



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Considerations for Heart Health of LGBT Identified Patients

Alex González, MD MPH

Medical Director, Fenway Health

Clinical Instructor, Harvard Medical School & BIDMC

And

Lisa Neff

Community Impact Director

American Heart Association

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Integrated Primary Care Model, including Behavioral Health, HIV/STI prevention and care
- 35,000 patients
 - Half LGBT
 - 10% transgender

The Fenway Institute

- Research, Education and Training, Policy





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Today's Faculty

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Diabetes & Dyslipidemia in LGBT Populations

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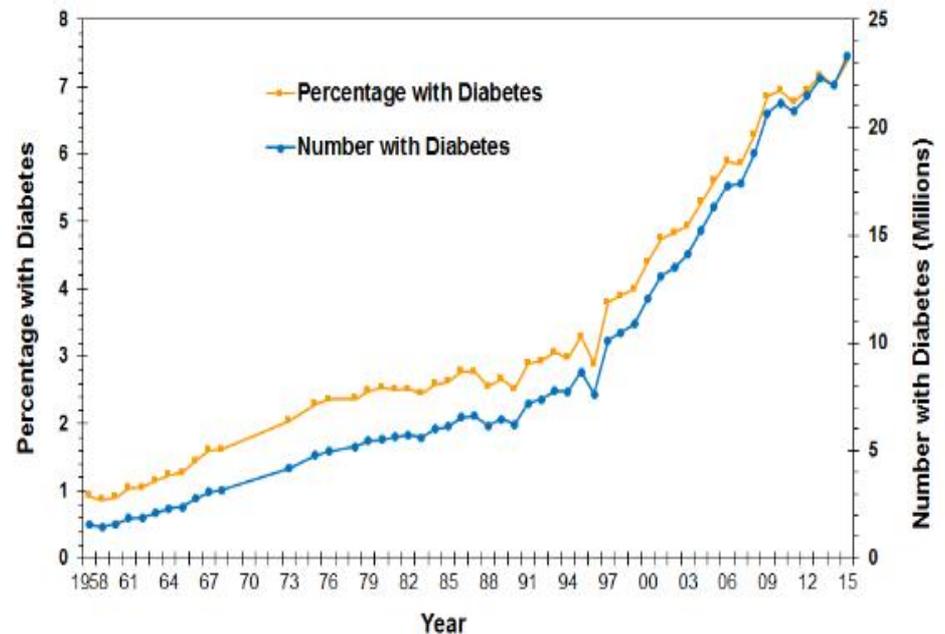
Disclosure

I have no financial conflicts of interest.

Diabetes in the General Population

- Prevalence: 30.3 million US adults have diabetes (9.4%)
- Incidence: 1.5 million new cases per year
- Diabetes is the #7 cause of death in the US
- Diabetes is the #1 cause of...
 - Kidney failure
 - Lower limb amputations
 - Adult blindness
- Another 84.1 million have prediabetes

