LGBTQ Health: Caring for LGBTQ Patients and Families

9/30/2019
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Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the chat box function
- Select “Everyone” and enter your question or comment
- This will also be used during all Q&A portions of the presentation
Sex

A medically assigned identity based on our phenotype (physical packaging)—karyotype (XY, XX), external genitalia.

female, male, intersex
Gender Identity

Our inner sense of being a man, woman, or another gender.

“How the mind and the heart regard the body.”

woman, man, transwoman, transman, genderqueer
Gender Expression

The ways in which we externally communicate our gender identity to others. Occurs through mannerisms, clothing, body language, self expression.

feminine, masculine, androgynous, butch, femme
Sexual Identity

An enduring emotional, romantic, sexual, affectional, & relational attraction to other people.

Determined by the personally significant sexual or romantic attractions one has, and the way in which someone self-identifies.

lesbian, gay, bisexual, MSM, WSW, queer, asexual, pansexual, straight
Dimensions of Sexual Orientation

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

**Behavior**
Do you have sex with men, women, both?

**Attraction/Desire**
What gender(s) are you attracted to?
The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don’t. Like inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It’s okay if you’re hungry for more. In fact, that’s the idea.

Gender Identity

- Woman-ness
- Man-ness

How you, in your head, define your gender, based on how much you align (or don’t align) with what you understand to be the options for gender.

Gender Expression

- Feminine
- Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Biological Sex

- Female-ness
- Male-ness

The physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Sexually Attracted to

- Nobody
- Women/Females/Femininity
- Men/Males/Masculinity

Romantically Attracted to

- Nobody
- Women/Females/Femininity
- Men/Males/Masculinity

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at http://bit.ly/genderbread
Binary Gender / Sexuality Model

- Sex
  - Male
  - Female
- Gender Identity
  - Man
  - Woman
- Gender Expression/Role
  - Masculine
  - Feminine
- Sexual Orientation
  - Women
  - Men
(More) Inclusive Model

- Sex
- Gender Identity
- Gender Expression
- Sexual Orientation

• Male • Intersex • Female

• Man • Trans* • Woman

• Masc. • Andro. • Fem.

• Women • All/Both • Men
Gender

- **Transgender** – A person whose gender identity differs from their sex assigned at birth
- **Cisgender** – A person whose gender identity is concordant with their sex assigned at birth

![cис (Z) and trans (E)]
Gender Identity ≠ Sexual Orientation

- Sexual orientation
  - How a person identifies their physical and emotional attraction to others
  - Dimensions include: desire/attraction, behavior, and identity
- All people have a sexual orientation and a gender identity
- Transgender people can be any sexual orientation

(Grant et al 2010)
Gender Affirmation

- Gender affirmation (transition) is the process by which individuals are affirmed in their gender identity.
- Transgender people may choose to make social, medical, and/or legal changes to affirm their gender identity, including:
  - Legal: e.g., changing their name and sex on birth certificate, driver’s license, etc.
  - Social: e.g., clothing, pronouns, name
  - Medical: e.g., cross-sex hormones, surgery
Gender

• Transgender people use many different terms to describe themselves. These terms continue to evolve.
• Current, common terminology:
  ▫ Transgender woman, trans woman, male-to-female (MTF)
  ▫ Transgender man, trans man, female-to-male (FTM)
How Do I Talk About Transgender People?

• Incorrect: "Max is transgendered."  
  Correct: "Max is transgender."

• Incorrect: "Max is *a transgender,*"  
  Correct: "Max is *a transgender person.*"

• When referring to a transgender person, you should always use the person's pronouns and name.

• Transgender women should NEVER be referred to as male or as men. Transgender men should NEVER be referred to as female or as women.

• What terminology is offensive (or outdated)?
  ▫ Transvestite
  ▫ She-male
  ▫ He-she
  ▫ It
  ▫ Transsexual (pathologizing)
  ▫ Tranny
  ▫ Hermaphrodite
  ▫ Pre-Op/Post-Op
  ▫ Sex Reassignment Surgery
**Gender Pronouns**

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

<table>
<thead>
<tr>
<th>Norm</th>
<th>Objective</th>
<th>Possessive Pronoun</th>
<th>Reflexive</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
<td>She is speaking. I listened to her. The backpack is hers.</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>Himself</td>
<td>He is speaking. I listened to him. The backpack is his.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>Themself</td>
<td>They are speaking. I listened to them. The backpack is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir/Zir</td>
<td>Hirs/Zirs</td>
<td>Hirself/Zirself</td>
<td>Ze is speaking. I listened to him. The backpack is zirs.</td>
</tr>
</tbody>
</table>

For more information, go to transstudent.org/graphics

Design by Landyn Pan

TSER
Trans Student Educational Resources
Differences in Sex Development (DSD)

- An individual whose external phenotype (genitalia) and internal sex organs (uterus, testes, ovaries) differ from what is expected based on karyotype (XY, XX)
- Sometimes referred to as “intersex”
- DSD people are occasionally grouped with transgender people, but they are not the same
  - Special and specific health care needs
- For more information on DSD/intersex, visit: www.dsdguidelines.org and www.isna.org
WHY DISCUSS LGBTQ HEALTH?
Why Discuss LGBTQ Health?

