



NATIONAL LGBT HEALTH
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Primary Care for Sexual Minority Women



Jennifer Potter, MD
Professor of Medicine, Harvard Medical School
Co-Chair, The Fenway Institute

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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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Today's Faculty

Jennifer Potter, MD

Professor of Medicine, Harvard
Medical School
Co-Chair, The Fenway Institute

Disclosure

I have no financial conflicts of interest.

Learning Objectives

1. Define sexual minority female populations
2. Describe health disparities among sexual minority women
3. Identify potential explanations for these health disparities
4. Name 3 implications for clinical practice

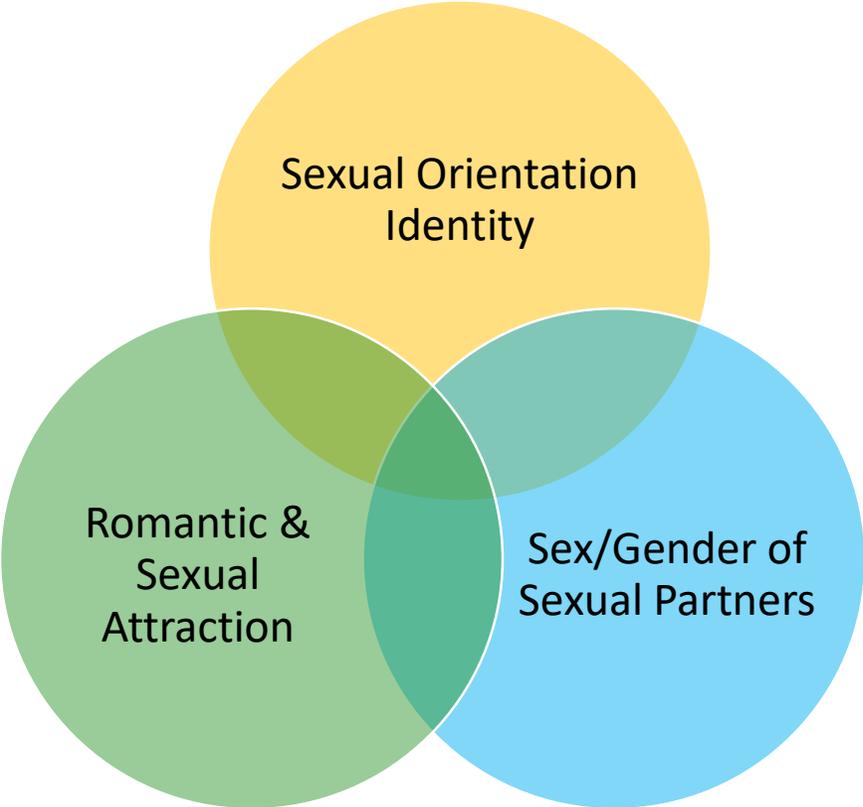
Aliana

Aliana, a 35-year-old woman who identifies as bisexual and Latinx, is meeting her new PCP, Dr. Smith, for the first time. During the sexual history, Dr. Smith asks, “Do you have sex with men, women, or both?” Aliana, who has been monogamous with a trans woman for the past few years and engages in occasional condomless PIV and anal sex, says, “My partner is a woman.” Dr. Smith makes a note in the record that Aliana is a lesbian, and subsequently omits the questions she usually asks women about sexual practices, contraception, STI prevention, and intimate partner violence.