Number and Percentage of U.S. Population with Diagnosed Diabetes, 1958-2015

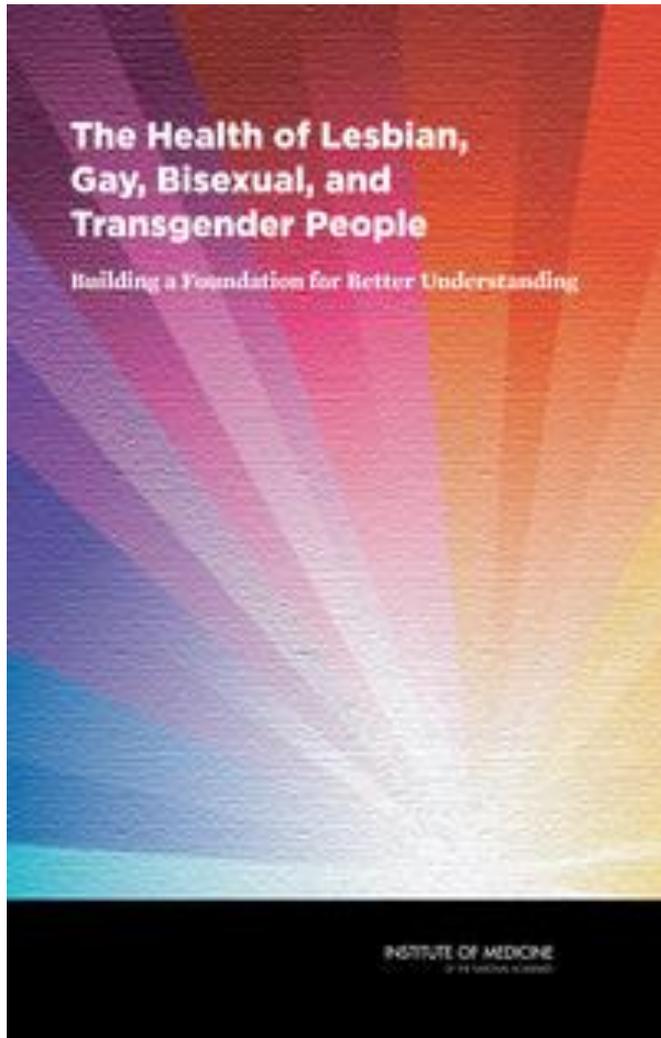


CDC's Division of Diabetes Translation. United States Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/data>

Why Heart Health for LGBT Patients?

- Higher risk of heart disease in LGBT populations due to a variety of social determinants of health
- Lack of resources directed at the LGBT community
- Lack of research on LGBT heart health and subsequent care needs
- Need to increase provider awareness of available strategies for care and cultural competency

Diabetes in the LGBT Population



- **Institute of Medicine – 2011**
- “Although a modest body of knowledge on LGBT health has been developed, these populations, stigmatized as sexual and gender minorities, have been the subject of relatively little health research. As a result, a number of questions arise:
 - What is currently known about the health status of LGBT populations?
 - Where do gaps in the research exist?
 - What are the priorities for a research agenda to address these gaps?”

Diabetes in the LGBT Population



www.healthypeople.gov

- **Healthy People 2020**

- “...need for more research to document, understand, and address the environmental factors that contribute to health disparities in the LGBT community. As part of this work, we need to increase the number of nationally-representative health-related surveys that collect information on sexual orientation and gender identity (SOGI).”



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Diabetes in the LGBT Population - Epidemiology

Prevalence of Self-Reported Diabetes by Sexual Orientation: Results from the 2014 Behavioral Risk Factor Surveillance System

Lauren B. Beach, PhD, JD,¹ Tom A. Elasy, MD, MPH,¹ and Gilbert Gonzales, PhD, MHA²

	Heterosexual	Bisexual	Homosexual
Cisgender Men	10.8%	14.2%	11.4%
Cisgender Women	10.2%	5.7%	8.5%

- Estimated 1.5 million diabetic adults in the US self identify as LGBT (~5% of total DM population)
- There are likely more diabetic LGBT people in the US than Type 1 diabetics or gestational diabetics of any sexual orientation or gender identity
- We are all likely caring for more diabetic LGBT people than we realize!

Diabetes in the LGBT Population – Risk Factors

Sociodemographic Characteristics and Health Outcomes Among Lesbian, Gay, and Bisexual U.S. Adults Using *Healthy People 2020* Leading Health Indicators

Mitchell R. Lunn, MD, MAS¹⁻³ Wanjun Cui, PhD, MS⁴ Matthew M. Zack, MD, MPH⁴
William W. Thompson, PhD⁵ Michael B. Blank, PhD⁶⁻⁸ and Baligh R. Yehia, MD, MPP, MSc^{9,10}

- NHIS survey (2013-2015): 98,000+ respondents
- Sexual minority adults = 2.4% of population
- Homosexual cisgender females less likely than heterosexual females to have a usual PCP and health insurance
- Homosexual cisgender men and women AND bisexual women more likely to be current smokers
- Binge drinking was more common in bisexual men and women compared to heterosexuals
- Sexual minority females were more likely to be obese than heterosexual females



Diabetes in the LGBT Population – Risk Factors

JAMA Intern Med. 2016 Sep 1;176(9):1344-51. doi: 10.1001/jamainternmed.2016.3432.

Comparison of Health and Health Risk Factors Between Lesbian, Gay, and Bisexual Adults and Heterosexual Adults in the United States: Results From the National Health Interview Survey.

Gonzales G¹, Przedworski J², Henning-Smith C².

