TRANSFORMING PRIMARY CARE FOR LGBT PERSONS

Overcoming Barriers
AFTER PARTICIPATING IN THE SESSION PARTICIPANTS WILL BE ABLE TO:

- Discuss the importance of collecting SOGI data in clinical settings
- Discuss the importance of comprehensive sexual histories for LGBT populations
- Develop organizational strategies relevant to their discipline for collecting SOGI data
SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

WHAT YOU TALKIN BOUT WILLIS
SEXUAL ORIENTATION

Sexual orientation: how a person identifies their physical and emotional attraction to others

Desire

Behavior:

Men who have sex with men - MSM (MSMW)

Women who have sex with women - WSW (WSWM)

Identity: Straight, gay, lesbian, bisexual, queer--other
DEFINING GENDER EXPRESSION & GENDER IDENTITY

**Gender Expression**
- The way in which a person acts to communicate gender within a given culture; for example, in terms of clothing, communication patterns and interests.

**Gender Identity:**
- Our innermost concept of self as “male” or “female” or what we perceive and call ourselves. According to mainstream research, most people develop a gender identity that matches their biological sex.
**TRANSGENDER**

- Umbrella term

- Gender identity not congruent with the assigned sex at birth

- Alternate terminology
  - Transgender woman, trans woman, male to female (MTF)
  - Transgender man, trans man, female to male (FTM)
  - Non-binary, genderqueer

- Gender identity is increasingly described as being on a spectrum
DEMOGRAPHICS

It is estimated that gays and lesbians, make up 5% of the U.S. population.*

U.S. Census Bureau estimates the current U.S. population to be 300,000,000+. Estimated number of gays and lesbians in the U.S. is 15,000,000.

Source: Williams Institute on Sexual Orientation Law and Public Policy, UCLA School of Law
WHY SOGI IS IMPORTANT TO HEALTH CARE

LGBT Voices: Perspectives on Healthcare

Video (10 minutes)

Presented by The National LGBT Health Education Center, The Fenway Institute
THE IMPORTANCE OF COLLECTING SOGI DATA IN CLINICAL SETTINGS

- Consistent with key recommendations in Healthy People 2020

- Consistent with the 2011 Institute of Medicine Report recommendation: collect data on SOGI in EHR as part of meaningful use (CMS incentive program)

- Consistent with the federal government’s implementation of the Patient Protection and Affordable Care Act (Section 4302, data collection)

- Increases ability to screen, detect, prevent conditions more common in LGBT people, diagnosed later in LGBT people (cervical cancer)

- Helps develop better understanding of patients’ lives

- Structured data elements would allow for the comparison and pooling of data to analyze the unique needs of LGBT people

- Allows comparison of patient outcomes with survey samples of LGBT people

Referenced: From Sean Cahill, PhD Director, Health Policy Research The Fenway Institute, Boston
# HEALTH DELIVERY INC.  
"TRANSFORMING PRIMARY CARE FOR LGBT PEOPLE"

<table>
<thead>
<tr>
<th>Organization</th>
<th>Functions</th>
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| NACHC                 | • National Stakeholders  
                       | • Recruitment and Selection of health center  
                       | • Advisory Group  |
| Weitzman Institute    | • ECHO Technical  
                       | • Practice Transformation  
                       | • Coaching  
                       | • Evaluation  |
| Fenway Institute      | • LGBT ECHO Clinical Faculty  
                       | • LGBT Faculty  
                       | • SOGI  |
| CDC                   | • Funding  
                       | • Guidance  |
THE LEARNING COMMUNITY OFFERS

Two intertwined learning tracks: Project ECHO® and a Practice Improvement Collaborative.

The Project ECHO® model features a videoconferencing technology to connect multidisciplinary LGBT clinical experts with front line health center providers around the country. Biweekly sessions are comprised of a brief didactic followed by case-sharing.

Practice Improvement Collaborative offers cross-functional health center teams (including the provider participating in ECHO) virtual learning sessions, monthly promising practices teleconferences, and other learning and sharing opportunities. Teams will have access to expert faculty and be trained in state-of-the-art content and methodology for all aspects of effective LGBT integration planning, implementation, and care delivery, all designed with a focus on continuous improvement of patient and population outcomes.
LESSONS LEARNED TO DATE

1. Collecting SOGI involves every level of the organization
2. Training is critical
3. Challenges can be expected
4. The process requires stakeholder buy in
**NORMALIZE THE DATA COLLECTION**

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THE IMPORTANCE OF COMPREHENSIVE SEXUAL HISTORIES FOR LGBT POPULATIONS

• Men who have sex with men (MSM) account for more than two thirds of all people diagnosed with HIV each year in the US but comprise only 2% of the general population. Young, Black MSM, in particular, are disproportionately affected.

