

# Welcome

## Optimizing Population Health for LGBT People in PCMH

Wednesday, August 15, 2012

We will begin promptly at 1 p.m. Eastern.

**Event Host**  
Melissa DaSilva  
NHCHC



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HOMELESS  
COUNCIL

# Optimizing Population Health for LGBT People in PCMH

August 15, 2012

Health Care and Housing are Human Rights

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COUNCIL

# Presenter



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National LGBT Health Education Center,  
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# THE NATIONAL LGBT HEALTH EDUCATION CENTER



Email us: [lgbthealtheducation@fenwayhealth.org](mailto:lgbthealtheducation@fenwayhealth.org)

Visit us online: [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

- HRSA (BPHC National Cooperative Agreement)
- Training and Technical Assistance
- Grand Rounds for Faculty, Staff, and Trainees
  - Co-sponsored by the American Medical Association
- Consultation on Creating Strategic Change
- Resources and Publications



# Key points:

- Focus on Population Health
- Why LGBT Health?
- Understanding LGBT Demographics, Concepts
- Overcoming Barriers to Change
  - Creating Systems in Health Care Settings
  - Creating Environments for Learning, Working, and Caring
- Patient Centered Medical Homes



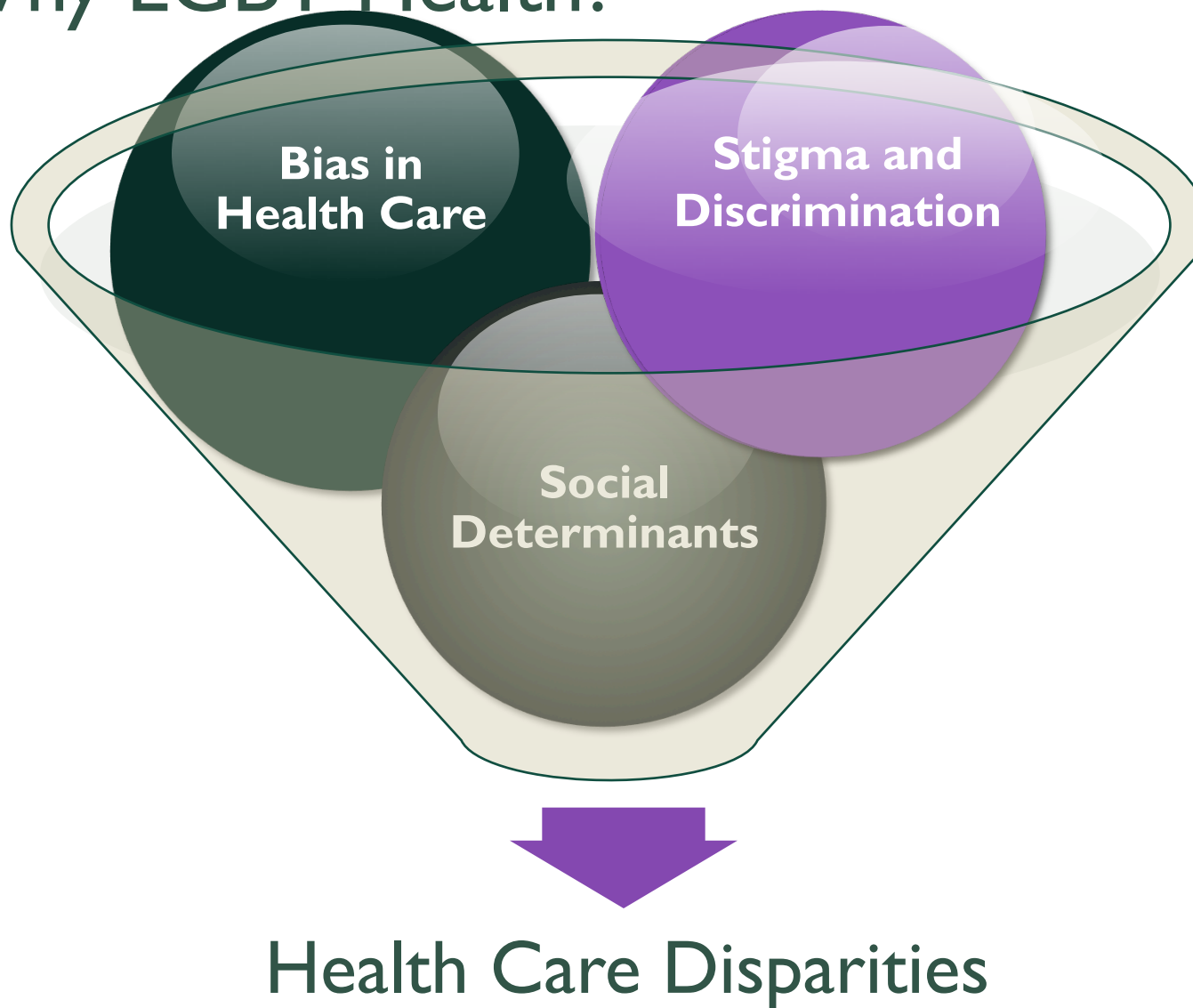
# Population Health in PCMH's



# Population Health

- Population health has been defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”
- One major step in achieving this aim is to reduce health inequities among population groups.
- Population health seeks to **step beyond the individual-level focus of mainstream medicine and public health** by addressing the social determinants of health and improve the capacity of people to adapt to, respond to, or control life's challenges and changes.

