An Introduction to LGBT Health and Health Disparities

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Goals and Objectives
• Review basic terms used to describe LGBT populations
• Reflect on the impact of discrimination in health care based on sexual orientation and gender identity/expression on health and health access
• Reflect on the intersection of sexual orientation and gender identity/expression with other socio-cultural characteristics
• Discuss what is known of LGBT Population Health and Health Disparities
• Identify local, regional and national LGBT health resources
• Consider ways to advocate for health equality

Why Learn About LGBT Health?
• Diversity...invisible and visible...is good.
• Moral Arguments
  ▫ All forms of discrimination are wrong and unjust
• Public Health Arguments
  ▫ Important illnesses affect LGBT populations and need to be addressed to improve community health
  ▫ However, some still reject all these arguments.

Homosexuality - Historical Context
• 1897 - Henry Havelock Ellis and John Addington Symonds write Sexual Inversion, the first English medical text on homosexuality
• 1952 - Homosexuality listed in the DSM-I as a sociopathic personality disorder
• 1968 - Homosexuality reclassified in the DSM-II as a sexual deviation
• 1973 - Homosexuality removed from DSM-III as a medical diagnosis
Heterosexism/homophobia mirrors prejudices held by general public (Harrison, 1996)
- National survey of 1231 MDs (1992)
  - 38% “nervous around homosexuals”
  - 1/3 “homosexuality a threat to many of society’s basic institutions”
  - 96% “homosexual behavior between 2 men just plain wrong”

Historical Homophobia

Respondent Experiences
- “I have LGBT patients”
  - The average respondent reported a patient panel with:
    - 28 lesbian patients
    - 30 gay male patients
    - 8 bisexual women
    - 5 bisexual men
    - 1 transgender individual
- “I know LGBT people” or “I have a gay friend…”
  - 40% of physicians have at least 1 LGBT person in their extended family
  - 58% report at least one LGBT person as a “close friend”
  - 66% have an LGBT co-worker
  - 82% have an LGBT acquaintance

Physician comfort working with...

Provider Education - Undergraduate
- Historically little health provider training on LGBT patients
  - Medical school:
    - Average of 31 minutes exposure to LGBT health in 4 years curriculum (Wallick and Townshend, Academic Medicine, 1992)
    - Decreased to 22.6 minutes in 1998 (Ilsite, 1998)
  - Online Survey of 476 Allopathic or Osteopathic schools in the US
    - Median reported time dedicated to teaching LGBT-related content in the entire curriculum was 3 hours

Have attitudes changed?
- AMA-GLMA Physician Survey
  - National random sample of 1,500 physicians involved in direct patient care
  - Mailed survey (X3) in 2008-2009
  - Developed by GLMA and AMA w/ expert advisors
    - 266 respondents
    - Unadjusted response rate, 17.7%

A New Education Trend?
- Sanchez et al (Jan. 2006)
  - Medical students with increased clinical exposure to LGBT patients tended to perform more comprehensive histories, hold more positive attitudes toward LGBT patients and possess greater knowledge of LGBT health care concerns than students with little or no clinical exposure.
  - Probably can generalize to other health professions
Terminology

Let’s Start with the Genderbread Person

Gender Identity Disorder (GID)
• Medical diagnosis for Transsexualism
• DSM-IV criteria:
  ▫ Strong, persistent cross-gender identification
  ▫ no perceived cultural advantages of being the other sex
  ▫ manifested by symptoms
    • desire to be the other sex,
    • frequent passing as the other sex
    • desire to live or be treated as the other sex
    ▫ or the conviction that s/he has the typical feelings and reactions of the other sex.
  ▫ Male to Female (MTF, M2F), Transwoman
  ▫ Female to Male (FTM, F2M), Transman
  ▫ Categorized as Adult/Adol or Pediatric
Alternative Constructs of Gender Identity: Terminology Follows Concept

- Individual Construct
  - Gender Affirmation
- Medical Construct
  - Gender Reassignment or Transitioning

The Spectrum of Transgender Health Care...

- Transgender care involves care in multiple domains
  - Primary Care
  - Gender Affirmation/Assertion Care (aka Transitioning)
  - Hormonal Medication
  - Surgical Procedures
  - Mental Health Care and Social Supports
  - Legal issues (document name changes, birth record gender changes)
  - Social issues and Transphobia/discrimination
  - Domestic violence
  - Substance abuse

Terminology

- Homophobia
  - The unreasoning fear of or antipathy toward homosexuals and homosexuality.
- Transphobia
  - The unreasoning fear of or antipathy toward transgender individuals and transgenderism
- Heterosexism
  - A prejudiced attitude or discriminatory practices against homosexuals by heterosexuals.
  - View that heterosexual relationships and associations are normative

What is LGBT?

