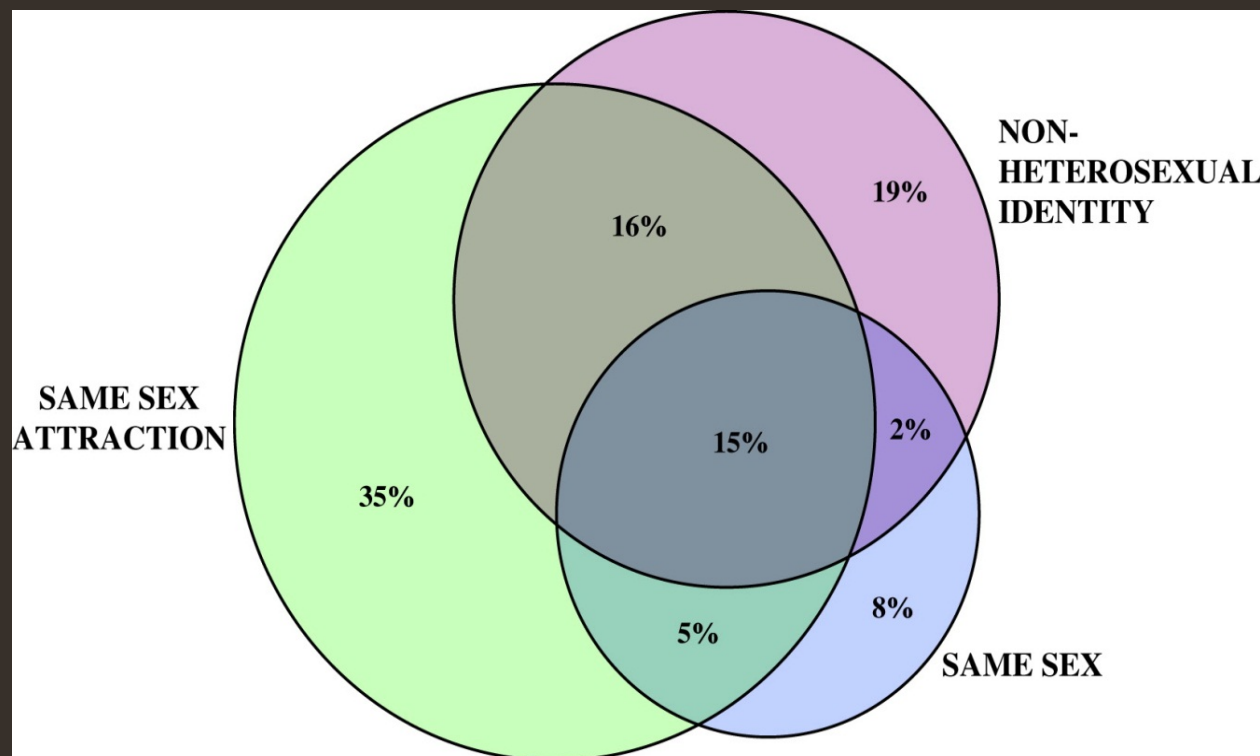
Identities and Behaviors Vary in People With Same-sex Attraction

US Adolescents & Adults, Ages 15-44



National Survey of Family Growth, 2011-2013, 2002*

Sexual orientation dimensions do not always align



Dimensions correlate differently with health outcomes, e.g. bisexual adolescent women are more likely to report unplanned pregnancy than heterosexual women

Venn diagram of high school students who reported non-heterosexual identity (gay or lesbian, bisexual, unsure), attraction (same gender, both genders), and/or behavior (same gender, both genders) (n = 237).

Igartua K et al: Concordance and discrepancy in sexual identity, attraction, and behavior among adolescents. J Adolesc Health 2009;45(6):602-8.

