



LGBTQ HealthCare

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LGBTQ

**Each unique populations!
Each population with unique people!**

Cultural Competency vs Cultural Humility

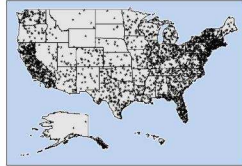
“Proposes change through a lifelong process of learning, including self-examination and refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts”

Tervalon, M. & Murray-Garcia, J. (1998) Cultural humility versus cultural competence: A critical distinction in defining physician-training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117

What challenges do you face caring for LGBTQ identifying patients?

5-7% of the population in major urban centers identify as gay or lesbian

99% of US counties has at least one household headed by a same-sex couple (US Census, 2000)




Each star represents 250 households headed by a same-sex couple, as reported in the 2000 U.S. Census. The total number of such households was 594,391 in 2000. Map courtesy of Justin Bradford, Ph.D., and Kristin Barret, Ph.D., Survey and Evaluation Research Laboratory, Virginia Commonwealth University.

Prevalence of Gender Dysphoria


- DSM-IV notes prevalence to be 1:30,000 males and 1:100,000 females
- **Increasing** at least 3 fold increase (may be as high as 8 fold)

Kenneth J. Zucker & Anne A. Lawrence (2005) Epidemiology of Gender Identity Disorder: Recommendations for the Standards of Care of the World Professional Association for Transgender Health, International Journal of Transgenderism, 11, 1, 8-18. DOI: 10.1080/152270052000299266

Barriers



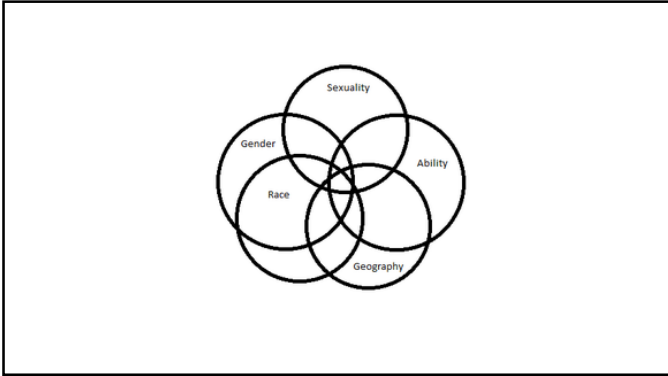
Stigma



- Enacted**
 - Behaviors the express stigma – verbal or physical abuse, shunning, discrimination
- Felt**
 - Awareness of the possibility of stigma. Felt stigma can be adaptive in that it protects individual from enacted stigma though many times at a cost
- Internalized**
 - Accepting the way in which individuals manifest stigma by accepting the legitimacy of society's negative regard for the stigmatized group
 - Feel that they don't deserve respect or same level of care
- Structural**
 - Manifestation of stigma within the institutions of society which perpetuate stigma based differential in status and power

Intersectionality

- Sex and gender identity are just two of many factors that influence the lives and health of individual
- Others: geography, race, ethnicity, religion, socioeconomic status



Negative Experiences with Healthcare

- Inclusion of homosexuality in the *Diagnostic and Statistical Manual of Mental Disorders* until 1973 shaped sexual-minority patients' interactions with the health care system
- Study of 452 MSM in New York City, 39% did not disclose to their health care providers. Black and Hispanic MSM were less likely than white to have disclosed to their health care providers. No bisexuals (n=86) disclosed their status¹
- National Transgender Discrimination Study, Florida Results²
 - 26% were refused medical care based on their gender identity/expression
 - 29% postponed needed care given fear of discrimination

1. Arch Intern Med. 2008;168(13):1458-1464
2. National Transgender Discrimination Study, 2011

Examples of Health Disparities

LGBTQ youth

- **3.4 times** more likely to attempt suicide¹
- **More likely to be homeless**, make up 22% of the homeless youth population²
- Amongst homeless, LGBT youth are more likely to have survival sex, engage in substance abuse/injection drug use²

1. Garofalo R, Wolf RC, Wisnow LS, et al. Sexual orientation and risk of suicide attempts among a representative sample of youth. Arch Pediatr Adolesc Med. 1999;153(5):487-93.
 2. Van Liewwen JM, Boyle K, Salomonson Saetal S, et al. Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. Child Welfare. 2006 Mar-Apr;85(2):151-70.

