LGBTQA Health Training

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McLaren Bay Region

Acknowledgements

LGBT Health Link:
• Dr. Scout, Principal Investigator

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• Year one: Leigh Evans, Lead Evaluator, Kelsey Lawler, Evaluation Assistant
• Year two: Kerith Conron, Lead Evaluator, Devin Groman and Jonathan Reveil, Evaluation Associates, Clifton Danuscco, Consultant

Objectives

• Terminology
• Fenway Institute Health Needs Assessment
• MSM health
• WSW health
• Bisexual health
• Strategies towards better care
Why is this important to me?

Health disparities

Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians
Annals of Internal Medicine, 21 July 2015

LGBT People and the Work Ahead in Bioethics
Bioethics, July 2015

Lesbian, Gay, Bisexual, and Transgender Patient Care: Medical Students' Preparedness and Comfort Teaching and Learning in Medicine,

Sexual Orientation Identity Disparities in Awareness and Initiation of the Human Papillomavirus Vaccine Among U.S. Women and Girls: A National Survey
Annals of Internal Medicine, July 2015

Celebrating the ACP Centennial: From the Annals Archive-Ending LGBT Invisibility
Annals of Internal Medicine, 21 July 2015

Medicare and Sex Reassignment Surgery
Journal of American Geriatric Society, Dec 2015

Terminology

LGBTQA
Do you fear a negative reaction by a healthcare provider if you come out?

(missing= 26)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>26.2%</td>
</tr>
<tr>
<td>Rarely</td>
<td>17.7%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>46.1%</td>
</tr>
<tr>
<td>Often</td>
<td>8.0%</td>
</tr>
<tr>
<td>Always</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

How knowledgeable are your providers about LGBTQ health?

(missing= 25)

<table>
<thead>
<tr>
<th>Knowledge Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not knowledgeable</td>
<td>6.5%</td>
</tr>
<tr>
<td>Not at all knowledgeable</td>
<td>5.5%</td>
</tr>
<tr>
<td>Very little knowledge</td>
<td>12.4%</td>
</tr>
<tr>
<td>Slight knowledge</td>
<td>28.8%</td>
</tr>
<tr>
<td>Moderate knowledge</td>
<td>23.3%</td>
</tr>
<tr>
<td>Very good knowledge</td>
<td>35.9%</td>
</tr>
<tr>
<td>Extremely knowledgeable</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

How accepting is your birth family?

(missing= 31)

<table>
<thead>
<tr>
<th>Acceptance Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very friendly</td>
<td>42.8%</td>
</tr>
<tr>
<td>Somewhat friendly</td>
<td>22.0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>12.3%</td>
</tr>
<tr>
<td>Somewhat unfriendly</td>
<td>14.6%</td>
</tr>
<tr>
<td>Very unfriendly</td>
<td>8.3%</td>
</tr>
</tbody>
</table>
Have you seen wellness campaigns geared toward LGBTQ community?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>3.3%</td>
</tr>
<tr>
<td>Never</td>
<td>46.5%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>30.3%</td>
</tr>
<tr>
<td>Frequently</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Note: LGBT Health Survey. The Fenway Institute, 2014.

How accepting is your medical provider?

<table>
<thead>
<tr>
<th>Acceptance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very friendly</td>
<td>26.4%</td>
</tr>
<tr>
<td>Somewhat friendly</td>
<td>27.1%</td>
</tr>
<tr>
<td>Neutral</td>
<td>39.9%</td>
</tr>
<tr>
<td>Somewhat unfriendly</td>
<td>1.0%</td>
</tr>
<tr>
<td>Very unfriendly</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Note: LGBT Health Survey. The Fenway Institute, 2014.

Top health issues for LGBTQ

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>11.5%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>9.8%</td>
</tr>
<tr>
<td>Housing</td>
<td>4.8%</td>
</tr>
<tr>
<td>Employment</td>
<td>4.6%</td>
</tr>
<tr>
<td>Access to education</td>
<td>4.0%</td>
</tr>
<tr>
<td>Access to medical care</td>
<td>3.7%</td>
</tr>
<tr>
<td>Access to social services</td>
<td>3.0%</td>
</tr>
<tr>
<td>Access to legal services</td>
<td>2.5%</td>
</tr>
<tr>
<td>Access to financial needs</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Note: LGBT Health Survey. The Fenway Institute, 2014.
Are you now or have you ever taken medicine or received treatment for a mental health condition or emotional problem?