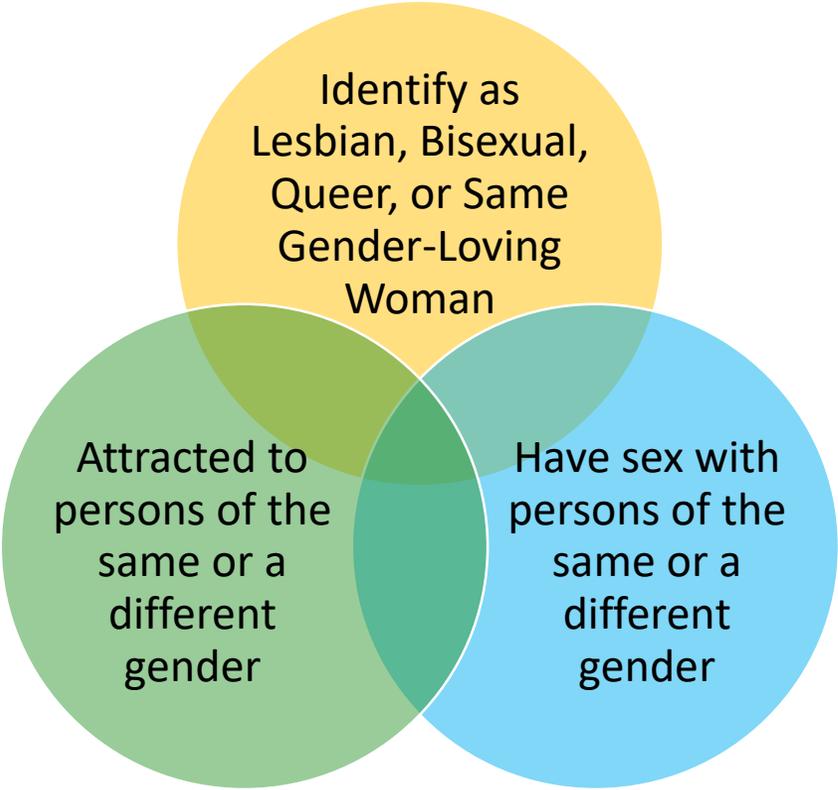


Defining Sexual Minority Female Populations

Sexual Orientation

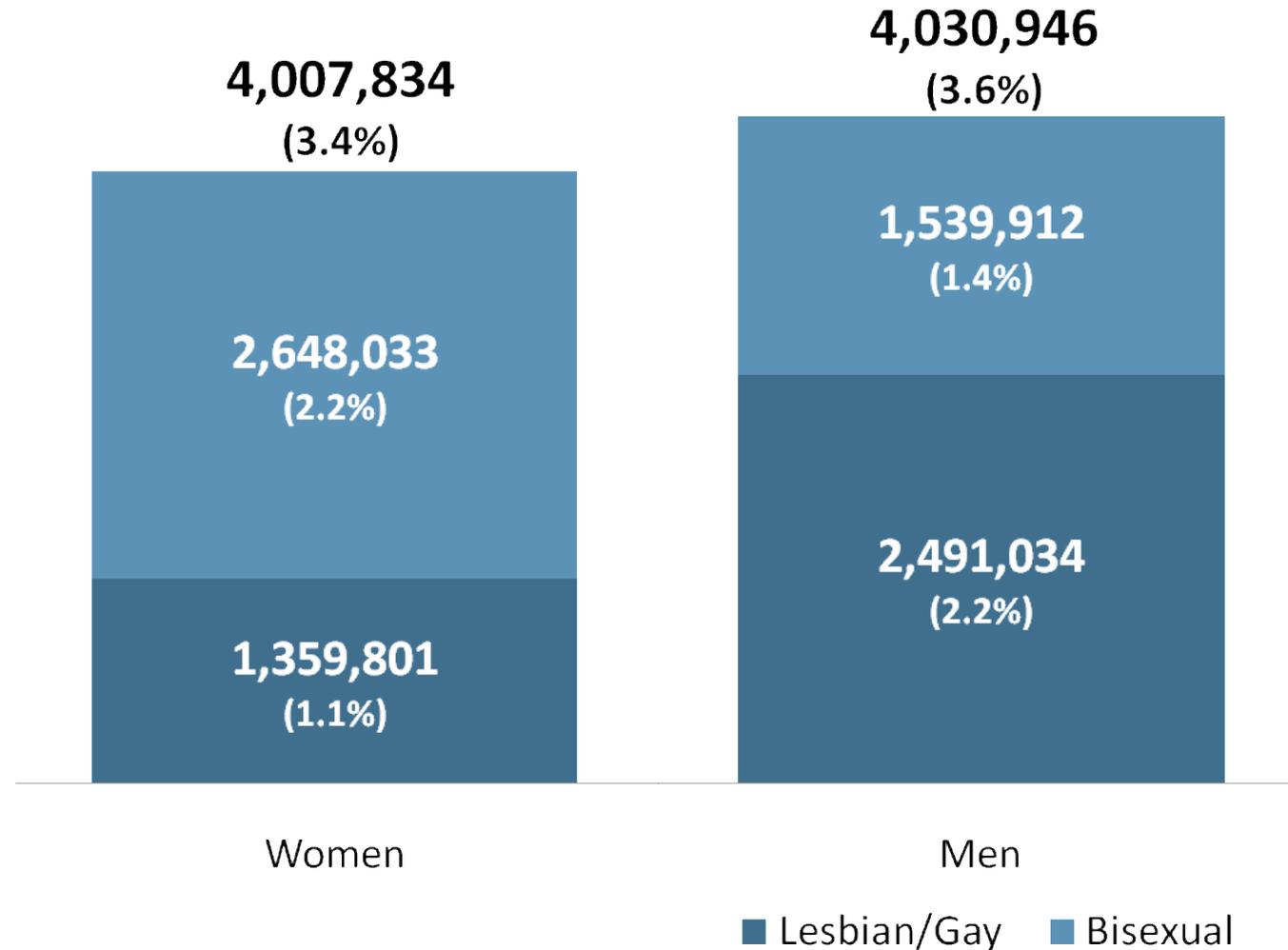


Sexual Orientation of Sexual Minority Women

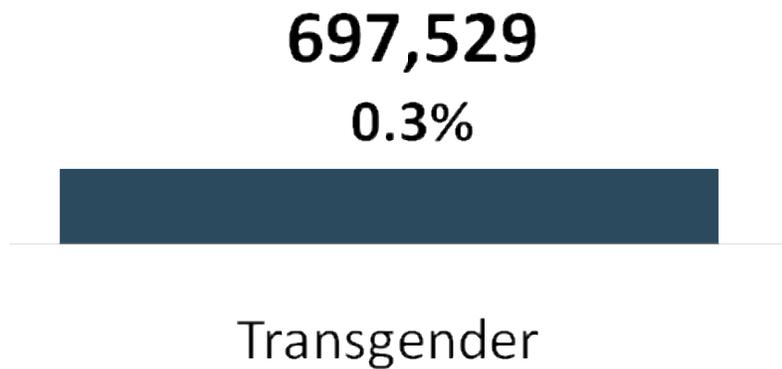


Institute of Medicine, 2011