- Some terms may reflect attraction, fantasy, experience, orientation, gender identity or group affiliation
  - i.e. Gay, Lesbian, Bisexual, Transgender
- Other terms reflect behaviors only
  - MSM (Men who have sex with Men)
  - MSM/W (Men who have sex with Men and Women)
  - WSW (Women who have sex with Women)
  - WSW/M (Women who have sex with Women and Men)
A rose by any other name...

Queer
Same Gender Loving
Boi, Soft Boi
Thug
DL/Down Low
Aggressive
Stone butch
"Stud"

Caveats:
- Different subgroups and individuals ascribe to different labels
- Not all individuals identify with a specific label and its social connotations

Not all individuals identify with a specific label and its social connotations.

Discordant Sexual Behavior and Self-Reported Sexual Identity
  - Cross sectional, randomized telephone survey of 403 men from NYC from March – August 2003
  - Concurrent measures of sexual behaviors
  - 12.4% of respondents reported sex with other men...
  - But 22.8% of the MSMs identified as "straight" (6.6% of sample)
  - 3.7% respondents were Gay identified
  - 5.2% identified as Bisexual
  - MSMs with discordant behavior/identity were more likely to be...
    - Foreign born
    - Members of racial/ethnic minorities
    - Have lower education/income
    - Married

Public Health Implications of Discordant Behavior/Identity
- MSMs who do not identify with LGBT community may not have access to prevention, treatment, support and health improvement systems in place in LGBT communities. (Chapple et al, 1998)
  - Failure to promote health messages
  - Failure to reduce risk behaviors

Bisexuality
- Often rejected by heterosexual as well as Gay and Lesbian communities
  - Heterosexism and "Homosexism"
    - On the "Down Low"
    - "Gay for the Day" or "Gay for Pay"
    - Confused
    - "Playing on both teams"
    - "It's a phase"
    - "Spreads of HIV and STDs"

Bisexuality
- Little literature dedicated to health concerns specifically of bisexual individuals
  - Lumped in with LGBT populations
  - Undercounted subgroup
  - Invisibility with "heterosexual/homosexual privilege"
  - Literature on bisexual males > females
  - HIV treatment and prevention
  - Drug abuse
  - Mental health issues
  - Tobacco abuse
  - Eating Disorders
  - Discrimination
"Triadic Therapy"
- Historical Construct used in Gender "Transitioning"
  - "Real life experience" in desired role
  - Medical Care
    - Hormones of the desired gender
    - Medical management and monitoring
    - Electrolysis vs Laser hair removal
  - Surgery to change the genitalia and other sex characteristics.
    - "Top and Bottom" Surgeries
    - Feminizing surgeries (facial recontouring, tracheal shave)

Updated Standards of Care, 7th Edition
- The World Professional Association for Transgender Health (WPATH)
  - Flexible Clinical Guideline - diverse health needs of transsexual, transgender and gender nonconforming people
  - Suggests letter of support from a mental health professional prior to hormone therapy and/or sex change surgery
  - One letter for instituting hormone therapy/breast surgery
  - Two letters generally required for genital surgery
  - Psychotherapy not an absolute requirement for hormone therapy and surgery

Populations: Who Is LGBT?
- Kinsey Institute Research
  - Sexual Behavior in the Human Male (1948)
  - Sexual Behavior in the Human Female (1953)
    - 37% of males and 13% of females had at least some overt homosexual experience to orgasm
    - 10% of males were more or less exclusively homosexual
    - 8% of males were exclusively homosexual for at least three years between the ages of 16 and 55.
    - Females range of 2-6% for more or less exclusively homosexual experience/response.
    - 4% of males and 1-3% of females had been exclusively homosexual after the onset of adolescence up to the time of the interview.