Lesbian and Bisexual Women

- Less likely to have had cancer screening with pap smear and mammogram¹
- More likely to be overweight or obese, have diabetes, smoke, and drink alcohol^{1,2}

1. Dilley JA, Simmons KW, Boyann M, et al. Demonstrating the importance and feasibility of including sexual orientation in public health surveys: Health disparities in the Pacific Northwest. Am J Public Health. 2015;105(3):460-7.
 2. Struble CB, Lindley LJ, Montgomery K, et al. Overweight and obesity in lesbian and bisexual college women. J Am College Health. 2010;59(1):51-6.

What is the lifetime risk of HIV diagnosis for black msm?

- a) 5%
- b) 10%
- c) 20%
- d) 50%

What percentage of transgender people will attempt suicide at some point in their life?

- a) 15%
- b) 25%
- c) 35%
- d) 50%

Transgender People

- 35 % reported attempting suicide at some point in their life, 22 times higher than the general population¹
- 81% report work place harassment or mistreatment¹
- 78% report harassment, 41% reported physical assault at school²
- Transwomen HIV prevalence (11.8 self reported, 27.7% testing), Black Transwomen 56.3% (testing)²

1. National Transgender Discrimination Study, 2011
 2. Herbst, JH, Jacobs ED, Finlayson TL, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. AIDS Behav. 2008;12(1):1-17.

Elderly LGBTQ

- Higher rates of social isolation, depression, anxiety
 - Many without children
 - Less likely to access the aging network services
 - May fear coming out and describe partner as friend, roommate, or sibling



Inclusive Sexual and Social Histories

Inclusive Language

- Be mindful of the words you use
- Be patient centered and **ASK** –
 - What name do you prefer?
 - What gender pronoun do you prefer?
- **To err is human**...it is okay if you mess up, people understand if your heart is in the right place and you are trying. Just apologize and get it right the next time

Social History

- Explore patients understanding of their gender and sexual identity
 - *What sex were you assigned at birth? What is your current gender? What name and pronouns do you prefer? (Intake)*
 - *What is your sexual orientation?*
- Do you have domestic partner or spouse? Married?
- Do you feel safe at home and in your current relationships?
 - Rates of domestic violence in same sex couples equal to heterosexual couples¹
- Assess for social support, employment, housing

1. J Gen Intern Med 2011. 26(8):930-3

Sexual History - *Setting the Tone*

- **Use open-ended questions**
 - Explore patients' understanding of their own sexual health
- **Be non-judgmental yet direct and specific**
 - Echo the language you hear, avoid assumptions
 - Accept patients may withhold information but offer to revisit question
- **Reassure patient about confidentiality**
- **Avoid stereotypes**

Sexual History – *The 6 Ps*

1. **Partners:** Tell me about your current sexual relationships. Are you sexually active with men, women, or both? How do you meet your partner(s)? How many partners have you had recently? Have you had any partner(s) who are HIV positive? Have you ever participated in sex for money, shelter, or drugs?
2. **Practices:** What kinds of sex are you having? Are you having anal sex (top, bottom, both) with your partners? How about oral sex? Do you use alcohol or drugs before or during sex?
3. **Past STDs:** Have you ever had a STD like chlamydia, gonorrhea, herpes, warts, syphilis, hepatitis? If so, when? When were you last tested for STD and HIV? Have any of your partners had a STD?
4. **Protection from STDs:** What do you do to protect yourself from STDs and HIV? Do you use condoms, dental dams, gloves? Have you been vaccinated for Hepatitis A, B, and HPV? PrEP?
5. **Prevention of pregnancy**
6. **Plan for future sexual activity** <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