- Yes: 34.5%
- No: 44.2%
- Don't Know/not sure: 11%

Body mass index (BMI)

- Underweight: 1.4%
- Normal: 28.8%
- Overweight: 27.9%
- Obese: 42.0%

How often in the past year have you used: tobacco products?

- Never: 65.8%
- Once or twice: 7.2%
- Monthly: 5.2%
- Weekly: 9%
- Daily or almost daily: 10.7%
How often in the past year have you used: tobacco products?

- Never: 65.8%
- Once or twice: 7.2%
- Monthly: 3.2%
- Weekly: 3.2%
- Daily or almost daily: 20.7%

Current smoking status

- Smoker: 26.4%
- Non-smoker: 73.6%

What describes your intentions regarding quitting?

- Never expect to quit: 9.4%
- Might quit sometimes, but not soon: 41.9%
- Want to quit in the next year: 20.5%
- Want to quit in the next 6 months: 37.4%
Where would you most likely go for assistance to quit smoking:

- Doctor or healthcare provider: 36.6%
- An LGBTQ organization: 7.6%
- Quitline (1-800-QUITNOW): 8.4%
- Smoking cessation class or program: 15.4%
- I don't know where to go: 22.9%
- I would not go anywhere: 4.7%

Have you ever been tested for HIV?

- Yes: 69.3%
- No: 29.4%
- Not sure: 1.1%

If so, when was your last HIV test?

- 0-3 months ago: 20.3%
- 4-6 months ago: 15.8%
- 7-12 months ago: 12.0%
- Over a year ago: 50.2%
- N/A: 3.7%
Are you up to date with mammogram screening?

Yes: 49.5%
No: 42.9%
I don't know what the screening recs are: 7.7%
I don't have that body part: 0.0%

Are you up to date with cervical pap screening?

Yes: 60.6%
No: 31.7%
I don't know what the screening recs are: 6.7%
I don't have that body part: 1.1%

Are you up to date with prostate exam screening?

Yes: 50.2%
No: 35.8%
I don't know what the screening recs are: 12.6%
I don't have that body part: 1.5%
Have you ever had an anal pap smear?

- Yes: 6.7%
- No: 88.5%
- Don't Know: 6.7%

Part 1 of 2: MSM

MSM: STI

- The frequency of unsafe sexual practices and the reported rates of bacterial STDs and incident HIV infection declined substantially in MSM from the 1980s through the mid-1990s.
- Since that time, increased rates of
  - early syphilis (primary, secondary, or early latent),
  - gonorrhea,
  - Chlamydia infection among MSM in the United States and virtually all industrialized countries.

Centers for Disease Control and Prevention (December 2007)
MSM: STI

- Bisexual and gay men are more likely to report having a STI than are people of other sexual orientations.


MSM: AAFP Recommendations

Offer vaccinations for hepatitis A and B viruses (if not previously vaccinated) and for human papillomavirus for all MSM through 26 years of age.

- C

Offer meningococcal vaccine for MSM with at least one other risk factor (e.g., medical, occupational, lifestyle).

- C

Consider preexposure prophylaxis for MSM at very high risk of contracting human immunodeficiency virus because of factors such as multiple or anonymous sex partners.

- C

Consider postexposure prophylaxis for MSM who report a recent high-risk exposure to human immunodeficiency virus.

- C

Screen MSM for sexually transmitted infections at least annually or more often as necessitated by level of risk.

- C

A = consistent, good quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to http://www.aafp.org/afpsort.

