



Integrating Care of the LGBT Patient into Family Planning

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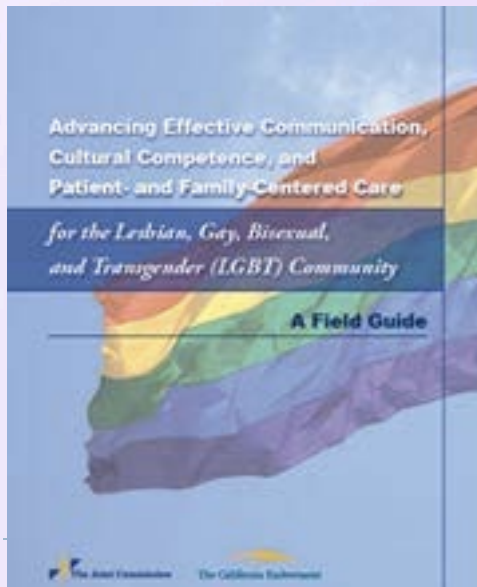
Disclosures

- ▶ None



Objectives

- ▶ Describe barriers to accessing healthcare for LGBTQ populations
- ▶ Discuss the reproductive health needs of LGBTQ patients
- ▶ Identify strategies to provide LGBTQ competent reproductive healthcare in your practice



Outline

- ▶ Terminology
- ▶ Social and Family Context
 - ▶ Homophobia and transphobia
- ▶ Barriers to accessing healthcare
- ▶ Providing Care to LGBT patients
- ▶ Clinical Guidelines
- ▶ Creating Safe Spaces



Your New Patient: Marla



Your New Lesbian Patient: Marla



- ▶ What changes for you, and what doesn't? Why?



Your New Transgender Patient: Marla who asks to be referred to as Marlon





Terminology

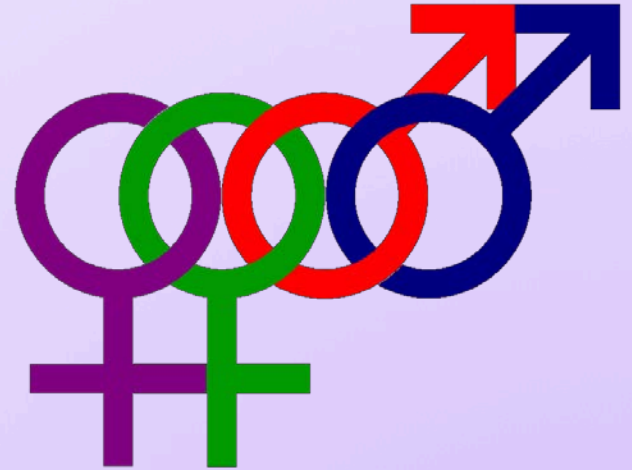
Terminology

- ▶ **LGBTQ**
 - ▶ MSM, WSW
- ▶ **Sexual Orientation**
 - ▶ Identity, Attraction, Behavior
- ▶ **Gender Identity**
 - ▶ Identity, Expression, Role
- ▶ **Transgender**

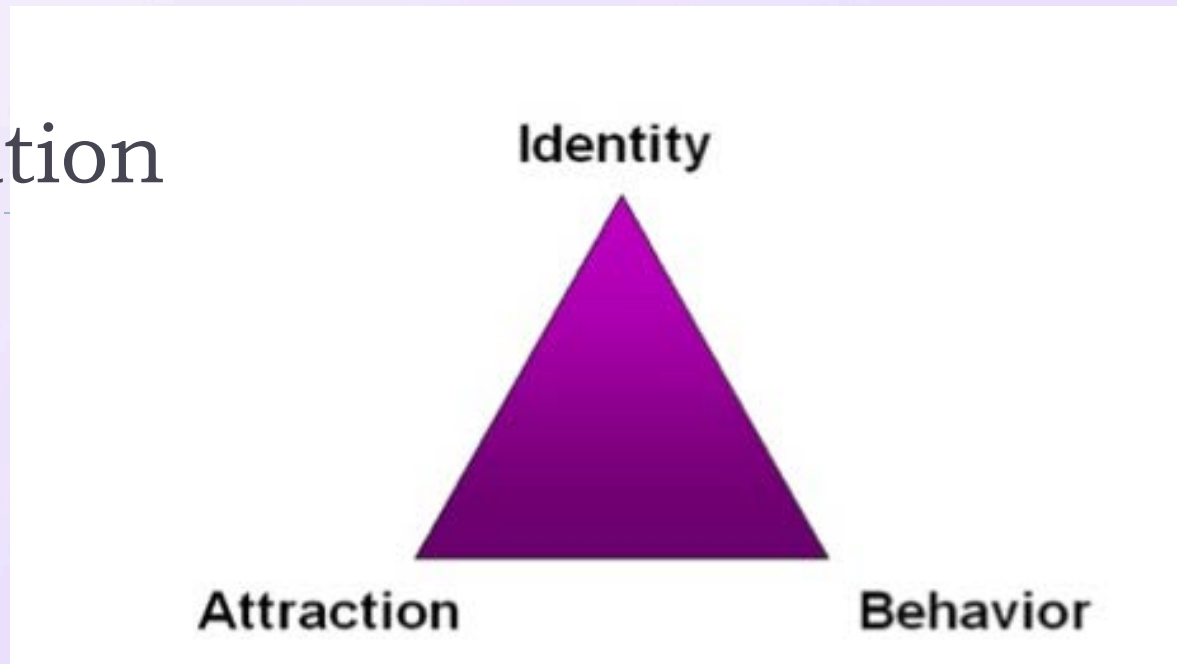


Terminology- Sexual Orientation

- ▶ **Identity: a label**
 - ▶ Often heterosexual, lesbian, gay, bisexual, questioning/ queer
- ▶ **Behavior: who you have sex with**
 - ▶ MSM = men who have sex with men
 - ▶ WSW = women who have sex with women
- ▶ **Attraction: who you're attracted to**