	Homosexual cisgender men	Bisexual cisgender men	Homosexual cisgender women	Bisexual cisgender women
Severe psych distress	2.82 (1.55-5.14)	4.70 (1.77-12.52)		3.69 (2.19-6.22)
Mod psych distress			1.34 (1.02-1.76)	
Heavy drinking	1.97 (1.08-3.58)	3.15 (1.22-8.16)	2.63 (1.54-4.50)	2.07 (1.20-3.59)
Heavy smoking		2.10 (1.08-4.10)	2.29 (1.36-3.88)	
Mod smoking	1.98 (1.39-2.81)			1.60 (1.05-2.44)
Poor/fair health			1.91 (1.24-2.95)	
Multiple chronic conditions			1.58 (1.12-2.22)	2.07 (1.34-3.20)

Diabetes in the LGBT Population – Risk Factors

Morbidity and Mortality Weekly Report

Prevalence of Five Health-Related Behaviors for Chronic Disease Prevention Among Sexual and Gender Minority Adults — 25 U.S. States and Guam, 2016

Timothy J. Cunningham, ScD^{1,*}; Fang Xu, PhD¹; Machell Town, PhD¹

- BRFSS – 25 US states and Guam, 200,000 people, 3-4% sexual minorities
- Compared with heterosexual women (10.6%), the prevalence of not currently smoking cigarettes, moderate or no drinking, maintaining a normal body weight, performing any leisure-time physical activity, and sleeping ≥ 7 hours per day was lower among lesbian (5.4%) and bisexual women (6.9%).
- Male-to-female transgender adults had a lower prevalence of engaging in any two of five health-related behaviors (12.3%) than did cisgender adults (18.6%)



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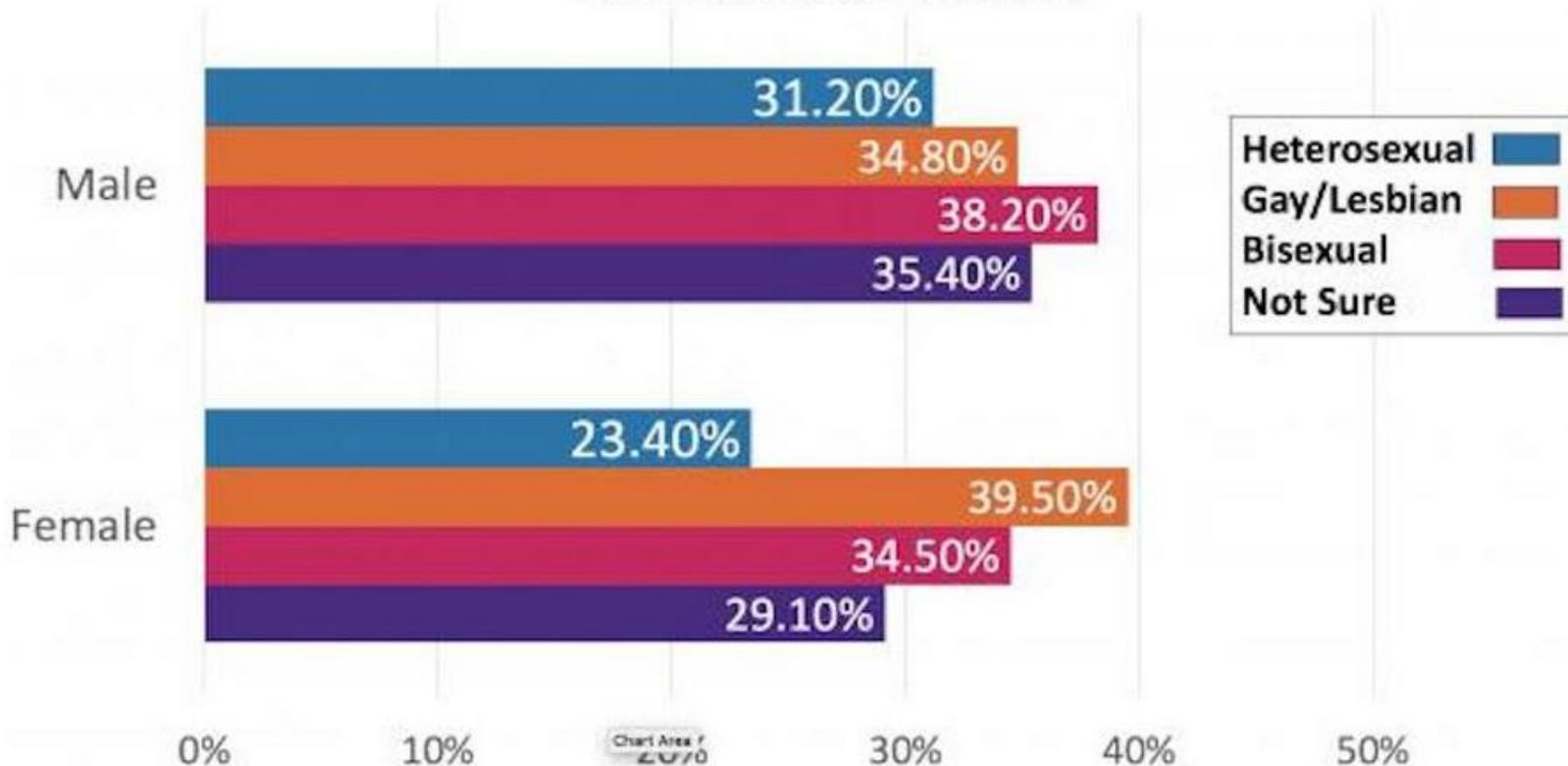
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Diabetes in the LGBT Population – Risk Factors

