Achieving Health Equity for Lesbian, Gay, Bisexual, and Transgender People

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Why Programs for LGBT People
Stigma, Discrimination and Health

Stigma

Interpersonal

Structural

Intrapersonal Stigma

Stress/Anxiety/Depression

Health Disparities/Inequities
Interpersonal Stigma
Structural Stigma

• Rather than focusing on the individual, concepts of structural stigma broaden our understanding.
• Structural, or institutional, discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people.
• It also includes major institutions' policies that are not intended to discriminate but whose consequences nevertheless hinder the options of these people.
Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that he himself does not believe, he can come to experience a special kind of alienation from self and a special kind of wariness of others.”

Goffman, The Presentation of Self in Everyday Life, 1959 (25)
Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008)

- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 FTM transmasculine people. Reisner et. al. 2015
Health Issues Throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood

Transforming primary care for LGBT people by promoting culturally appropriate healthcare
LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)
  - Risk of HIV, STD’s
- MSM are at higher risk of HIV/STDs, especially among communities of color
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Lesbians and bisexual women are less likely to get preventive services for cancer
LGBT Disparities: Healthy People 2020

• Transgender individuals experience a high prevalence of HIV/STDs, victimization, mental health issues, and suicide
  – They are also less likely to have health insurance than heterosexual or LGB individuals

• Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services
Sexual Orientation and Gender Identity are Not the Same

• All people have a sexual orientation and gender identity
  – How people identify can change
  – Terminology varies
• Gender Identity ≠ Sexual Orientation
Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior:
  - Men who have sex with men- MSM (MSMW)
  - Women who have sex with women- WSW (WSWM)
- Identity:
  - Straight, gay, lesbian, bisexual, queer--other

Dimensions of Sexual Orientation:

- Identity
  - Do you consider yourself gay, lesbian, bisexual, straight, queer?
- Attraction/Desire
  - What gender(s) are you attracted to physically and emotionally?
- Behavior
  - Do you have sex with: men? women? both?
Gender Identity and Gender Expression

• Gender identity
  – A person's internal sense of their gender (do I consider myself male, female, both, neither?)
  – All people have a gender identity

• Gender expression
  – How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  – May be on a spectrum
WHAT PEOPLE ASSUME GENDER IS

WHAT GENDER ACTUALLY IS
The T in LGBT: Transgender

- Gender identity not congruent with the assigned sex at birth

- Alternate terminology
  - Transgender woman, trans woman, male to female (MTF)
  - Transgender man, trans man, female to male (FTM)
  - Trans feminine, Trans masculine

- Non-binary, genderqueer

- Gender identity is increasingly described as being on a spectrum
Reviewing Terminology

**Sex**
- Refers to the presence of specific anatomy. Also may be referred to as ‘Assigned Sex at Birth’

**Gender Identity**
- What your internal sense tells you your gender is

**Sexual Orientation**
- Whom you are physically and emotionally attracted to
- Whom you have sex with
- How you identify your sexuality

**Gender Expression**
- How you present your gender to society through clothing, mannerisms, etc.
Vulnerability to Poverty

• While children generally have higher rates of poverty than adults, children of LGB parents are especially vulnerable to poverty
  – African American children in gay male households have the highest poverty rate (52.3%) of any children in any household type
  – the rate for children living with lesbian couples is 37.7%
• Transgender respondents to the National Transgender Discrimination Survey (NTDS) were 4 times more likely than the general population to have a household income of less than $10,000

Overcoming Barriers
Patients, Staff, Students

Ending Invisibility

Clinical Education

Communications

Environment
Population Health: Ending LGBT Invisibility in Health Care

• Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
• How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?
Getting to know patients in clinical settings
Institute of Medicine Reports


Collecting SOGI Data in Electronic Health Records (2013): “…data collection should start now to better understand the health care issues experienced by LGBT people.”
U.S. Department of Health and Human Services

HRSA
Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER:  PAL 2016-02

DATE:  March 22, 2016

DOCUMENT TITLE:  Approved Uniform Data System Changes for Calendar Year 2016

TO:  Health Centers
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I.  BACKGROUND

This Program Assistance Letter (PAL) provides an overview of approved changes to the Health Resources and Services Administration’s (HRSA) calendar year (CY) 2016 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in February 2017. Additional details regarding these changes will be provided in the forthcoming 2016 UDS Manual.
II. APPROVED CHANGES FOR CY 2016 UDS REPORTING

A. SEXUAL ORIENTATION AND GENDER IDENTITY (SO/GI) – TABLES 3A, 3B

Sexual orientation and gender identity are reported on Table 3A, 3B.

Rationale: Improving the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services is a priority of the Health Center Program. Sexual orientation and gender identity can play a significant role in determining health outcomes. \textbf{Gaining a better understanding of populations served by health centers, including sexual orientation and gender identity, promotes culturally competent care delivery and contributes to reducing health disparities overall.} In addition, adopting sexual orientation and gender identity (SO/GI) data collection in the UDS aligns with the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. Alignment of UDS SOGI data elements with ONC certification criteria also reduces overall health center reporting burden.
Gathering LGBT Data During the Process of Care
Collecting Demographic Data on Sexual Orientation (Example)