Percent and Number of US Adults Who Identify as L/G or B (Williams Institute, 2011)



Percent and Number of US Adults Who Identify as Transgender (Williams Institute, 2011)

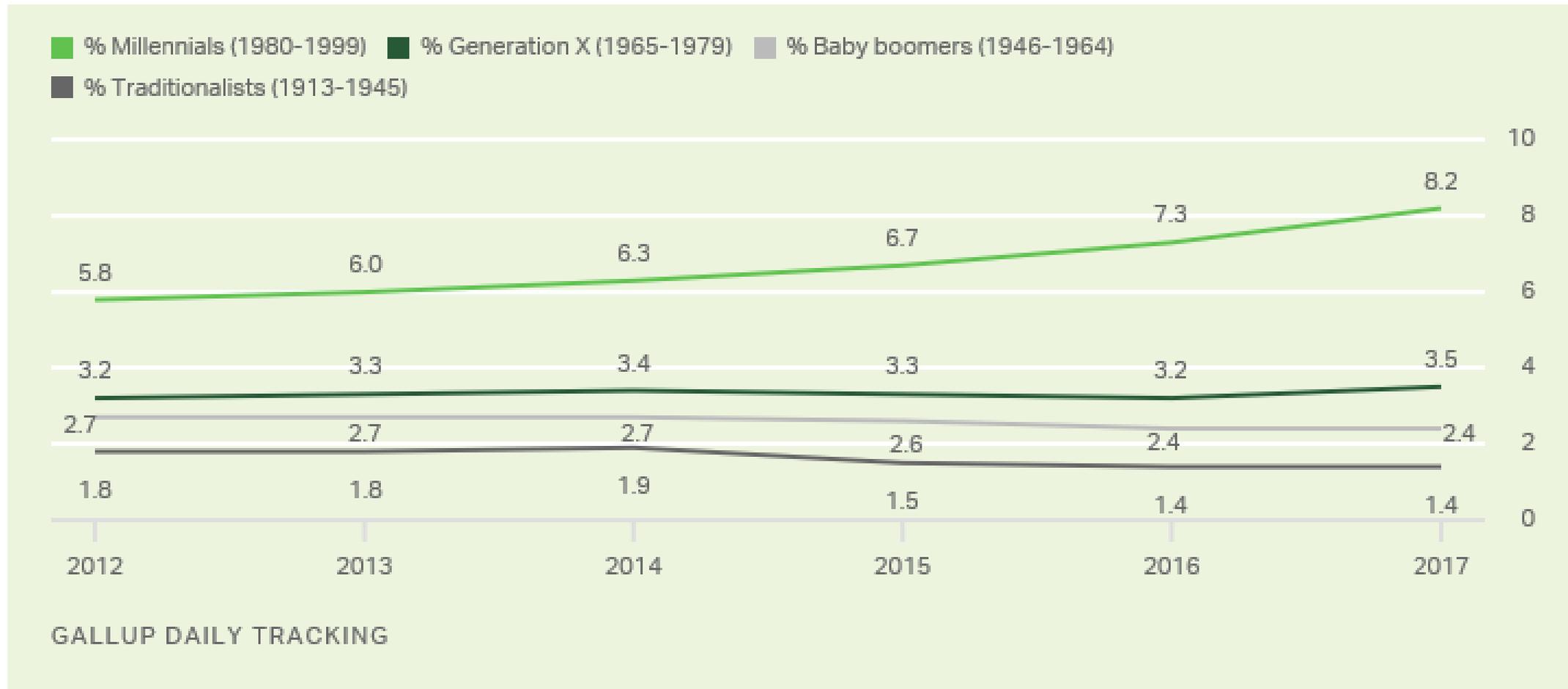


Transgender and Gender Nonconforming Individuals Have Diverse Sexual Orientations

