OCTOBER 15-16, 2015
STEERING COMMITTEE E-SUMMIT

This work is supported by the Grant Number 5 NU58DP004996-03-00 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.
LGBT RIGHTS IN HEALTHCARE

Scout, PhD, Director of LGBT HealthLink
Corey Prachniak, JD, Chair of LGBT HealthLink Steering Committee
INTRODUCTION

• What do we mean by “rights in healthcare”?
• Where do these rights come from?
• Why is this a good framework for advancing health equity?
WHAT IS THE HEALTHCARE BILL OF RIGHTS?

What rights do LGBT people have right now when you go see a healthcare provider? Do hospitals prohibit discrimination based on sexual orientation and gender identity? Can you get help designating someone to make health decisions if you can’t? Find out these and more answers in The Healthcare Bill of Rights.

LGBT people suffer from stigma related health issues like smoking or mental health problems. When we fear a chilly welcome we avoid doctors, which means we also don’t get well-person care like cancer screenings. The first step in breaking this chain is getting LGBT people in regular healthcare; this tool can help you be confident of your rights.

Put a copy in your pocket and be ready to stand up next time your rights aren’t respected.

Need insurance? Remember insurers cannot discriminate against LGBT people either. Open enrollment is Nov 15th – Feb 15th. Find insurance at out2enroll.org.
RIGHT TO BE TREATED WITH EQUALITY & RESPECT

• You deserve to be treated with respect and made to feel welcome no matter who you are.

• You have a right not to be denied service or given inferior service.
RIGHT TO AFFIRMATION OF YOUR TRUE GENDER IDENTITY

• You deserve to be called by your chosen name and gender pronoun and to include these preferences in your advance directive.

• You deserve to be able to use the gender-based facilities of your choice.
RIGHT TO HELP DESIGNATING WHO WILL MAKE DECISIONS FOR YOU

• You have a right to be told how to create an advance directive and pick whoever you want as your decision maker.
RIGHT TO VISITATION BY ANYONE YOU CHOOSE

• You have the right to be visited by anyone you choose (regardless of your legal or biological relationship) at any reasonable time.

• If denied a visitor, you can ask the facility to show you the rule that prohibits that visitor.
RIGHT TO YOUR PRIVACY

• You have a right to the privacy of your medical records and care under a law known as HIPAA.

• Your doctors and nurses can only share your medical information if it is necessary to provide you with care, or if you give them permission.
RIGHT TO PROTECTIONS IF YOU ARE DISCHARGED

• You have a right to protest being discharged or transferred from a hospital, rehabilitation facility, assisted living facility, or nursing home.

• You have the right to receive information on how you can appeal the decision, and to have time to figure out where you will go if discharged.
IF YOU DON’T GET THE CARE YOU DESERVE…
FILE A COMPLAINT OR SEEK HELP

FILE A COMPLAINT

If you have been treated disrespectfully by a provider or organization, we urge you to file a complaint. Please feel free to copy us on this complaint or inform us it’s been filed.

- With the U.S. Department of Health & Human Services, you can learn how to file a civil rights complaint against a discriminatory healthcare provider online, or learn how to file a complaint online if your rights to privacy has been violated.

- You can also issue a complaint about a healthcare organization to The Joint Commission, an organization that accredits healthcare providers.

- For problems with a nursing home or other long-term care provider, find your state’s Long-Term Care Ombudsperson who can be your advocate.

CONTACT ADVOCACY ORGANIZATIONS

The following organizations have assisted people who experienced discrimination based on being LGBT. Feel free to contact them if you have experienced the same.

Lambda Legal Help Desk: [http://www.lambdalegal.org/help](http://www.lambdalegal.org/help)

Trans Law Center Legal Information Intake: [http://transgenderlawcenter.org/help](http://transgenderlawcenter.org/help)


Media issues? GLAAD is your resource. Report defamation and get in contact with people who can give you media training here: [http://www.glaad.org/reportdefamation](http://www.glaad.org/reportdefamation)

Do you know of another resource that can assist in an instance of healthcare discrimination? If so please tell us.

