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 gender
  - 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

- **Gender Identity**
  - Woman-ness
  - Man-ness

- **Gender Expression**
  - Feminine
  - Masculine

- **Biological Sex**
  - Female-ness
  - Male-ness

- **Sexually Attracted to**
  - Nobody
  - (Women/Females/Femininity)
  - (Men/Males/Masculinity)

- **Romantically Attracted to**
  - Nobody
  - (Women/Females/Femininity)
  - (Men/Males/Masculinity)
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

Internalizing effects of homophobia/transphobia

Decreased access to competent health services

Poor health and psychological outcomes

* Where culturally competent medical and mental health care can be a mitigating factor
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 (Saewye, 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

- Refused medical care
- Provider used excessive precautions
- Provider used harsh/abusive language
- Provider physically rough/abusive

Lambda Legal, 2010
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 beingouted
  - 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 always 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 question 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
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
- Cryopreservation 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 - 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

If you've ever been sexually active (in any way) and have a cervix, you need regular Pap tests. 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

“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.”

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

Sex listed in insured’s health insurance plan:  □ Male  □ Female
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/](http://www.lgbthealtheducation.org/training/learning-modules/)
      - Handout 2B: Sample intake form
      - Handout 5A: Resources for LGBT families (including DV resources)
  - Publications and Resources section
    - Look under both ‘Publications’ and ‘Suggested Resources’
Resources- Provider Education

- UCSF Center for Transgender Excellence, Clinical Protocols
  - [http://transhealth.ucsf.edu/trans?page=protocol-00-00](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](http://www.amsa.org/AMSA/Homepage/About/Committees/GenderandSexuality.aspx)
Resources- Patient Information

- Safe School Coalition – great collection of brochures
  - [http://www.safeschoolscoalition.org/](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”
Resources - Patient Information

- Website for transmale patients re: pap smear, with poster
  - [http://www.checkitoutguys.ca/](http://www.checkitoutguys.ca/)

- Sexual health for Transgender and Gender Non-conforming people
Thank you!

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