Non-binary identities more common in younger people

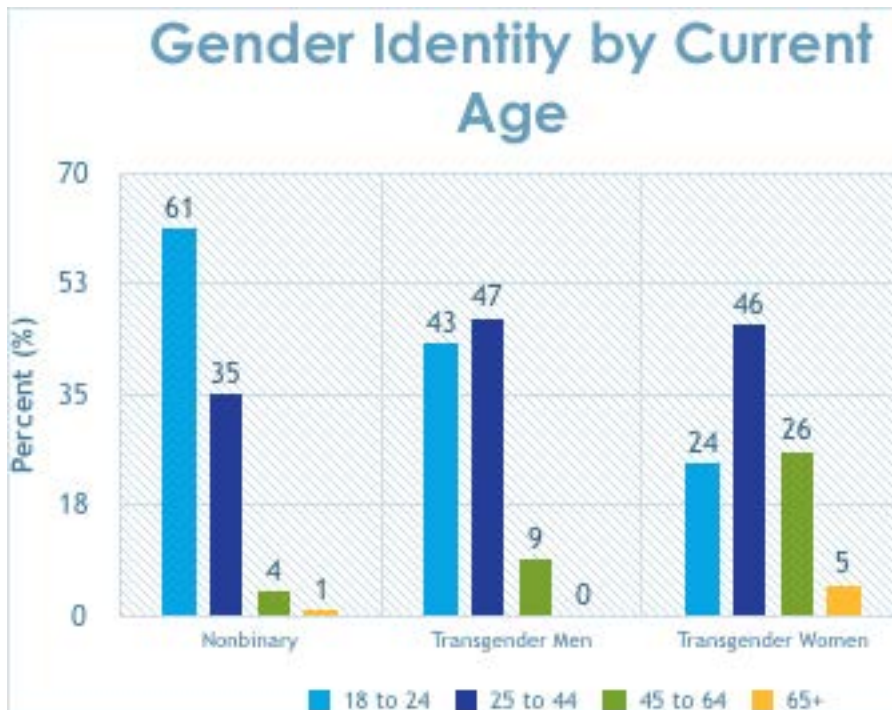
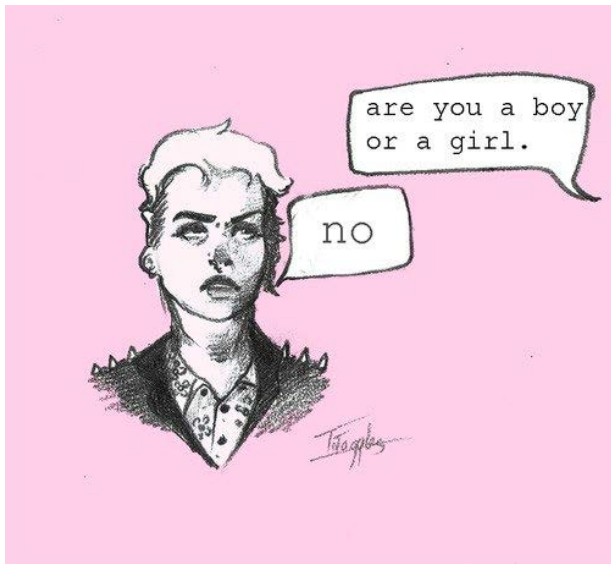
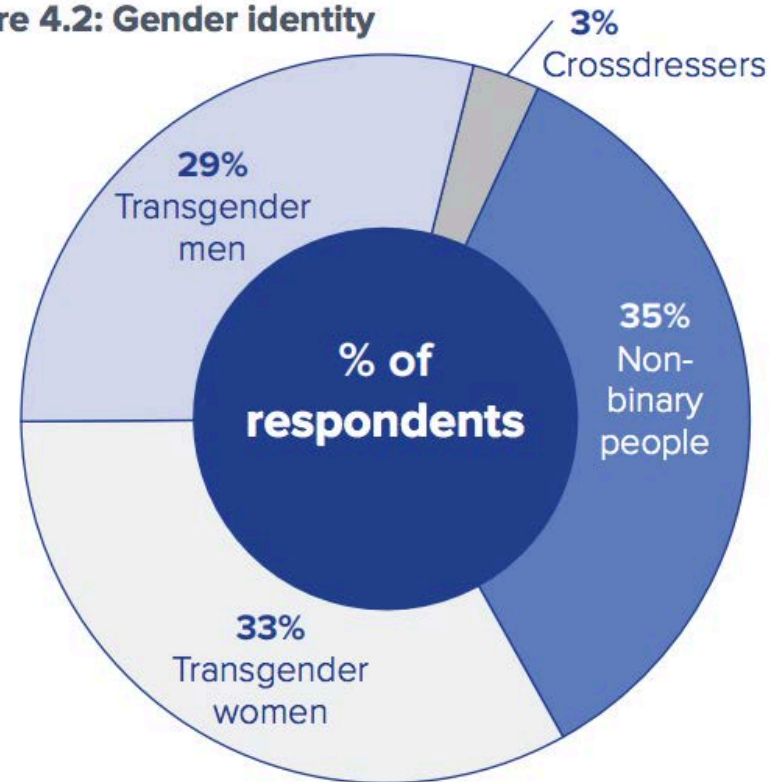


