LGBTQ Health and Gaps in Medical Care

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Continuing Medical Education Disclosure

- **Program Faculty**: Alex S. Keuroghlian, MD, MPH;
- **Current Position**: Director, The National LGBT Health Education Center; Assistant Professor of Psychiatry, Harvard Medical School
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Our Roots

**Fenway Health**

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQ 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 and transgender health services

**The Fenway Institute**

- Research, Education, Policy
LGBTQ Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations 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
- On Line Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbthealtheducation.org
Trump Approves New Limits on Transgender Troops in the Military

Capt. Jeffrey Ward holding a transgender policy training session in January. Transgender troops in the military may remain in the ranks, the White House said late Friday, but the Pentagon could require them to serve according to their gender at birth. (MC2 1st Class Kyle Catsouros/United States Navy)

‘Transgender’ Could Be Defined Out of Existence Under Trump Administration

People protesting the Trump administration’s policies toward gender and gay rights in New York last year. (Yana Paskova for The New York Times)

Question 3 looks to repeal law on gender identity protection in public places

VOTE YES ON 3

to uphold basic protections for our transgender neighbors, family and friends in Massachusetts!

In Narrow Decision, Supreme Court Sides With Baker Who Turned Away Gay Couple
Why Programs for LGBTQ People
L,G,B,T,Q Diversity
The Basics
Sex Assigned at Birth

Female       Intersex       Male
Gender Identity

- Woman
- MTF
- Trans woman
- Genderqueer
- Gender Nonconforming
- Non-binary
- Genderfluid
- Third Gender
- Agender
- Bigender
- Man
- FTM
- Trans man

Transgender Continuum
Gender Minorities
Sexual Orientation

- How a person identifies their physical, emotional, and romantic attachment to others

**Identity**
Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

**Attraction**
What gender(s) are you attracted to physically and emotionally?

**Behavior**
What gender(s) are your sexual partner(s)?
What Does ‘Q’ Stand For?

- ‘Questioning’ sexual orientation or gender identity

- ‘Queer,’ historically derogatory and now used by many with great pride; not straight but also not identifying with gay, lesbian or bisexual identities
Sexual Orientation ≠ Gender Identity

- Everybody has a sexual orientation and a gender identity
- How people identify can change
Health Disparities throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood
Minority Stress Framework

Adapted from Hatzenbuehler, 2009
Health Risk Behaviors
- Tobacco use
- Substance use disorders
- Binging and purging
- High-risk sexual activity
  - Identity concealment
  - Social disengagement
  - Lack of participation in routine healthcare

Health Promoting Behaviors
- Regular exercise
- Healthy diet
  - Identity management
  - Learned coping strategies
  - Connection to community
  - Participation in routine healthcare

Positive and Adverse Health Outcomes

Physical Health
- Physical health-related quality of life
- HIV
- Obesity
- Cardiovascular disease
- Cancer
- Disability

Mental Health
- Mental health-related quality of life
- Anxiety
- Depression
- Suicidality

Citations available upon request.
Abuse and Violence Victimization

SCHOOLS ARE UNSAFE AND UNWELCOMING FOR THE MAJORITY OF LGBT STUDENTS.

- 65% heard homophobic remarks like “fag” or “dyke” frequently or often
- 30% missed at least one day of school in the past month because they felt unsafe or uncomfortable
- 85% were verbally harassed in the past year

LGBTQ & Domestic Violence

from DomesticShelters.org

The facts about LGBT partner abuse/domestic violence are often hidden by numerous myths and misconceptions. Common myths and misconceptions include the belief that women are not violent, that men are not commonly victims, that LGBT domestic violence is mutual, and that there are no significant differences between heterosexual domestic violence and same-gender domestic violence. However, people who are lesbian, gay, and bisexual have an equal or higher prevalence of experiencing intimate partner violence, sexual violence and stalking as compared to heterosexuals.

Citations available upon request.
Substance Use

Compared to non-LGBQ peers:

- LGBQ youth initiate alcohol and illicit drug use earlier
- LBQ women have higher risk for alcohol and drug use disorders
- GBQ men have higher risk for drug use disorders
- Bisexual people have higher risk for all substance use disorders
Tobacco Smoking

Prevalence:

Trans adults: 36%
LGBQ adults: 21%
Straight adults: 15%

Trans youth: 31%
LGBQ youth: 16%
Straight youth: 8%

Mental Health

*Compared to straight men, GB men more likely to meet criteria for:*
• Major depressive disorder (x 3)
• Panic disorder (x 5)
• At least 2 co-occurring disorders (x 4)

*Compared to straight women, LB women are more likely to meet criteria for:*
• Generalized anxiety disorder (x 3)
• At least 2 co-occurring disorders (x 3)

Citations available upon request.
Suicidality

% of High School Students Who Seriously Considered Attempting Suicide in Last Year (YRBFS, 2015)

