Sociocultural Determinants of Health in Medical Education

Lesbian, Gay, Bisexual, and Transgender (LGBT) Disparities and Inequities

Moderator: Francisco A. Moreno
Speakers: Hector Vargas and Shane Snowdon
November 05, 2010
Group on Diversity and Inclusion (GDI)

Mission

• The mission of the GDI is to serve as a national forum and recognized resource to support the efforts of institutions at the local, regional, and national levels to realize the benefits of diversity and inclusion in medicine and biomedical sciences.

Purpose

• The purpose of the GDI is to unite expertise, experience, and innovation to inform and guide the advancement of diversity throughout academic medicine.
About Diversity

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age.
About Inclusion

Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.
Speakers

Hector Vargas, J.D.
Executive Director
Gay & Lesbian Medical Association (GLMA)

Shane Snowdon
Director LGBT Resource Center
University of California, San Francisco
Sociocultural Determinants of Health in Medical Education: Lesbian, Gay, Bisexual, Transgender (LGBT) Disparities and Inequities

*Moderator:* Francisco Moreno, MD, Univ. of Arizona College of Medicine

*Speakers:* Shane Snowdon, LGBT Resource Center, UCSF
Hector Vargas, JD, Gay & Lesbian Medical Association

November 5, 2010
Access to health care and health insurance

<table>
<thead>
<tr>
<th>Health Disparity #1: Heterosexual adults are more likely to have health insurance coverage.⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults with health insurance</td>
</tr>
<tr>
<td>Heterosexual</td>
</tr>
<tr>
<td>LGB</td>
</tr>
<tr>
<td>Transgender</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Disparity #2: LGB adults are more likely to delay or not seek medical care.⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults delaying or not seeking health care</td>
</tr>
<tr>
<td>Heterosexual</td>
</tr>
<tr>
<td>LGB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.⁷</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults delaying or not getting prescriptions</td>
</tr>
<tr>
<td>Heterosexual</td>
</tr>
<tr>
<td>LGB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.⁸</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults receiving ER care</td>
</tr>
<tr>
<td>Heterosexual</td>
</tr>
<tr>
<td>LGB</td>
</tr>
</tbody>
</table>

“How to Close the LGBT Health Disparities Gap” (Center for American Progress, 2009 – Analyzing 2007 California Health Interview Survey and other data relating to LGBT health)
Table 1: I was refused needed health care

- LGB: 7.7%
- Transgender: 26.7%
- Living with HIV: 19.0%

“When Healthcare Isn’t Caring” (Lambda Legal, 2010)
Table 2: Health care professionals refused to touch me or used excessive precautions

<table>
<thead>
<tr>
<th></th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.6</td>
<td>15.4</td>
<td>35.6</td>
</tr>
</tbody>
</table>

Table 4: Health care professionals blamed me for my health status

<table>
<thead>
<tr>
<th></th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.2</td>
<td>20.3</td>
<td>25.7</td>
</tr>
</tbody>
</table>

Table 3: Health care professionals used harsh or abusive language

<table>
<thead>
<tr>
<th></th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.7</td>
<td>20.9</td>
<td>11.7</td>
</tr>
</tbody>
</table>

Table 5: Health care professionals were physically rough or abusive

<table>
<thead>
<tr>
<th></th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.1</td>
<td>7.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>

“When Healthcare Isn’t Caring” (Lambda Legal, 2010)
Table 6: Fears and concerns about accessing health care

<table>
<thead>
<tr>
<th>Concern</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am...</td>
<td>9.1</td>
<td>20.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Medical personnel will treat me differently because I am...</td>
<td>28.5</td>
<td>73.0</td>
<td>35.5</td>
</tr>
<tr>
<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>49.0</td>
<td>89.4</td>
<td>48.0</td>
</tr>
<tr>
<td>Not enough support groups for people who are...</td>
<td>24.3</td>
<td>50.5</td>
<td>31.0</td>
</tr>
<tr>
<td>Not enough substance abuse treatment for people who are...</td>
<td>28.8</td>
<td>58.8</td>
<td>31.1</td>
</tr>
<tr>
<td>Community fear/dislike of people who are... is a problem</td>
<td>52.4</td>
<td>66.1</td>
<td>85.7</td>
</tr>
</tbody>
</table>

“When Healthcare Isn’t Caring” (Lambda Legal, 2010)
19% of respondents were refused treatment