Terminology

- **Sexual Behavior:** Sexual activities one participates in, does not always match sexual orientation
- **Sexual Orientation:** Enduring emotional, romantic or sexual attraction to opposite, same, or both genders
- **Gender:** Refers to the rules and norms that a society assigns to varying degrees of maleness and femaleness. In US is usually expressed in binary construct. Many believe this is overly simplistic and harmful to those whose gender identity and /or expression falls outside this simple dichotomy.
- **Gender Identity:** Personal sense of their own gender. All people have a gender identity; however, transgender people feel their gender identity does not reflect the sex they were assigned at birth.
- **Gender expression:** How one externally manifests their gender identity through behavior, mannerisms, speech patterns, dress, and hairstyles. Gender expression falls along a spectrum and may not directly correlate with gender identity.

Terminology

- **Gender non conforming:** Refers to people whose gender expression differs from their gender identity based on a given society's norms for males and females
- **Transgender:** Refers to a person whose gender identity does not correspond to their sex assigned at birth (umbrella term)
- **Cisgender:** Refers to a person who is not transgender; a person whose gender identity corresponds with their sex assigned at birth
- **Genderqueer:** A person who blurs or bends the gender binary, identifies outside of the gender binary and/or identifies as both male and female
- **Trans man (FTM):** A person who was assigned female sex at birth and who now identifies as male. Some people use the term FTM (female to male)
- **Trans woman (MTF):** Opposite of above
- **Transition:** Generally refers to the period that a person "transitions" from one gender to another.

The Gender Unicorn Graphic by TSER

Gender Identity
 Female/Woman/Girl
 Male/Man/Boy
 Other/Gender(s)

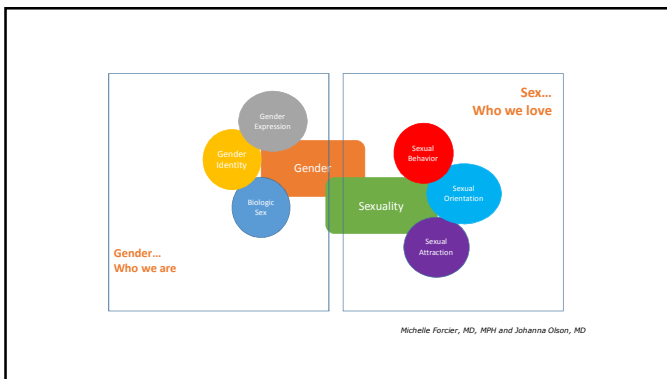
Gender Expression
 Feminine
 Masculine
 Other

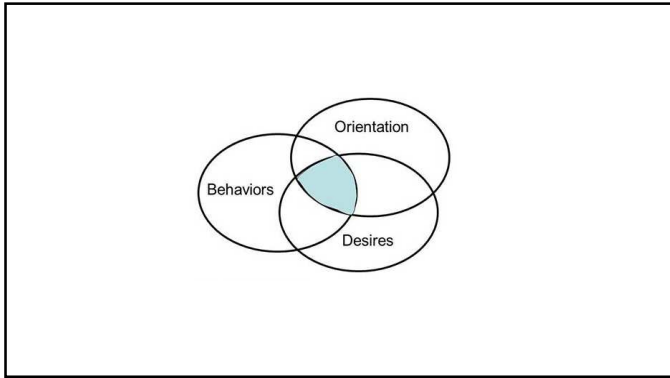
Sex Assigned at Birth
 Female
 Male
 Other/Intersex

Physically Attracted to
 Women
 Men
 Other Gender(s)

Emotionally Attracted to
 Women
 Men
 Other Gender(s)

To learn more, go to www.transgender.org/gender
 Design by Landyn Pan and Anna Moore





Top surgery
FTM = Bilateral Mastectomy

Fred McConnell, The Gift of a Lifetime: How Trans Top Surgery changed my life, theguardian.com, accessed 5/10/16

Bottom Surgery = Genital Reconstructive Surgery

Results of SRS surgery performed by Eugene Schrag, M.D., of Norwich, VT, <http://ai.ecdc.umich.edu/people/conaway/TS/SRS.html>, accessed 5/10/16

Results of SRS surgery performed by Drs. Browstein and Crane of San Francisco, CA, www.browsteincrane.com, accessed 5/10/16.