GAY & BISEXUAL cisMEN	LESBIAN & BISEXUAL cisWOMEN	TRANSGENDER & NONBINARY PEOPLE
Higher rates of tobacco use		
Higher rates of risky alcohol use		
Higher rates of illegal drug use		
Higher prevalence of obesity		
Higher rates of body image problems	Higher rates of physical inactivity	
		Higher prevalence of DM2 and lipid disorders
		FTM: testosterone does not increase CVD risk
		MTF: less clear if estrogens increase CVD risk

Diabetes in the LGBT Population – Youth Risk Factors

Percent of Students Reporting an Overweight or Obese BMI, By Sex and Sexual Orientation



About This Image: Graph showing the percentage of students reporting an overweight or obese BMI, by sex and sexual orientation - Graph Credit: Northwestern University.



Diabetes in the LGBT Population – Risk Factors

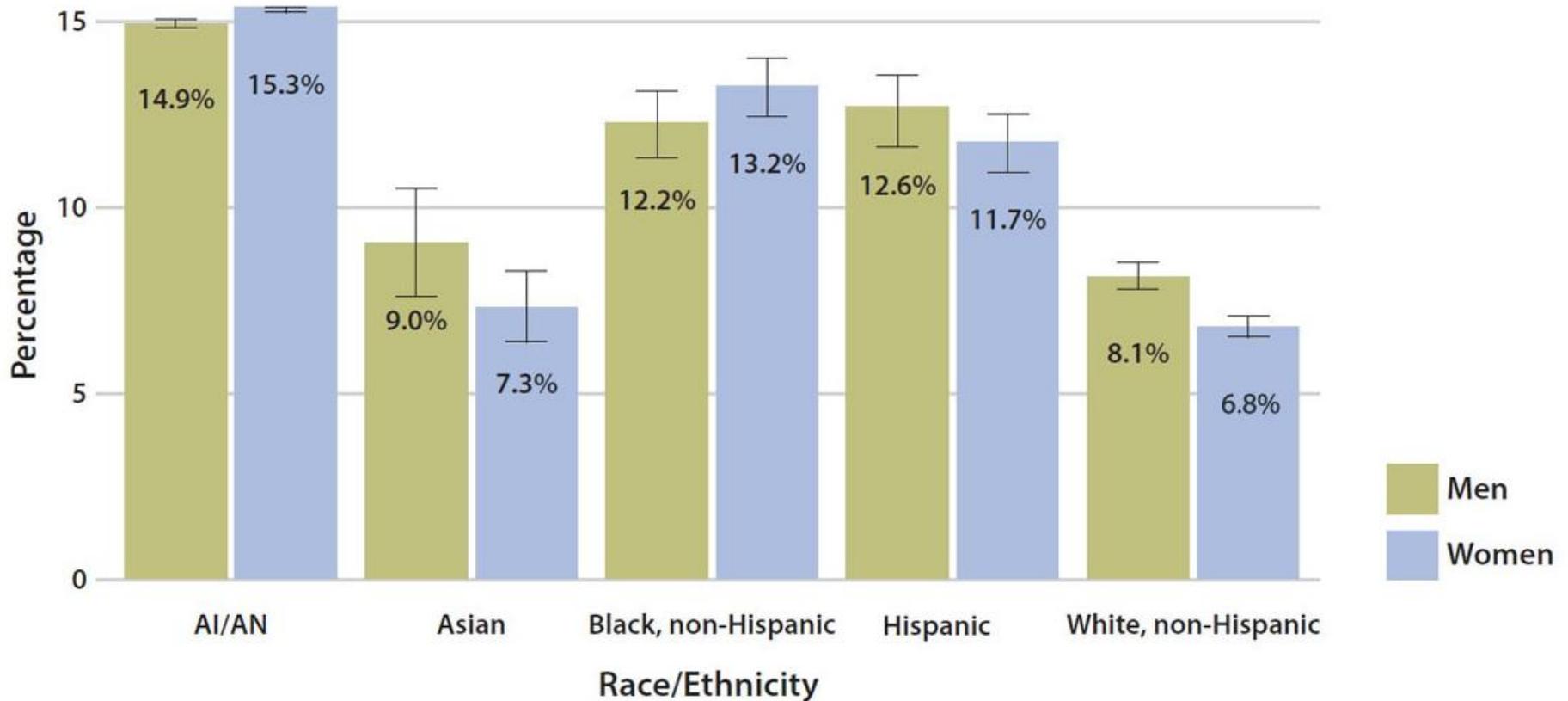
Risk Factor	Population	Notes
Cigarette smoking	All groups	Increases insulin resistance
Polycystic ovarian syndrome (PCOS)	WSW FTM	Increases insulin resistance
HIV/AIDS	MSM MSM/W MTF FTM	Some HIV drugs increase insulin resistance
Overweight/Obesity	All groups	Increases insulin resistance
Physical Inactivity	WSW WSW/M MTF FTM	Increases insulin resistance
Risky drinking	All groups	U shaped curve – increased insulin sensitivity with mod drinking, increased insulin resistance with heavy drinking