Sexual Orientation

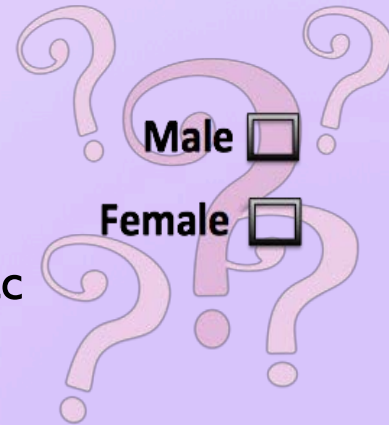


- ▶ Identity, attraction and behavior do not necessarily equal each other, and are fluid
 - ▶ 1/4-1/3 of self-identified lesbians have been or are married to men (Boon and Alderson, 2009)
 - ▶ YRBSS: of those who only had same sex intercourse, 62% define themselves as heterosexual (MMWR 6/6/2007, vol 60)



Terminology- Gender Identity

- ▶ Different from sex (determined by chromosomes/ anatomy) and sexual orientation
- ▶ Transgender
 - ▶ Definition: A person whose gender identity or expression differs from their sex assigned at birth
 - ▶ Umbrella term
 - ▶ MTF: male-to-female transwoman
 - ▶ FTM: female-to-male transmale
 - ▶ Gender variant, gender non-conforming, gender queer, etc
 - ▶ Never use trannie, he/she

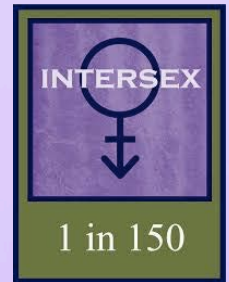


Gender Identity cont'd

- ▶ Transsexual can mean someone whose gender identity matches the opposite gender than the one assigned at birth (old definition); or someone who's undergone surgery (ICD)

- ▶ **Intersex**

- ▶ Variations in sex chromosomes, gonads, reproductive ducts and organs
- ▶ May not consider themselves LGBT



- ▶ **Cis-gender**



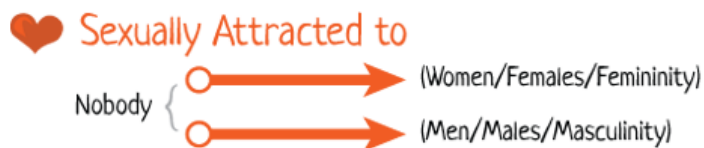
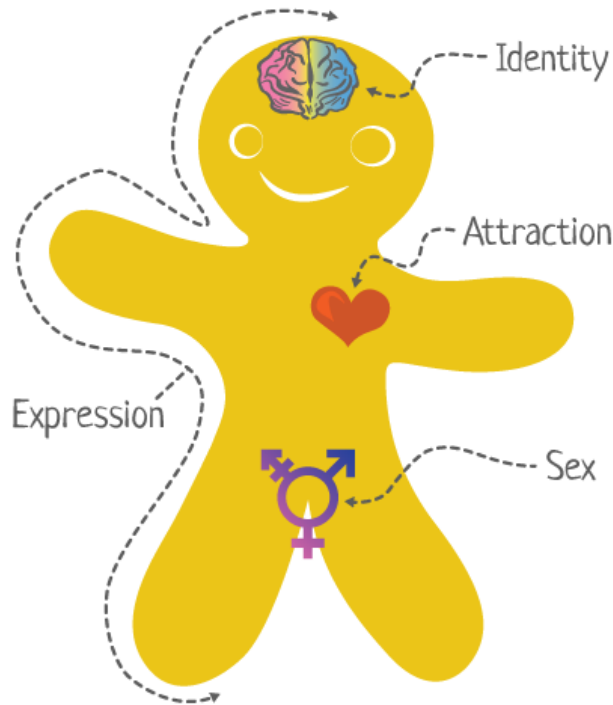
Transitioning- definition

- ▶ **Definition: process and time during which a person begins to live as their new gender²**
 - ▶ Transitioning means different things to different people
 - ▶ MTF, FTM, but not always binary
 - ▶ Name change, preferred gender pronoun (PGP)
 - ▶ Hormone therapy, surgery
- ▶ **Very visual process, and invites room for criticism and abuse**