Did you have an unwelcoming experience somewhere? Tell us about it here: [https://www.surveymonkey.com/s/lgbtwelcome](https://www.surveymonkey.com/s/lgbtwelcome)
FIND A PROVIDER WHO WILL RESPECT YOUR RIGHTS

INCLUSIVE HEALTHCARE PROVIDER RESOURCES

The following organizations have collected directories of welcoming providers. If you know of any other directories or resources, please contact us.

- Directory of health professionals advancing LGBT equality from the Gay and Lesbian Medical Association
- Directory of LGBT-friendly cancer screening facilities from the National LGBT Cancer Network
- Directory of LGBT-friendly cancer treatment facilities from the National LGBT Cancer Network
MORE INFORMATION AVAILABLE AT

http://healthcarebillofrights.org
Like HealthLink?

We’re Launching a Free Membership Program Open to All. Learn More:

http://tinyurl.com/joinhealthlink

Link with us:

Web: http://www.lgbthealthlink.org/
Blog: http://blog.lgbthealthlink.org/
Facebook: LGBT HealthLink
Twitter: @LGBTHealthLink
E-mail: healthlink@lgbtcenters.org
Phone: (954) 765-6024
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WHO ARE WE?

We are funded as one of eight tobacco & cancer disparity networks by CDC. One of our main foci is to find best practices and elevate them so they can be replicated.

We are housed at CenterLink: The Community of LGBT Centers. So we really focus on spreading best practices across community centers.
Cancer in LGBT Communities

Higher Risks
• Smoking rates 50% higher
• Lower insurance rates
• A range of higher health risks

Problems with Medical Care
• Discrimination in healthcare
• Avoidance of doctors
• Care not culturally competent
Cancer in LGBT Communities

Systemic public health challenges
- LGBT data omissions!
- Few research studies on our outcomes
- Few tailored resources to support us

No data collection means
- No information on cancer prevalence
- No information on our outcomes
- No evidence base to justify policy or research attention
LGBT HealthLink & Cancer

LGBT Best & Promising Practices for Cancer
- 2 year process of sifting through promising practices
- Expert panel of advisers
- Community input
- Coming October 2015
LGBT HealthLink & Cancer

Other cancer highlights of last year
- LGBT Cancer Action Plan (with National LGBT Cancer Network)
- Survey of LGBT Community Centers on cancer opportunities
- American Society of Clinical Oncologists - LGBT subcommittee liaison
- 2015 State Census: LGBT and Cancer
- Order materials
Order Materials

IF YOU WANT A SINGING CAREER, STAY AWAY FROM SECONDHAND SMOKE.

Ellie, Age 57
Her partner, Karen Florida

HIV alone didn't cause the clogged artery in my neck. Smoking with HIV did.

Smoking with HIV caused Winnie's stroke and blood clot on his legs.
You can quit for free. CALL 1-800-QUIT-NOW.
Order Materials
New Collaboration with American Cancer Society
Cancer Burden in the LGBT Community

Jessica R. Hyde, MS, CHES
Texas Comprehensive Cancer Control Program ~ Texas Department of State Health Services
Overview:
- Acronyms
- Health disparities faced by lesbian, gay, bisexual, and/or transgender (LGBT) persons
- Cancer burden in the LGBT community
- Data sources - what we have & what we need
- State cancer control infrastructure
- Next steps
Acronyms