# Why LGBT Health?





# The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

# Healthy People 2020

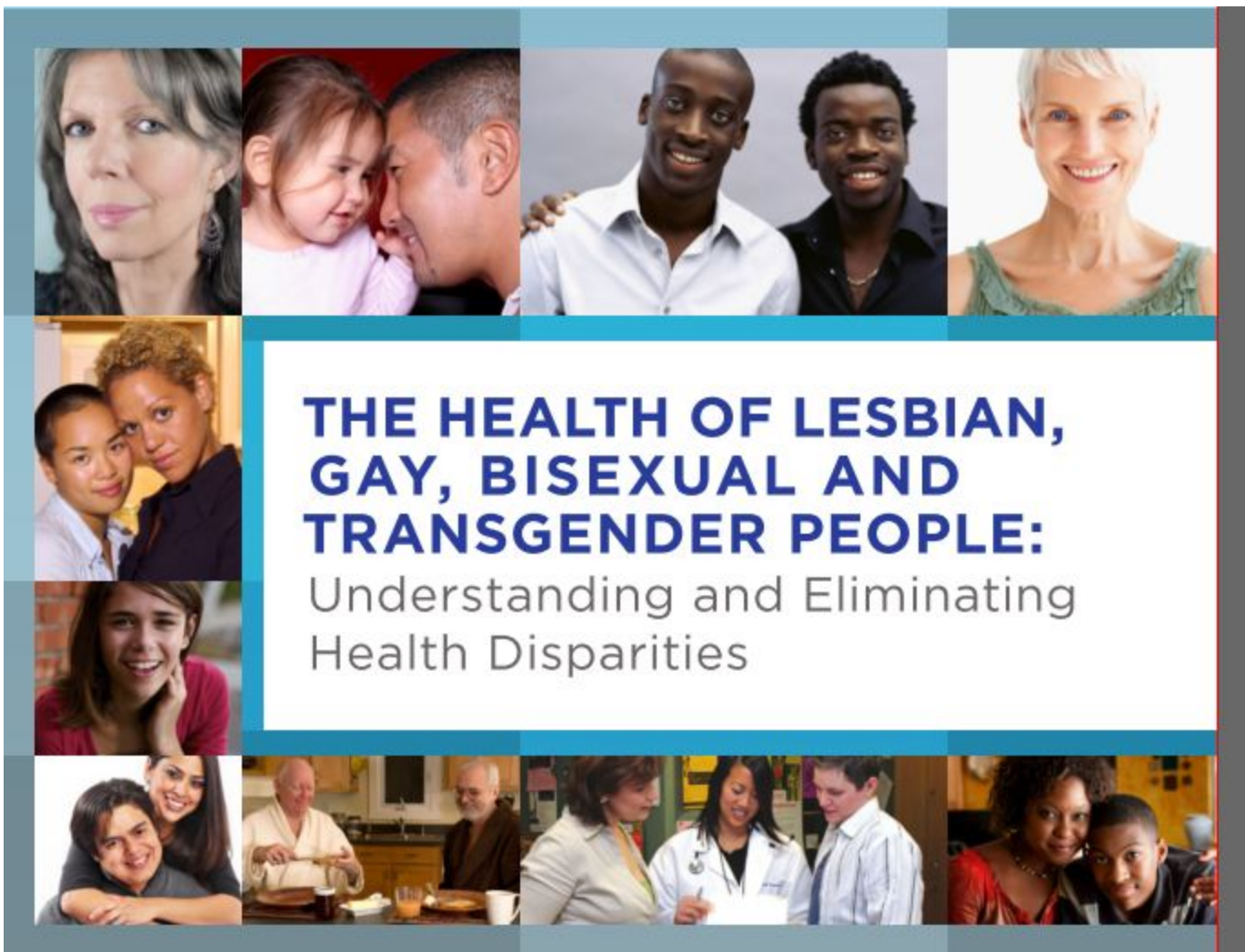


[www.healthypeople.gov](http://www.healthypeople.gov)

THE FENWAY



INSTITUTE



**THE HEALTH OF LESBIAN,  
GAY, BISEXUAL AND  
TRANSGENDER PEOPLE:**  
Understanding and Eliminating  
Health Disparities



# Health Disparities Exist Across the Life Cycle



# LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Gay men are at higher risk of HIV/STDs, especially among communities of color.
- Lesbians are less likely to get preventive services for cancer.
- Lesbians and bisexual females are more likely to be overweight or obese.



# LGBT Disparities: Healthy People 2020

- Transgender individuals have a high prevalence of HIV/STI's, victimization, mental health issues, and suicide. They 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 Demographics, Concepts, and Terminology