Figure 4.2: Gender identity



James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

Multiple factors are associated with SGM health disparities

- Minority stressors-growing up in a non-affirming environment→internalization→adverse outcomes
- Societal rejection associated with decreased social and economic capital
- Unique sexual practices: e.g. receptive anal intercourse being most efficient for HIV transmission
- Unique exposures of transgender people to exogenous hormones
- Avoidant health care engagement→delays in seeking preventive services

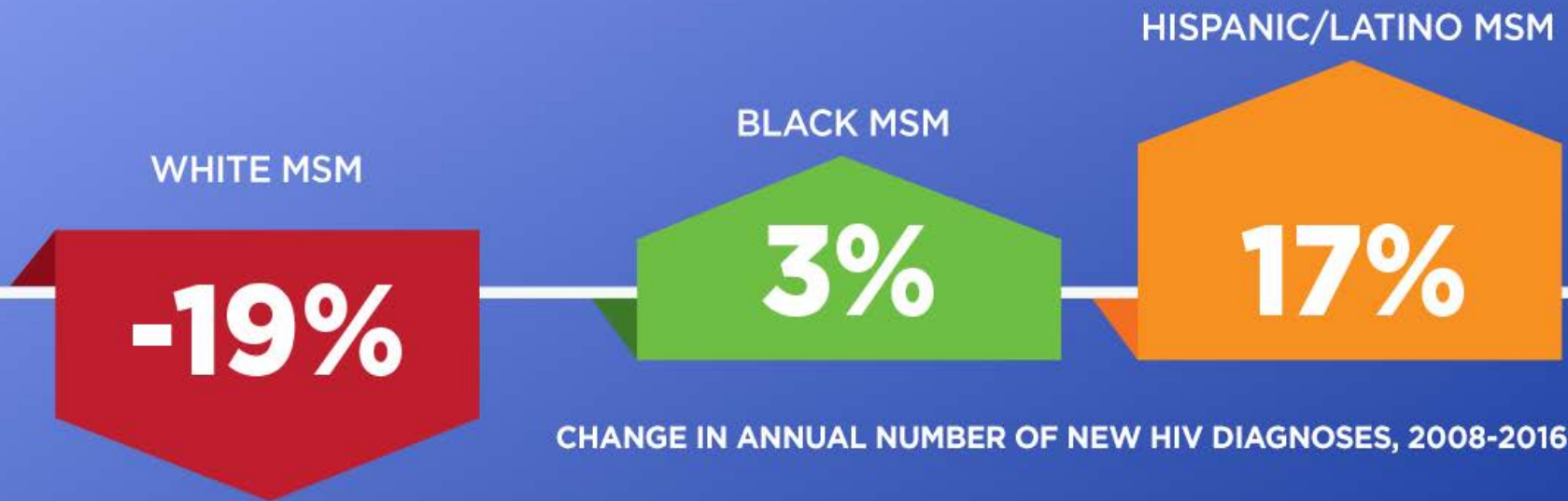
Intersectionality

- Sexual orientation and gender identity are only 2 aspects of any person's life experience
- Race/ethnicity, SES, other cultural and economic issues are also relevant to accessing and engaging in health care
- SGM people from racial and ethnic minority groups experience the **intersection** of their multiple identities
- LGBTQ racial and ethnic minority patients may experience worse health outcomes than heterosexual peers
- Example: highest US HIV rates in Black and Latino men who have sex with men
- **Microaggressions:** Staff who misgender a transgender person, or who ignore a patient's sexual orientation when they access care

