

Julian L. Watkins MD
Columbia University
Department of Internal Medicine

Cultural Competency and Clinical Care for LGBTQ people

Disclosures

- I have no actual or potential conflict of interest in relation to this presentation or conference.

Objectives

- Define important terminology
- Briefly describe demographics of the LGBTQ community
- Describe background of discrimination in Healthcare
- Describe some of the specific healthcare needs of the LGBTQ community

- What does LGBTQ mean?
 - MSM and WSW
- Gender vs. Sexual orientation
 - **Gender Identity:** A person's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.
 - **Sexual Orientation:** A person's emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, and homosexual.

LGBTQ terminology

- **Gender Expression:** The manner in which a person represents or expresses their gender identity to others.
- **Gender non-conforming:** A person whose gender expression is different from societal expectations related to their perceived gender.
- **Gender queer:** A term used by persons who may not entirely identify as either male or female.

LGBTQ terminology

- **TF:** A person who transitions from male-to-female, meaning a person who was assigned the male sex at birth but identifies and lives as a female.
- **FTM:** A person who transitions from female-to-male, meaning a person who was assigned the female sex at birth but identifies and lives as a male.
- **Transgender:** A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.
- **Cisgender:** a person whose self-identity conforms with the gender that corresponds to their biological sex; not transgender
- **Bigender:** A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.

LGBTQ demographics

- An estimated 3.6% of the US population identifies as LGBT
- 0.3% of the population identifies as transgender
- LGBT identity is more common among younger populations.
- LGB/T populations generally share the racial and ethnic characteristics of non-LGB/T individuals

A history of bias in healthcare

- There is a long history of anti-LGBT bias in healthcare
- Until 1973, homosexuality was listed as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and transgender identity still is.
- Many LGBT individuals were subjected to treatments such as conversion therapy which included lobotomies, electroshock therapy or castration in the past
- A 2007 California medical society survey found 18% of physicians reported feeling uncomfortable treating gay or lesbian patients

“Although LGBT people share with the rest of society the full range of health risks, they also face a profound and poorly understood set of additional health risks due largely to social stigma.”

- Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: Institute of Medicine; 2011. http://www.nap.edu/catalog.php?record_id=13128

LGBT Health disparities

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbians are less likely to get preventive services for cancer.
- Gay men are at higher risk of HIV and other STDs, especially among communities of color.
- Lesbians and bisexual females are more likely to be overweight or obese.
- Transgender individuals have a high prevalence of HIV/STDs, 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 a lack of social services and culturally competent providers.
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

What can be done?

- Collecting SOGI data in health-related surveys and health records in order to identify LGBT health disparities
- Appropriately inquiring about and being supportive of a patient's sexual orientation and gender identity to enhance the patient-provider interaction and regular use of care
- Providing medical students with training to increase provision of culturally competent care
- Providing supportive social services to reduce suicide and homelessness among youth
- Curbing human immunodeficiency virus (HIV)/sexually transmitted infections (STIs) with interventions that work

Medical Education on LGBTQ health

- A 1998 cross-sectional survey of 116 US family medicine course directors reported a mean of 2.5 hours on the topic of “homosexuality and bisexuality;” with more than 50% reporting 0 hours
- A 2011 study surveyed deans of medical education at over 170 medical schools in the US and Canada. The median reported time dedicated to LGBT-related content in medical school in 2009-2010 was 5 hours

A call to action

As clinicians we must foster an inclusive environment for all LGBT patients.

We must improve medical education and make a concerted effort to train clinicians in how to provide culturally competent high quality care

References

- IMPROVING THE HEALTH CARE OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PEOPLE: Understanding and Eliminating Health Disparities Kevin L Ard MD, MPH 1, and Harvey J Makadon2 MD The National LGBT Health Education Center, The Fenway Institute 1,2; Brigham and Women's Hospital1; and Harvard Medical School1,2, Boston, MA.
- Lesbian, Gay, Bisexual, and Transgender Health. US Department of Health and Human Services. 2012.
<http://www.healthypeople.gov/2020>
- Obedin-Maliver J, et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA* 2011;306(9):971-977.
- Gates GJ. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute. 2011. Available from:
<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>.
- Tesar CM, Rovi SL. Survey of curriculum on homosexuality/bisexuality in departments of family medicine. *Fam Med*. 1998;30(4):283-287