A Modern Day Kinsey Scale
Who is LGBT?
- Various estimates on prevalence of homosexuality (identity vs. behavior vs. experience) in the US population:
  - 1.1% (Alan Guttmacher Institute, 1993)...
  - 14.4% of young women self-identified as either lesbian or bisexual and 5.6% of young men self-identified as either gay or bisexual (Cornell University survey, 2007)
- National Survey of Sexual Health and Behavior (2010)
  - Approximately 7% of US women and 8% of US men identify as Lesbian and Gay respectively, though a greater number have had same-sex experiences

Who is LGBT?
- Williams Institute Report (2011)
  - ~3.5% of adults in the United States identify as lesbian, gay, or bisexual
  - ~0.3% of adults are transgender.
  - ~10 million Americans (8.8%) report same-sex sexual behavior
  - ~25.6 million Americans (11%) acknowledge some same-sex sexual attraction.
- Underestimated population
  - Fear of “Coming Out” and disclosure
  - Questioning Youth, People of Color, LGBT elders

US Census Data
- At best, proxy for LGBT relationships
  - “Unmarried household partner”
  - Can be same or opposite sex partner
  - Census 1990 – 145,130
  - Census 2000 – 594,691
  - American Community Survey, 2004
    - 707,196 same sex couples identified
  - National Survey of Family Growth, 2002
    - Measures of sexual identity, behavior and attraction
    - 4.7% of the US population aged 18 to 44 years (~3.5 million individuals) identified as homosexual or bisexual
Framing LGBT Health Disparities

- Minority Stress Model
- Life Course Perspective
- Intersectionality Perspective
- Social Ecology Perspective

Conceptual Framework

- The minority stress model calls attention to the chronic stress that sexual and gender minorities may experience as a result of their stigmatization;
- The life course perspective looks at how events at each stage of life influence subsequent stages;
- The intersectionality perspective examines an individual’s multiple identities and the ways in which they interact; and
- The social ecology perspective emphasizes that individuals are surrounded by spheres of influence, including families, communities, and society.

Healthy People 2020

- Nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and opportunities for progress.
- Provide measurable objectives and goals applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that driven by best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Focus on HIV Disparities

- Minority Stress Model
- Life Course Perspective
- Intersectionality Perspective
- Social Ecology Perspective
Advocating for LGBT Health Equality

1. Perform an Environmental Survey
   - LGBT inclusive intake forms at registration
     - What is your gender? What is your gender?
       - Male
       - Female
       - Transgendered (check one MTF FTM)
   - What is your relationship status?
     - Single
     - Legally married
     - Domestic partner relationship
     - Divorced / separated
     - Widowed
     - Other (please specify)___________________________
   - Gender of current sexual partner(s) (circle all that apply)
     - Male
     - Female
     - Transgendered (please specify):________________________
     - Not currently sexually active with others

1. Perform an Environmental Survey
   - LGBT media
     - OUT Magazine
     - The Advocate Magazine
     - Transgender Community News
     - Lesbian News
     - Local LGBT papers

2. Conduct Interviews Using Inclusive Language
   - Use gender neutral terms:
     - "relationship status," "partner," "restroom"
   - "What is your preferred name?"
   - Normalize the interview:
     - "Tell me about yourself" vs. CC
   - Ask sexual health history routinely

2. Conduct Interviews Using Inclusive Language
   - Orientation is composed of
     - Attraction
     - Fantasy
     - Behavior
     - Identification
   - Focus on sexual behavior, not orientation
   - Understand and respect the patient’s degree of "Outness"
     - To whom has your patient disclosed?
   - Encourage safer sex techniques
   - Assess STI exposure
   - Perform routine domestic violence screening
3. Perform Age Appropriate Routine Health Screenings

- Blood pressure
- Cholesterol/Heart disease risk
- Smoking cessation
- Hepatitis A/B vaccinations and all regular immunizations
- STD/HIV screening
- Colon cancer screening
- Hep C Screening (baby boomers)
- Anal cancer
- Depression and mental health concerns
- Substance/Alcohol abuse
- Domestic/Intimate Partner Violence

4. Learn More about LGBT Health

- Education Modules
  - Fenway Community Center
  - Physicians for Reproductive Choice and Health
  - UCSF Center of Excellence for Transgender Health
- PRIDE Clinic Elective in LGBT Health
- LGBT Health Texts
  - Fenway Guide
  - Lesbian Health 101

5. Consider LGBT Health Research

- Black Gay Research Group:
  - Advancing an agenda for research, policy and service in the interests of black gay men.
  - www.thebgrg.org

   ![BGRG Logo]