# L,G,B,T Demographics, Concepts, and Terminology



# Affordable Care Act: New Opportunities and Challenges for Health Centers



Health Center

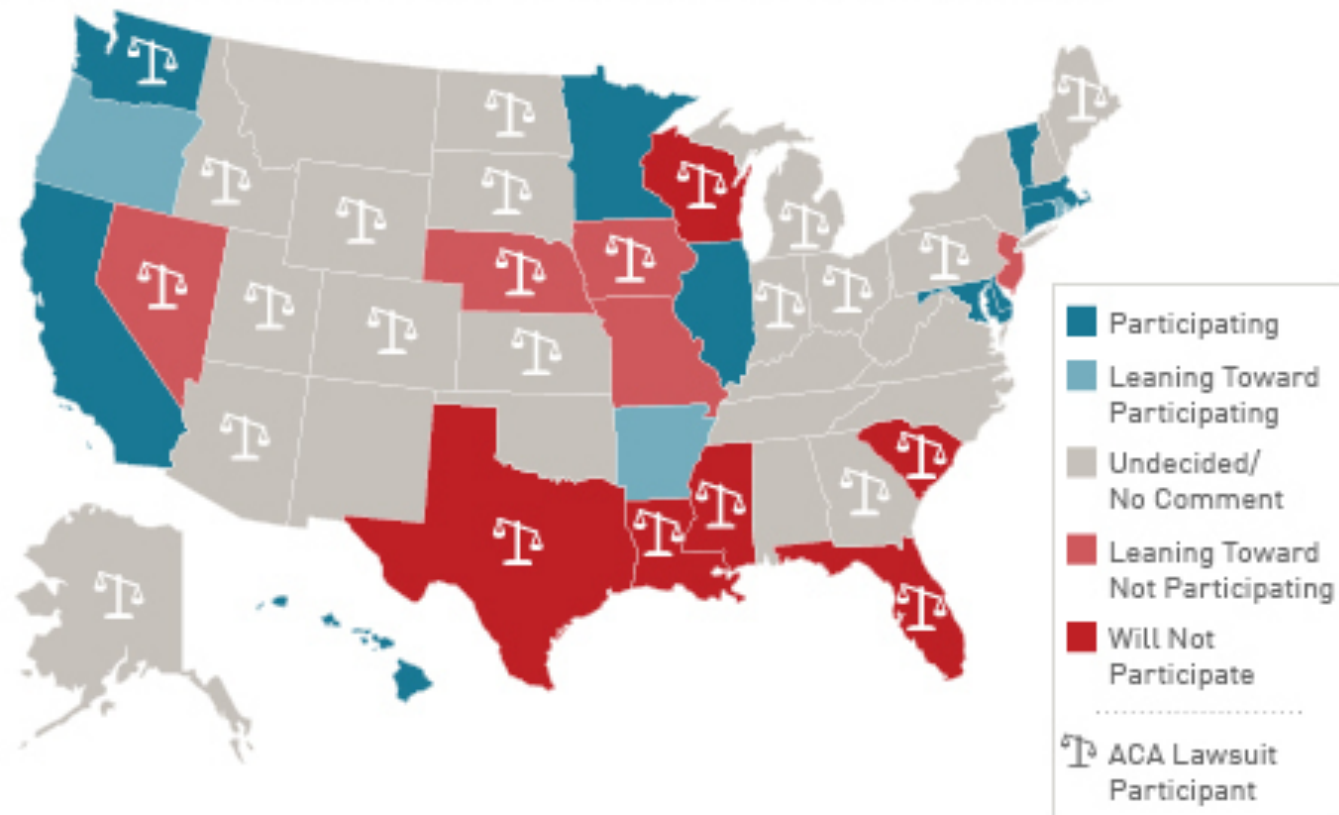


Patient Centered  
Medical Home



# Intent to Expand Medicaid: July 2012

What the States are Saying About ACA Medicaid Expansion



# PCMH 2011 Core Standards

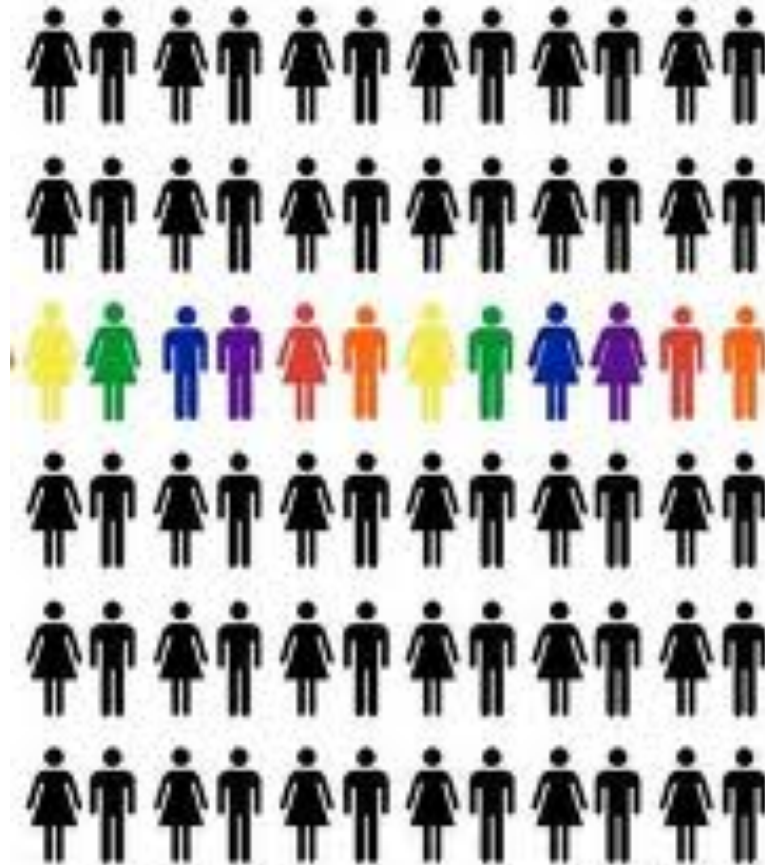
- PCMH 1: Enhance Access and Continuity
- PCMH 2: Identify and Manage Patient Populations
- PCMH 3: Plan and Manage Care
- PCMH 4: Provide Self-Care and Community Support
- PCMH 5: Track and Coordinate Care
- PCMH 6: Measure and Improve Performance

# Overcoming Barriers to Change



# Population Health: Ending LGBT Invisibility in Health Care

- How many of you have ever been asked to discuss your sexual history during a primary care visit?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?





How well do you know the people coming to seek care? How do you find out?



**New Patients**



**New Lesbian/Gay/  
Transgender Patients**

- How do clinicians and staff feel when learning this?
- What can be done to improve the patient experience and systems for care?

# Tools for Change!

POLICY FOCUS:

**WHY** GATHER DATA ON  
SEXUAL ORIENTATION  
AND GENDER IDENTITY  
IN CLINICAL SETTINGS

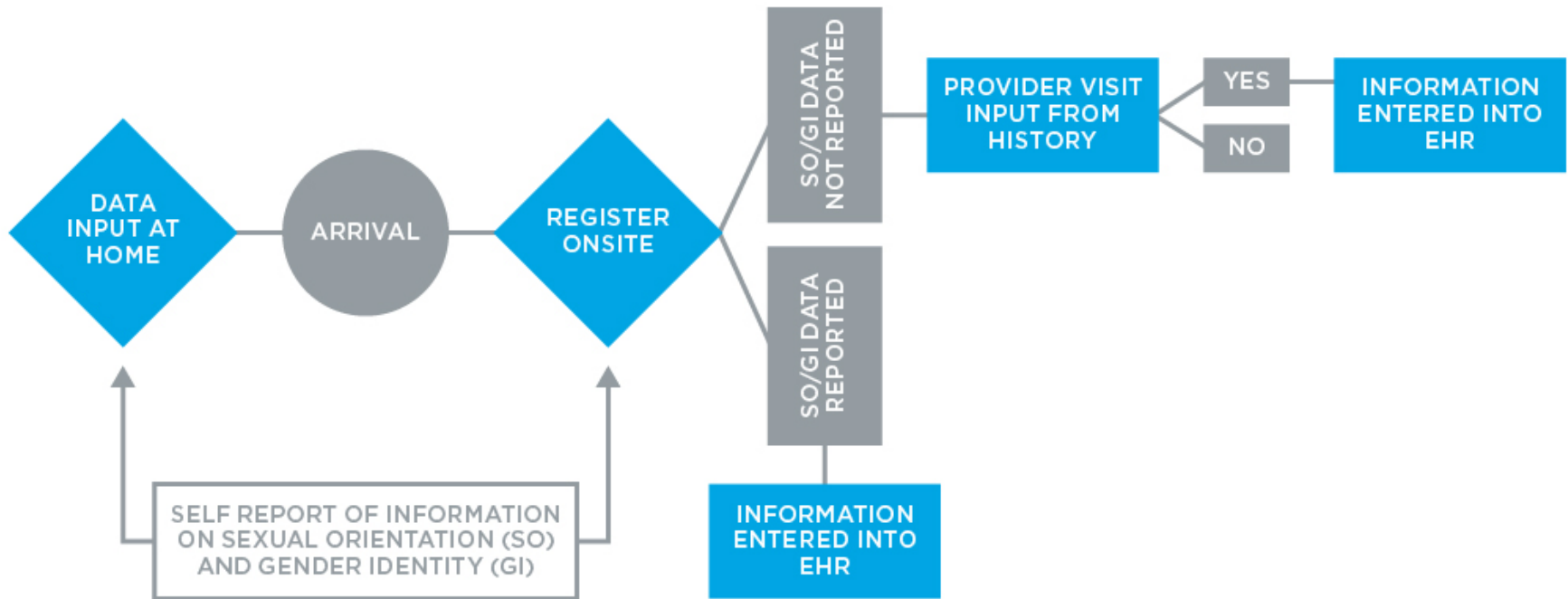
POLICY FOCUS:

**HOW** TO GATHER DATA  
ON SEXUAL ORIENTATION  
AND GENDER IDENTITY  
IN CLINICAL SETTINGS

# Why gather data on sexual orientation and gender identity?

- Increases ability to screen, detect, and prevent conditions more common in LGBT
- Helps develop a better understanding of patients' lives
- Allows comparison of patient outcomes with national survey samples of LGBT people
- Patients may feel safer discussing their health and risk behaviors once they've disclosed

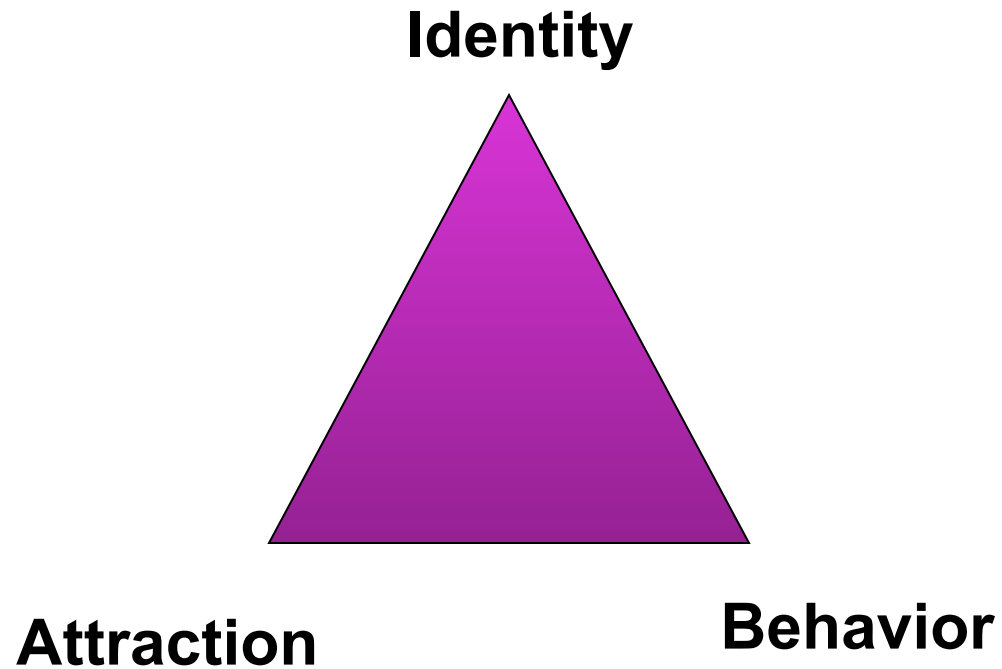
# Gathering LGBT Data during the Process of Care



# Collecting Demographic Data on Sexual Orientation (Example)

<p><b>1. Which of the categories best describes your current annual income? Please check the correct category:</b></p> <p><input type="checkbox"/> &lt;\$10,000</p> <p><input type="checkbox"/> \$10,000-14,999</p> <p><input type="checkbox"/> \$15,000-19,999</p> <p><input type="checkbox"/> \$20,000-29,999</p> <p><input type="checkbox"/> \$30,000-49,999</p> <p><input type="checkbox"/> \$50,000-79,999</p> <p><input type="checkbox"/> Over \$80,000</p>	<p><b>2. Employment Status:</b></p> <p><input type="checkbox"/> Employed full time</p> <p><input type="checkbox"/> Employed part time</p> <p><input type="checkbox"/> Student full time</p> <p><input type="checkbox"/> Student part time</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Other _____</p>	<p><b>3. Racial Group(s):</b></p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Multi racial</p> <p><input type="checkbox"/> Native American/Alaskan Native/Inuit</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other _____</p>	<p><b>4. Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic/Latino/Latina</p> <p><input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p><b>5. Country of Birth:</b></p> <p><input type="checkbox"/> USA</p> <p><input type="checkbox"/> Other _____</p>
<p><b>6. Language(s):</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Español</p> <p><input type="checkbox"/> Français</p> <p><input type="checkbox"/> Português</p> <p><input type="checkbox"/> Русский</p>	<p><b>7. Do you think of yourself as:</b></p> <p><input type="checkbox"/> Lesbian, gay, or homosexual</p> <p><input type="checkbox"/> Straight or heterosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Something Else</p> <p><input type="checkbox"/> Don't know</p>	<p><b>8. Marital Status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Partnered</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Other _____</p> <p><b>8. Veteran Status:</b></p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Not a veteran</p>	<p><b>1. Referral Source:</b></p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Friend or Family Member</p> <p><input type="checkbox"/> Health Provider</p> <p><input type="checkbox"/> Emergency Room</p> <p><input type="checkbox"/> Ad/Internet/Media/ Outreach Worker/School</p> <p><input type="checkbox"/> Other _____</p>

# Understanding Sexual Orientation



# Collecting Demographic Data on Gender Identity (Example)

- 1. What is your current gender identity?  
(Check an/or circle ALL that apply)**
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Genderqueer
  - Additional category (please specify):  
\_\_\_\_\_
  - Decline to answer
- 2. What sex were you assigned at birth?  
(Check one)**
  - Male
  - Female
  - Decline to answer
- 3. What pronouns do you prefer (e.g., he/  
him, she/her)? \_\_\_\_\_**