**LGBT**
- Lesbian, gay, bisexual, and/or transgender

**FTM**
- Female-to-male / trans man

**MTF**
- Male-to-female / trans woman

**HIV**
- Human immunodeficiency virus

**HPV**
- Human papillomavirus

**DRE**
- Digital rectal exam

**BMI**
- Body mass index

**MSM**
- Men who have sex with men

**SO/GI**
- Sexual orientation/gender identity

**CDC**
- Centers for Disease Control and Prevention

**BRFSS**
- Behavioral Risk Factor Surveillance Survey

**YRBSS**
- Youth Risk Behavior Surveillance Survey

**USTS**
- United States Transgender Survey
LGBT individuals are less likely to:

- Have health insurance
- Have a regular source of care
- Participate in cancer screenings (mammograms)

LGBT individuals are more likely to:

- Be unemployed or have lower income
- Delay/avoid seeking medical attention
- Engage in risky health behaviors (smoking, drinking, etc.)
- Have cancer
Anyone with breast tissue is susceptible

- Cases have been reported in FTM after mastectomy and in MTF undergoing estrogen therapy\(^2,3\)

Risk factors:

- Smoking, alcohol use, overweight/obesity, fewer pregnancies, and shorter time breastfeeding\(^2\)

- Risk in FTM taking testosterone is comparable to natal males; Risk in MTF taking estrogen is comparable to natal females\(^2\)

Prevention and early detection:

- Less likely to have regular mammograms\(^1\)

- Less contact with reproductive/sexual health services\(^2\)

- Trans* persons may be uncomfortable with screenings associated with natal sex\(^2\)
Cervical Cancer

Risk factors:
- HPV infection, smoking, high BMI

Prevention and early detection:
- Majority of cervical cancers in the U.S. occur among women who have never been screened or were not screened within the past 5+ years
- LB women are 10x less likely than heterosexual women to receive pap test in past 3 years after adjusting for insurance coverage
- FTM are 10x more likely than cisgender women to have an inadequate pap performed
  - Testosterone can cause cervical changes that mimic cancer and vaginal atrophy
- Less contact with reproductive/sexual health services

Barriers:
- Lay/professional misconceptions about risk
- Trans* persons may be uncomfortable with screenings associated with natal sex
- Limited data on morbidity, mortality, and HPV vaccination rates
30,000 gay or lesbian people die from smoking each year\(^6\)

Smoking rates are disproportionately high\(^7\)
- United States: 20.6%
- GB men: 27.4%
- LB women: 32.5%
- LGBT 18-24: 43.7%
- Trans*: 30.0%

Tobacco use and incidence of lung cancer are higher in HIV+ smokers\(^2\)
- Seropositive smokers lose more years of life to tobacco use than to HIV infection when controlling for access to treatment\(^8\)
MSM are at increased risk
- HIV-negative MSM: 20x more likely to develop anal cancer
- HIV-positive MSM: 40x more likely to develop anal cancer
- Smokers are also at increased risk

65% of HIV-negative and 95% HIV-positive MSM have HPV
- HPV infection is a causal risk factor for anal cancer
- Anus and cervix are biologically similar

Prevention and early detection guidelines:
- No universal guidelines for screening
  - Methods: DRE, anal pap tests, and/or anoscopy
- HPV vaccination is primary prevention
  - Routine vaccination at 11-12 years through age 26 for females, 21 for males
  - MSM and the immunocompromised (including HIV+) through age 26
  - Missed opportunity if providers do not routinely assess sexual orientation/behavior
Texas Behavioral Risk Factor Surveillance System (BRFSS)
- SO/GI survey items added in 2015
- Data available in late 2016
- Currently depends on sponsors for continuation

U.S. Decennial Census (2010)
- Same-sex households by county
- Have been used as proxy, but underestimates LGBT population density

Youth Risk Behavior Surveillance System (YRBSS)
- Collects data on sexual orientation/behavior

United States Transgender Survey (USTS)
- Survey closed in September 2015
- State-level data MAY be available once released
Cancer registry data
- Currently, registries do not collect SO/GI\textsuperscript{12}
- Morbidity/mortality data rely upon self-report or geographic density studies using Census data\textsuperscript{2}