Closing Health Care Disparities

- Improve health provider training in caring for LGBT patients:
  - Create a comfortable clinical environment
  - Screening sexual histories
  - LGBT oriented office literature
  - LGBT inclusive forms
  - Utilize national/state/local LGBT health resources
  - Improve caregiver training to provide culturally competent care
  - Promote LGBT outcomes based health research
  - Patient participation on LGBT focused research

LGBT Health Resources – National Organizations

- GLMA
  - www.glma.org for referrals and updated provider links
  - Healthy People 2010 Companion Document

- National Coalition for LGBT Health
  - www.lgbthealth.net

- PFLAG
  - www.pflag.org
LGBT HEALTH RESOURCES
- The Fenway Guide To Lesbian, Gay, Bisexual and Transgender Health
  - www.acponline.org ($59.95)

- LGBT Health Channel

LGBT Health Resources
- Healthy People 2020 – LGBT site
- CDC site for LGBT Health
  - www.cdc.gov/lgbthealth
- LGBT Health Channel
  - http://www.lgbthealthchannel.com/

- Joint Commission Field Guide
  - http://www.jointcommission.org/late/

LGBT Health Resources – Bisexual Health
- The Task Force: Bisexual Health Report
  - www.thetaskforce.org/reports_and_research/bisexual_health

LGBT Health Resources – Transgender Health
- TransGender Care
  - www.transgendercare.com
- World Professional Association for Transgender Health (WPATH)
  - www.wpath.org
- American Psychological Association handout
  - “Answers to Your Questions About Transgender Individuals and Gender Identity”
The PRIDE Clinic at MetroHealth Medical Center

A Model of LGBT affirming Care

A MODEL OF CARE: THE PRIDE CLINIC AT METROHEALTH MEDICAL CENTER

- Medical Home for LGBT people and their families
- Primary care, not STI or HIV clinic
- Inclusive model
  - One does not have to be LGBT to be a patient
  - Care extends to patient’s children, parents, family
- Comprehensive Adult, Adolescent, Child Care & mental health services
  - One Half Day a week, 4:30 to 8 PM
  - Near West Side Cleveland MetroHealth Satellite Location

Top 10 Diagnoses

- General Medical Exam
- Depression
- Tobacco Abuse
- Obesity
- Gender Identity Disorder
- Elevated BP w/o HTN
- HTN
- Hypercholesterolemia
- Gastroesophageal Reflux
- Allergic Rhinitis

- Dx made at time at initial PRIDE Clinic visit
- Dx reflect common primary care concerns
- Listed Dx reflect some known disparities in LGBT community

We believe it’s as important to respect lives as it is to save them.

MetroHealth PRIDE Staff

PRIDE Clinic Staff and GSA at Cleveland Pride 2008
In Closing... 
- Perform routine sexual history and behavior screening
- Recognize that health disparities exist for LGBT populations, the extent to which has yet to be determined
- LGBT patients have unique health concerns historically not addressed in the standard medical interview
- Utilize local, state, national and web resources for your LGBT patients
- Discrimination in health care is a health hazard

Questions???
Thank you for your attention!

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LGBT HEALTH RESOURCES - LOCAL/REGIONAL
- The Lesbian Gay Bisexual Transgender Community Center of Greater Cleveland Center
  - www.lgcsc.org
- Local PFLAG (Parents and Families of Lesbians and Gays) Chapter
  - www.pflagcleveland.org
- TransFamily
  - www.transfamily.org

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Additional Slides – LGBT Health Disparities
Additional Slides
Unique Health Issues for Gay, Bisexual Men and MSMs

- Anal CA screening
  - Related to perianal HPV infection
  - No current recommendation for screening unless HIV+
  - Studies ongoing
  - Requires team approach (ID, PCP, Colorectal surgeon, trained Pathologist)
- Non-genital site screening for GC and CT
- Recreational Drug use
- "Barebacking" and "PnP"
- Hepatitis A/B/C screening and immunization

Unique Health Issues for Lesbian, Bisexual Women and WSW

- Clinical breast exam and mammography
- Regular gynecologic care including Pap
  - 90–99% of Lesbian women have had a sexual encounter with a male and thus potential exposure to HPV
- Intimate partner infection with STI can occur → safer sexual practice discussions
- Duty to discuss reproductive health needs and family planning
  - Need for contraception (OCP vs. Depo-Provera vs. IUD vs. other)
  - Identified male partner vs. Sperm donor
  - In vitro fertilization
    - Finding a provider may be difficult (limited providers/bias)