- There are significant LGBTQ health disparities
  - Health outcomes and treatment
  - Access to care
  - Lack of culturally competent care

- Healthcare providers can contribute to these disparities
  - Negative environment
  - Bias and discrimination
  - Lack of appropriate education
  - Poor cultural sensitivity / communication
  - Limited outreach and advocacy

- LGBTQ Health Outcomes
  - Three to seven times increased risk for suicide
  - 10% report attempted suicide in the past year
  - Increased risk for obesity, cardiovascular disease, and cancer
  - Almost 40% of homeless adolescents are LGBTQ

- LGBTQ Access to Care
  - Two times more likely to be uninsured
  - 56% of LGB and 70% of transgender patients report bias/discrimination when accessing care
  - Pronounced in minority, rural, and lower income LGBT patients
WHAT ARE FACTORS THAT CONTRIBUTE TO LGBTQ HEALTH DISPARITIES?
Mental Health Disparities in LGBTQ People: Contributing Factors

• Minority stress
  ▫ Theory developed to explain why minority individuals (including sexuality and gender minorities) often suffer physical and mental health experience disparities
  ▫ LGBTQ people face difficult social situations that lead to poor health, including prejudice and discrimination, unequal socioeconomic status, and limited access to healthcare
  ▫ Environmental factors explain minority health disparities better than do genetic factors

Mental Health Disparities in LGBTQ People: Contributing Factors

• External stressors:
  ▫ Experiences with prejudice, rejection, and discrimination
  ▫ Can lead to internal stressors, including internalized homophobia, remaining in the closet, and vigilance and anxiety about prejudice

Internal and external stressors ➔

Chronically high levels of stress ➔

POOR HEALTH OUTCOME

Mental Health Disparities in LGBTQ People: Contributing Factors

- Internalized sexual prejudice
  - Commonly known as “internalized homophobia”
  - Negative beliefs, stereotypes, stigmas, and prejudices about homosexuality and LGBTQ identity held by LGBTQ people about themselves, whether or not they identify as LGBTQ
  - Creates a conflict between a person’s idealized self-image and his or her actual sexual orientation
  - The person may not be fully consciously aware of this conflict
Mental Health Disparities in LGBTQ People: Contributing Factors

- Internalized sexual prejudice
  - People with high levels of internalized sexual prejudice tend to hold negative views of their own sexual orientation, ranging from mild discomfort to outright disapproval.
  - Chronic internal conflict and negative self-judgment leads to chronic anxiety, depression, repression of sexual desire, forced attempts at heteronormative behavior, and desperate attempts to change one’s sexual orientation.
  - Likely related to the high rate of self-harm behaviors, substance use, risk-taking behaviors, and suicide among LGBTQ youth and adults.

Mental Health Disparities in LGBTQ People: Contributing Factors

• Co-occurring risk factors
  ▫ Poor family or social support, lack of education, homelessness, substance use, chronic physical illness, psychiatric disorders, discrimination, and hate crimes
  ▫ While heterosexuals experience these stressors, they are far more prevalent among LGBTQ persons

“Coming Out”

• “Coming out” or “coming out of the closet” is process of disclosing one’s sexual orientation and/or gender identity
  ▫ Highly individual and uniquely personal experience
  ▫ Influenced by patient’s personality, development, resources, family, social environment, cultural background
  ▫ No single “correct” or “best” way to come out

• Process of coming out as LGBTQ to oneself and others can be understood as a developmental process that proceeds through a series of milestones
  ▫ Variety of different models explaining the emergence of positive self-identity among people with minority sexual orientation or gender identity
“Coming Out” Milestone Events

- Models of lesbian, gay, and bisexual identity development generally include variations of these milestone events:
  - Feeling different from peers
  - Same-sex attractions
  - Questioning assumed heterosexuality
  - Experimenting with sexual behaviors
  - Self-identification
  - Disclosure
  - Romantic relationships
  - Self-acceptance and synthesis