Sexual Orientation Identity	Percent
Queer	42.7
Other Non-binary	19.0
Bisexual	15.7
Straight	12.2
Lesbian / Gay	10.4

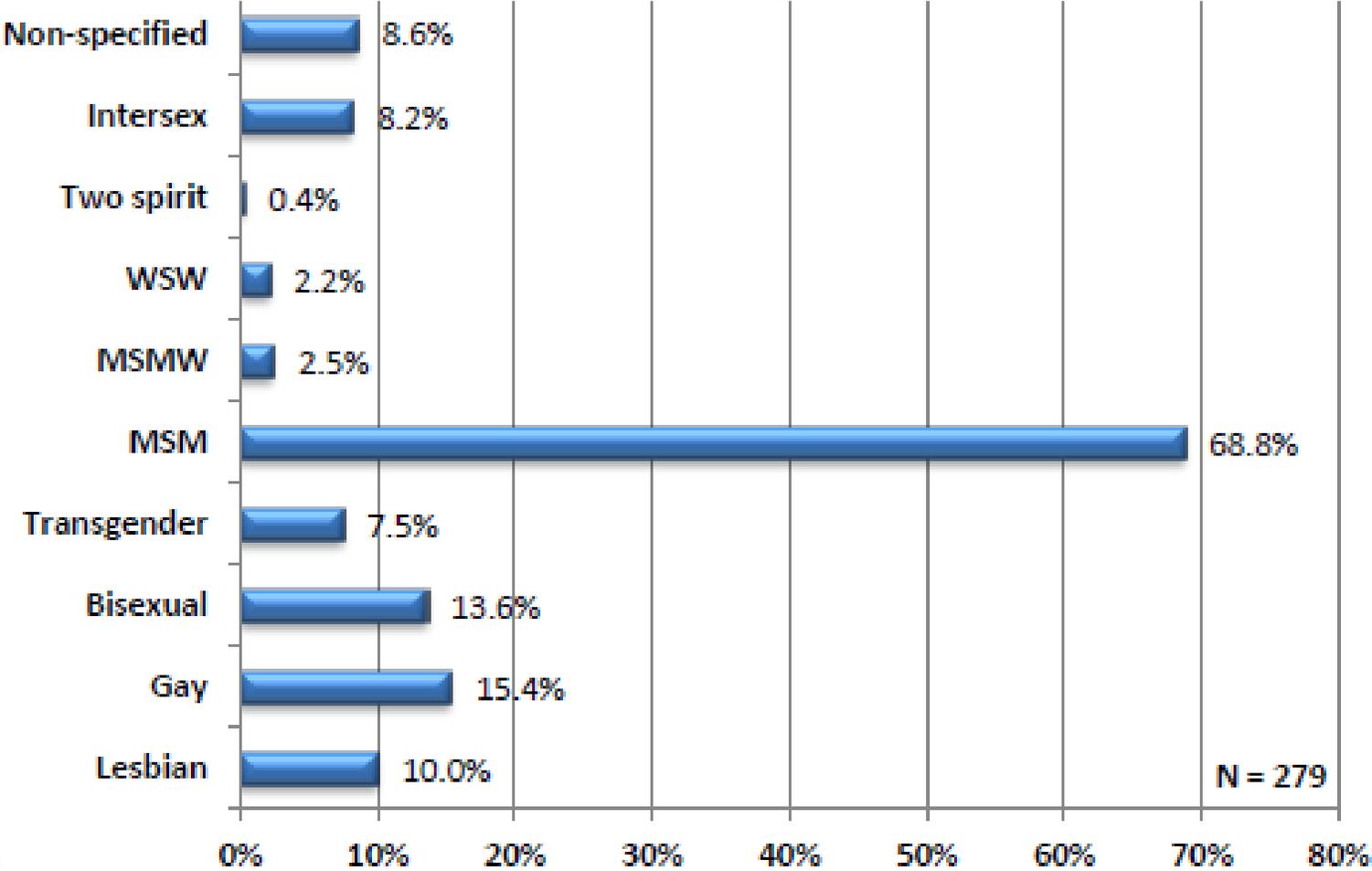
Katz-Wise et al, J Sex Res 2016.