Insurance gap reports
- Identify gaps (at least geographically) where the newly insured or the “unworried well” are not taking advantage of coverage for preventive care

Medical records
- Encourage routine assessment of SO/GI to reduce/eliminate missed opportunities for appropriate care
**Texas Comprehensive Cancer Control Program**
- Funded by CDC in 1998 to implement the State’s cancer plan
- Housed in the Texas Department of State Health Services (DSHS)

**Cancer Alliance of Texas**
- Forum for cancer control stakeholders across the state

**Cancer Prevention & Research Institute of Texas**
- State agency formed to fund cancer research, product development, and enhance evidence-based prevention programs
- Oversees the *Texas Cancer Plan*

**Other state programs**
- Breast and Cervical Cancer Services (BCCS)
- Texas Cancer Registry
Next Steps

- **Encourage routine assessment of SO/GI and sexual history by healthcare providers**

- **Encourage providers to take advantage of every clinical encounter (even acute visits) to ensure patients are up to date with screenings**

- **Ensure continued sponsorship of SO/GI modules on BRFSS until included on CDC core**

- **Continue comprehensive approach to cancer control**
  
  **Continuum of care: Primary prevention → end-of-life/palliative care**
References


LGBT HealthLink Steering Committee eSummit

Cancer Burden in the LGBT Community

ACA Information & Resources Supplement

October 15, 2015

Liz James, CEO
Lesbian Health Initiative (LHI)
Uninsurance Among LGBT People

Q3 2013: 24.20%
Q4 2013: 22.00%
Q1 2014: 23.70%
Q2 2014: 17.60%

Source: Gallup
The ACA – the key to LGBT Health Equity

- **Nondiscrimination:** The ACA prohibits discrimination on the basis of sexual orientation and gender identity by Marketplaces, consumer assisters, and qualified health plans.

- **Financial assistance:** 87% of enrollees have qualified for advanced premium tax credits. For those 133% or below FPL, Medicaid expansion (expansion states only)

- **Fair access to coverage:** Plans may not refuse coverage or charge higher premiums

- **Essential Health Benefits and no co-pay preventative care:** ACA requires inclusion in all plans.

- **Family coverage:** all Marketplace plans that offer spousal or family coverage must offer it to same-sex spouses.

- **$11 billion** over a 5 year period for the operation, expansion, and construction of health centers.
Preventive Services Covered by Private Health Plans under the Affordable Care Act

ACA REQUIREMENTS FOR COVERAGE OF PREVENTIVE SERVICES

Under Section 2713 of the ACA, private health plans must provide coverage for a range of preventive services and may not impose cost-sharing (such as copayments, deductibles, or co-insurance) on patients receiving these services. These requirements apply to all private plans — including individual, small group, large group.
ACCESS TO CARE AND RESOURCES

There are many resources for LGBT patients seeking medical care and advice. Here are a few you may be interested in:

- Want more information about LGBT health care? The National LGBT Health Education Center has pull feature and resources for patients and providers: www.lgbthealtheducation.org
- Want more information about transgender health issues? The Center of Excellence for Transgender Health has many resources: transhealth.umd.edu
- Want more information about health care organizations that demonstrate a commitment to LGBT health care? The Human Rights Campaign (HRC) publishes a Health Equity Index yearly: www.hrc.org
- Want additional support for your friends or family? Parents and Friends of Lesbians and Gays (PFLAG) is a list of organizations across the United States for support, education, and advocacy when dealing with。

FREQUENTLY ASKED QUESTIONS

Do Ask, Do Tell: Talking to your health care provider about being LGBT

What if you are not sure what to tell your provider? What if you are confused about what to say? What if you are unsure how to ask about your sexual orientation and gender identity?

The following are questions you may ask your provider:

- What is your gender identity?
- Do you have any information about gender identity?
- Do you have any information about who I am?
- Do you have any information about who I am not?
- Do you have any information about who I am not telling you?
- Do you have any information about who I am not telling you is.