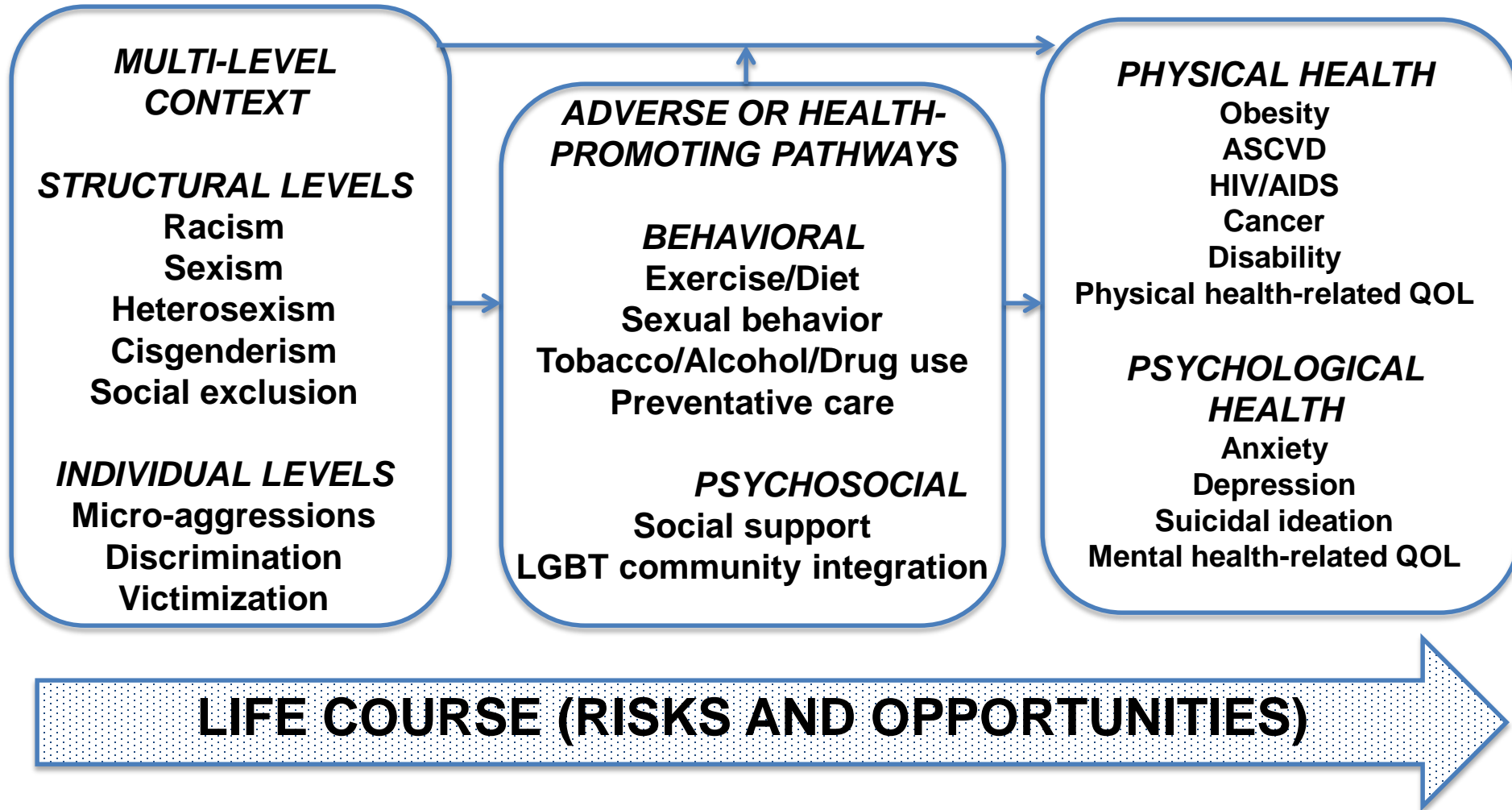


Example of Intersectionality and Health Disparities: HIV and Race/Ethnicity

From 2008 to 2016, new HIV diagnoses among **white** gay and bisexual men **decreased**, while new diagnoses for both **Black and Hispanic** gay and bisexual men **increased**.