Intersectionality

- Age: prevalence increases with age
- Educational level: prevalence decreases with higher levels of education
- Sex: men > women
- Geography: South, Appalachia
- Race: prevalence higher in AI/AN, AA
- Ethnicity: prevalence higher in Hispanics

Intersectionality

Estimated age-adjusted prevalence of diagnosed diabetes by race/ethnicity and sex among adults aged ≥ 18 years, United States, 2013–2015



Dyslipidemia and Diabetes

- Lipid abnormalities are common in patients with diabetes mellitus and undoubtedly contribute to the increase in risk of cardiovascular disease.
- The ADA recommends screening for lipid disorders at the time of diabetes diagnosis, at an initial medical evaluation, and every five years thereafter and more often if indicated
- Treatment
 1. Lifestyle intervention (diet, weight loss, increased physical activity, self management)
 2. Lipid lowering drugs
 3. Maintaining good glycemic control
 4. Aggressive management of hypertension

LGBT Health Tips

- Eat a healthy diet
- Maintain a healthy weight
- Exercise regularly
- Limit alcohol, stimulant, and tobacco use
- Cholesterol screening
- Blood pressure screening
- Connect to primary care that is compassionate and nonjudgmental



Barriers to LGBT health

- Homo/Trans-phobia
- Stigma
- Discrimination
- Lack of access to culturally appropriate medical and support services
- Heightened concerns about confidentiality
- Fear of losing job, housing, family, friends
- Fear of talking about sexual orientation, gender identity, sexual behavior



PROVIDING INCLUSIVE SERVICES AND CARE FOR LGBT PEOPLE

A Guide for Health Care Staff

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LGBT health resources

- National LGBT Health Education Center
<https://www.lgbthealtheducation.org/>
- National Resource Center on LGBT Aging
<https://www.lgbtagingcenter.org/>
- SAGE: Advocacy & Services for LGBT Elders <https://www.sageusa.org/>
- UCSF Center of Excellence for Transgender Care
www.transhealth.ucsf.edu
- HRC: Human Rights Campaign; Health Equality Index
<https://www.hrc.org/hei/>
- GLMA: Health Professionals Advancing LGBT Equality <http://glma.org/>

Check. Change. *Control.* cholesterol¹

Lisa Neff

Community Impact Director
American Heart Association



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Program overview

- Check. Change. *Control*. Cholesterol™ is a national initiative sponsored by Sanofi and Regeneron to bring Cholesterol management to the attention of patients and providers.
- This initiative aims to improve awareness, detection and management of high cholesterol by educating and empowering consumers, healthcare professionals and patients with evidence-based information and tools, while also improving quality of care for patients through American Heart Association's (AHA's) quality improvement program.