The provider may ask you if you have a gender identity. You may not feel comfortable asking the provider about your gender identity.

To ask the provider about your gender identity, you may ask:

- What is your gender identity?
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2015

Behavioral Risk Factor Surveillance System

Texas Survey

English

January 2015
GATHERING SEXUAL ORIENTATION DATA ON STATEWIDE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEYS:
A CALL TO ACTION FOR STATES
LGBT Data Collection

Why Data Matters
Both the Institute of Medicine and the Joint Commission recommend collecting data on sexual orientation and gender identity in health care settings, especially in electronic health records/electronic medical records. These data are essential for providing high-quality, patient-centered care to LGBT individuals and for addressing LGBT health disparities. Research from 2014 shows that both LGBT and non-LGBT people strongly agree that sexual orientation and gender identity are important for their health care providers to know. Much of this data is also necessary to address the disparities faced by intersectional identities including sexual orientation, gender identity, race, ethnicity and immigration status.

But even though a significant body of research in LGBT health has developed over the last several decades, much remains to be studied about the health-related experiences, challenges, and outcomes of LGBT people. The National Institutes of Health and the Institute of Medicine have both recommended greater public and private investment in LGBT health research. Universities and health foundations in states such as South Carolina, Arkansas, Missouri, and Nebraska, as well as the national Patient-Centered Outcomes Research Institute (PCORI), are increasingly funding research projects investigating lesbian, gay, bisexual, and transgender health issues, including:

- Clinical research;
- Needs assessment surveys by community advocates;
- Large government-conducted population surveys; and
- Policy analyses of LGBT health needs in areas such as health insurance coverage, access to transition-related health care for transgender people, and specific disparities in high-priority areas such as substance use, mental health, preventive health services, and sexual health.
The Fenway Institute, Center for American Progress applaud new U.S. Department of Health and Human Services rule including sexual orientation and gender identity in the Meaningful Use of Electronic Health Records program.

The new final rules, from the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator of Health Information Technology (ONC), require all EHR systems certified under Stage 3 of Meaningful Use to allow users to record, change, and access structured data on sexual orientation and gender identity. This requirement is part of the 2015 Edition “demographics” certification criterion and adds SO/GI data to the 2015 Edition Base EHR definition, which is a part of the definition of Certified EHR Technology (CEHRT).
Thank you!

Q & A
Lesbian Health Initiative
Email: Liz.James@LHIHouston.org
Phone: 713-426-3356

www.LHIHouston.org
info@LHIHouston.org

LHI- HOUSTON
@LHIHOUSTON
TOP 5 AFFORDABLE CARE ACT BENEFITS FOR THE LGBT COMMUNITY

1. Plans purchased through the Marketplace can't discriminate based on sexual orientation or gender identity.

2. You can't be charged a higher premium just because you're lesbian, gay, bisexual, or transgender.

3. No denial of coverage because of pre-existing conditions like HIV/AIDS, cancer, or mental health diagnoses.

4. Legally married same-sex couples are treated equally for financial assistance when purchasing coverage in the Health Insurance Marketplace, regardless of where they live.

5. No more lifetime limits on coverage for people with chronic diseases like HIV/AIDS.
LGBT Health/Healthcare Education Resources

http://healthcarebillofrights.org
LGBT OEE RESOURCES


ADDL. LGBT OEE TRAINING RESOURCES


KEY Activities to Reach, Educate and Enroll LGBT consumers in Your Community

- Recognize and understand the demographics and intersectionality of LGBTQ health disparities, risk and disenfranchisement in your community.

- LGBT training and continued education for OEE team

- Identify target LGBTQ networks, community leaders, service and social organizations, faith-based organizations, funders, businesses, press, higher education and social justice, to connect to resources and recruit for outreach efforts.

- Identify LGBTQ “friendly” and potential LGBTQ “friendly” health centers/patient centered medical home and other health sector providers, potential partners, organizations and associations.