ECOSOCIAL MODEL OF LGBT MINORITY STRESSORS



Adapted from Fredricksen-Goldsen et al. Am J Orthopsych 2014; 84: 656.

Key Clinical Areas of Focus in SGM Health

Primary Care & Prevention

- Sexual minority cisgender women are less likely to report having had routine Pap tests
- Sexual minority cisgender women and transgender people are at higher risk of not having health insurance
- NTDS (2016): 33% of transgender people surveyed reported postponing or foregoing preventive care
- GLMA-AMA Survey (2010): 40% of physicians surveyed had no formal LGBT health training ever, and 50% had received fewer than 5 hours of training ever

Key Clinical Areas of Focus in SGM Health

STI's

- CDC: MSM (2-4% of US population) accounted for 67% of all new HIV infections in 2016, 68% of all primary and secondary syphilis cases in 2017, and 38.5% of gonorrhea cases in 2017
- Current estimates: ~ 25% of transgender women, and over half of black transgender women, are living with HIV
- Bisexual cisgender women have an adjusted odds ratio of 2.13 (compared to straight counterparts) for lifetime prevalence of genital herpes or genital warts

Key Clinical Areas of Focus in SGM Health

Behavioral Health

- The risk of gay and lesbian cisgender people developing depression is 1.5 to 3 times that of cisgender, heterosexual peers.
- Depression rate among transgender individuals may be as high as 44%
- Rates of substance abuse are higher among LGBT people compared to peers.
- SGM suicide attempt rate is 1.5 to 7 times the rate of peers; being “closeted” further increases that risk.
- Native Americans and Latinx people are at increased risk of suicide compared with white LGBT people.

Key Clinical Areas of Focus in SGM Health

Trauma

- LGBT people account for over 17% of all hate crimes victims
- The incidence of hate crimes against transgender people is even higher
- 25-40% of LGB youth report at least one lifetime incident of emotional, physical, or sexual abuse by a same-sex partner
- 58% of transgender adults reported verbal harassment in a place of public accommodation; 24% suffered police harassment
- Rates of PTSD are higher for LGBT people than demographically matched peers

Why is Affirmative and Inclusive Care Important?

- Creates a more comfortable environment for patients to have honest conversations about health
- Such conversations are vital to determining and delivering needed services to patients
- Health care environments that are *not* affirmative or inclusive leads to bad experiences for patients, which in turn leads patients to
 - withhold important information about themselves in future visits or
 - even worse, stop accessing health care altogether

Example: Medical Gender Affirmation Improves Mental Health And Quality Of Life

Transgender Health
Volume 1.1, 2016
DOI: 10.1089/trgh.2015.0008

Transgender Health 

Mary Ann Liebert, Inc.  publishers

REVIEW ARTICLE

Open Access

A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals

Jaclyn M. White Hughto^{1,2,*} and Sari L. Reisner^{1,3,4}

Clinical Endocrinology (2010) 72, 214–231

doi: 10.1111/j.1365-2265.2009.03625.x

ORIGINAL ARTICLE

Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes

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**Knowledge and Encounter Research Unit, †Division of Preventive Medicine, Mayo Clinic, Rochester, MN, USA, ‡Department of Psychiatry, Centre Hospitalier de Rouffach, France, §Mayo Clinic Libraries and ¶Division of Endocrinology, Diabetes, Metabolism, Nutrition, Mayo Clinic, Rochester, MN, USA*

LGBTQ Education and Training

Funded by HRSA with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender and queer (LGBTQ) people.