Sexuality and Gender Identity is a Spectrum

The Genderbread Person v3.2 by its pronounced METROsexual.com



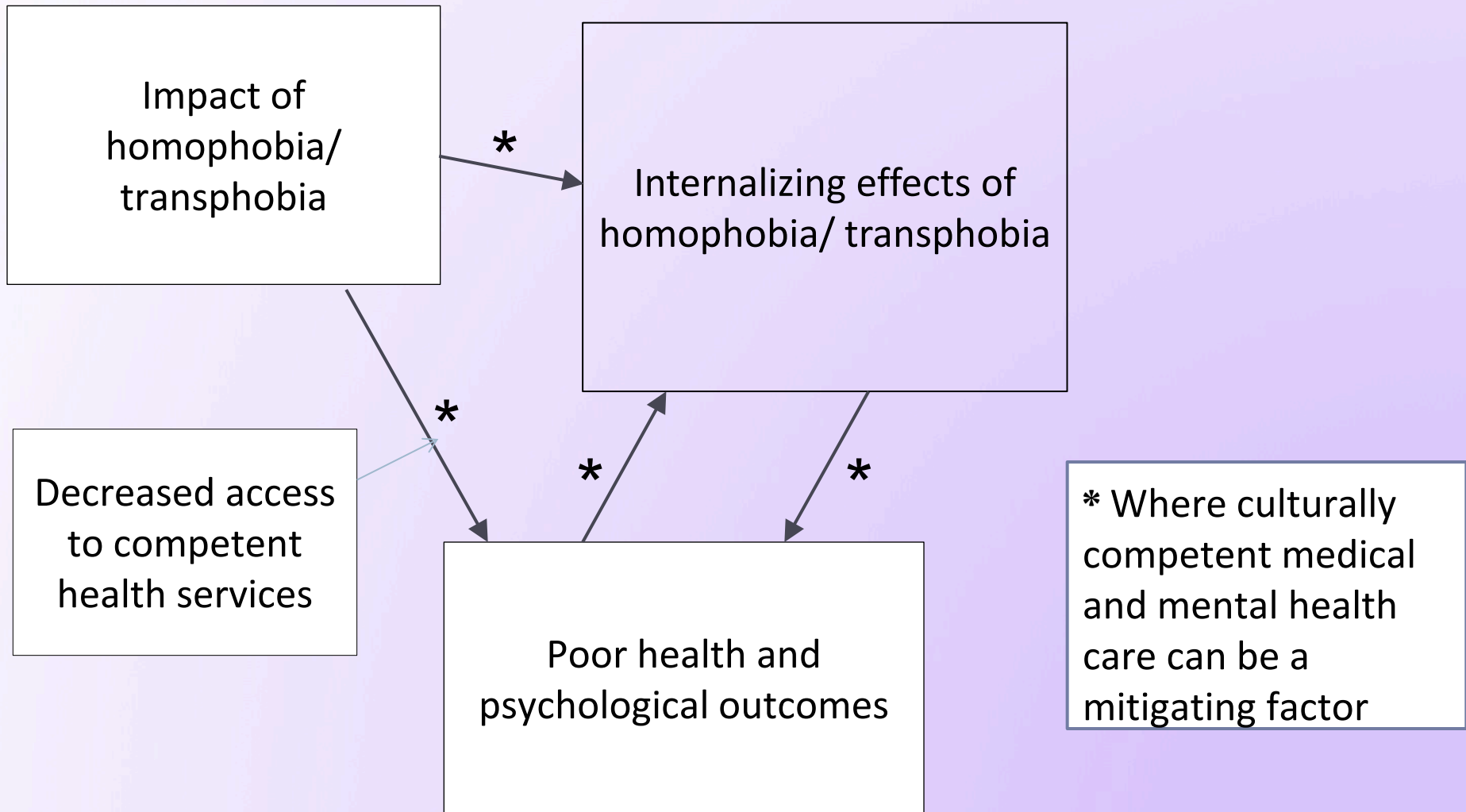
LGBTQ Demographics

- ▶ First national survey was done in 2013 NHIS (National Health Interview Survey)
 - ▶ 1.6% identified as gay or lesbian
 - ▶ 0.7% identified as bisexual
 - ▶ 1.1% identified as other
- ▶ Surveys suggest up to 10% of adults have engaged in same-sex behaviors (IOM 2011)
- ▶ Very little data on transgender populations, estimates as high as 0.3% (=700,000 people) (Gates, 2011)

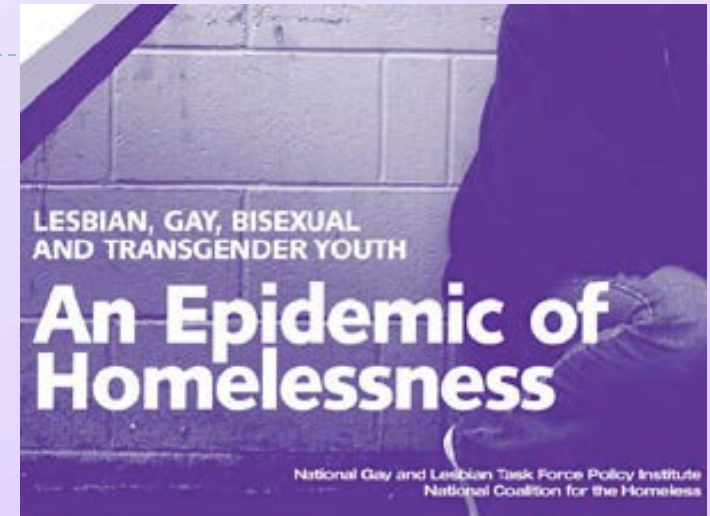
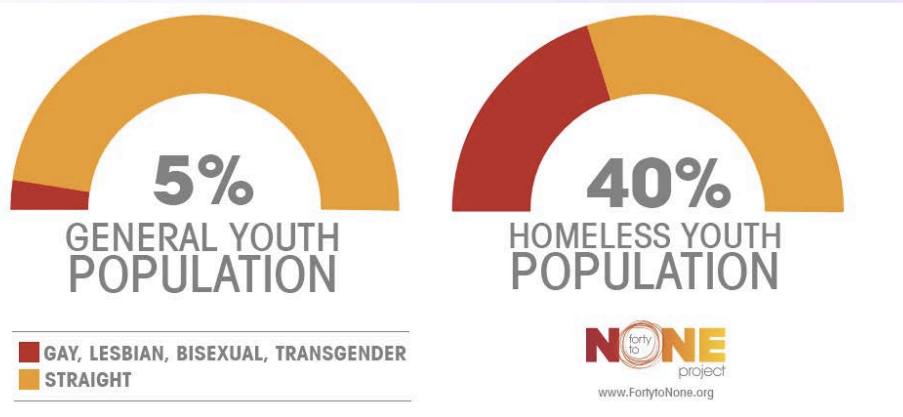