- Utilize LGBT ACA & Enrolment best practices and resources
Like HealthLink?

We’re Launching a Free Membership Program Open to All. Learn More:

http://tinyurl.com/joinhealthlink

Link with us:

Web: http://www.lgbthealthlink.org/
Blog: http://blog.lgbthealthlink.org/
Facebook: LGBT HealthLink
Twitter: @LGBTHealthLink
E-mail: healthlink@lgbtcenters.org
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Intersectionality & Health Disparities: Exploring LGBT Health

Dennis A. Rivera-Cash, B.A.
Research Assistant at NYCDOHMH
Steering Committee Member
&
Juan Carlos Vega, MLS
Policy Manager at LGBT HealthLink
Definition of Health Disparity

› **Health disparity** - a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on:

- Racial and/or ethnic group
- Religion
- Socioeconomic status
- Age
- Cognitive, sensory, or physical disability
- Sexual orientation or gender identity
- Geographic location
- Gender
- Mental health
- Other characteristics historically linked to discrimination or exclusion

Source: [http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf)
Definition of Health Equity

› **Health equity** - is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Source: http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf
Research from the Institute of Medicine suggest that lesbian, gay, bisexual and transgender (LGBT) people “face barriers to health care that profoundly affect their overall well-being;” “have higher prevalence of tobacco use,” “higher risk of depression and anxiety disorders,” and show “less frequent use of preventative screening” for cancer.
Please watch the video “To Treat Me, You Have to Know Who I am”

Meet Some of Us
Language

Sexual Orientation
- lesbian
- gay
- bisexual

Gender Identity
- transgender
HP2020 – New Component
Lesbian, Gay, Bisexual, and Transgender Health

Goal: Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.

Overview: LGBT individuals encompass all races and ethnicities, religions, and social classes. Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs. The LGBT companion document to Healthy People 2010 highlighted the need for more research to document, understand, and address the environmental factors that contribute to health disparities in the LGBT community.

Objective: Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual, and transgender populations.
Understanding LGBT Health

› Understanding LGBT health starts with understanding the history of oppression and discrimination that these communities have faced.

› Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination. Examples include:

   – Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
   – Lack of laws protecting against bullying in schools
   – Lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders
   – Shortage of health care providers who are knowledgeable and culturally competent in LGBT health
LGBT Health Disparities

Additional research in LGBT health finds that LGBT individuals face a number of other health disparities. For instance:

- LGBT youth are 2 to 3 more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbians are less likely to get preventative services for cancer.
- Gay men are at higher risk of HIV and other STIs, especially among POC.
- Lesbians/Bisexual Females are more likely to be overweight or obese.
- Transgender individuals have high prevalence of HIV/STIs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals.
- Elderly LGBT individuals face additional barriers to health because of isolation and lack of social services and culturally competent providers.

LGBT Health Concerns

- Tobacco
- Alcohol
- Drugs
- Mental Health
- HIV
Disparities Across the Cancer Continuum

- **Increased Risks:** Tobacco, Alcohol, Obesity, Nulliparity, HPV, HIV
- **Decreased Screening:** Mammograms, Cervical pap smears, Anal pap smears, Colonoscopies
Lack of Insurance

WHY THE LGBT COMMUNITY NEEDS THE AFFORDABLE CARE ACT
THE DEADLINE TO ENROLL IS MARCH 31

ONE

in three low- and middle-income LGBT people are uninsured.

FOUR

in ten uninsured LGBT people face medical debt.

44%

of all LGBT people reported putting off medical care because they cannot afford it.

HELP IS HERE: OUT2ENROLL.ORG

• You can find a plan that fits your budget.
• You may be able to get financial help to pay for your plan.
• You cannot be discriminated against based on your sexual orientation or gender identity.

Out2Enroll.org
State Nondiscrimination Laws in the U.S.