How do we create LGBTQ friendly practices?

How do we engage and retain people who identify as LGBTQ in our practice?

Starts at the front door!

- Cultural competency training for **all staff**
- Welcoming waiting room, provides privacy
 - Chairs facing away from door, trees/plants, TV
- LGBTQ inclusive signs, brochures
- Inclusive patient registration forms
- Openly display non-discrimination statement

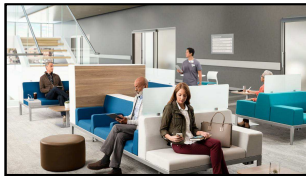
Guidelines for the Care of Lesbian, Gay, Bisexual, Transgender Patients, GLMA.org, Accessed 5/10/16

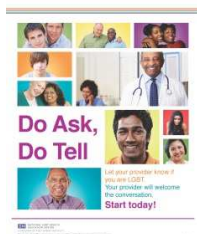
1. Which of the categories best describes your current annual household income? check the correct category: <input type="checkbox"/> < \$5,000 <input type="checkbox"/> \$5,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$15,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$39,999 <input type="checkbox"/> Over \$40,000	2. Employment Status: <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Other _____	3. Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American/Alaskan/Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	4. Ethnicity: <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina
5. Country of Birth: <input type="checkbox"/> USA <input type="checkbox"/> Other _____	6. Language(s): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	7. Do you think of yourself as: <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know	8. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnership <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____
9. Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Not a veteran	10. Referral Source: <input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Adm/Internist/Nurse/Oncology Worker/School <input type="checkbox"/> Other _____		

Figure 2. Structured Data on Sexual Orientation as Included with the Demographic Information at Fenway Health, Boston.

1. What is your current gender identity?
(Check an/or circle ALL that apply)
- Male
 - Female
 - Transgender Male/Trans Man/FTM
 - Transgender Female/Trans Woman/MTF
 - Genderqueer
 - Additional category (please specify): _____
 - Decline to answer
2. What sex were you assigned at birth?
(Check one)
- Male
 - Female
 - Decline to answer
3. What pronouns do you prefer (e.g., he/him, she/her)? _____

Improving the Health of LGBT People, Fenway Institute





How do we engage and retain people who identify as LGBTQ in our practice?

Welcoming/safe interactions with staff/providers

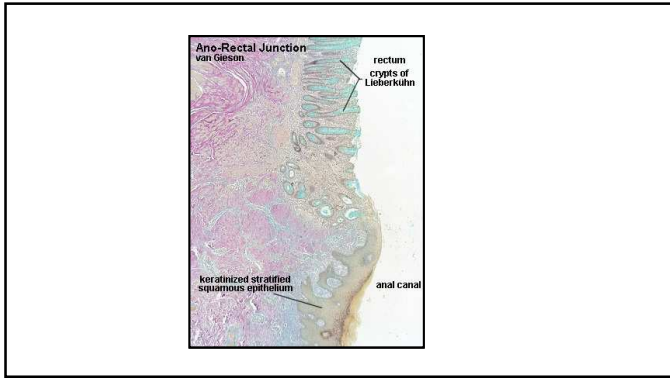
- Make sure patient understands visit is confidential
- Explain why certain information is needed
- You don't need to obtain full history on first visit, allow time for patient to get comfortable
- Reflect the language you hear
- Let the patient know you are glad they are there and look forward to helping care for them.

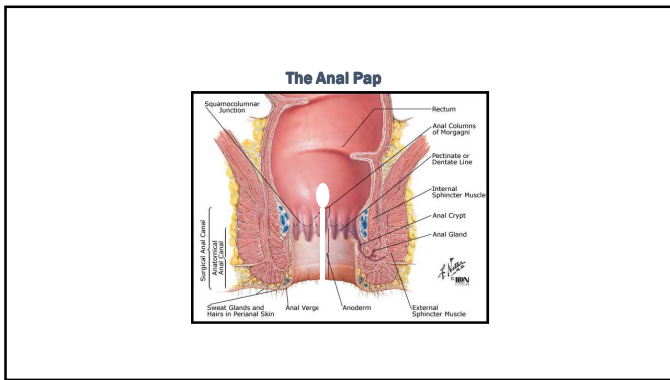
What opportunities do you see to improve LGBTQ Healthcare?