Social and family context

Relationship between Homophobia/Transphobia and Health Outcomes



Impact of Homophobia/Transphobia: Homelessness



In NYC average age of becoming homeless was **14** for gay youth and **13** for transgender youth



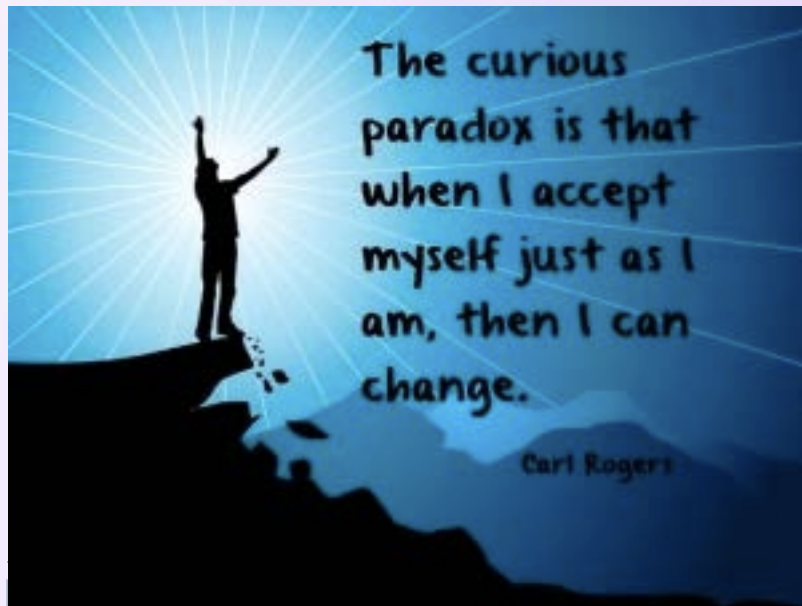
Impact of Homophobia/Transphobia: Trauma and Safety

- ▶ The only national holiday celebrating transgender people:
The National Transgender Day of Remembrance.
- ▶ LGBT individuals :
 - ▶ 2-3x more likely to be victims of sexual assault (Conrad et al, 2008)
 - ▶ Most likely to be victims of hate crimes (17% of all hate crimes) (Marzullo and Libman, 2009)
 - ▶ More likely to be bullied at school (all GLSEN reports)
 - ▶ MSM more likely to be victims of IPV,WSW less or equal than hetero peers
- ▶ All statistics worse for transgender people



Internalizing Effects of Homophobia/Transphobia

- ▶ Stigma
- ▶ Shame
- ▶ Isolation
- ▶ Stress
- ▶ Anxiety
- ▶ Depression
- ▶ PTSD
- ▶ Low self-esteem



- ▶ Resiliency
- ▶ Better coping strategies

Poor Health and Psychological Outcomes

▶ Mental health

- ▶ 7 times more likely to attempt suicide (YRBSS)
- ▶ 41% of transgender people had attempted suicide (vs to 1.6% of the gen pop) (Grant et al, 2007)



▶ Substance use

- ▶ Family rejection associated with substance use
- ▶ Higher rates of smoking



Poor Health and Psychological Outcomes

▶ Reproductive health

- ▶ MSM are 65% of new HIV infections
 - ▶ 1 in 4 transwomen thought to be infected (Herbst et al, 2008)
- ▶ MSM at increased risk for syphilis, hep B, hep C, HPV
- ▶ Lesbians and bi-sexual youth more likely to get pregnant (Saewyc, 1999)
- ▶ Less likely to get pap smear, mammogram (esp TG) (Diamant et al, 2000)

▶ Chronic conditions (Ranji et al, 2014)

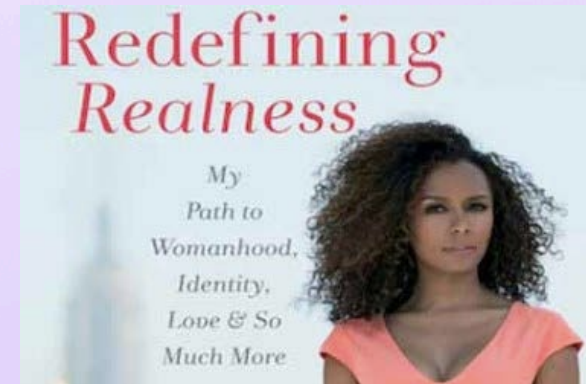
- ▶ Higher rates of CVD, some cancers, asthma and acute conditions

▶ **Homophobia and transphobia pose a public health challenge**



Resiliency

- ▶ Many LGBTQ individuals develop resiliencies to manage these challenges, and lead healthy and productive lives
 - ▶ Coming out as a strength