• Among transgender women, HIV prevalence is estimated to be 28%.

• MSM account for 75% of reported primary and secondary syphilis infections and more than one-third of gonorrhea infections.

• Compared to heterosexual adults, lesbian, gay, and bisexual individuals are more than twice as likely to smoke.

• Lesbians and bisexual women are up to 10 times less likely than heterosexual women to undergo regular screening for cervical cancer.

• Between 20 and 40% of homeless youth are LGBT.
REFERENCES FROM PREVIOUS SLIDE


ESTIMATED HIV PREVALENCE IN TRANSGENDER WOMEN

28% in US
56% in African-Americans
18-22% worldwide

Transgender women are nearly 49 times more likely to have HIV than other adults of reproductive age

Discussions of sexual health should be broader than just a focus on behavior and associated risks such as STI’s and HIV, but allow people to talk about a range of issues including sexual satisfaction, desires, questions about abuse past or present, and about reproductive options.
For sexually active persons, one would need to ask the following five questions:

1) In the preceding year, have you had receptive oral intercourse (had a penis in your mouth)?
2) In the preceding year, have you had receptive anal intercourse (had a penis in your butt)?
3) In the preceding year, have you had sex under the influence of drugs or alcohol?
4) In the preceding year, have you had sex with multiple partners?
5) In the preceding year, have you had sex with anonymous partners?

Referenced from DR. B. W. FURNESS “RISK-BASED SEXUAL HEALTH HISTORIES” March 2016
SAMPLES OF SEXUAL HISTORY QUESTIONNAIRES

NCSD & NASTAD’s “Providing Optimal Care for Your MSM Patients”
- The 4 “P”s Standard: Partners, Practices, Past history of STDs, and Protection from STDs

California Department of Public Health’s “Clinician’s Guide to Sexual History Taking”

The Department of Health and Human Services & Centers for Disease Control and Prevention’s “A Guide to Taking A Sexual History”
www.cdc.gov/std/treatment/sexualhistory.pdf

Referenced from DR. B. W. FURNESS “RISK-BASED SEXUAL HEALTH HISTORIES” March 2016
MUST HAVE RESOURCE

TAking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers
Engaged leadership from both the board and senior management is critical even if there is a great deal of support from throughout the organization.

Leadership can set a tone and build LGBT inclusiveness as part of a commitment to equitable care for all.

Staff champions also need to be involved in designing and implementing change.

Patient and employee non-discrimination policies should include “sexual orientation,” “gender identity,” and “gender expression.” These policies should be known and recourse in cases of questions of discrimination should be both clearly laid out and accessible.

Respectful communication and quality care depend on all staff receiving training on diverse LGBT identities, terminology, and health disparities.

Referenced from:
FAMILY ACCEPTANCE STRATEGIES

- Ask patients how their families have reacted to their coming out
- Explain to parents the negative impact of rejecting words and behaviors, even when they mean well
- Suggest parents support their child’s sexual orientation/gender identity as much as possible (okay to be uncomfortable; a little support goes a long way)
- See the Family Acceptance Project for resources: http://familyproject.sfsu.edu/
OUTREACH AS A STRATEGY
INCREASE EFFORTS TO ENGAGE LGBT PEOPLE

Effective outreach requires understanding the diversity of the LGBT community and how to reach them. There are a variety of ways to learn this information through community assessments, and focus groups.

Goals of outreach can be to help people sign up for the ACA, engage them in care, and enroll them in research studies to improve care to LGBT people.

Outreach not only is important for the health of the community, but also brings a new segment of the community to your organization to receive care. You can do well by doing good!
FINDS WAYS TO MAKE YOUR ORGANIZATION MORE INCLUSIVE
Training Frontline Staff to Collect Data on Sexual Orientation and Gender Identity

Upcoming: July 13, 2016 at 1:00 pm ET

Collecting sexual orientation and gender identity (SO/GI) data can lead to improvements in population health for lesbian, gay, bisexual, and transgender (LGBT) patients, a vulnerable population that experiences multiple health disparities. Now that HRSA requires SO/GI data be included in the Uniform Data System (UDS) reporting for CY 2016, health centers need to train their frontline staff to collect, quality check, and apply this data in a culturally sensitive and confidential manner. In this interactive webinar, experts in SO/GI data collection will discuss their recommendations for frontline staff, covering the topics of effective communication techniques, privacy and confidentiality, data quality, and addressing mistakes that inevitably occur.

http://www.lgbthealtheducation.org/topic/sogi/