Inequality and Health

Source: Sylvia Rivera Law Project
Health Care Access: Quality of Care

- Unaware of health needs
- Treated me differently
- Provided worse care
- Refused care
- Harsh language
- Blame
- Excessive precautions
- Physically rough

Source: Lambda Legal
“When Health Care Isn’t Caring” study, 2010
Low Uptake of Preventive Services

- Delayed health screenings due to avoidance of care can lead to advanced staging of chronic conditions at first diagnosis, and premature death.
Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders
Adolescent Mental Health

- Suicide is 2nd leading cause of death in adolescents 15-24 years of age
- LGBT youth three times more likely to consider suicide than their peers
- LGBT youth have higher rates of completed suicide
  - Rates are highest in TG youth
- LGBT students are up to five times more likely than other students to report substance use of any kind
School Safety

• 57.6% of LGBTQ students felt unsafe at school because of their sexual orientation
  ▫ 43.3% because of their gender expression
• 31.8% of LGBTQ students missed at least one entire day of school in the past month because they felt unsafe or uncomfortable
  ▫ 10.0% missed four or more days in the past month
• More likely to be bullied:
  ▫ School: 34% LGBT vs. 19% heterosexual
  ▫ Online: 28% LGBT vs. 14% heterosexual

GLSEN, 2015 National School Climate Survey
Health Concerns for Lesbian and Bisexual Women

- Women who have sex with women have higher rates of:
  - Breast Cancer
  - Ovarian and Cervical Cancer
  - Colon Cancer
  - Substance Use; including illicit substances, alcohol, and tobacco
  - Heart Disease
  - Depression and Anxiety

- Women who have sex with women...
  - Face challenges in finding friendly and knowledgeable providers
  - Are more likely to delay care

medschool.vanderbilt.edu/lgbti
Health Concerns for Gay and Bisexual Men

• Men who have sex with men have higher rates of:
  ▫ HIV/AIDS
  ▫ Anal Papilloma
  ▫ Hepatitis A and B
  ▫ Substance and Alcohol Abuse/Dependence
  ▫ Tobacco Use
  ▫ Depression and Anxiety
  ▫ Prostate, Testicular, and Colon Cancer
  ▫ Intimate partner violence
  ▫ Eating Disorders

• Men who have sex with men...
  ▫ Face challenges in finding friendly and knowledgeable providers
  ▫ Are more likely to delay care

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Sexually Transmitted infection in the LGBTQ Population

- LGBT patients have higher rates of STIs than the general U.S. population
  - Less likely to have STI screening
  - STI burden is higher at baseline in adolescents (1/2 of all new infections each year)

- HIV in Transgender Population
  - Respondents were living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%)
  - HIV rates were higher among transgender women (3.4%), especially transgender women of color
    - Nearly one in five (19%) Black transgender women were living with HIV
    - American Indian (4.6%) and Latina (4.4%) women also reported higher rates

Source: The 2015 U.S. Transgender Survey
Transgender People and Violence

- 30 to 60 percent of transgender people are victims of physical assault or abuse.
- Between 40 to 70% percent are victims of sexual assault.
- Highest if TG Women of color ages 15 to 34
  - Murder rate: 1/12,000 vs 1/2600
  - Life Expectancy: 31 years of age

Source: The 2015 U.S. Transgender Survey
Transgender Patient Healthcare Experience

- Transgender communities:
  - Are currently underserved
  - Are more likely to delay care due to fear of discrimination or past negative experiences
  - Face challenges in finding friendly and knowledgeable providers
  - Higher rates of depression, anxiety and suicide
  - Higher incidence of HIV/AIDS
HOW CAN WE DO A BETTER JOB?
Assessment and Treatment of the LGBT Population

• **Create a welcoming practice:**
  ▫ Consider the overall experience of LGBT patients seeking care. Creating a safe space will help patients feel comfortable and share critical information.
  ▫ Do you have pride symbols, “safe space” stickers, or LGBT-themed magazines in the waiting area?
  ▫ Are all staff trained on how to maintain a safe and welcoming environment?
  ▫ Do you have a gender neutral bathroom for trans patients?
Assessment and Treatment of the LGBT Population

• **Practice forms: paperwork sets tone for encounter. Inclusive intake forms might ask:**
  - What is your gender? (male, female, transgender [male to female], transgender [female to male], gender non-conforming, other, declines to answer)
  - What sex were you assigned at birth? (male, female, or something else)
  - What is your sexual orientation? (include heterosexual, gay, lesbian, bisexual, queer, other, and declines to answer)
  - What sex/gender are your sexual partners? (Check all that apply – options include none, male, female, or transgender)