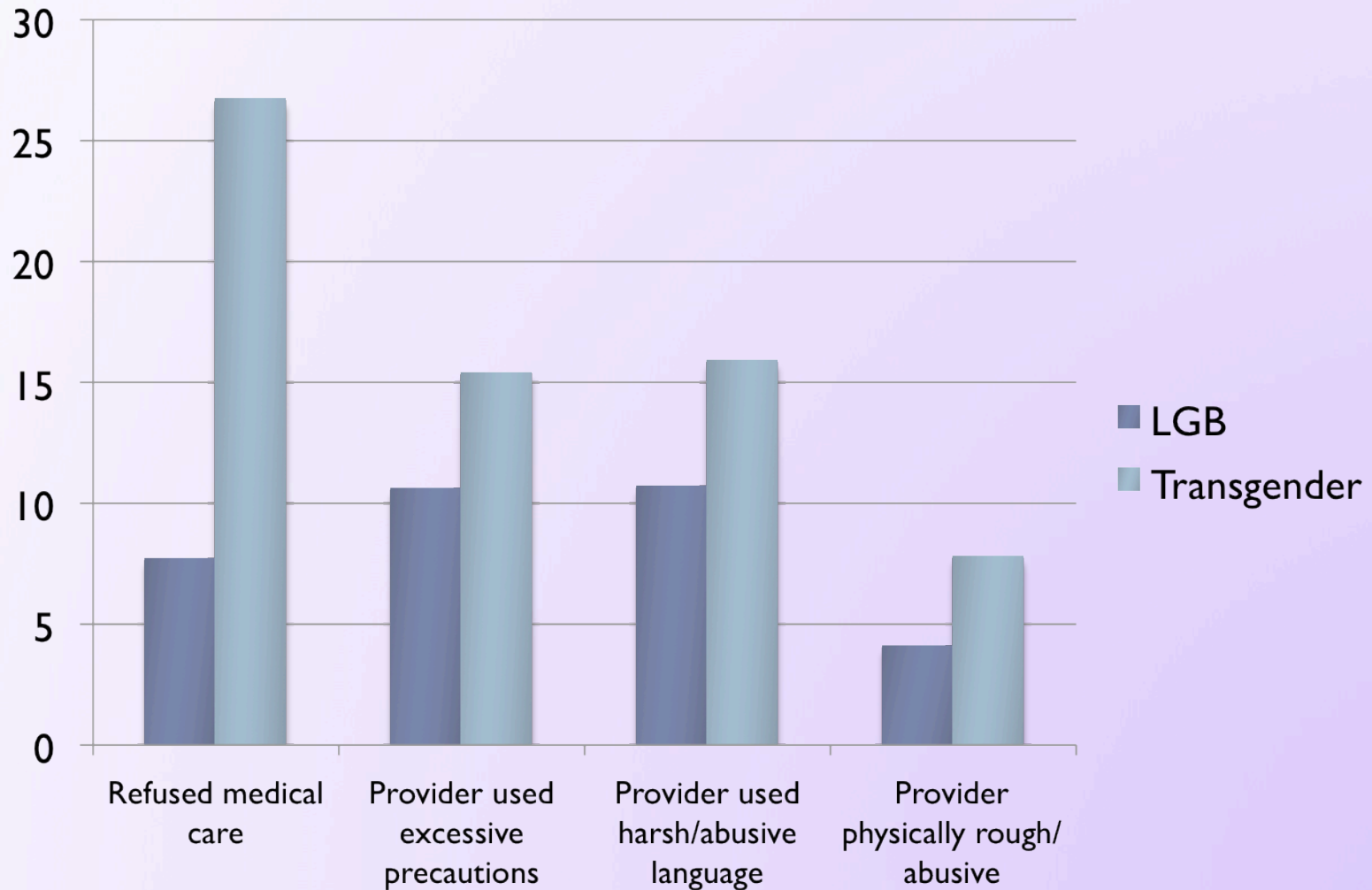
Barriers to care

Barriers: Provider Gaps

- ▶ Heterosexual/ cis-gender privilege, power dynamic between provider and patient, other privileges (race, gender, SES), lack of experience
- ▶ Limited research focusing on LGBTQ health
- ▶ Median time for LGBTQ content in curriculum: 5 hours!
- ▶ Stigma medicalized
 - ▶ Homosexuality was a disorder until 1973, and gender identity until the current DSM-5 (still is in ICD)