MSM: HBV

- All MSM should be tested for HBsAg to detect chronic HBV infection

- Vaccinating persons who are immune to HAV or HBV infection because of previous infection or vaccination does not increase the risk for vaccine-related adverse events

Centers for Disease Control and Prevention (2012)
MSM: HCV

- Sexual transmission of HCV can occur, especially among MSM with HIV infection
- Serologic screening for HCV is recommended at initial evaluation of persons with newly diagnosed HIV infection (HepCAb)

MSM: HPV

- HPV infection and HPV-associated conditions (e.g., anogenital warts and anal squamous intraepithelial lesions) are highly prevalent among MSM
- The quadrivalent vaccine is recommended routinely for MSM through age 26 years

MSM: CDC Recommendations

- The following screening tests should be performed at least annually for sexually active MSM, including those with HIV infection.
- HIV serology, if HIV status is unknown or negative and the patient himself or his sex partner(s) has had more than one sex partner since most recent HIV test.
- Syphilis serology to establish whether persons with reactive tests have untreated syphilis, have partially treated syphilis, are manifesting a slow serologic response to appropriate prior therapy, or are serofast.
- A test for urethral infection† with N. gonorrheae and C. trachomatis in men who have had insertive intercourse during the preceding year (testing of the urine using NAAT† is the preferred approach).
- A test for rectal infection† with N. gonorrheae and C. trachomatis in men who have had receptive anal intercourse during the preceding year (NAAT of a rectal specimen is the preferred approach).
- A test for pharyngeal infection† with N. gonorrheae in men who have had receptive oral intercourse during the preceding year (NAAT of a pharyngeal specimen is the preferred approach). Testing for C. trachomatis pharyngeal infection is not recommended.
  † Regardless of condom use during exposure.
  § Commercially available NAATs have not been cleared by FDA for these indications, but they can be used by laboratories that have met all regulatory requirements for an off-label procedure.
MSM: STI

- Approximately 2/3 of the cases of primary and secondary syphilis diagnoses in the U.S. are MSM, particularly those in ethnic minority group.
- One study found that 5.9% of MSM had repeat primary or secondary syphilis infection within 2 years of an initial infection; factors associated with repeat syphilis infection were HIV infection, African-Americans, and having ≥10 recent sexual partners.

Centers for Disease Control and Prevention. (December 2007)

MSM: STI

- In a multicity study, rectal gonorrhea and rectal Chlamydia prevalence rates among MSM were 5.4% and 8.9%, respectively.
- Rectal gonorrhea and Chlamydia infections, especially those that are recurrent, have been associated with increased risk for HIV seroconversion among MSM.

Centers for Disease Control and Prevention. (December 2007)

MSM: Coronary Artery Disease

- Increased prevalence
  - Smoking
  - Alcohol
MSM: Cancer

- Increased prevalence in anal, prostate, testicular, colon
  - Increased exposure to HPV
  - Lack of culturally sensitive care

Chin Hung, P.V., Vittinghoff, E., Cranston, R.S., Browne, L., Buchbinder, S., Colfax, G. et al. (2005)

MSM: Eating disorders

- Increased prevalence
  - Anorexia nervosa
  - Bulimia


MSM: Mental Health

- Increased prevalence of depression and anxiety
  - More severe for men who remain “in the closet”
  - Less severe for men who “came out” during adolescence

MSM: Mental Health

- Increased prevalence of suicide
  - Verbal or physical harassment
  - Negative experiences with “coming out”
  - Substance abuse
  - Isolation


MSM: Mental Health

- Increased prevalence of substance abuse
  - Tobacco
  - Alcohol
  - Illicit substances
    - Age
    - Affiliation with gay culture
    - Level of stress
    - How “out” an individual is
    - Lack of culturally sensitive prevention and treatment programs

Centers for Disease Control and Prevention (2010)

MSM: Violence

Part 2 of 2: WSW

WSW: Coronary Artery Disease
- Increased prevalence
  - Physical inactivity
  - Obesity
  - Tobacco use

WSW: Cancer
- Increased incidence of breast cancer, ovarian, and endometrial cancers
  - Fewer full-term pregnancies
  - Fewer mammograms and Pap smears
  - Obesity
  - Increased alcohol consumption comparatively to heterosexual women
  - Lack of culturally sensitive preventative care
  - HPV vaccination rates among lesbians

National Women's Health Information Center (2011)
WSW: Obesity

- Increased prevalence of obesity
  - Different attitudes about beauty
  - Low income, socioeconomic status, education level

National Women’s Health Information Center (2011)

WSW: Mental Health

- Increased prevalence of major depression, -phobias, and post-traumatic stress disorder
  - More severe in women who are “in the closet”
  - Less severe in women who “came out” in adolescence
  - More likely than heterosexual women to discuss emotional symptoms with a healthcare provider