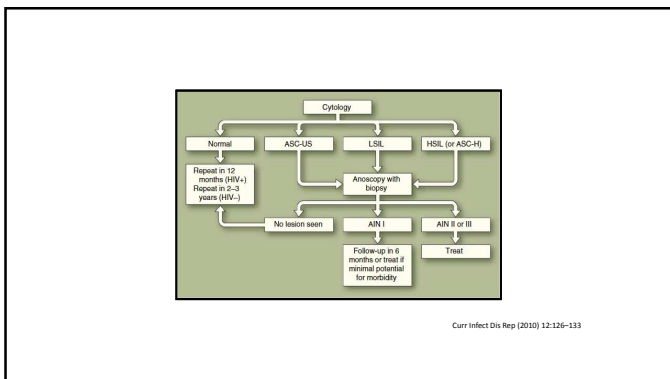
Anal Cancer Screening for MSM

- **Consider if access to high resolution anoscopy and biopsy**
 - MSM HIV + incidence 42 to 137 per 100,000 person years
 - Others: HV + women engaging in receptive anal intercourse or abnormal pap smears, or HIV+ with Anal/Genital warts
- Two cost-effectiveness studies have shown anal pap for MSM to be comparable with other accepted preventive measures in clinical medicine
 - HIV+: 1-2 years
 - HIV-: 2-3 years

Curr Infect Dis Rep (2015) 12:126–133
 JAMA. 1999;281:1822-1829
 Ann Med. 2000;108:634-641
 Clin Infect Dis. 2014 Jan;58(1):1-10.







Curr Infect Dis Rep (2010) 12:126–133

Joe is a 34 year old male who wants to be screened for ALL STIs. He is sexually active with both men and women. Is urine chlamydia/gonorrhea naat is sufficient to rule out infection?

- a) Yes
- b) No
- c) Depends on sites of sexual contact
- d) No, urethral swab should also be performed in men

Screening/Testing for STIs

- **Swab site of exposure** (Chlamydia/Gonorrhea)
- **Hep A, B, C** at least once depending on risk
- **Annual Screening in MSM**
 - HIV, Syphilis
 - Chlamydia (rectal/genital)
 - Gonorrhea (rectal/genital/pharyngeal)
 - More or less depending on sexual activity
- **Higher rates of Bacterial Vaginosis in WSW, at risk for all STIs**



HIV Prevention

- **Assess risk and counsel!**



HIV TESTING



PrEP Trials

Study	Efficacy overall	Drug detected overall	Risk reduction with drug detection
iPrEx	42%	50%	92%
Partners PrEP	67% (TDF) 75% (FTC/TDF)	82%	86% (TDF) 90% (FTC/TDF)
TDF-2	62%	80%	78%
Fem-PrEP	Stopped early due to futility	< 40%	adherence too low to assess efficacy
VOICE	Stopped early due to futility	< 30 %	adherence too low to assess efficacy
Bangkok IDU	49%	66%	74%

Summarized by *Susanne Doblecki-Lewis, M.D.* FIC AETC Webinar: HIV Update: PrEP, 3/20/2014.

PrEP Studies – open label

Study	Study population	Design	Results: Reduction in HIV Infection
PROUD McCormack Lancet 2016;387:53-60	545 men in England	TDF/FTC vs. placebo	TDF/FTC: 86%
iPERGAY Molina NEJM 2015;373:2237-46	414 MSM in France and Canada	TDF/FTC vs. placebo (event-driven)	TDF/FTC: 86%

Guik RM. PrEP 2016. Presented at Opman XXIV, Orlando, FL 3.12.16

Who Should be Offered PrEP?