# Getting to Know Patients in Clinical Settings





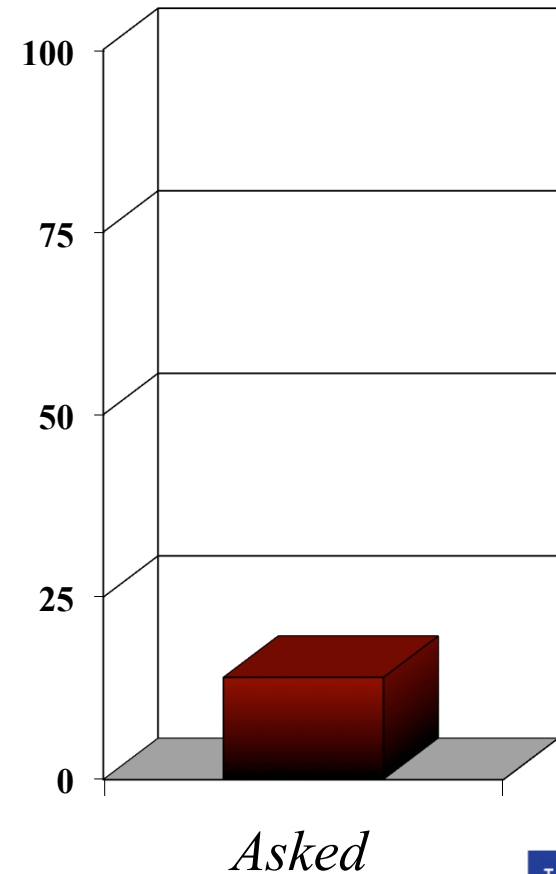
# Proportion of Physicians Discussing Topics with HIV-Positive Patients

## 4 US Cities (n=317)

- Adherence to ART 84%
- Condom use 16%
- HIV transmission and/or risk reduction 14%

Ask Screen Intervene

(*AmJPublicHealth.* 2004;94:1186-92)



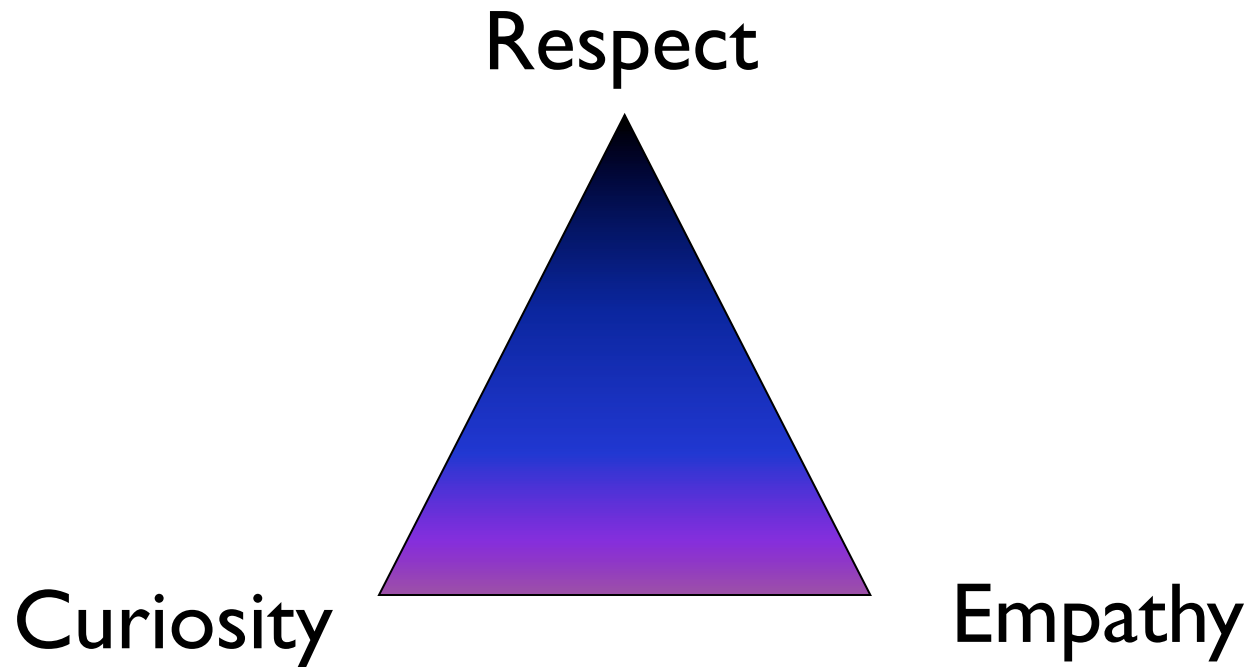
# Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

***The Hidden Epidemic***  
**Institute of Medicine, 1997**

Ask Screen Intervene

# The Core of the Cross-cultural Interview



Adapted from Betancourt and Green

# Taking a History

- The core comprehensive history for LGBT patients is the same as for all patients (keeping in mind unique health risks and issues of LGBT populations)
- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
- Use inclusive and neutral language
  - **Instead of:** “Do you have a wife/husband or boy/girlfriend?”
  - **Ask:** “Do you have a partner?” or “Are you in a relationship?”  
“What do you call your partner?”

# Taking a Sexual History

- Make it routine
- Make no assumptions
- Not to be equated with learning about LGBT health

# Taking a Sexual History

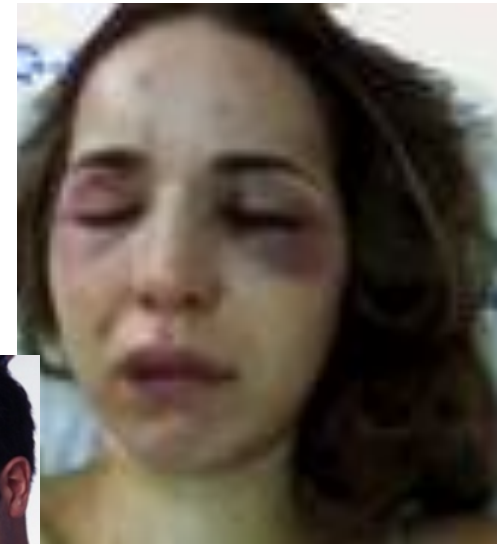
- Ask about behavior and risk – High risk for STI and HIV
  - Have you had sex with anyone in the last year?
  - Did you have sex with men, women, or both?
  - Have you had oral, vaginal, anal intercourse?
  - How many partners did you have?
  - How often do you use condoms?
  - Have you exchanged sex for drugs, alcohol, housing, food or money?
  - Has anyone ever forced you to have sex?
  