Unique Health Issues for Transgender Persons

- Few formal studies
- Mostly convenience samples (sex workers)
- Unclear what true incidence and prevalence of many health issues are
- Sexual risk behaviors in MTF populations
- "Pump Parties" and "Street" Physical Augmentation
  - (Industrial grade silicone)
- Hormonal Therapy and “purity”
  - Internet pharmacies
- Loss of insurance after Dx with GID
- Mammograms, pelvic/Pap for Transmen
- Mammograms, PSA and DRE for Transwomen

Adolescent Sexuality

- "...The prevalence of homosexuality among adolescents is unknown because gender roles and sexual identity may take years to evolve and be acknowledged. Although only 4% of 12th-grade males and less than 1% of 12th-grade females viewed themselves as mostly or completely homosexual, 10% were unsure of their sexual orientation.”

HEADS FIRST Mnemonic

- Home: Separation, support, “space to grow”
- Education: Expectations, study habits, achievement
- Abuse: Emotional, verbal, physical, sexual
- Drugs: Tobacco, alcohol, marijuana, cocaine, others
- Safety: Hazardous activities, seatbelts, helmets
- Friends: Confidant, peer pressure, interaction
- Image: Self-esteem, looks, appearance
- Recreation: Exercise, relaxation, TV, media games
- Sexuality: Changes, feelings, experiences, identity
- Threats: Depressed or upset easily, harm to self or others

Gmanting and Cohen (1998)
Potential Psychosocial Problems of Gay and Lesbian Adolescents

- Social isolation
- Running away
- Prostitution
- Substance abuse
- Compromised mental health
- Damaged self-esteem
- Depression
- Anxiety
- Suicide


Impact of Family Rejection On LGB Youth Health

- Higher rates of family rejection associated with poorer health outcomes
  - LGB adolescents who reported higher levels of rejection were:
    - 8.4 times more likely to have attempted suicide
    - 5.9 times more likely to report high levels of depression
    - 3.4 times more likely to use illegal drugs
    - 3.4 times more likely to have engaged in unprotected intercourse

Ryan et al. Family Rejection as a Predictor of Negative Health Outcomes in African and Latino Lesbian, Gay, and Bisexual Young Adults
Pediatrics 2008; 121: 464-472

Reproductive and Sexual Health Concerns

- Increased incidence of high risk sexual behaviors
- Young men with partners of both sexes less likely to use condoms and more likely to have had multiple partners
- Bisexual and lesbian teens twice as likely to experience unintended pregnancy
- Pregnancy as a means to hide sexual identity
- Increased risk for STIs including HIV

The Young Faces of Homophobia

Gay Men and Cancer

- Anal Carcinoma
  - Daling et al (1987) and Beckman et al (1989) and several other researchers found exposure to HPV as precursor to anal CA in MSM
  - Receptive anal intercourse
  - Rectal administration of recreational drugs
  - Higher number of lifetime partners
  - Higher smoking prevalence

Gay Men and Cancer

  - Cohort design study
  - Records from New York City and San Francisco cancer registries and National Health index from 1978-1990
  - No difference in incidence of CA at other sites
  - Increased NHL and Hodgkin’s related to HIV infection

www.healthyteenresearch.org
Lesbians and Cancer

- Haynes and Denenberg et al (1995) found that Lesbians are at increased risk to develop Breast cancer compared to heterosexual women.
  - Nulliparity
  - No/Rare OCP use
  - Increased Obesity/alcoholism
- Robertson et al (1985) noted less frequent gynecologic care in lesbian women
  - Failure to diagnose sexually transmitted infections
  - Failure to screen for gynecologic malignancies

MSM and HIV/AIDS

- 2008 statistics
  - 19% of MSM from 23 US cities have HIV infection
  - 44% of these MSM are unaware of their infection status
  - African American MSM are most affected, with a disproportionate number of incident cases in young African American MSM
- 2005 study of 5 large cities
  - NYC, LA, San Francisco, Baltimore, Miami
  - 46% African American MSM HIV+
  - 67% African American MSM unaware of their diagnosis

Youth

- 4,883 young people diagnosed in 2004
  - Ethnicity ages 13-25
    - 55% infections are in African Americans
    - 18% Hispanic
  - MSM
    - 14% African American MSM
    - 7% Hispanic MSM
  - Gender
    - 62% male - new diagnoses from 2001-2004