Men Who Have Sex with Men	Heterosexual Women and Men	Injection Drug Users
HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work In high-prevalence area or network	HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)

All AI recommendations

CDC PrEP 2014 Guidelines Available at <https://aidsinfo.nih.gov/guidelines>. Accessed 4.6.16.



Case

- KS is a 35 year old man who is in a long term relationship with another man with whom he does not use condoms. His partner was diagnosed with acute HIV infection 1 week ago after a trip in which they both had sex with men of unknown HIV status. They did not use condoms.
- KS and his partner last had unprotected sex 4 days ago.
- KS had a negative HIV Ag/Ab test today

Would you start PrEP today?

Vaccinations

- **Hepatitis A/B:** Universal Vaccination for MSM
- **HPV vaccination for men and women expanded through 45**
- Meningococcal vaccination for MSM (outbreak fall 2012 in NYC)



WSW still need cervical cancer screening!

VTE and Vascular risk MTF

Table 2. Incidence Rates and Adjusted HRs for ACVEs Among Transfeminine Cohort Members Compared With Matched Reference Cohorts From KPNC, KPSC, and KPGA, 2006-2016


Cohort and Event of Interest	Transfeminine Cohort		Adjusted HR (95% CI)*	
	ACVEs, n	Incidence Rate (95% CI)†	Versus Reference Men	Versus Reference Women
Transfeminine overall cohort (n = 2842)				
VTE	61	5.5 (4.3-7.0)	1.9 (1.4-2.7)	2.0 (1.4-2.8)
Ischemic stroke	54	4.8 (3.7-6.3)	1.2 (0.9-1.7)	1.9 (1.3-2.6)
Myocardial infarction	33	2.9 (2.1-4.1)	0.9 (0.6-1.5)	1.8 (1.1-2.9)
Transfeminine estrogen initiation cohort (n = 853)				
VTE‡	17	6.6 (4.1-10.6)	3.2 (1.5-6.5)	2.5 (1.2-5.0)
At 0-2 y of follow-up	6	4.3 (1.9-9.6)	1.5 (0.5-5.1)	1.7 (0.5-5.5)
At >2 y of follow-up	11	9.3 (5.2-16.8)	5.1 (2.1-12.6)	3.2 (1.3-7.6)
Ischemic stroke‡	17	6.6 (4.1-10.6)	2.3 (1.2-4.3)	2.9 (1.5-5.5)
At 0-2 y of follow-up	9	3.8 (2.0-7.3)	1.3 (0.6-2.9)	2.3 (1.0-5.4)
At >2 y of follow-up	8	36.2 (18.1-72.4)	9.9 (3.0-33.1)	4.1 (1.5-11.4)
Myocardial infarction in the cohort overall	4	1.5 (0.6-4.1)	1.0 (0.3-3.2)	2.4 (0.6-9.4)


ACVE = acute cardiovascular event; HR = hazard ratio; KPGA = Kaiser Permanente Georgia; KPNC = Kaiser Permanente Northern California; KPSC = Kaiser Permanente Southern California; VTE = venous thromboembolism.
 *Stratified by cluster identification number and history of any ACVE; body mass index (normal, overweight, or obese), smoking status (current vs not current), blood pressure (elevated, borderline, or normal), and total blood cholesterol level (normal, not done [for persons <40 y], borderline, or high) are included in the model as covariates (see the Supplement [available at Annals.org] for details of variable characterization).
 † Calculated as number of cases per 1000 person-years.
 ‡ Models were extended because of violation of proportional hazards assumptions.

Screening Osteoporosis

- FTM: Screen >65
- MTF: Screen >65 if post orchiectomy
- Consider between 50-65 if off estrogen or testosterone for >5 years







Transgender Cancer Screening

	FTM	MTF
Breast	Standard screening if breasts intact. If post mastectomy, yearly chest wall, axillary exam	Discuss screening in patients >50 years with additional risk factors for breast cancer. Hormones >5 years, family hx, elevated BMI.
Cervix	Standard screening if cervix intact	NA
Prostate	NA	Screening per standard guidelines

What organs are present?

Practice cultural humility!

Questions?

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