- Remember sexual health

# Discussing Gender Identity

- Can be complex due to fluidity of expression for some and rapidly changing terminology
- Information on gender identity may be best obtained in advance of visit, self report at home or at registration
- In clinical settings, a provider can ask if patient has questions about gender identity
- Follow up as appropriate

# Caring for the Whole Person

- MSM and other LGBT people have similar health concerns as others, as well as some additional concerns
- Important to engage the whole person, not a collection of risk factors
- Important to understand that LGBT life issues are similar to others, but also unique:
  - Families, Coming Out
  - Long Term Relationships
  - Reproduction, Parenting
  - Mental Health
  - Violence
  - Chronic Diseases
  - Communicable Diseases





# Developing Clinically and Cost Effective Clinical Practices: HIV Prevention Programs



# Initial Approach to HIV/AIDS

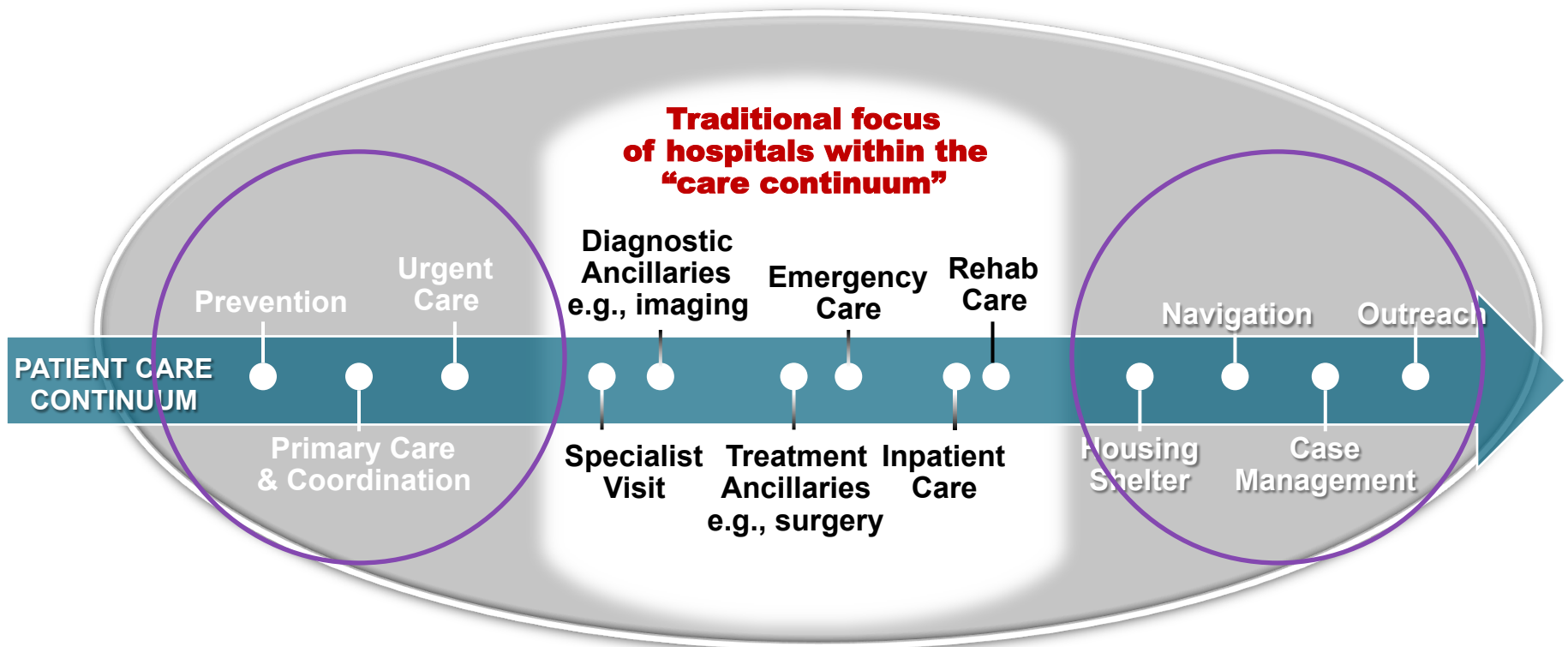


Counseling and Testing

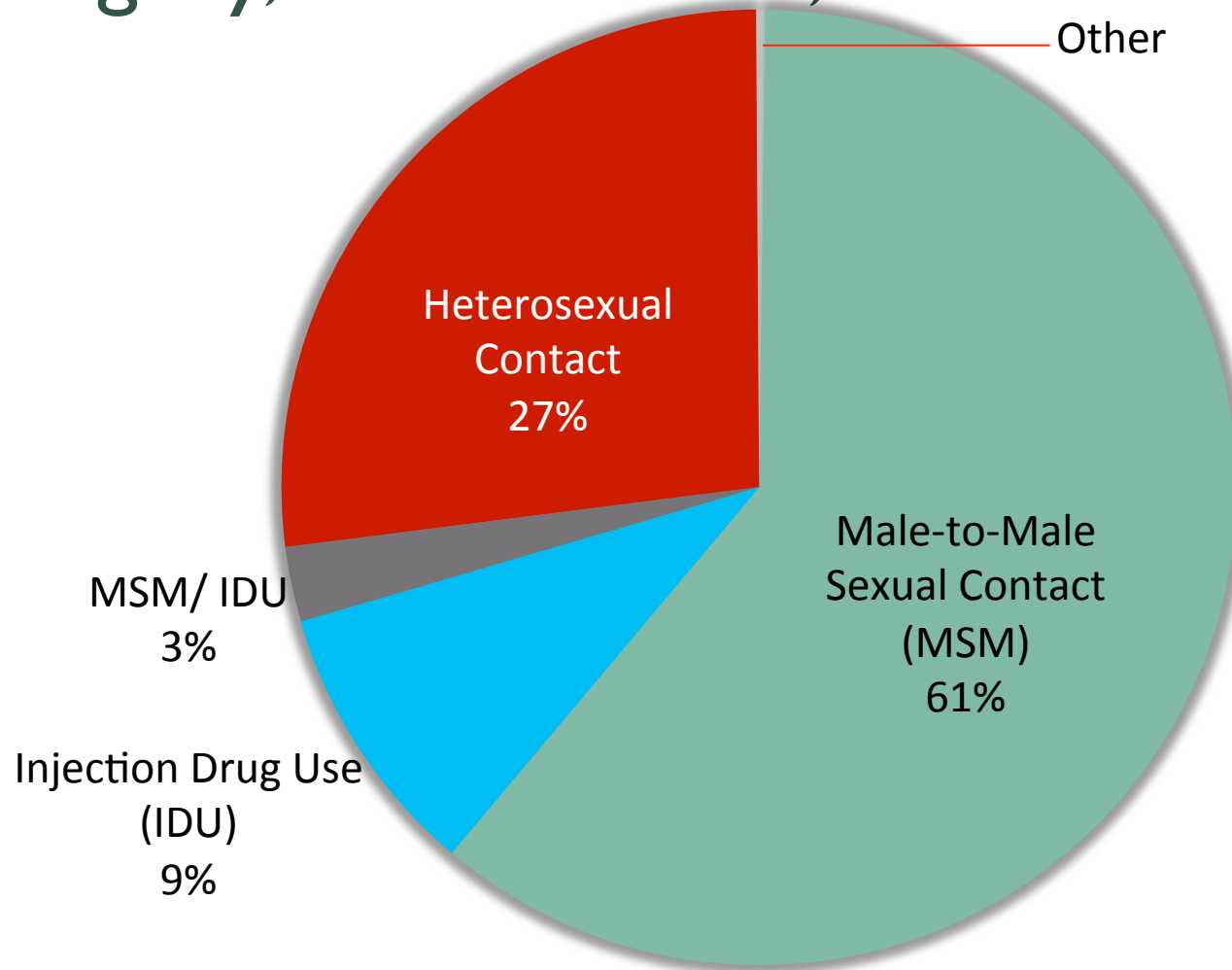


Care and Treatment

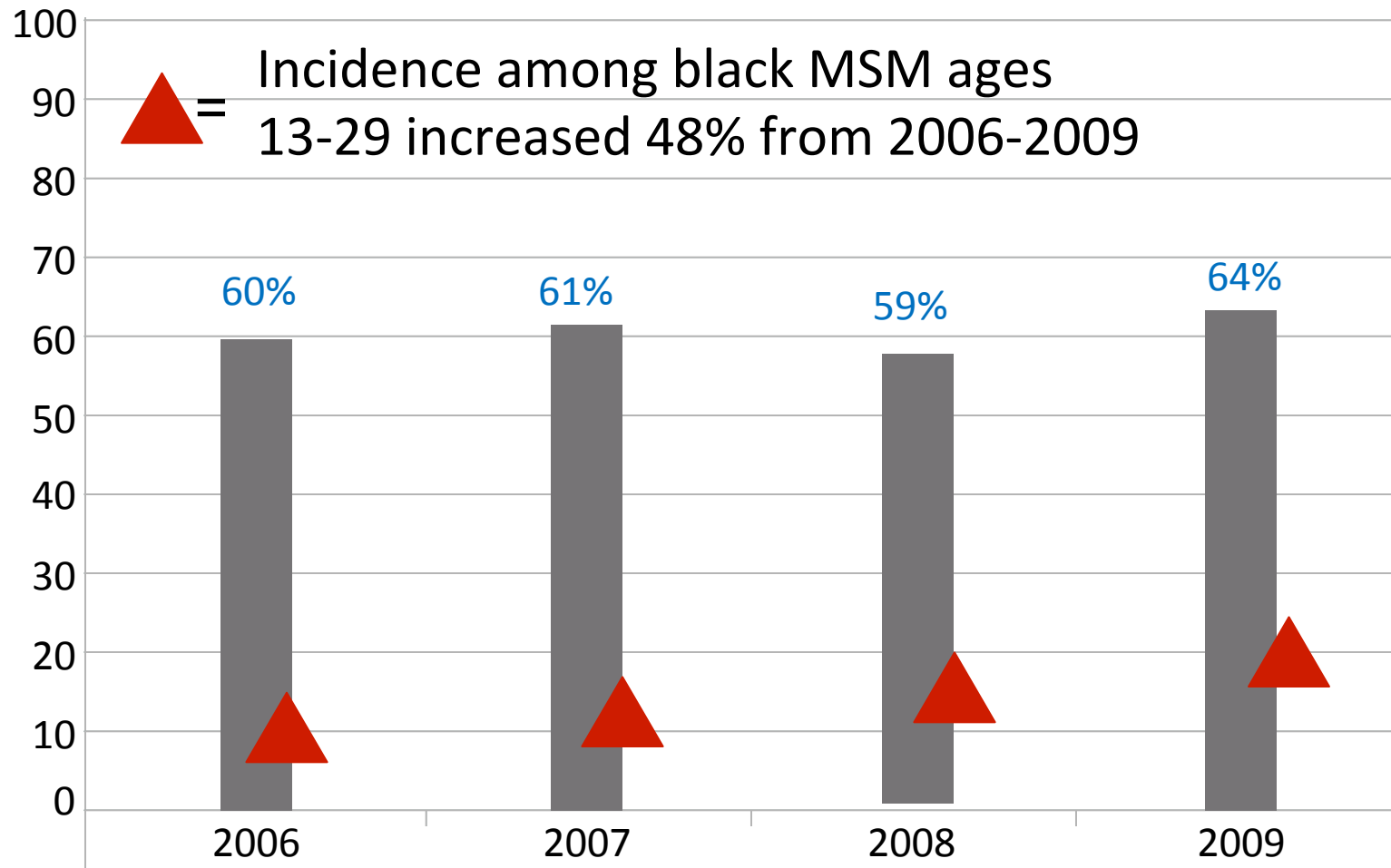
# Shift in Leadership and Roles Within Continuum of Care with Reform



# HIV Incidence by Transmission Category, United States, 2009



# HIV Incidence among MSM or MSM/ IDU, US, 2009



# Why is HIV incidence highest among black MSM?

- Sexual risk behaviors and substance use **do not** explain the differences in HIV infection between black and white MSM.
- The most likely causes of disproportionate HIV infection rates are:
  - Low frequency of recent HIV testing
  - High HIV prevalence in black MSM networks
  - High prevalence of other STI's which facilitate HIV transmission
  - Barriers to access health care