- Training and Technical Assistance
- Grand Rounds
- ECHO Programs
- On Line Learning
 - Webinars and Learning Modules
 - CE, and HEI Credit
- Resources and Publications
- www.lgbthealtheducation.org




Do Ask, Do Tell: Talking to Your Provider about Being LGBTQ

Do Ask, Do Tell:
Talking to your health care provider about being LGBT



NATIONAL LGBT HEALTH EDUCATION CENTER
A DIVISION OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
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Do Ask, Do Tell



Let your provider know if you are LGBT.
Your provider will welcome the conversation.
Start today!

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Pregunte y dígalo



Deje que su proveedor sepa si usted es LGBT.
Su proveedor apreciará la conversación.
¡Comience hoy!

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Training Clinicians to Ask SO/GI Questions

- As part of your history, generally as part of social history or filling in blanks left at registration, you might say, “We have begun asking patients about their sexual orientation and gender identity so we can provide affirmative care.”
- Another example: “I see you left these questions blank at registration, and I was wondering if you had questions, and whether we might talk about how you think about yourself in this regard?”

Collecting Data on Gender Identity

- What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans Man/FTM
- ☐ Transgender Female/Trans Woman/MTF
- ☐ Gender Queer
- ☐ Additional Category (please specify)

- What sex were you assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Decline to Answer

- What name do you use?