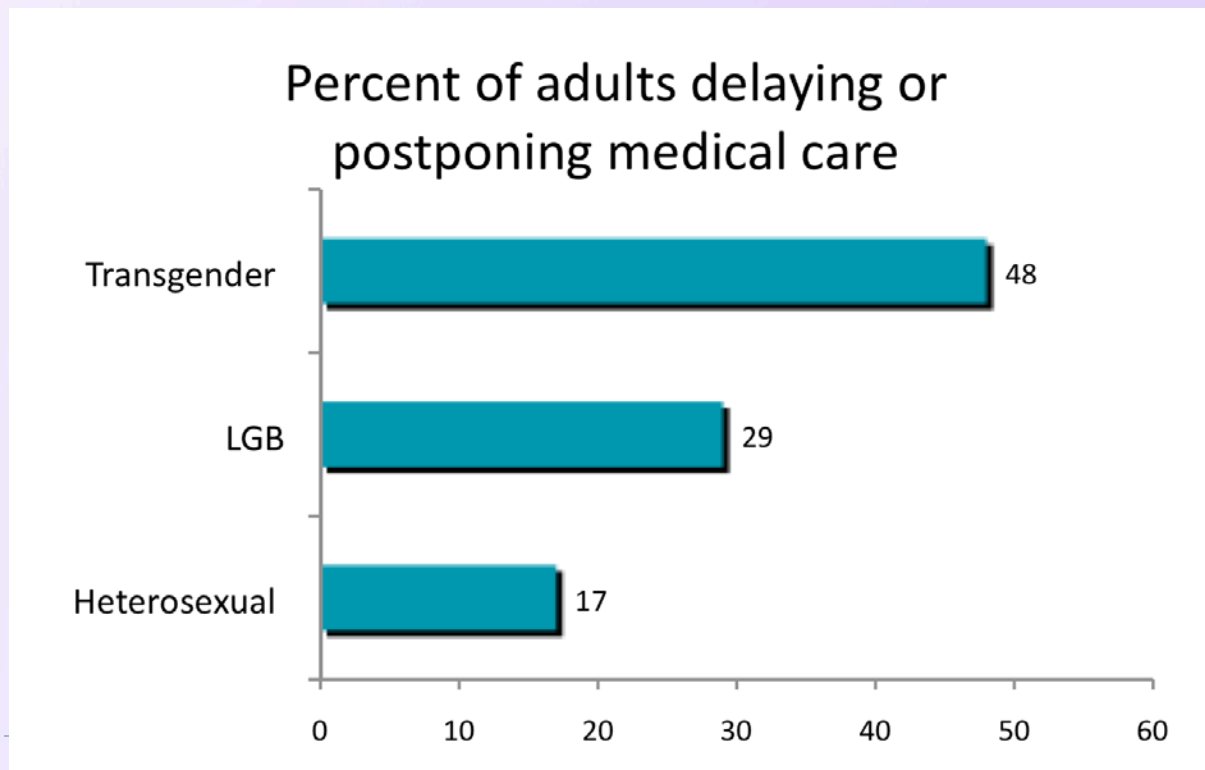


Barriers: Provider Attitude



Consequences of Barriers

- ▶ 1 out of 2 LGBT adults withheld their sexual orientation from a provider (Harris Poll, 2002)
- ▶ 1 of 4 withheld information about sexual practices (5 times more than heterosexual peers) (Harris Poll, 2003)



Providing Care to LGBT Patients

Providing Care

- ▶ **Framework for care:**
 - ▶ Acknowledge your own discomfort and prejudices
 - ▶ Remember that everyone has a story, may include trauma or fear of trauma
 - ▶ Maintain a non-judgmental attitude
 - ▶ Start by ensuring confidentiality
 - ▶ More important for LGBTQ patients because of risk of being outed
 - ▶ Ask open-ended questions
 - ▶ Goals of care for LGBTQ are same as other patients



Taking A Sexual History: Q's for everyone

- ▶ “Have you ever been or are you in a relationship?”
 - ▶ Screen for DV including emotional abuse
 - ▶ Provide LGBT-sensitive referrals (Fenway Handout 5-A)
 - ▶ Age of partner important for adolescents- may be only supportive figure
 - ▶ Also screen for economic dependence especially in adolescents and young adults
- ▶ “Have you had sex or been intimate with anyone?”
- ▶ “Has anyone ever touched you in a way that made you feel uncomfortable?”
- ▶ Drug and Alcohol assessment, particularly around sexual experiences
- ▶ “Are you interested in being a parent in the future?”***



Asking about Gender and Sexual Behavior

- ▶ “Do you consider yourself male, female, transgender or another gender? What about your partners?”
- ▶ “Do you identify as straight, gay, lesbian, bisexual or other?”
- ▶ Some patients are going to be offended that you don’t assume heterosexuality or male/female gender identity; similarly, other patients will be relieved that you don’t
 - ▶ The only win-win is an inclusive approach because it can be an opportunity to promote tolerance



Asking About Sexual Risk



- ▶ “Have you ever been told that you had an STI?”

 - ▶ “Have you ever traded sex for money, drugs, a place to stay, or other things you need?”

 - ▶ If at risk for pregnancy (i.e. have a uterus)
 - ▶ Ask about pregnancy prevention methods
 - ▶ “Have you ever been pregnant?” (This questions should be asked of all female-bodied patients regardless of partner history)

 - ▶ “How many partners have you had in the last 3 months? And currently? How would you describe your/those relationship(s)?”
 - ▶ Polyamorous
 - ▶ Consent of multiple partnerships vs not
-



Asking about Sexual Behavior

- ▶ “Have you gone down on anyone (had oral sex)? Have you had anal sex? Do you share sex toys?”
- ▶ For MSM and MTF with M: “Do you top, bottom or both?”
- ▶ For opposite-genitalia partnering: “Do you have penile-vaginal sex?”
- ▶ For all patients: “Do you share sex toys?”
- ▶ Condom use or barrier use for all sites, and how often
- ▶ Knowledge about/ interested in PEP/PrEP, birth control

- ▶ May need to use different wording for transgender patient: “What wording do you use to describe your genitalia? I am asking so I can use the correct term when asking questions.”



The LGBTQ Family

▶ Types of families

- ▶ +/- children
 - ▶ Adoption- not all agencies open to LGBT
 - ▶ Foster parenting
 - ▶ Artificial insemination- cheap
 - ▶ Surrogate- expensive, complicated
 - ▶ Step-parenting- adopting partner's child
- ▶ Single, couple, multiple adults/ parents
- ▶ Married, partnered, co-parenting, etc

▶ Again, be open and non-judgmental



The nurse said lesbians shouldn't be parents.