Cholesterol guidelines

- The Cholesterol Treatment Guidelines identified **4 major groups** who will be the **most likely to benefit from statin use**:
 - Adults with known [atherosclerotic cardiovascular disease \(ASCVD\)](#)
 - Adults with diabetes mellitus, aged 40-79 years with an LDL-C level 70-189 mg/dL
 - Adults with LDL-C level of > 190mg/dL
 - Adults with LDL-C level of 70-189 mg/dL and a 7.5% or greater 10 year risk of developing ASCVD (without clinical ASCVD or DM)

ASCVD Risk calculator

- The **ASCVD risk calculator** is an evidence-based tool that was developed for the 2013 Cholesterol Guidelines.
- The risk calculator assesses risk for having a **first time cardiovascular or stroke event** in the next 10 years
- A **risk of 7.5% or greater** should prompt providers and patients to discuss lifestyle changes and further treatment options (e.g., Statin prescription)



ASCVD risk calculators

Estimate Your Risk



**Check.
Change.
Control.
Calculator**

What's your risk for a heart or stroke event?
Find out.

ASCVD Risk Calculator

Baseline Risk	Updated Risk
Gender	<input type="radio"/> Male <input type="radio"/> Female
Age (years)	<input type="text" value="40-79"/>
Race	<input type="button" value="Select race"/>
Total Cholesterol	<input type="text" value="130-320"/>
LDL Cholesterol	<input type="text"/>
HDL Cholesterol	<input type="text" value="20-100"/>
Treatment With Statin	<input type="checkbox"/>
Systolic Blood Pressure	<input type="text" value="90-200"/>
Treatment For Hypertension	<input type="checkbox"/>

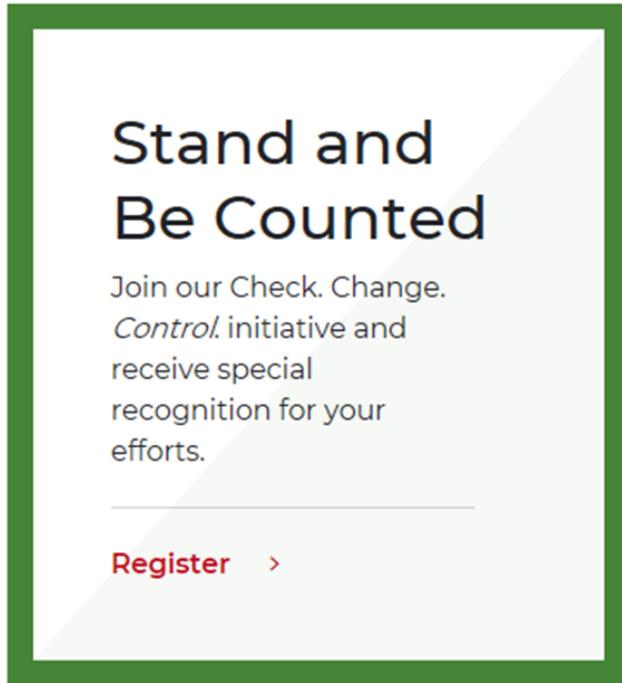
Patient Calculator:

www.heart.org/ccccalculator

Provider Calculator:

www.professional.heart.org/ascvd

Who can join check. Change. Control. Cholesterol?



- Independent physician practices, medical practices, health systems and health service organizations are eligible and encouraged to join CCC Cholesterol.
- At this time, only U.S.-based healthcare organizations can qualify for the CCC Cholesterol Recognition Program.



Why should organizations join check. Change. *Control.* Cholesterol?

- National recognition (annually)
- Resources to share with your patients
- Provider tool kit
- Patient tool kit
- Part 4 Maintenance of Certification for providers / continuing education
- Support through AHA field staff
- Patient and provider ASCVD Risk Calculators

Registration requirements

REGISTRATION IS OPEN!



STEP 1: REGISTRATION

Register to become part of the **Check. Change. Control. Cholesterol initiative** and get connected with our staff and resources.