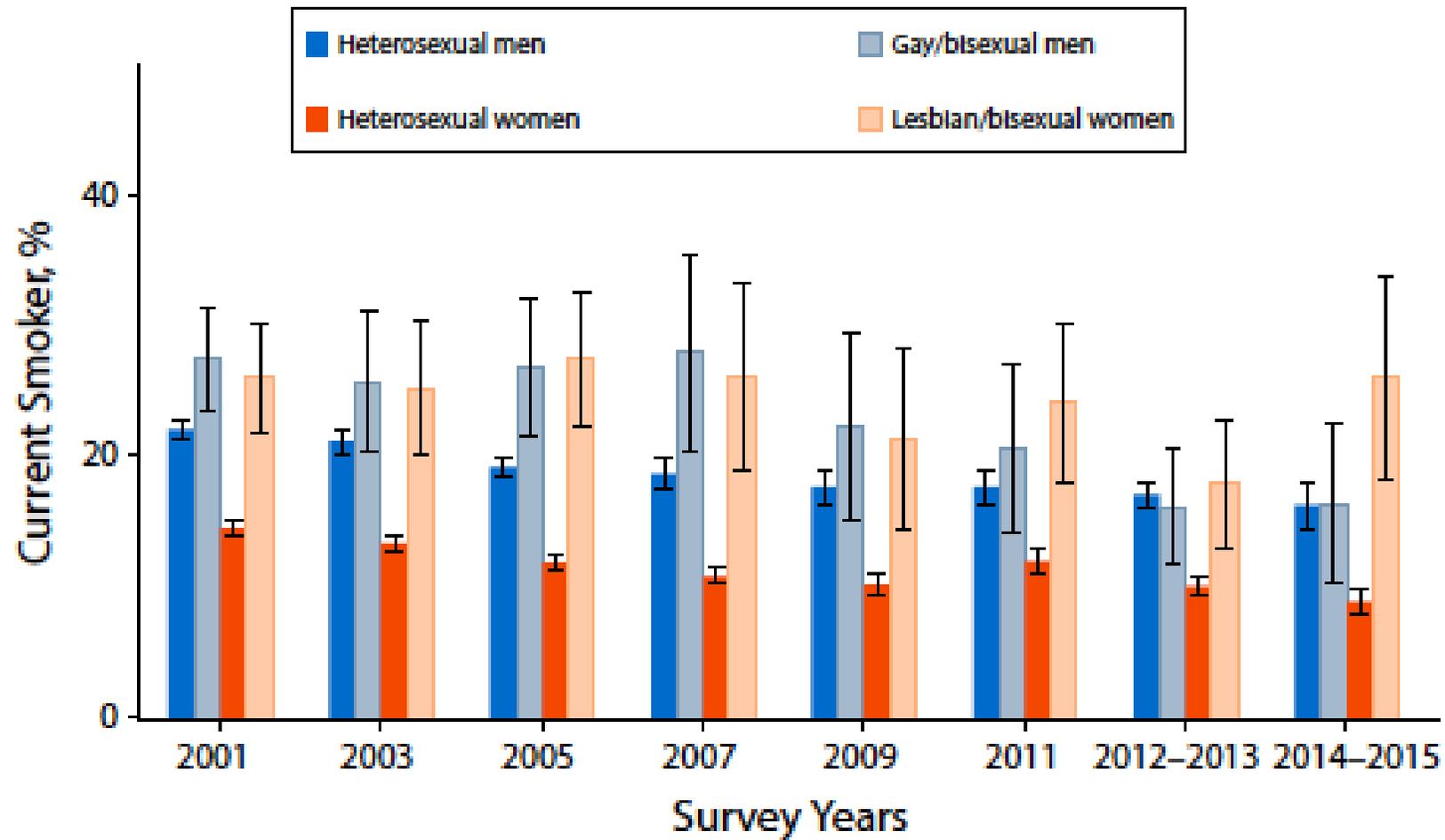
Percentage of Americans Identifying as LGBT, by Birth Cohort (Gallup, 2017)



A Few Words about Research

National Institutes of Health Research Funding by Study Population





Note. 95% confidence interval error bars shown.

FIGURE 1—Percentage Current Smokers by Sexual Orientation and Gender Over Time: California Health Interview Surveys, 2001–2015

Important to Consider Different Dimensions of SO (Ex: Unintended Pregnancy)

Sexual Orientation Measure	Hazard Ratio (Standard Error)
Heterosexual identity, male partners only	1.00 (Ref)
Heterosexual identity with female partners	1.35 (0.20)
Bisexual identity	1.75 (0.26)*
Lesbian identity	4.64 (0.61)*

* p < 0.05

Everett et al, Perspect Sex Reprod Health 2017;49: 157-65.