You can come and talk to me about that.

Half of lesbian and bisexual women have had bad experiences in the NHS.
If you've faced discrimination while accessing healthcare, complain to your Primary Care Trust or call Stonewall for some free advice.

 Stonewall
08000 50 20 20

LGBT Baby Boom

- ▶ 27% of same-sex couples are raising children (Gates et al, 2004)
- ▶ Over 1 in 3 lesbians have given birth
- ▶ Over 1 in 6 gay men have fathered or adopted a child
- ▶ Over half of gay men and 41% of lesbians want children (Gates et al, 2007)



Cross-gender hormone therapy and fertility

- ▶ Protocol: discuss fertility prior to hormone therapy
- ▶ Crypreservation of sperm, eggs, embryos
- ▶ Chance that may be able to stop hormones and still have pregnancy
- ▶ Risk of becoming infertile after long-term hormone therapy
 - ▶ No good data
 - ▶ Also means that barrier/ birth control should still be used if pregnancy is a risk
 - ▶ Transmen consider progesterone injectable (no feminizing hormone)





Clinical Guidelines

Clinical Guidelines- General

- ▶ ***If you have it, check it***
- ▶ ACIP/ CDC vaccine guidelines
- ▶ USPSTF/ CDC STI testing guidelines
- ▶ HIV testing consent process state dependant



Guidelines- MSM and transwomen who have sex with men

- ▶ Annual HIV, syphilis, urine/anal/oral GC
 - ▶ q3-6 mo testing and PrEP for those at increased risk
 - ▶ Consider acute HIV testing and PEP for recent exposure



- ▶ Hep A/B testing and screening
- ▶ +/-HSV-2 testing, trich urine testing, HPV vaccination (coverage?!)
- ▶ Remember to **consider LGV** for:
 - ▶ + urine chlamydia with femoral lymphadenopathy or
 - ▶ + anal chlamydia with proctitis
- ▶ **Anal exam** eg for warts



Guidelines- MSM and transwomen who have sex with men

- ▶ **Other considerations for Transwomen**
 - ▶ Breast cancer screening if on estrogen for 5+ years (UCSF suggestion)
 - ▶ Neovaginas- refer to specialist

Guidelines- WSW and transmen who have sex with women

- ▶ At increased risk of BV
 - ▶ At risk for trichomoniasis, HPV, HSV-1
 - ▶ Ask about penetrative sex with fingers or shared toys
 - ▶ Washed between use? Condoms/ finger condoms/dental dam
 - ▶ Consider GC/C, HIV, syphilis, pregnancy testing
 - ▶ Remember than many also have sex with men
 - ▶ 45% of transmen had had cis-male and 11% had transfemale partners (Bauer et al, 2012)
 - ▶ **Pap smears for cervixes, HPV vaccination**
 - ▶ **Breast cancer screening including for transmen** since breast tissue remains after top surgery
-



PAPS MATTER FOR TRANS MEN



Design: thepublicist/dvca Photography: Jennifer Bowman

If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.



checkitoutguys.ca

Guidelines-People who have sex with opposite-genitalia partner

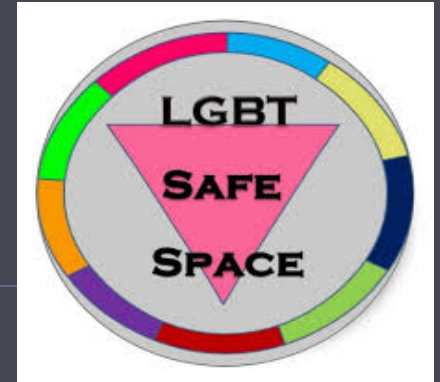
- ▶ What you're currently asking/ doing for 98% of your patients
- ▶ You may need to use different terminology
- ▶ Have to still be respectful of people's sexual orientation
 - ▶ Affirm that their behavior doesn't take away from their identity
- ▶ Don't forget PEP and PrEP for high-risk behaviors and relationships



Recommendations –Transgender care

- ▶ Discomfort with exam especially genitalia and breasts/ chest
- ▶ Testing according to behavior and body parts
- ▶ Ask where they find their partners (or how they disclose their gender identity)
 - ▶ Often online because it's safer
 - ▶ A great window into how difficult relationship negotiations may be for them





Creating Safe Spaces





Creating Safe Spaces

- ▶ First impressions are important: patients will walk in and assess for affirmation
- ▶ Assess and change current clinical environment
 - ▶ Clinic brochures and posters, health education materials
 - ▶ Unisex bathrooms
- ▶ Advertise the cultural competency of your practice
 - ▶ Create and post non-discrimination, diversity policies, and confidentiality policy around clinic
- ▶ Ensure your intake forms are inclusive of multiple gender identities and sexualities
 - ▶ Establishes non-judgmental attitude



LGBT Registration Form- Callen-Lorde



Legal last name:	Legal first:
Chosen first name (if different):	Date of Birth:

No marital status question, but "partnered" would be an option if we had one.

"We require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements. The options for some of these questions were provided by our funders. Please help us serve you better by selecting the best answers to these questions. Thank You."