WSW: Mental Health

- Increased prevalence of suicide
  - More severe in women who are “in the closet”
    - More likely to have attempted suicide compared to other lesbians
  - Less severe in women who “came out” in adolescence
    - More likely to experience 2-2.5x more suicidal ideations as a teenager

WSW: Mental Health

• Increased prevalence of suicide
  – Tobacco
    • 1.5-2x more likely to smoke compared to heterosexual women
    • Younger lesbians more likely than older
    • “Butch” lesbians more likely to smoke than “femme”
  – Alcohol
    • More likely to “binge” drink than heterosexual women
    • Bisexual women have highest prevalence
  – Illicit substances
    • “Butch” lesbians more likely to use than “femme”
    • Gay-related stressful events, internalized homophobia, and emotional distress are thought to be factors


WSW: Violence

| Table 3: Lifetime Prevalence of Rape, Physical Violence, and/or Stalking Victimization by an Intimate Partner by Sexual Orientation — U.S. Women, NSVSI 2010 |
| --- | --- | --- | --- |
| | Lesbian | Bisexual | Intersexual |
| Rape* | 22.3 | 71.8 | 9.1 |
| Physical violence* | 40.4 | 67.6 | 56.3 |
| Stalking* | 51.8 | 71.8 | 41.1 |
| rape, physical violence, and/or stalking* | 23.5 | 49.2 | 20.2 |

Source: The National Intimate Partner and Sexual Violence Survey (2011)
Bisexual women

• Higher rates of
  – coronary artery disease and alcohol use (compared to heterosex, but less than lesbians)
  – smoking, blood pressure (compared to heterosex and lesbian)
  – combining substance and/or alcohol use with sex (compared to heterosex and lesbian)

Dobinson (2007)

Bisexual Women

<table>
<thead>
<tr>
<th>Table 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Prevalence of Sexual Violence by an Intimate Partner by Sexual Orientation — U.S. Women, NISVS 2010</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Lesbian</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>weighted</td>
</tr>
<tr>
<td>rape (%)</td>
</tr>
<tr>
<td>22.3</td>
</tr>
<tr>
<td>completed sexual penetration (%)</td>
</tr>
<tr>
<td>attempted sexual penetration (%)</td>
</tr>
<tr>
<td>completed sexual batteries (violence) (%)</td>
</tr>
<tr>
<td>other sexual behavior (%)</td>
</tr>
<tr>
<td>made to penetrate (%)</td>
</tr>
<tr>
<td>sexual coercion (%)</td>
</tr>
<tr>
<td>unwanted sexual relations (%)</td>
</tr>
<tr>
<td>non-consensual (yes) (%)</td>
</tr>
</tbody>
</table>

Bisexual Men

• Data show that bisexual adults (47.4 percent) are significantly more likely to report experiencing intimate partner violence than heterosexual adults (17.2 percent)
• more likely than heterosexual men to have sex with female prostitutes and to have anal sex with women.

Dobinson (2007)
MSM: Violence


Bisexual adults

- Researchers have suggested
  - lowest level of emotional well-being among people of other sexual orientations
  - more likely to report higher levels of self-harm, thoughts of suicide, and suicidal attempts (compared to heterosexuals, gay men, and lesbians)

| Source: National Women's Health Information Center (2011) |

Topics we were unable to address today...

- LBGT subgroup terminology
  - Health needs
- Transgender health
  - Common problems
  - Sexual reassignment
- Aging LGBT health
  - Common problems
  - Palliative care
Better Care

• Accepting, open attitude
• New patient/Intake forms, charts
• History and physical
• Welcoming atmosphere

Helpful Resources

• Fenway Health
  – http://www.lgbthealtheducation.org/lgbt-education/webinars/
• University of California-San Fran
  – www.transhealth.ucsf.edu/trans?page=protocol-00-00

Cutting edge medicine

• Norman Spack, M.D.
  – Boston Children’s Hospital
  – Associate Clinical Professor Pediatrics, Harvard Medical School
  – TED Talk
    https://www.ted.com/talks/norman_spack_how_i_help_transgender_teens_become_who_they_want_to_be#t211019
Questions

Local LGBT resources and initiatives

- Mr. Chris Lauckner

Works Cited