This map was last updated on May 21, 2014

- States banning discrimination based on sexual orientation and gender identity/expression (18 states and the District of Columbia)

- Laws banning discrimination based on sexual orientation (3 states)

\(^1\) California, Connecticut, Delaware, DC, New Jersey, Massachusetts, Nevada, Rhode Island and Vermont first passed sexual orientation nondiscrimination laws, then later passed gender identity/expression laws.

\(^2\) In 1991, Hawaii enacted a law prohibiting sexual orientation discrimination in employment. In 2005, it enacted a law prohibiting sexual orientation and gender identity/expression discrimination in housing. In 2006, public accommodations protections were added for sexual orientation and gender identity/expression. In 2011, gender identity was added to the employment discrimination law.
Lack of Knowledge

2011 survey of medical school deans

• Less than 5 hours teaching LGBT-related health content.

• 33% provided no LGBT-related instruction during students' clinical years, which is when students receive the most hands-on training.

• 4% of schools reported not covering LGBT health at all.
Transgender Concerns = Negative Health Outcomes
LGBT Health in Communities of Color

Discrimination limits opportunity & choice. For instance, LGBT people of color may be:

› More likely than either white LGBT people or straight and non-transgender people of color to be less healthy & experience greater disparities in health care access.
› More likely to live in poverty
› Experience difficulties seeing a doctor or other health care provider for health needs

Every additional “Disparity Factor,” from having a disability to being a woman to living in a rural area or urban area, magnifies the health gap.

Source: http://thinkprogress.org/lgbt/2012/04/27/472826/health-disparities-lgbt/
Intersectionality

**Intersectionality** is a concept often used in critical theories to describe the ways in which oppressive institutions (racism, sexism, heterosexism, transphobia, ableism, xenophobia, classism, etc.) are interconnected and cannot be examined separately from one another.
Intersectionality

“Intersectionality is what occurs when a woman from a minority group...tries to navigate the main crossing in the city...The main highway is ‘Racism road.’ One Cross street can be Colonialism, then Patriarchy Street...She has to deal not only with one form of oppression but with all forms, which link together to make a double, a triple, multiple, a many layered blanket of oppression.”

-Kimberle Crenshaw (1989)

Intersectionality in LGBT Health

› An intersectional lens can be used to examine the interrelationship of race, gender, class, sexual orientation, and other factors in relation to health.

› Doing so pushes back on the heteronormative assumptions that hold that LGBT communities are homogeneous, by placing attention on the diverse health needs of the LGBTQ community.
According to the Institute of Medicine, there is a need for analyses of LGBT health disparities that “acknowledge...that events at each stage of life influences subsequent stages” and that individuals [have] multiple identities and...they interact.”

Report Data

Two data sets were used in the report. The first is the New York City Community Health Survey (CHS), a population-based sample of adults in the five boroughs of New York City that is conducted annually. Data have been pooled over three years (2006-2008) to ensure a sufficient sample size.

The second dataset is the Youth Risk Behavior Survey (YRBS) conducted in New York City. The data are representative of the population of youth enrolled in grades 9 through 12 in all five boroughs and are collected every year. Data from 2007, 2009 and 2011 was combined to improve the sample size.
Key Findings

Safety and Violence:

› Nearly one in five white lesbian and gay students (18.4 percent) have missed school due to “feeling unsafe” in the last 30 days).

› Both male and female students who identify as lesbian, gay or bisexual are more likely to miss school than their heterosexual counterparts, suggesting that both young women and young men may be targets of homophobic bullying.

› Lesbian, gay, bisexual students are at greater risk for intimate partner violence and sexual assault when compared to their heterosexual counterparts.

Healthy Weight and Physical Activity

› Gay, lesbian and bisexual young people are at high risk for bulimic symptoms, especially young gay men; one in five have vomited or used laxatives for weight control in the past 30 days.