20% of the respondents reported being physically attacked in a doctor’s office

28% reported being verbally harassed in a medical setting

Impact of societal biases on physical health and well-being

Health Disparity #5: Heterosexual adults are more likely to report having excellent or very good overall health.\(^9\)

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>LGB</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults reporting excellent or very good health</td>
<td>83%</td>
<td>77%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Health Disparity #6: Lesbian and bisexual women are less likely to receive mammograms.\(^{10}\)

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>LGB</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of women receiving a mammogram in past 2 years</td>
<td>62%</td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>

Health Disparity #7: LGB adults are more likely to have cancer.\(^{11}\)

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>LGB</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults ever diagnosed with cancer</td>
<td>6%</td>
<td>9%</td>
<td></td>
</tr>
</tbody>
</table>

“How to Close the LGBT Health Disparities Gap” (Center for American Progress, 2009)
Impact of societal biases on physical health and well-being

Health Disparity #8: LGB youth are more likely to be threatened or injured with a weapon in school.\textsuperscript{12}

<table>
<thead>
<tr>
<th></th>
<th>% of youth threatened or injured with a weapon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue (LGB)</td>
<td>5%</td>
</tr>
<tr>
<td>Red (Non-LGB)</td>
<td>19%</td>
</tr>
</tbody>
</table>

Health Disparity #9: LGB youth are more likely to be in physical fights that require medical treatment.\textsuperscript{13}

<table>
<thead>
<tr>
<th></th>
<th>% of youth in a physical fight requiring medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue (LGB)</td>
<td>4%</td>
</tr>
<tr>
<td>Red (Non-LGB)</td>
<td>13%</td>
</tr>
</tbody>
</table>

Health Disparity #10: LGB youth are more likely to be overweight.\textsuperscript{14}

<table>
<thead>
<tr>
<th></th>
<th>% of youth who are overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue (LGB)</td>
<td>6%</td>
</tr>
<tr>
<td>Red (Non-LGB)</td>
<td>12%</td>
</tr>
</tbody>
</table>

“How to Close the LGBT Health Disparities Gap” (Center for American Progress, 2009)
Impact of societal biases on mental health and well-being

**Health Disparity #11:** LGB adults are more likely to experience psychological distress.\(^{15}\)

% of adults experiencing psychological distress in past year

- Heterosexual: 9%
- LGB: 20%

**Health Disparity #12:** LGB adults are more likely to need medication for emotional health issues.\(^{16}\)

% of adults needing medication for mental health

- Heterosexual: 10%
- LGB: 22%

“How to Close the LGBT Health Disparities Gap” (Center for American Progress, 2009)
Impact of societal biases on mental health and well-being

Health Disparity #13: Transgender adults are much more likely to have suicide ideation.\(^{17}\)

% of adults reporting suicide ideation

- 2%
- 5%
- 50%

Health Disparity #14: LGB youth are much more likely to attempt suicide.\(^{18}\)

% of youth reporting suicide attempts

- 10%
- 35%

“How to Close the LGBT Health Disparities Gap” (Center for American Progress, 2009)
Impact of societal biases on engaging in risky behavior

- **Health Disparity #15**: LGB adults are more likely to have problems with alcoholism.¹⁹
  - % of adults reporting alcohol abuse
  - Heterosexual: 33%
  - LGB: 44%
  - Transgender: 24%

- **Health Disparity #16**: LGB adults are more likely to smoke cigarettes.²⁰
  - % of adults who smoke
  - Heterosexual: 16%
  - LGB: 27%
  - Transgender: 15%

“How to Close the LGBT Health Disparities Gap” (Center for American Progress, 2009)
Impact of societal biases on engaging in risky behavior

Health Disparity #17: LGB youth are more likely to smoke cigarettes.\(^{21}\)

- % of youth who smoke
  - Blue: 14%
  - Red: 38%

Health Disparity #18: LGB youth are more likely to take risks in automobiles.\(^{22}\)

- % of youth who rarely or never wear seatbelts
  - Blue: 5%
  - Red: 14%

- % of youth who have ridden with a driver who had been drinking
  - Blue: 24%
  - Red: 37%

- % of youth who drove after drinking
  - Blue: 11%
  - Red: 26%

“How to Close the LGBT Health Disparities Gap” (Center for American Progress, 2009)
Health Disparity #1: LGB Latino adults are least likely to have health insurance.4

% of adults with health insurance

- African-American heterosexual: 85%
- African-American LGB: 91%
- Asian or Pacific Islander heterosexual: 86%
- Asian or Pacific Islander LGB: 91%
- Latino heterosexual: 85%
- Latino LGB: 70%
- White heterosexual: 91%
- White LGB: 88%

