

Virginia's LGBTQ+ Health Equity Symposium and Data Collection for LGBTQ Populations



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The Fierce Urgency of Now: Virginia's LGBTQ+ Health Equity Symposium

The goals of the Symposium:

- To engage providers about how to better work with LGBTQ+ communities
- To engage our LGBTQ+ communities to better understand social determinants of health and working with the healthcare system to access the care they need

Summary of The Fierce Urgency of Now, cont.

We had quite an impressive array of speakers for the event:

- **Dep. Sec. Gina Berger** outlined policies and laws that have recently been enacted to support marginalized populations.
- **Rev. Lacette Cross** Called on people to be courageous and uncomfortable in addressing health equity for LGBTQ+ people.
- **Dr. Lauren Powell** framed the day by speaking of her own growth in understanding of LGBTQ+ health issues, highlighting the serious health hazards faced by black transgender women.
- **Beth Marschak** provided some historical context of LGBTQ communities in the Richmond area, from the time of the first settlers of the Virginia colony onward.
- **Gov. Ralph Northam** gave the message LGBTQ people are welcome here.
- **Rep. Danica Roem** ended the day by sharing inspiring words about her own story as a trans person and VA delegate. She also talked about what Medicaid expansion means for LGBTQ+ people and how to deal, in the most positive and constructive way, with those working against LGBTQ+ people.

Summary of *The Fierce Urgency of Now*, cont.

General Themes:

- Laws and policies from colonial times to the present day have institutionalized anti-LGBTQ biases
- LGBTQ+ care is healthcare
- Transgender care is healthcare
- Providers lack training and cultural competence to provide appropriate services to LGBTQ people
- LGBTQ people who also carry other intersecting stigmatized identities are particularly vulnerable

Summary of **The Fierce Urgency of Now**, cont.

General Themes:

- Stigma continues to negatively impact health outcomes for LGBTQ people:
 - Higher levels of HIV among MSM and especially transgender women
 - Extensive negative experiences with health and mental health care cause a lack of trust in providers, so LGB and especially trans and GNB people often avoid care
 - Undiagnosed and untreated chronic health conditions
 - Disproportionately high levels of stress, anxiety, and clinical depression
 - Experiences of discrimination and violence impact both individuals and community members that hear about it
 - Discrimination in employment and housing limit people's ability to have safe places to live and make healthy choices for themselves

Summary of The Fierce Urgency of Now, cont.

The morning panel, titled “**More than a condition: Health Inequities beyond HIV/AIDS**”, included five speakers with Muriel Azria-Evans from Health Brigade moderating. Some important points included:

- The irony of the focus of this panel considering that June 27 is Natl. HIV Prevention Day and many community partners who might have participated were out doing testing.
- The conditions that create inequity for LGBTQ+ people are the same things that put people at high risk for HIV.
- Basic tips on how to improve care for LGBTQ+ people.
- Intersecting identities require providers with a higher level of competency in more areas.
- Don’t just include LGBTQ+ people when providing trainings, pay them for their work.
- Providers must get training, and keep getting training.
- Providers need to address their biases and stigma around LGBTQ identities, as well as HIV.

Summary of The Fierce Urgency of Now, cont.

Lunch Conversation: Trans Healthcare in a Primary Care Setting: A Conversation with Planned Parenthood, with Dr. Erin Wiseman and Melissa-Irene Jackson, moderated by Luca Connelly from Health Brigade. Important points include:

- “Trans health care is health care”, not just hormones, surgeries, and other transition-related care.
- Trans people are skeptical of healthcare providers, due to mistreatment, providers’ lack of knowledge about trans people, and lack of training.
 - About 50% of trans people have had to educate a care provider about their healthcare needs.
 - About 1/3 of trans people avoid needed care as a result of lack of trust in providers.
- Virginia Medicaid does not automatically cover transition-related care.
- Very few providers in Central VA & most parts of the state who are willing to provide HRT. VLPP saw just under 1,500 unique trans patients in 2018 due to lack of other providers.