Important to Consider Different Dimensions of SO (Ex: Lifetime Mood Disorder)

Sexual Orientation Measure	Lifetime Mood Disorder AOR (95% CI)
<u>Sexual Identity</u>	
Lesbian	1.51 (1.01, 2.3)*
Bisexual	2.6 (1.8, 3.8)*
Heterosexual	ref
<u>Sexual attraction</u>	
Only female	0.7 (0.5, 1.03)
Both female and male	1.1 (0.8, 1.6)
Only male	ref
<u>Lifetime Sexual Behavior</u>	
Only females	0.6 (0.4, 0.9)*
Both females and males	2.3 (1.8, 2.9)*
Only males	ref

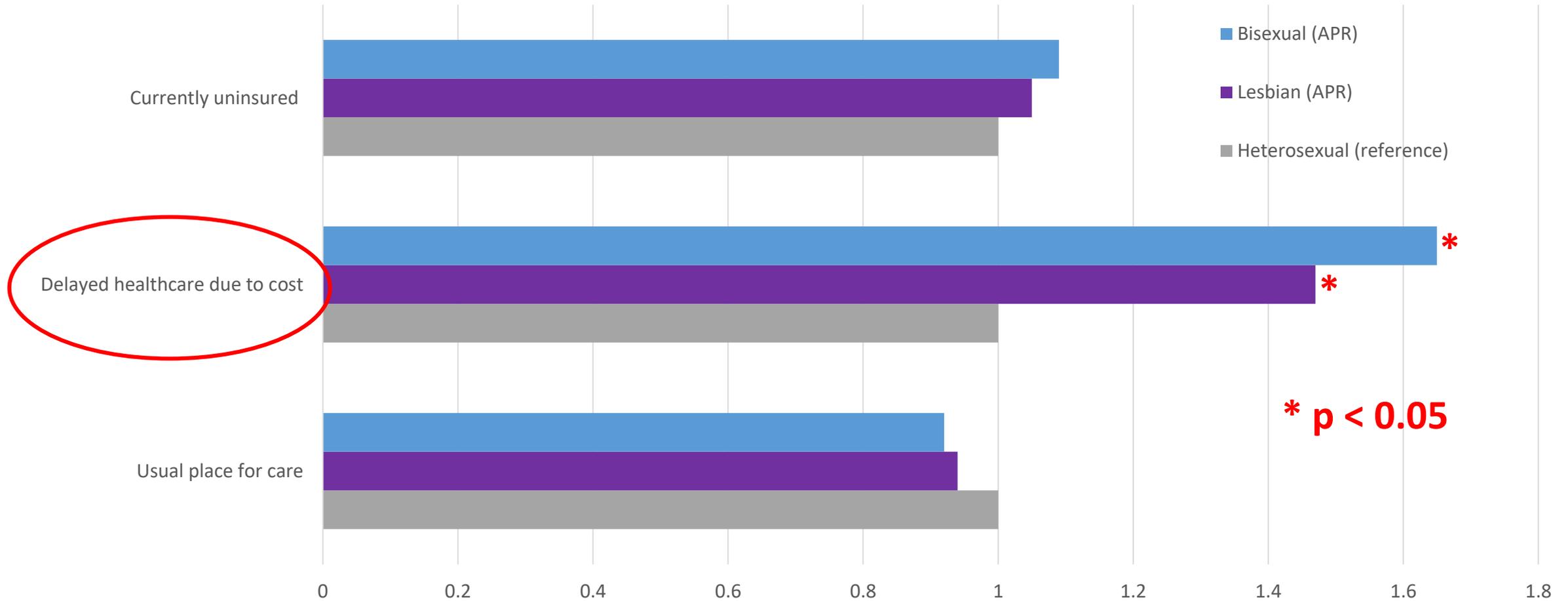
Bostwick et al, Am J Public Health 2010; 100: 468–475.