› Black lesbian, gay and bisexual youth have a lower rate of physical activity than their white and heterosexual counterparts.

› 35.7 percent of Black LGB adults are obese compared to 10.3 percent of white LGB adults.
Mental Health

› In both male and female students, LGB youth are more likely to attempt suicide.

› Nearly one quarter (24.4 percent) of Latino LGB people have recently experienced mental distress, nearly double their heterosexual counterparts.

› Older LGB adults experience depression almost twice as often than their heterosexual counterparts.
Smoking and Asthma

› Almost half (49 percent) of white LGB youth smoke compared to just 17.1 percent of their heterosexual counterparts.

› Those who are gay or lesbian adults and in poverty are particularly likely to have an asthma diagnosis (22.8 percent) or a recent attack (12.3 percent).
LGB adults in poverty are much less likely to access health care than their heterosexual counterparts with similar, limited resources.

31.2 percent of gay and lesbian people, and 26 percent of bisexual people, in poverty lack health insurance.

Fewer than half of 18-24 year old lesbian and gay women have ever had a pap test, compared with two-thirds of heterosexual women in that age group.
Recommendations and strategies to reduce LGBT health disparities
Recommendations

› Continue to collect and analyze data on lesbian, gay and bisexual youth and adults

› Collect data on gender identity (transgender/not transgender) on all public surveys

› Continue to implement and evaluate cultural competency and anti-bullying curriculum like, Dignity for All Students Act, to ensure that all students, including LGBT students, never miss school because they are subject to or afraid of violence

› Provide funding for programs that address intimate partner violence and sexual assault prevention for LGBT youth
Recommendations

› Build educational programs addressing eating disorders among young gay and bisexual men and women

› Provide opportunities for LGBT people spaces to exercise and practice healthy eating behaviors, especially among LGBT of color

› Create access to culturally competent mental health care for black, API, and Latino/a LGBT people, particularly in areas and neighborhoods where they live

› Provide LGBT-specific services and assure mainstream providers are LGBT friendly and trained on how to provide health services
Recommendations

- Promote health messages through LGBT media channels
- Include LGBT goals in your program action plans and ask your grantees for same
- Include LGBT people in your community advisory body?
- Recognize the barriers LGBT communities face when accessing healthcare services
- Provide a organizational environment that is welcoming for LGBT people, allow individuals to come out of the closet, and engages on LGBT-specific work
U.S Department of Health & Human Services: Enhanced resources

› Cultural Competency training, curricula, and resources

› Programs and resources to understand and address the specific needs of LGBT youth and their families.

› Anti-bullying efforts

› National Aids/HIV Strategy

› Aging Services

› Resettlement of LGBT Refugees

› Tobacco Control

LGBT Health Resources

› IOM Report’s *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding*

› SAMHSA’s *Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*

› UK’s *Systematic Review of Mental Disorder, Suicide, and Deliberate Self Harm in Lesbian, Gay, and Bisexual People*

› HL’s *LGBT Best & Promising Practices Throughout the Cancer Continuum*

› HL’s *MPOWERED: Best & Promising Practices for LGBT Tobacco Prevention and Control*
National LGBT Resources

- Human Rights Campaign - Legislation
  http://www.hrc.org/states

- Gay & Lesbian Medical Association “Find a Provider”
  Online Directory http://glma.org

- National LGBT Cancer Network Online Support Groups
  http://www.cancer-network.org/
Current LGBT Health News & Awareness

THE HUFFINGTON POST
Order Educational Materials

www.lgbthealthlink.org
Concluding Remarks

› Ending LGBT Health Disparities and achieving health equity needs to be a comprehensive and sustainable effort.

› To achieve that end, it will require combined efforts of governments, academia, institutions, businesses, humanitarian and faith-based organizations, and individuals working across the entire spectrum of public, private, community, and individual enterprise.
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OCTOBER 15-16, 2015
STEERING COMMITTEE E-SUMMIT

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