<table>
<thead>
<tr>
<th>1. Which of the categories best describes your current annual income? Please check the correct category:</th>
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<tbody>
<tr>
<td>□ &lt;$10,000</td>
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<tr>
<td>□ $10,000–14,999</td>
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<tr>
<td>□ $15,000–19,999</td>
</tr>
<tr>
<td>□ $20,000–29,999</td>
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<td>□ $30,000–49,999</td>
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<tr>
<td>□ $50,000–79,999</td>
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<tr>
<td>□ Over $80,000</td>
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<th>2. Employment Status:</th>
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<tbody>
<tr>
<td>□ Employed full time</td>
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<tr>
<td>□ Employed part time</td>
</tr>
<tr>
<td>□ Student full time</td>
</tr>
<tr>
<td>□ Student part time</td>
</tr>
<tr>
<td>□ Retired</td>
</tr>
<tr>
<td>□ Other ______________</td>
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<tr>
<th>3. Racial Group(s):</th>
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</thead>
<tbody>
<tr>
<td>□ African American/Black</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Caucasian</td>
</tr>
<tr>
<td>□ Multi racial</td>
</tr>
<tr>
<td>□ Native American/Alaskan Native/Inuit</td>
</tr>
<tr>
<td>□ Pacific Islander</td>
</tr>
<tr>
<td>□ Other ______________</td>
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<tr>
<th>4. Ethnicity:</th>
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</thead>
<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
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<tr>
<td>□ Not Hispanic/Latino/Latina</td>
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<tr>
<th>5. Country of Birth:</th>
</tr>
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<tbody>
<tr>
<td>□ USA</td>
</tr>
<tr>
<td>□ Other ______________</td>
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<tr>
<th>6. Language(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English</td>
</tr>
<tr>
<td>□ Español</td>
</tr>
<tr>
<td>□ Français</td>
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<tr>
<td>□ Portugês</td>
</tr>
<tr>
<td>□ Русский</td>
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<tr>
<th>7. Do you think of yourself as:</th>
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</thead>
<tbody>
<tr>
<td>□ Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td>□ Straight or heterosexual</td>
</tr>
<tr>
<td>□ Bisexual</td>
</tr>
<tr>
<td>□ Something Else</td>
</tr>
<tr>
<td>□ Don’t know</td>
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<tr>
<th>8. Marital Status:</th>
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<tbody>
<tr>
<td>□ Married</td>
</tr>
<tr>
<td>□ Partnered</td>
</tr>
<tr>
<td>□ Single</td>
</tr>
<tr>
<td>□ Divorced</td>
</tr>
<tr>
<td>□ Other ______________</td>
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<tr>
<th>8. Veteran Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Veteran</td>
</tr>
<tr>
<td>□ Not a veteran</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Referral Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self</td>
</tr>
<tr>
<td>□ Friend or Family Member</td>
</tr>
<tr>
<td>□ Health Provider</td>
</tr>
<tr>
<td>□ Emergency Room</td>
</tr>
<tr>
<td>□ Ad/Internet/Media/Outreach Worker/School</td>
</tr>
<tr>
<td>□ Other ______________</td>
</tr>
</tbody>
</table>
Collecting Demographic 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
Communications: The Whole Team
Anticipating and Managing Expectations

- You are almost certainly not the first health care staff person an LGBT individual has met.
- If the patient has experienced insensitivity, a lack of awareness, or discrimination, he or she may be on guard, or ready for more of the same from you.

- Don’t be surprised if a mistake, even an honest one, results in an emotional reaction.
- Don’t personalize the reaction.
- Apologizing when patients have uncomfortable reactions, even if what was said was well intentioned, can help de-fuse a difficult situation and re-establish a constructive dialogue about the need for care.
Avoiding Assumptions

• You cannot assume someone’s gender or sexual orientation based on how they look or sound
• To avoid assuming gender or sexual orientation with new patients:
  – Instead of: “How may I help you, sir?”
  – Say: “How may I help you?”
  – Instead of: “He is here for his appointment.”
  – Say: “The patient is here in the waiting room.”
  – Instead of: “Do you have a wife?”
  – Say: “Are you in a relationship?”
  – Instead of:” What are your mother and fathers’ names?”
  – Say: “What are your parents’ names.”
Avoiding Assumptions

• How a person identifies their sexual orientation does not always tell you who they have sex with or what kind of sex they engage in, and vice-versa

• Listen to how people describe their own identities and partners--use the same terms, if comfortable
Preferred Name and Pronouns

• It is important to use the patient’s preferred name and pronouns when talking about a patient.
  – For example, most transgender women want you to say “she” or “her” when talking about them. Trans men generally prefer “he” or “his.”
  – Some people may use words or pronouns that are unfamiliar to you. Pronouns such as "zie" or "they" are sometimes used by people who do not want to identify with the gender binary of he/she.
### Keeping Up with Terminology

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms</th>
<th>Consider these Terms Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBT</td>
</tr>
<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
</tr>
<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
</tr>
</tbody>
</table>
Keeping Up with Terminology

- Obvious “don’ts” include
  - Use of any disrespectful language
  - Gossiping about a patient’s appearance or behavior
  - Saying things about someone not necessary for their care
    - “You look great, you look like a real woman/real man”
    - “You are so pretty I cannot believe you are a lesbian”
Putting What You Learn into Practice….

• If you are unsure about a patient’s preferred name or pronoun
  – “I would like to be respectful—what name and pronoun would you like me to use?”

• If a patient’s name doesn’t match insurance or medical records
  – “Could your chart/insurance be under a different name?”
  – “What is the name on your insurance?”

• If you accidentally use the wrong term or pronoun
  – “I’m sorry. I didn’t mean to be disrespectful.”
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
Adding Affirmative Imagery and Content to Education and Marketing Materials
Do Ask, Do Tell: Talking to your Provider about being LGBT

TRANSFORMING PRIMARY CARE FOR LGBT PEOPLE BY PROMOTING CULTURALLY APPROPRIATE HEALTHCARE