Health Disparities Experienced by SMW

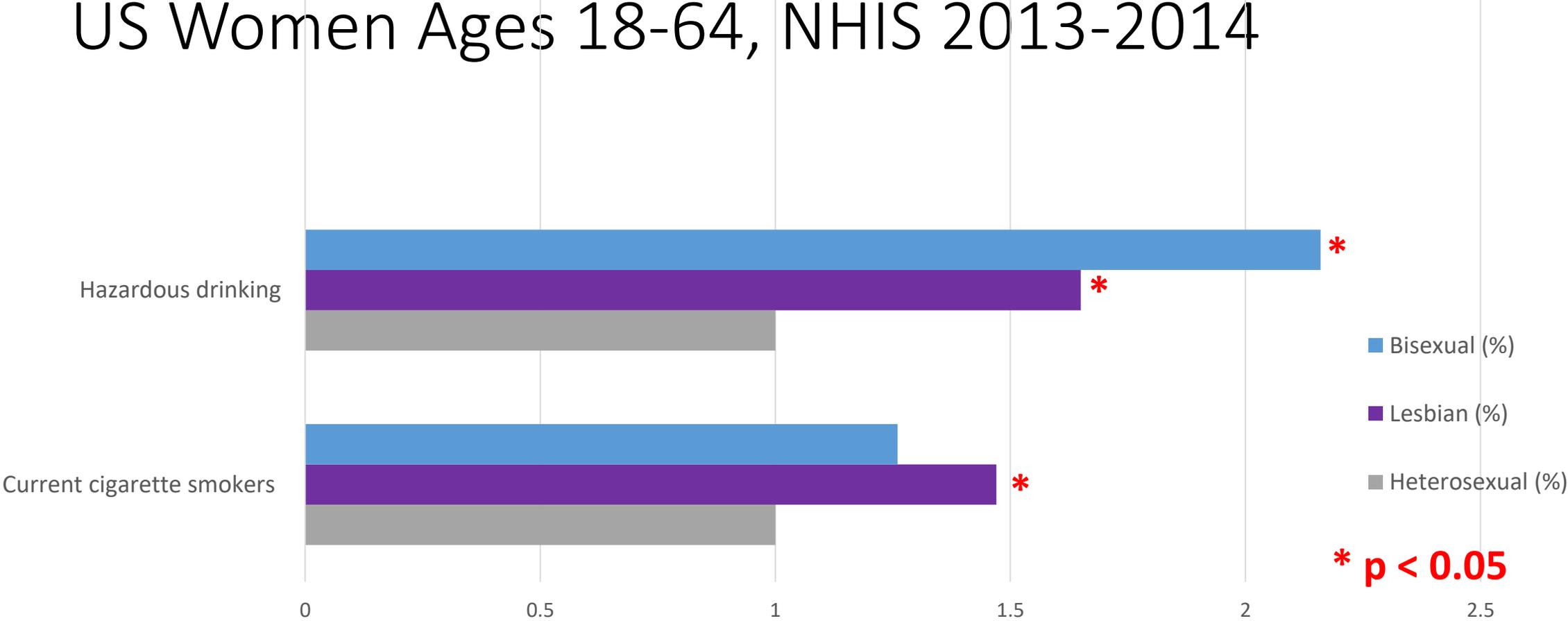
Healthcare Access Indicators by Sexual Identity

US Women Ages 18-64, NHIS 2013-2014



Health-Related Behaviors by Sexual Identity

US Women Ages 18-64, NHIS 2013-2014



* p < 0.05



Health Service Utilization by Sexual Identity

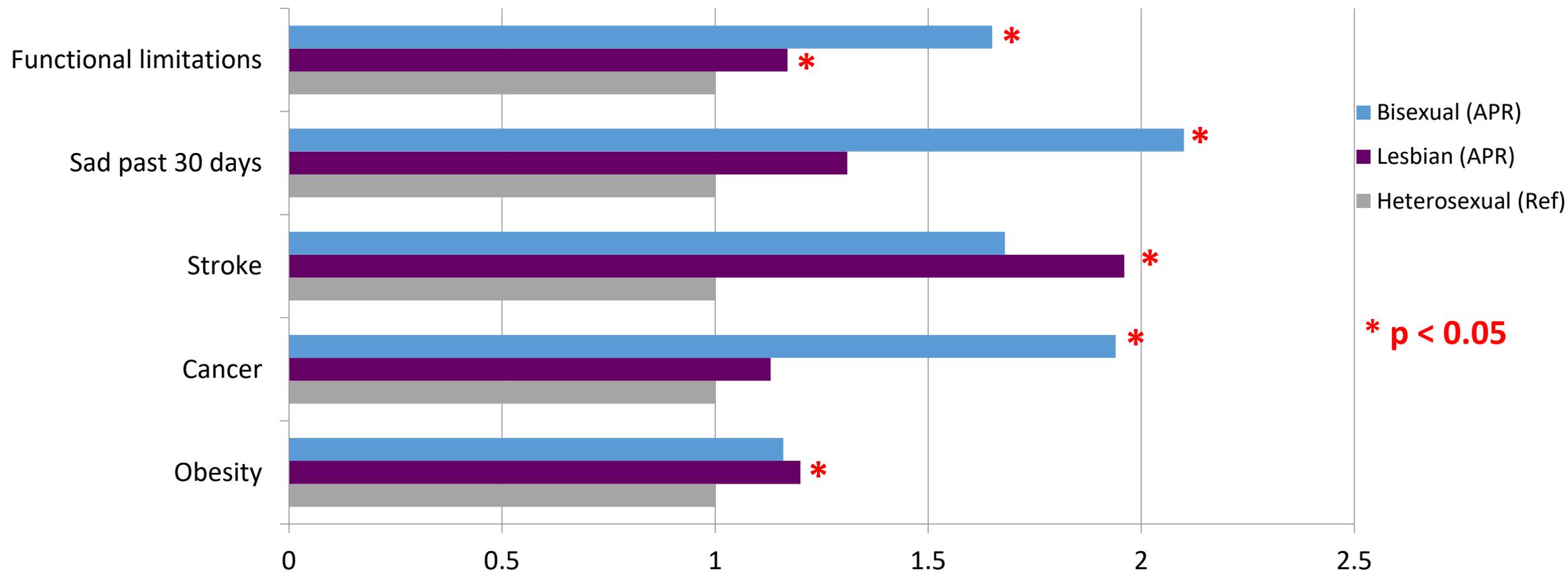
US Women Ages 18-34 (HPV) and 21-44 (Pap)