TO REGISTER, ORGANIZATIONS WILL NEED TO KNOW:

- Organization information
- Primary contact
- Secondary contact
- Total adult (21-75 years) patient population count
- Number of diverse patients
- Number of care delivery sites
- Type of health care organization
- Number of providers in the health care organization

<http://www.heart.org/changecholesterol>



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2019 Recognition levels



COMMIT TO INCORPORATE
ASCVD RISK CALCULATOR
INTO PRACTICE

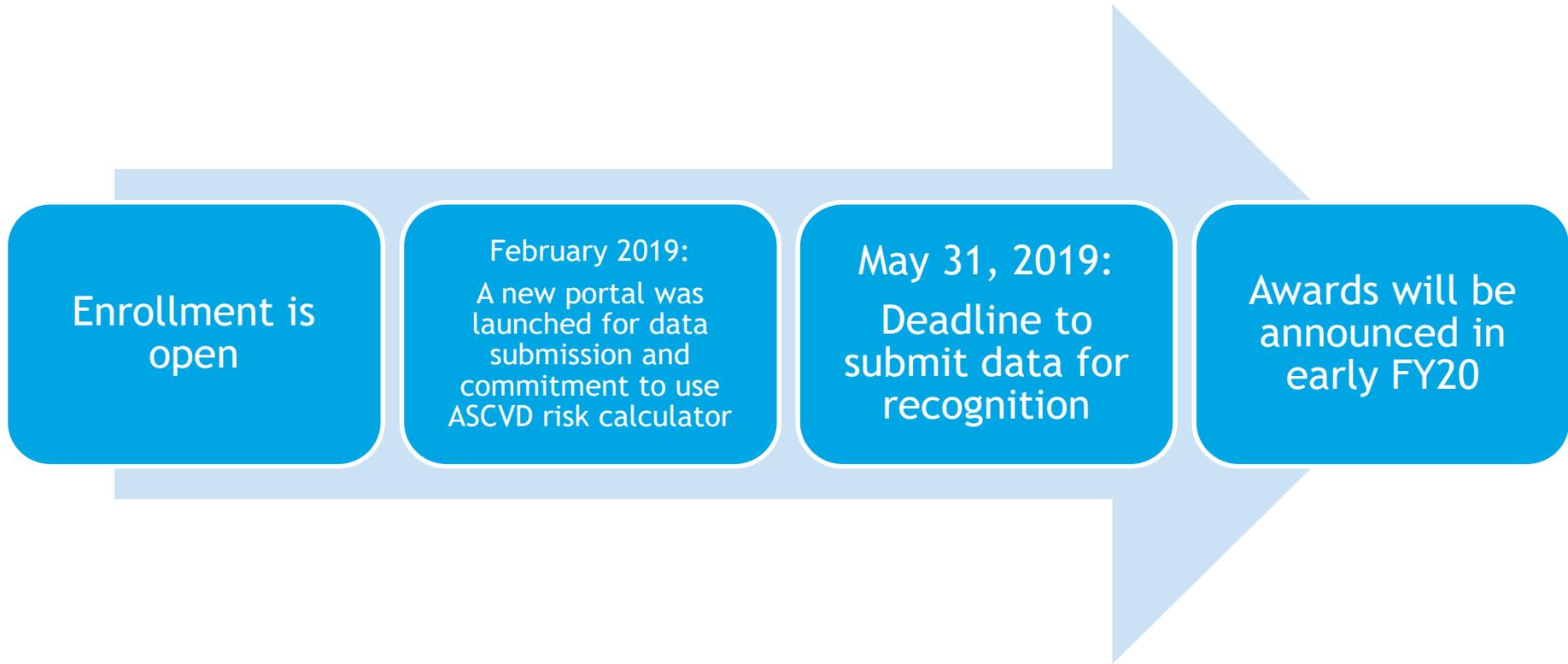


SUBMIT MIPS 438
CHOLESTEROL MANAGEMENT
DATA AND ACHIEVE 70% OR
GREATER STATIN THERAPY USE
WITHIN THE ADULT PATIENT
POPULATIONS

How are sites recognized for their achievement?

- Listed on CCC Cholesterol website
- National recognition at AHA Scientific Sessions in 2018 (signage and printed collateral)
- Certificate can be delivered electronically and displayed within their practice for both Participation and Gold levels
- Icon badge with AHA proclaimer statement to use internally and externally on webpages and social media
- Local press release template for clinics
- Local recognition opportunities

Registration and data submission timeline



Enrollment is open

February 2019:
A new portal was launched for data submission and commitment to use ASCVD risk calculator

May 31, 2019:
Deadline to submit data for recognition

Awards will be announced in early FY20



Where can I find more information?

- <http://www.heart.org/changecholesterol>
 - Fact sheet
 - Data requirement PDF
 - User Guide for submission



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Questions?