“How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity” (Center for American Progress, 2009)
Health Disparity #6: LGB African-American adults are most likely to have diabetes.¹⁰

% of adults with diabetes

- 8%
- 20%
- 6%
- 5%
- 7%
- 3%
- 5%
- 5%

“How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity” (Center for American Progress, 2009)
Health Disparity #7: LGB Asian or Pacific Islander adults are most likely to experience psychological distress.11

% of adults experiencing psychological distress in past year:

- 11%: 23%
- 6%: 25%
- 9%: 18%
- 9%: 21%

“How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity” (Center for American Progress, 2009)
Addressing Health Disparities for LGBT Populations

• Healthy People 2010, Healthy People 2020
• Association of American Medical Colleges
• American Medical Association
• Institute of Medicine
• Joint Commission
• HHS
Top 10 Things Gay Men Should Discuss with their Healthcare Provider

Top 10 Things Lesbians Should Discuss with their Healthcare Provider

Top 10 Things Transgender Persons Should Discuss with their Healthcare Provider

www.glma.org
LGBT* Equity & Inclusion in Medical Education: What’s A School To Do?

Shane Snowdon
Director, UCSF LGBT* Resource Center
AAMC, November 5, 2010
*Lesbian, Gay, Bisexual, Transgender

To create LGBT equity & inclusion in medical education...

And to roll back the disparities Hector just described...

We need to look at BOTH climate & curriculum

Let’s Start with Climate...

For manageability, I’ll discuss LGBT student concerns...

But you’ll see that they can be readily extrapolated to residents, faculty & other practitioners

Our LGBT Students’ Background

- As a group, LGBT youth experience higher tobacco use, substance use, alcohol use, risky sex, abuse, bullying, homelessness, depression, suicidality...

- Our students may avoid or navigate through these—but often face hostility or rejection from friends & family, with financial as well as emotional consequences

Other LGBT Pipeline Issues

- These are starting to receive attention:
  - Public attitudes toward LGBT physicians
  - Impact of coming out on academics (as well as family support)
  - Impact of hiding on academics
  - Lack of role models
  - Absence of targeted outreach
  - Limited or no inclusion in admissions materials & activities
  - Uncertainty about being out on applications (95% aren’t)

A Bird Needs Both Wings...

- To create LGBT equity & inclusion in medical education...

- And to roll back the disparities Hector just described...

- We need to look at BOTH climate & curriculum
Once They Reach Med School . . .

- They may . . .
  - Be underrepresented (~5% of U.S. is LGBT)
  - Lack mentors & role models
  - Lack networking & social opportunities
  - Avoid some specialties
  - Encounter under- or unprepared, uncomfortable, or even biased staff & faculty
    - 15% of GSA students reported mistreatment
  - Experience negative comments or distancing from other students
    - 17% of OSR students reported hostile environments

- They may NOT . . .
  - Find LGBT people & concerns mentioned in informational materials, diversity statements, etc.
  - Find themselves mentioned or represented in orientations, panels on student life, etc.
  - Be able to find knowledgeable counseling or health care, especially if they’re transgender
  - Know how to discuss a concern or file a complaint—or even know there’s a nondiscrimination policy
  - Have the same health coverage as other students (domestic partner and/or transgender)

What’s a school to do?

- It almost goes without saying, but . . .
  - It’s critical to meet with your LGBT students so that you can:
    - Hear their experiences & needs
    - Share possibilities
    - Create a roadmap
    - Offer & get support & guidance

Other best practices . . .

- Publicized nondiscrimination statement with “gender identity and expression” (not only “sexual orientation”)—& clear complaint procedures
- Domestic partner health & pension benefits
- Swift, respectful transgender accommodation via established policies & procedures
- Transgender health coverage

The Very Best Practice . . .