- What name is on your insurance records?
- What are your pronouns (e.g. he/him, she/her, they/them)?



Gathering SO/GI Data During the Process of Care

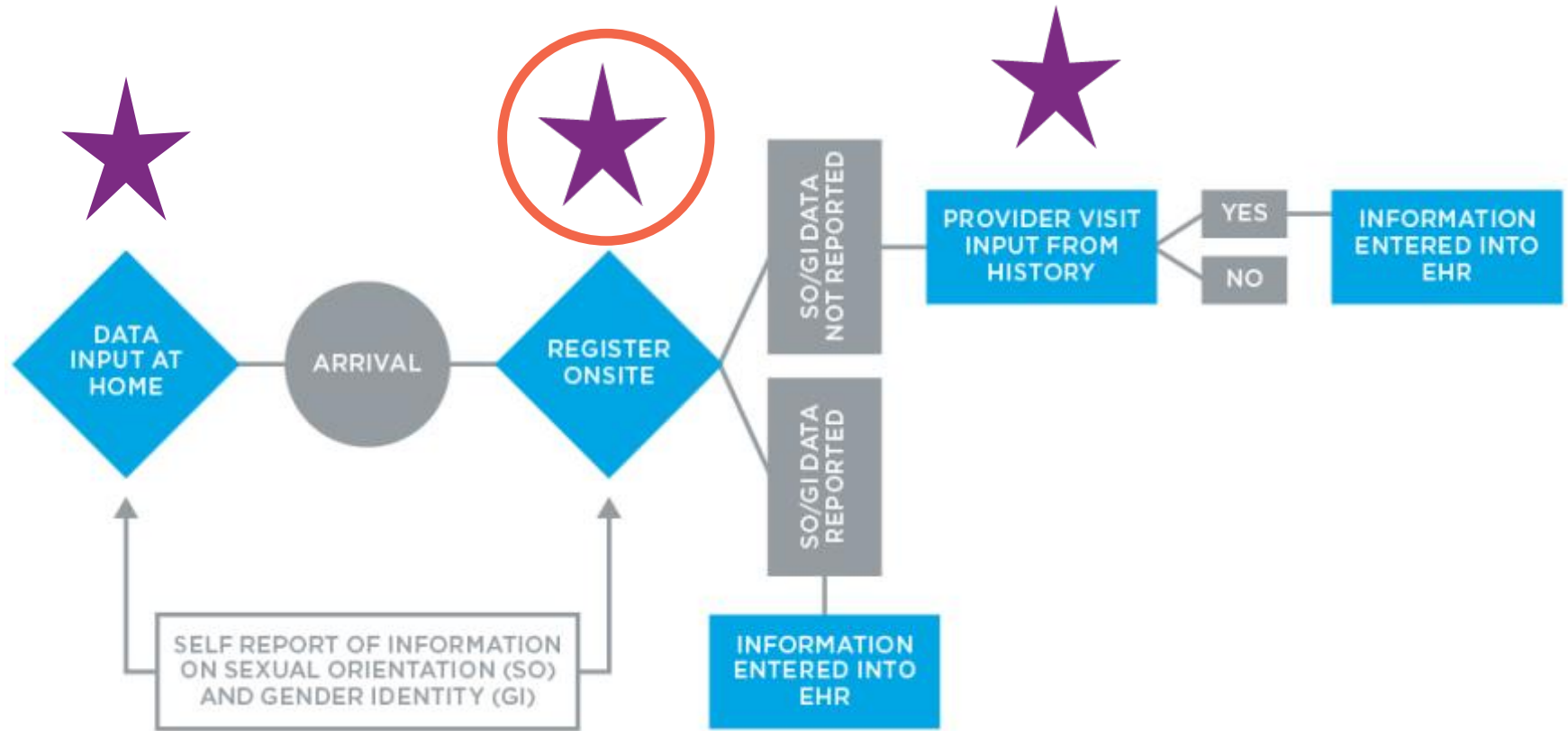
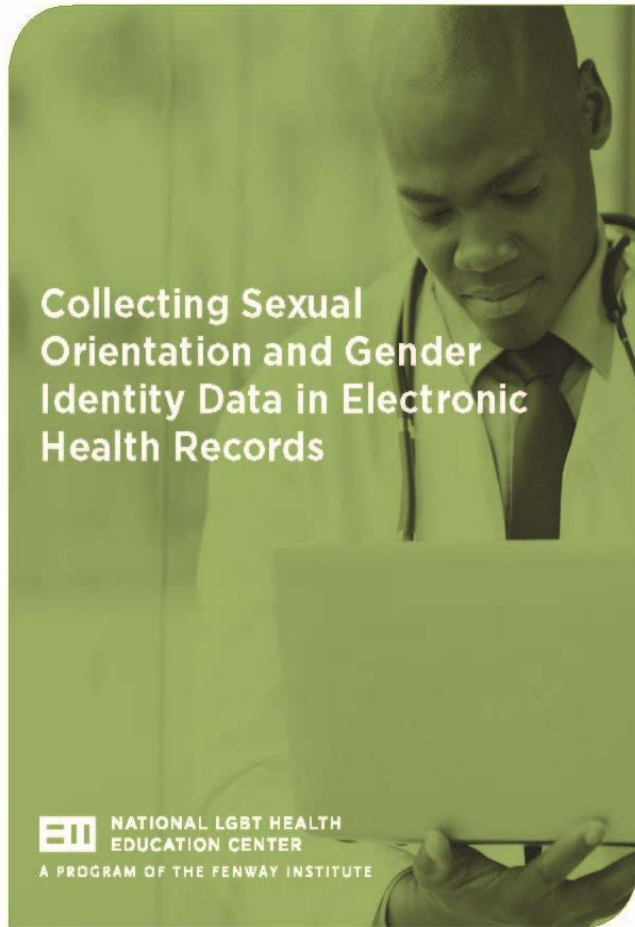


Fig. 2. Diagram from “Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health.”¹³

Collecting SO/GI Information



www.lgbthealtheducation.org/topic/sogi/

Training Staff in Basic LGBTQ Competence



Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

September 2018

EOI NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

- LGBTQ concepts and common terms
- LGBTQ health disparities
- Implicit Bias
- Communicating with cultural humility
- SO/GI data collection
- Confidentiality and privacy

Improving Health Outcomes And Satisfaction Of SGM Patients Through Cultural Competence Training For Staff Of FQHCs

- RCT of 12 FQHCs
- 6 received intensive staff education through Fenway Ed Center, 6 are SOC (weblink to video)
- Outcome measures will include:
 - ↑ enumeration of SGM patients (UDS)
 - ↑ SGM patients receiving appropriate services
 - ↑ SGM and staff satisfaction (interviews)

Evidence gaps

- Optimal ways to engage SGM patients in 1⁰ care
- Clinical effectiveness of different approaches to cancer and behavioral health screening of sexual and gender minority patients
- Optimal hormonal and surgical care for gender non-conforming patients
- Best practices for management of gender transitions in youth and adults
- Decision support tools in EHRs to optimize care for sexual and gender minority patients

Many Thanks

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