Summary of **The Fierce Urgency of Now**, cont.

“As a physician, you don’t often have people excited to be in your clinic, in front of you. Most people don’t want to go to the doctor.” -Dr. Erin Wiseman

“Our clinicians will tell us that they really look forward to seeing trans patients because they want to be there more than any other patient population.” -Melissa-Irene Jackson

Summary of The Fierce Urgency of Now, cont.

The afternoon panel, titled “**Double Jeopardy: Experiences of People of Color in the LGBTQ+ Community**”, included four speakers with Lee Dyer from University of Richmond moderating. Some important points included:

- Multiple intersecting identities create increased challenges, barriers, and inequities. Ex: In trying to find (through an insurance provider network website) a therapist who is a woman of color, LGB affirming, trans-affirming, and understanding of how HRT affects mental health, and there is no one in the region who meets the criteria.
- Because of people’s multiple intersecting identities, their ability to assert knowledge of their own experience is undermined; care professionals don’t listen to their patients/clients or take their input seriously, so they don’t get needed and/or appropriate treatment.
- Latinex and indigenous communities may have language barriers. They also maybe more likely to find and use alternative medicines/therapies that may not be recognized as healthcare in the Western sense, especially if they can’t easily access licensed healthcare providers due to undocumented status and/or poverty.

Summary of **The Fierce Urgency of Now**, cont.

“Before going to Planned Parenthood, I’ve had really negative experiences. One of the times, I went to the doctor to get a regular STI screening... and when I did that, I got a lecture from my doctor about the benefits of monogamy, as if it was this foreign concept that I had never heard of... Instead of just affirming me or congratulating me on keeping myself accountable for my own health, it became almost like a parental lecture.

“I have to guess that comes from an idea that just because I come from an LGBTQIA+ community that my doctor assumes sexual promiscuity and unsafe practices.”

-Austin Higgs

Why gather data on sexual orientation and gender identity?

- Increases ability to screen, detect, and prevent conditions more common in LGBTQ+ people
- Helps develop a better understanding of patients' lives and the needs of our LGBTQ populations
- Patients may feel safer discussing their health and risk behaviors once they've been asked, even if they haven't disclosed
- Allows comparison of patient outcomes within health care organizations and with national survey samples of LGBTQ+ people

Gathering Patient Data

- Patient intake forms
 - Assigned sex at birth
 - Current gender identity
 - EMR flags indicating trans patients
- Providers can ask during visit
 - *"Because many people are affected by gender issues, I ask patients if they have any relevant concerns. Anything you say will be kept confidential. If this topic isn't relevant to you, tell me and I will move on."*

Collecting Demographic Data on Sexual Orientation

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

Collecting Demographic Data on Gender Identity

1. What is your current gender identity? (check ALL that apply)
 - Male
 - Female
 - Transgender Male/Trans Man/FTM
 - Transgender Female/Trans Woman/MTF
 - Gender Queer
 - Additional Category (please specify)
2. What sex were you assigned at birth? (Check One)
 - Male
 - Female
 - Decline to Answer

3. What is your preferred name and what pronouns do you use (e.g. he/him, she/her)?

Tools for Change!

<https://fenwayhealth.org/the-fenway-institute/health-policy/>

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**

In Conclusion...

- The Symposium was a great first step toward engaging Virginia providers and LGBTQ communities to work toward a better understanding of:
 - How to better serve LGBTQ people's specific and general healthcare needs
 - The impact of social determinants of health on access to competent care and general quality of life
- A lot more needs to be done. Some good next steps might include:
 - Improving data collection on LGBTQ people as they access services at our local health departments
 - Training on how to collect SOGI data
 - Training about best practices for culturally competent care and services for LGBTQ people
 - Do more symposiums across the state, engaging local communities and providers