- Institutional Equity
Inclusion in “Diversity”
› Inclusion in:
  • Online & print materials
  • Leadership statements
  • Plans & reports
  • Celebrations
  • Advisory & focus groups
  • Recruitment, retention & advancement efforts
  • LGBT questions on climate surveys
  • Collection of LGBT demographic data

Inclusion in Admissions Work
› Inclusion in:
  • Outreach materials & activities
  • Informational materials & websites
  • “Second looks” & other visiting days
  • Mailings to accepted students

Staff (& Faculty) Training
› Admissions staff, reviewers & interviewers
› Deans & central administration
› Counseling (academic, career & mental health)
› Student health
› Police
› Financial aid
› International student programs
› Faculty & training sites (as possible)

Targeted & Inclusive Activities
› Targeted programs around:
  • Coming out
  • Legal & financial challenges
  • Career obstacles
  • Immigration concerns
› Inclusion in:
  • Orientation programs
  • Student life panels: relationships, first-generation challenges, mental health, etc.
  • Professional development discussions
  • School-sponsored social activities

Mentoring & Networking
› Create or encourage:
  • Listserv
  • Facebook page
  • Out List
  • Ally List
  • LGBTQ and/or ally student group

More Mentoring & Networking
› Create or encourage:
  • LGBT welcome event
  • “Doctor Is Out” panel or speaker
  • “Out in Residency” discussion
  • Dinner(s) with LGBT and/or ally faculty
Make sure your students know about (even fund them to attend):
- Gay & Lesbian Medical Association
- AMSA Gender & Sexuality Committee
- UCSF LGBT Health Forum
- National LGBT Health Student Symposium

Include LGBT students & practitioners in existing mentoring programs

“Name” speaker: Judy Shepard, Lt. Dan Choi, Keith Boykin, Faisal Alam, Alec Mapa
Talk(s) on LGBT health or timely LGBT topics
Exhibit like “Love Makes a Family”
Film or film series
“Holiday” commemorations:
- National Coming Out Day
- Pride
- Transgender Day of Remembrance

High-level advisory committee
Award or other recognition for LGBT leadership
Educational brochure for students and/or staff & faculty about LGBT concerns

AND . . . DRUM ROLL, PLEASE . . .
A designated, funded LGBT point-person!

Experience these as a menu of possibilities, from which you can pick & choose what’s right & feasible for you . . .
And know that every little step helps!

On a 2009–10 survey from the Stanford LGBT Medical Education Research Group (MERG), 132 medical education deans gave their opinion of their school’s LGBT curriculum coverage on the whole:
- Very poor: 9%
- Poor: 16%
- Fair: 45%
In other words . . . 70% recognize that their curriculum needs to be more LGBT–inclusive
Even Better News

- LGBT health is not hard to teach:
  - Key topics have been identified
  - Key student competencies have been identified
  - Reality-tested strategies are available
  - Model curricula are available
- And students are very interested & responsive!

“What Should We Teach?”

- Take a look at the UCSF core competencies handout—plus these materials on the Resources handout:
  - Fenway Modules
  - Fenway Guide to LGBT Health
  - GLMA “Top Ten” lists
  - AMA GLB health report
  - Kaiser Permanente LGBT Provider Handbook
  - AMSA Gender & Sexuality website

You May Want to Do a Map

- It’s a great way to figure out:
  - Where you can revise existing curriculum
  - Where you need to develop new curriculum

MAP OF CURRICULUM
These second-year students mapped the first two years in detail, identifying for each subject area what was being taught, what LGBT content might be added as much, and to whom required for refires in each area should go. Areas identified for inclusion: in the map included these:
- Cardiovascular risk
- Obesity and eating disorders
- Mental health
- Infectious disease
- Addiction
- Trauma
- Gastroenterology
- Building a sexual history
- Health disparities

Revision Possibilities

- These key areas deserve lots of attention:
  - Infectious disease
  - Mental health
  - Medical & sexual history-taking
  - Sexuality
  - Endocrinology
  - Disparities, bias and/or cultural competence
  - Patient panels
  - Policy topics: insurance, legal rights, etc.
- In other areas, a bullet-point or a paragraph can be added to existing course material

“Build Your Own” Possibilities

- Identify a case in which a patient could be LGBT, & develop LGBT materials for the case
- Develop a case in which LGBT status is a/the focal-point
- Develop an online module on an LGBT topic
- Develop a stand-alone session on LGBT health
- Develop a multi-week “LGBT Health 101” course

What About the Clinical Years?

- Inclusion in clerkship prep/reflection & intersessions
- Talks within clerkships
- LGBT–focused elective/clerkship sites
Just a Reminder . . .

- Experience these as a menu of possibilities, from which you can pick & choose what’s right and feasible for you . . .
- And know that every little step helps!

Help Is on the Way!

- The AAMC GDI is developing LGBT resources
- The AAMC GSA has formed an LGBT task force
- UCSF just held a National Summit on LGBT Issues in Medical Education
- And I’m always happy to talk, as you can tell!

lgbt@ucsf.edu