CALLEN LORDE COMMUNITY HEALTH CENTER REGISTRATION FORM

PATIENT INFORMATION

Legal last name: _____ Legal first: _____ Today's date: ____/____/____

Chosen first name (if different): _____ Date of Birth: ____/____/____ Social Security number: _____

Home address: _____ Apartment #: _____ Cell phone number: (____) _____-____

City: _____ State: _____ Zip Code: _____ Home phone number: (____) _____-____

Language interpreter services needed? No Yes language: _____ Work phone number: (____) _____-____

Which is your primary contact number? Cell Home Work

Sex Assigned at Birth: Male Female

Sexual Orientation: Lesbian Gay Bisexual Queer Straight Something Else Decline to Answer

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White/Caucasian More than one race Decline to answer

Hispanic? Yes No

How did you first learn of Callen-Lorde? Friend/Partner National Health Fair/ Presentation Callen-Lorde Website Other _____

Anticipated annual household income for this year: _____ Total # of people living in household, including yourself: _____

Please select the statement that best describes your Primary Medical Care status:

I am here for a full physical exam or to establish a relationship with a primary care provider.

I have a primary care provider outside of Callen-Lorde and I plan to continue getting primary care with that provider.

I do not currently have a primary care provider and I am not here to establish primary care.

Emergency Contact: Emergency contact name: _____ Emergency contact phone: (____) _____-____

INSURANCE INFORMATION **Please give your insurance card to the front desk staff!**

Insurance carrier: _____ Policy #: _____ Group #: _____

Who did you select as your Primary Care Provider with your insurance carrier? _____ Employer: _____

Relationship to insured: Self Child Spouse Partner Other _____ Insured's health insurance: Male Female Insured's birth date: ____/____/____

Name of insured (if different): _____ Address of insured: _____ Same as Patient

Insured Signature: _____ Date: _____

Sex Assigned at Birth:
 Male Female

Sexual Orientation:
 Lesbian
 Gay
 Bisexual
 Queer
 Straight
 Something Else
 Decline to Answer

Gender Identity:
 Male/Man
 Female/Woman
 TransMale/Transman
 TransFemale/Transwoman
 Genderqueer/Gender nonconforming
 Something Else
 Decline to Answer

Veteran?
 Yes No

Hispanic?
 Yes No

Anticipated annual household income for this year: _____

Sex listed in insured's health insurance plan: Male Female

Address of insured: _____

Training and Outreach

- ▶ **Ensure competency when hiring and training staff**
 - ▶ Train staff to use preferred name and gender pronouns
 - ▶ Requires developing an EHR system that captures legal name and gender pronoun as well as preferred
 - ▶ Very helpful to hire LGBTQ-identified staff
- ▶ **Outreach to LGBTQ community resources for referrals**
- ▶ **Get feedback from patients and staff**



Take Home Points

- ▶ LGBTQ patients walk into the clinic with their unique histories and experiences
- ▶ Providing LGBTQ-competent care starts at the clinic front door
- ▶ In order to treat LGBTQ patients, we should ask questions knowing all patients may be LGBTQ, and each person is an individual
- ▶ What's their behavior? Using what body part?
- ▶ You can be an important safe space to validate their identity and experience



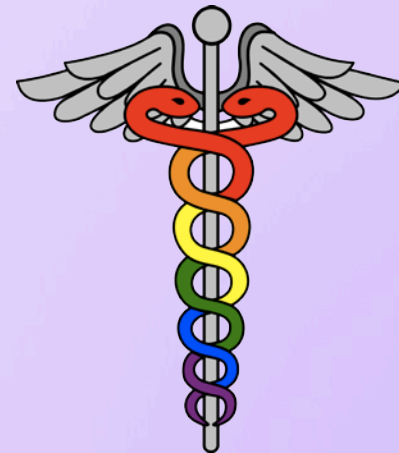
Resources- Provider Education

- ▶ **Nat'l LGBT Health Education Center (Fenway Institute)**
 - ▶ Learning modules
 - ▶ <http://www.lgbthealtheducation.org/training/learning-modules/>
 - Handout 2B: Sample intake form
 - Handout 5A: Resources for LGBT families (including DV resources)
 - ▶ “Overcoming barriers to Cervical Cancer Screening” for Transmen:
<http://www.lgbthealtheducation.org/wp-content/uploads/Overcoming-Barriers-to-Cervical-Cancer-Screening.pdf>
 - ▶ Publications and Resources section
 - ▶ Look under both ‘Publications’ and ‘Suggested Resources’
 - ▶ Toolkit for Taking Routine Histories of Sexual Health:
http://www.lgbthealtheducation.org/wp-content/uploads/COM827_SexualHistoryToolkit_August2014_v7.pdf



Resources- Provider Education

- ▶ UCSF Center for Transgender Excellence, Clinical Protocols
 - ▶ <http://transhealth.ucsf.edu/trans?page=protocol-00-00>
- ▶ AMSA section on Gender and Sexuality
 - ▶ <http://www.amsa.org/AMSA/Homepage/About/Committees/GenderandSexuality.aspx>



Resources- Patient Information

- ▶ **Safe School Coalition – great collection of brochures**

- ▶ <http://www.safeschoolscoalition.org/>

- ▶ Tons of flyers, mostly focused on adolescents



- ▶ **GLMA “List of top 10 issues LGBT people should discuss with their healthcare provider”**

- ▶ <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=947&grandparentID=534&parentID=938>



Resources- Patient Information



If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Paps easier.

checkitoutguys.ca

- ▶ Website for transmale patients re: pap smear, with poster
 - ▶ <http://www.checkitoutguys.ca/>
- ▶ Sexual health for Transgender and Gender Non-conforming people
 - ▶ <http://www.genderdynamix.org.za/wp-content/uploads/2013/05/GDX-Safer-Sex-Bklt-Eng.pdf>



Thank you!

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