# Discordance between Sexual Behavior and Identity

- 2006 study of 4193 men in NYC (Pathela, 2006)
  - 9.4% of men who identified as “straight” had sex with a man in the prior year
  - These men were more likely to:
    - belong to minority racial and ethnic groups,
    - be of lower socio-economic status,
    - be foreign born
    - not use a condom
- 77-91% of lesbians had at least one prior sexual experience with men
  - 8% in the prior year (O’Hanlan, 1997)

# MSM in South Africa, Around the World, and Throughout Time

- MSM in South Africa comprise a diverse group of men who share only one behavioural commonality: they have sex with other men.
- Many South African MSM do not identify with gay culture which may be viewed as a Eurocentric cultural construct which is often considered foreign and un-African.
- The behavior of men having sex with men has occurred across all cultures and all times without regard to a specific identity



# HPTN 061 Results: HIV Status at Entry

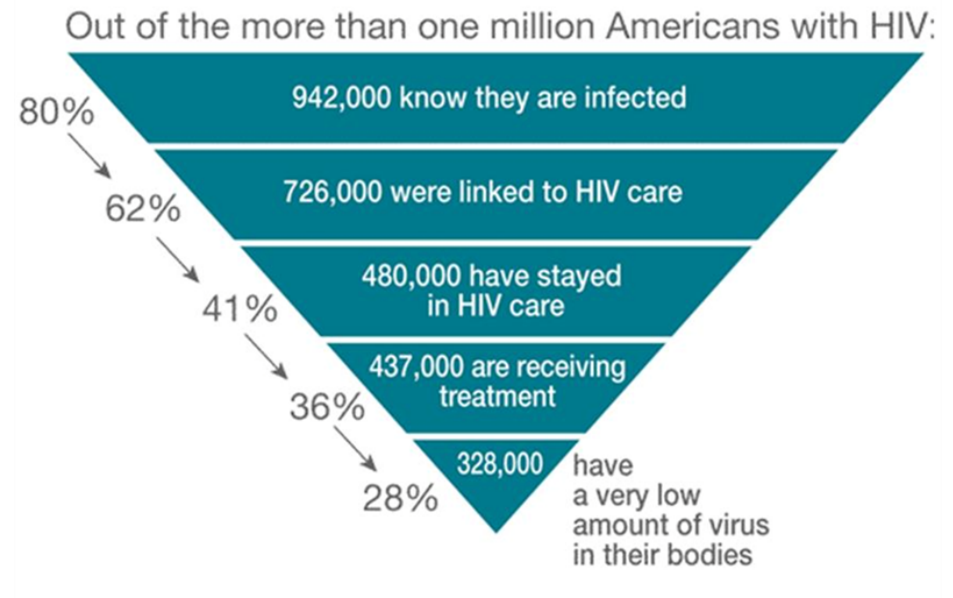
- A total of 1553 Black MSM enrolled, of whom 1379 (88.8%) reported no prior HIV diagnosis
- 96% agreed to HIV testing at study entry
- 12% newly diagnosed HIV positive (including 3 men with acute HIV infection)

# Characteristics of Previously HIV+, Newly HIV+ and HIV- Black MSM

Variables (Red: p<0.05 compared to HIV-)	Prev. HIV+ (N=174)	New HIV+ (N=165)	HIV- (N=1168)
Median Age (IQR)	43(38,49)	41(31,46)	39(25,47)
Unemployed	82%	82%	65%
Lack Stable Housing	7%	5%	11%
Annual Household Income < \$50,000	94%	94%	87%
Homosexual/Gay Identity	69%	58%	47%
Transgender	3%	6%	3%
Median Sex Partners in Past 6 Months (IQR)	4 (2,7)	5 (2,9)	5 (3,10)
Unprotected Receptive Anal Intercourse	55%	57%	43%
Female Partners in Past 6 Months	25%	35%	49%
Transgender Partners in Past 6 Months	11%	17%	28%

# Building a Program for Effective HIV Prevention

- Outreach/Counseling and Testing
- Access
  - Integrated Prevention
  - Knowledge, Attitudes and Skills
- Retention
  - Peer Navigation/Case Management
- Regular Follow Up
  - Counseling
  - Behavior Change



# Creating Change at Home: Affirmative, Inclusive Environments for Caring, Learning, and Working



# Creating a caring and inclusive environment

- Are clinicians and staff taught about the health needs of LGBT people?
- Do LGBT employees feel respected and safe at work?
- Do forms reflect the full range of sexual and gender identity and expression
- Is there a non-discrimination policy inclusive of sexual orientation and gender identity for patients and staff?
- Are there educational brochures on LGBT health topics?
- Are there unisex bathrooms?

# Implementing Change to Succeed as a PCMH

## ■ Elements of Population Health

- Define and Identify Populations
- Understand Unique Health Issues
- Define “Hot Spots”-High Variation, High Cost
- Develop Best Practices
  - Quality
  - Cost

## ■ LGBT Health

- Transgender Health Care
- Behavioral Health
- HIV Prevention and Care
- Health Care for the Homeless

# Our Challenge: Making Health Care a Right for LGBT People





# The National LGBT Health Education Center at The Fenway Institute

- *We are here to help you!*

*Harvey Makadon, Hilary Goldhammer,*

*Dirk Williams, Jeffrey Walter*

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*[www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)*





# Questions and Answers



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The Fenway Institute

Clinical Professor of Medicine,  
Harvard Medical School

Boston, Mass.



# Resources

- National Health Care for the Homeless Council
  - [www.nhchc.org](http://www.nhchc.org)
- National LGBT Health Center, The Fenway Institute
  - [www.thefenwayinstitute.org](http://www.thefenwayinstitute.org)
- The Health of Lesbian, Gay, Bisexual, and Transgender People: Ending Disparities, Ending Invisibility
  - [www.nhchc.org/?p=574](http://www.nhchc.org/?p=574)
- National Health Care for the Homeless Conference & Policy Symposium
  - <https://www.nhchc.org/national-conference-2013>
- National Conference Call for Proposals
  - <http://www.nhchc.org/2013-national-health-care-for-the-homeless-conference-policy-symposium-call-for-proposals/>

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- Other educational opportunities including technical assistance and regional trainings can be found online at [www.nhchc.org](http://www.nhchc.org).