TN
Assessment and Treatment of the LGBT Population

- **Language:** follow the patient’s example in using words to describe sexual orientation and gender identity.
  - If uncertain, ask directly – for example, “What name would you like me to use when addressing you?
  - What pronouns would you like me to use when speaking about you with other providers?
  - Who have you brought with you today?
Assessment and Treatment of the LGBT Population

WHAT SHOULD I ASK?
Your patient just told you they are transgender

• What should I ask?
  ▫ Is there a name that you prefer that is different from what is on your chart?
  ▫ Is there a gender pronoun that you prefer that is different than what is on your chart?
  ▫ Make sure your questions are “clinically relevant” and for the benefit of the patient

• What shouldn’t I ask?
Your patient just told you they are transgender...

• What should I ask?
  ▫ Is there a name that you prefer that is different from what is on your chart?
  ▫ Is there a gender pronoun that you prefer that is different than what is on your chart?
  ▫ Make sure your questions are “clinically relevant” and for the benefit of the patient

• What shouldn’t I ask?
  ▫ Any question that is more about personal curiosity than the patient’s benefit
  ▫ Any question that is clinically irrelevant
  ▫ Build trust and rapport with your patient before asking them personal questions (just like anybody else)
  ▫ Be aware that trans people are often asked intrusive questions by strangers and may be wary
The Trans Buddy Program’s goal is to increase access to care and improve healthcare outcomes for transgender people by providing emotional support to transgender patients during healthcare visits. We emphasize a patient-centered approach, with the goal of empowering the patient to make informed healthcare decisions. Trans Buddy recognizes the importance of intersectionality to our direct care practice, and we therefore aim to work with people of all identities with compassion and respect.

CONTACT US: (615) 875-2833
# Examples of Integrated Health Services

## Tennessee Health Link

1. Comprehensive care management
2. Care coordination
3. Health promotion
4. Transitional care
5. Patient and family support
6. Referral to social supports

## PCMH

1. Patient-centered access
2. Team-based care
3. Population health management
4. Care management support
5. Care coordination and care transitions
6. Performance measurement and quality improvement
Questions
Vanderbilt LGBTQ Health

Team Members:
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Keanan Gottlieb – Research Analyst
Shawn Reilly– Trans-Buddy Coordinator
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Program History:
• Office formed in 2012 – 2nd program in the nation
• Encompasses health education, clinical care, research
• Trans Health Clinics launched in 2018

Trans-Buddy Program
• Transgender specific patient navigator program
• Launched in 2015, provides free support for patients via trained volunteers (students can volunteer!)

Scholarship
• External funding in LGBTQ health from NIH, RWJF, LHF
• Published definitive clinical textbook in LGBT health
• Each year we provide on average 50 presentations and trainings

National Leadership
• AMA Board of Trustees
• GLMA Board of Directors
• AAMC LGBT Advisory Committee

Awards Received
• HRC Healthcare Equality Index Leadership Award
• Tennessee Hospital Association Diversity Award
• Nashville LGBT Chamber of Commerce Award
• Strobel Volunteer Award (Trans-Buddy finalist)

Selected Peer Reviewed Papers
• Transforming a Curriculum to Progress the Associate Degree Nurse to Advanced Practice. Nurse Educ. 2015 Sep-Oct; 40 (5): 241-3.

Additional Training Opportunities for Medical Students
• Sex, Sexuality, and Sexual Health
• Sexual Medicine and Reproduction – Integrated Science Course
• LGBTI Health in Interdisciplinary Practice
• LGBTI Health Certificate Program
## Resources to LGBTQ People

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<thead>
<tr>
<th>Organization</th>
<th>Use</th>
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<tr>
<td>Vanderbilt Program for LGBTQ Health</td>
<td>Finding a provider</td>
</tr>
<tr>
<td>PFLAG Nashville (and other locales)</td>
<td>Support for friends and family</td>
</tr>
<tr>
<td>GLSEN Tennessee</td>
<td>Support in schools</td>
</tr>
<tr>
<td>Oasis Center</td>
<td>LGBTQ Youth Programs</td>
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<tr>
<td>Lambda Legal</td>
<td>Legal support</td>
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<tr>
<td>American Civil Liberties Union (ACLU)</td>
<td>Legal support</td>
</tr>
<tr>
<td>The Trevor Project</td>
<td>LGBT-focused suicide hotline</td>
</tr>
<tr>
<td>Tennessee Equality Project</td>
<td>Advocacy/political action</td>
</tr>
<tr>
<td>TVALS</td>
<td>Transgender support group</td>
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</table>