- Straight: 15
- LGB: 43
- Not Sure: 32

% of Adolescents Reporting a Previous Suicide Attempt, 2012-2015 (Toomey, et al 2018)

- Male: 10
- Female: 18
- Not Sure: 28
- MTF: 30
- Non-binary: 42
- FTM: 51
HIV Infection

Estimated New HIV Infections in U.S., 2015

Groups most at risk, 2016
- Black Men Who Have Sex with Men (MSM)
- Ages 20-29 years

Trans women living with HIV
- Black/African American - 51%
- Hispanic/Latinx - 29%

HIV Diagnoses in the US, 2009-2014
2,351 transgender people received an HIV diagnosis. Of these:
- 84% were transgender women
- 15% were transgender men
- About half lived in the South

http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published March 2018;
HIV AND GAY AND BISEXUAL MEN

Not all gay and bisexual men with HIV are getting the care they need.

632,300 gay and bisexual men had HIV in the US in 2015

83% diagnosed
62% received care
48% retained in care*
52% virally suppressed**

* Had 2 viral load or CD4 tests at least 3 months apart. ** A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of transmitting HIV to HIV-negative partners through sex. Based on most recent viral load test.


Based on the most recent data available in September 2018.

Disparities in HIV Pre-exposure Prophylaxis

HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos

44% of people who could potentially benefit from PrEP are African American – approximately 500,000 people...

...but only 1% of those – 7,000 African Americans – were prescribed PrEP*

25% of people who could potentially benefit from PrEP are Latino – nearly 300,000 people...

...but only 3% of those – 7,600 Latinos – were prescribed PrEP*

*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

Sexually Transmitted Infections – LBQ Women

• Sexual practices vary
• Many have (or had) sex with men
• Limited data on STIs, but risk exists, especially for HSV, HPV, BV
• CDC: Report of same-sex behavior in women should not deter providers from considering and performing screening for STIs according to current guidelines.

Citations available upon request.
Sexually Transmitted Infections – Transgender People

• Limited data
• CDC: Assess STI risks based on current anatomy and sexual behaviors

https://www.cdc.gov/std/tg2015/references.htm#197
Cancer Screening

LBQ women

- **Breast cancer**: Multiple risk factors, no data suggesting that incidence is higher – screen per guidelines for all women
- **Cervical cancer**: 37% prevalence of high-risk HPV – vaccinate and screen per guidelines for all women

GBQ men

- **Anal cancer**: HPV infection highly prevalent—routinely vaccinate. Increased risk of HPV-associated anal cancers among MSM, especially those living with HIV. Current RCT underway assessing risks/benefits of screening with anal cytology; IDSA/HIVMA recommend anal cytology screening for all MSM living with HIV, many centers do this.

Transgender women

- **Breast cancer**: 22 reported cases in literature. No clear guidelines. Screening mammography every 2 years, after reaching age 50 and undergoing 5-10 years of feminizing hormone therapy (Center of Excellence, UCSF)

Transgender men

- **Cervical cancer**: Many retain a cervix and need HPV screening and vaccination per guidelines for cisgender women

Citations available upon request.
Health Care Access Barriers: 2015 US Transgender Survey (n=27,715)

In the past year...

• 25% denied insurance coverage for hormones
• 55% denied coverage for gender-affirming surgery
• 33% of those who saw a healthcare provider reported:
  • Being refused treatment, verbally harassed, physically or sexually assaulted
  • Having to teach the provider about transgender people in order to get appropriate care
• 23% did not seek needed care due to fear of mistreatment
Gender Identity Conversion Efforts Across U.S. States

FIGURE 1—Estimated Proportion of Transgender People Exposed to Psychological Attempts to Change a Person’s Gender Identity From Transgender to Cisgender (PACGI): United States, 2015

Note. Heat map depicts the percentage of respondents from the 2015 US Transgender Survey reporting lifetime exposure to PACGI.

Turban et al., 2019 (AJPH)
### Historical Role of Medicine

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<thead>
<tr>
<th>OBSTACLE</th>
<th>EXAMPLE</th>
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<td>Failure to accept the natural occurrence of gender diversity</td>
<td>• Operations on intersex babies to make their bodies fit a gender binary</td>
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<tr>
<td>Perception of gender diversity as deviant</td>
<td>• DSM includes a diagnosis of Gender Identity Disorder until 2013</td>
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<tr>
<td>Perception of same-sex sexual behavior as deviant</td>
<td>• DSM removes homosexuality in 1973</td>
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<td>Participation in reparative therapies</td>
<td>• AMA opposes this in 1994; California becomes the first state to sign a ban in 2012</td>
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<tr>
<td>Failure to collect SO/GI information routinely</td>
<td>• SO questions included on selected national surveys beginning in 2012; SO/GI questions mandated in 2016 by Bureau of Primary Health Care</td>
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Overcoming Barriers