Young Women

- HIV prevalence in women 16-21 50% higher than among young men of the same age during the 1990s
- African American women
  - 7 times as likely to be HIV positive as white
  - 8 times as likely as Hispanic women
- 83% of new infections are among women infected via heterosexual contact

Factors Associated with HIV infection in MSM

- High prevalence in HIV – “Community Viral Load”
- Lack of knowledge of HIV status
- Complacency about risk
  - Younger generation, naïve of HIV epidemic
  - False beliefs about HIV risk
  - Consistency of risk reduction behaviors
- Social discrimination and cultural issues
  - MSM vs. Gay/Bisexual
  - Access to prevention services and messages
- Substance abuse
  - Affecting judgment with sexual behaviors
  - Direct risk of blood borne pathogens
Lesbians and HIV/AIDS

- Lesbians: ???
- Risk is not negligible
  - Although less than a quarter of the women in the National Lesbian Health Care Survey reported they were worried about contracting STDs, …
  - Baier et al found 13% prevalence of STDs in cohort of women with only female partners
  - Survey of women recruited from Twin Cities Gay/Lesbian/Bisexual/Transgender Pride festival
  - Participants asked if they had ever been diagnosed with HIV, hepatitis B, gonorrhea, syphilis, chlamydia, genital warts, genital herpes, and trichomoniasis or pelvic inflammatory disease (PID)
  - ~10% of women who reported STD history reported regular testing for STDs

Lesbians and HIV/AIDS

- Overrepresentation in TG community, but varies across gender identity
- Many studies of convenience samples, hard to generalize
- 22-47% among urban subpopulations from several studies (Nemoto, et al; Xaiver et al; McCowan et al)
- Poor self-esteem, history of rejection, increased risk taking behaviors, survival sex, IVDU, MTF “Pump Parties”
- MTF 20-30% HIV+ prevalence
- FTM 2-3 % HIV+ prevalence

Gay Men and Mental Health

- Cohran and Mays, 2000
  - Gay men report higher rates of depression and anxiety disorders than heterosexual counterparts
- Geneva Gay Men’s Health Study, 2002
  - Comprehensive health survey among 371 gay men in Geneva, Switzerland
  - 43.7% of participants fulfilled criteria for one of five DSM-IV disorders
  - 19.2% Major depression in last 12 months
  - 21.6% Specific and/or social phobia in last 12 months
  - 46.5% Alcohol or drug dependence disorder in last 12 months
  - >25% comorbid mental health conditions
  - 35.7% had consulted a mental health provider

Gay Men and Mental Health

- National Lesbian Health Survey 1984-1985
  - 1925 Lesbians from all 50 states
  - Over 50% with thoughts of suicide at some time
  - 18% attempted suicide
  - 37% abused as a child or adult
  - 32% raped or sexually attacked
  - 19% involved in an incestuous relationship
  - Nearly 1/3 used tobacco daily
  - 30% drank alcohol more than once a week
  - 6% drank alcohol daily

Mental health and perceived discrimination

- MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS)
  - Cochran and Mays, 2001
  - Population based survey with random telephone sampling design
  - Heterosexual N = 2844, Bisexual N = 32
  - Measures of experiences in 4 domains
    - Lifetime discriminatory experiences
    - Frequency of day-to-day discrimination
    - Reasons for discrimination
    - General effects of discrimination
    - Multiple settings: school, work, financial services, social homophily

Mental health and perceived discrimination

- Measures of mental health
  - Mental health indicators of 5 stress-sensitive psychiatric disorders
  - Drug and alcohol dependence
- Homosexual and bisexual individuals reported lifetime and day to day experiences with discrimination more frequently than heterosexuals
  - ~42% attributed this in part or in total to their sexual orientation
  - Odds of having any psychiatric disorder increases for any lifetime discriminatory event (OR 1.6)
  - Or day-to-day experience of discrimination (OR 2.23)
  - Findings limited by small sample size and low power
Framing Gender Identity – Condition or Disorder?
- DSM-IV: Gender Identity Disorder (GID) in children, adolescents and adults
  - Requires distress/impairment of functioning
  - Being transgender alone does not constitute a mental disorder
  - Gender incongruence, dysphoria
  - When does treatment end?
  - Considered stigmatizing/pejorative
    - Dysphoria vs. disorder

Lesbians and Obesity
- Roberts et al (1998), Seiver (1994) and several non-randomized studies suggest Lesbians are more likely to be overweight.
  - Less preoccupied with weight and body image than heterosexual women (Seiver).
  - Valanaïs et al (2000) in comparing data from the Women’s Health Initiative found that Lesbians consume fewer fruits and vegetables than heterosexual women.

Gay/Bisexual Men and Nutrition
- Very little known and variable habits reported
- Some studies show correlation between eating disorders and sexual orientation among men (Beren et al, 1996).
- While others did not (Turnbull et al., 1987 and Pope et al., 1986)
- “Gay male gym culture” (Bernard, 1998)
  - Response to need to appear healthy in time of AIDS epidemic
  - Anabolic steroid use
  - HIV and Hepatitis risks

LGBT and Substance Abuse
- McKirnan and Peterson (1989)
  - Survey 748 Lesbians and 2652 Gay men
  - Comparison of drug and alcohol use to general population
  - Higher numbers of Lesbians and Gay men use alcohol, marijuana and cocaine
  - Lesbians and Gay men did not have rates of heavy alcohol use higher than general population
  - Gay men and Lesbians reported problems with alcohol twice as often as matched heterosexual counterparts

Gay/Bisexual Men and Nutrition
- Kaminski et al (2004) studied body image, eating behaviors and attitudes toward exercise among gay and straight men
  - Use of Male Eating Behavior and Body Image Evaluation (MEBBE) tool
  - Previous studies used instruments designed to assess eating disorder symptomology in women
  - Gay men:
    - Dieted more
    - Were more dissatisfied with their degree of masculinity
    - Were more dissatisfied with their bodies in general
    - Were more fearful of becoming fat
    - No difference between straight and gay men in degree of exercise or feeling guilty about missing workout

LGBT and Substance Abuse
- EtOH consumption rates do not seem to decrease with age as quickly as they do among heterosexuals (Skinner, 1994)
- Club drugs popular among younger gay men and lesbians and some other groups, but prevalence unknown:
  - MDMA (Ecstasy, E)
  - Methamphetamine (Crystal Meth, Ice, Tina)
  - Ketamine (Special K)
  - Gamma Hydroxy Butyrate (GHB)
  - Amyl Nitrite (Poppers)
Drug abuse, Sexual Risk and MSMs

- Study on drug use patterns and sexual risk behavior of 13 to 21 year old MSM from 1994-1997 (Remafedi, 1999)
- Associations noted between unprotected anal intercourse and use of:
  - Alcohol
  - Marijuana
  - Cocaine
  - Independent predictor of failure to use condoms
  - Amphetamines
  - Barbiturates
  - Heroin
  - LSD
  - Volatile nitrites
  - Tranquilizers
  - Methaqualone

Phosphodiesterase Inhibitors and STD/HIV Risk in MSMs

- Phosphodiesterase inhibitors are commonly used by MSM travelers
- Study of 304 MSM vacationers to Key West or Rehoboth Beach (Benotsch, 2006)
  - 1.33 unprotected anal intercourse encounters over avg of 1.6 days stay
  - Over half of partners with unknown HIV status
  - 11% used PDE inhibitors (Viagra most common)
  - Higher incidence of unprotected anal sex with PDE use
  - No difference in rates of alcohol, cocaine methamphetamine or other substance use between PDE users and non-users
  - Sildenafil (Viagra) often used with club drugs in MSM populations (Halkitis, 2007)

MTV...No Longer Just Music Television

- Methamphetamine
- Tenofovir (Viread)
- Viagra (Sildenafil)
- Used by some MSM for PnP (Party and Play)
- Form of pre-exposure prophylaxis
- No evidence of efficacy
- No standard to use
- Partners HIV status often uncertain

LGBT and Substance Abuse

- Very little research and unclear extent of problem
- Convenience samples from urban areas
- Cannot generalize
- More specific for subpopulations (MTF sex workers)
- San Francisco DOH (1999)
  - MTF transsexuals drug use pattern in prior 6 months
    - THC 64%
    - Heroin/speed 30%
    - Crack cocaine 21%
  - FTM THC 43%

LGBT and Tobacco Abuse

- Smoking in Lesbians is 70% higher than heterosexual women (25.3% vs. 14.9%)
- Smoking in Gay men 33.2% vs. heterosexual men 21.3%
- Demographic risk factors
  - Age 35-44
  - Non-Hispanic White
  - Low-education attainment (< high school)
  - Low household income (<$30,000)