Preventive Health Recommendation	Data Set	Sexual Orientation Identity		
		Heterosexual	Lesbian AOR (95% CI)	Bisexual (AOR (95% CI))
HPV vaccine completion (≥3 doses)	NHIS 2013-2014 (women ages 18-34)	Reference	0.41 (0.19, 0.90)	1.59 (1.05, 2.42)
Pap test past 12 months	NSFG 2006-2010 (women ages 21-44)	Reference	0.85 (0.45, 1.61)	1.78 (0.89, 3.54)

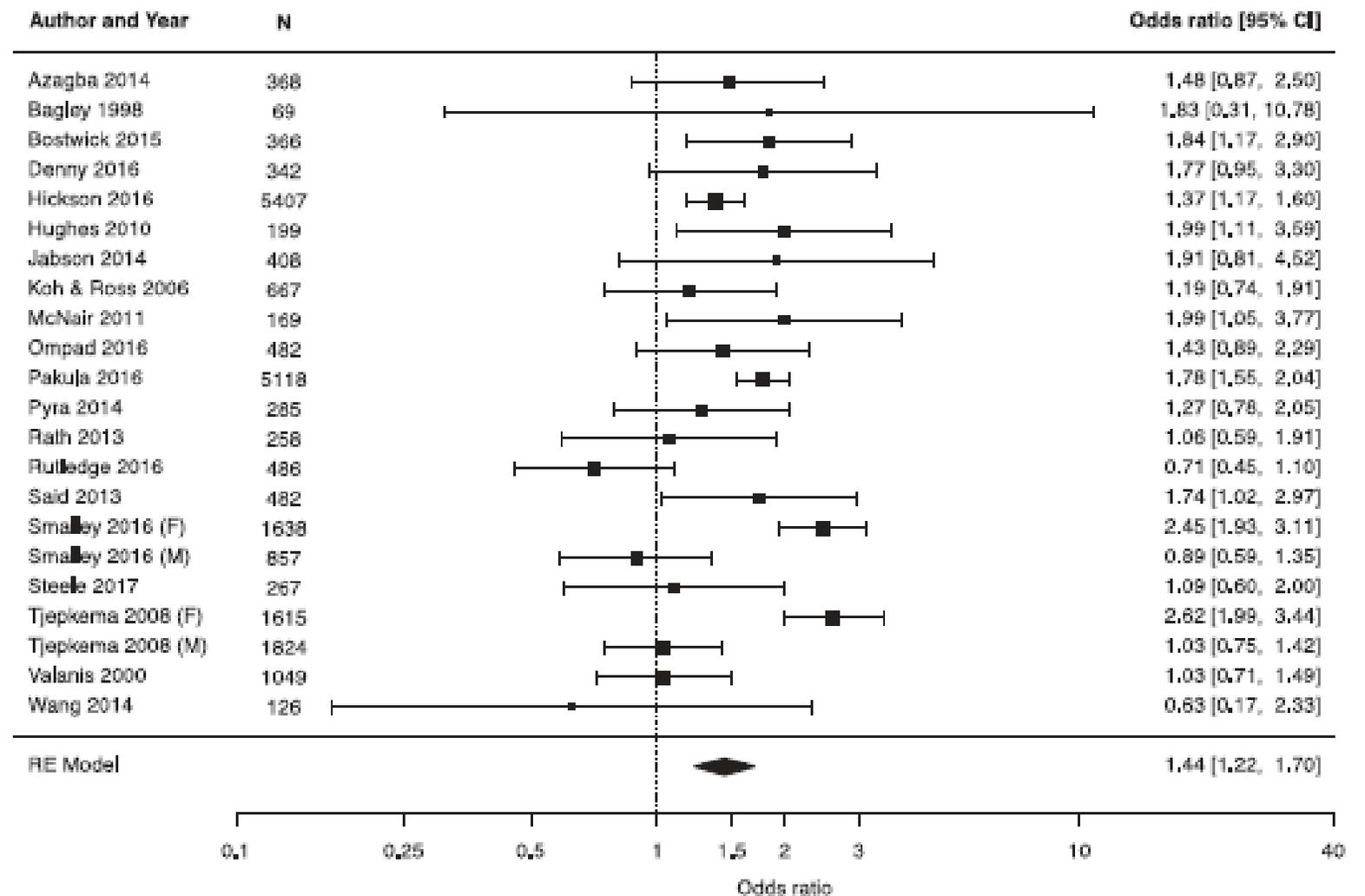
Agenor et al. Am J Pub Health 2014; 104: e68-e73.
 Agenor et al. Cancer Causes Control 2016; 27: 1187-96.

Adverse Health Outcomes by Sexual Identity

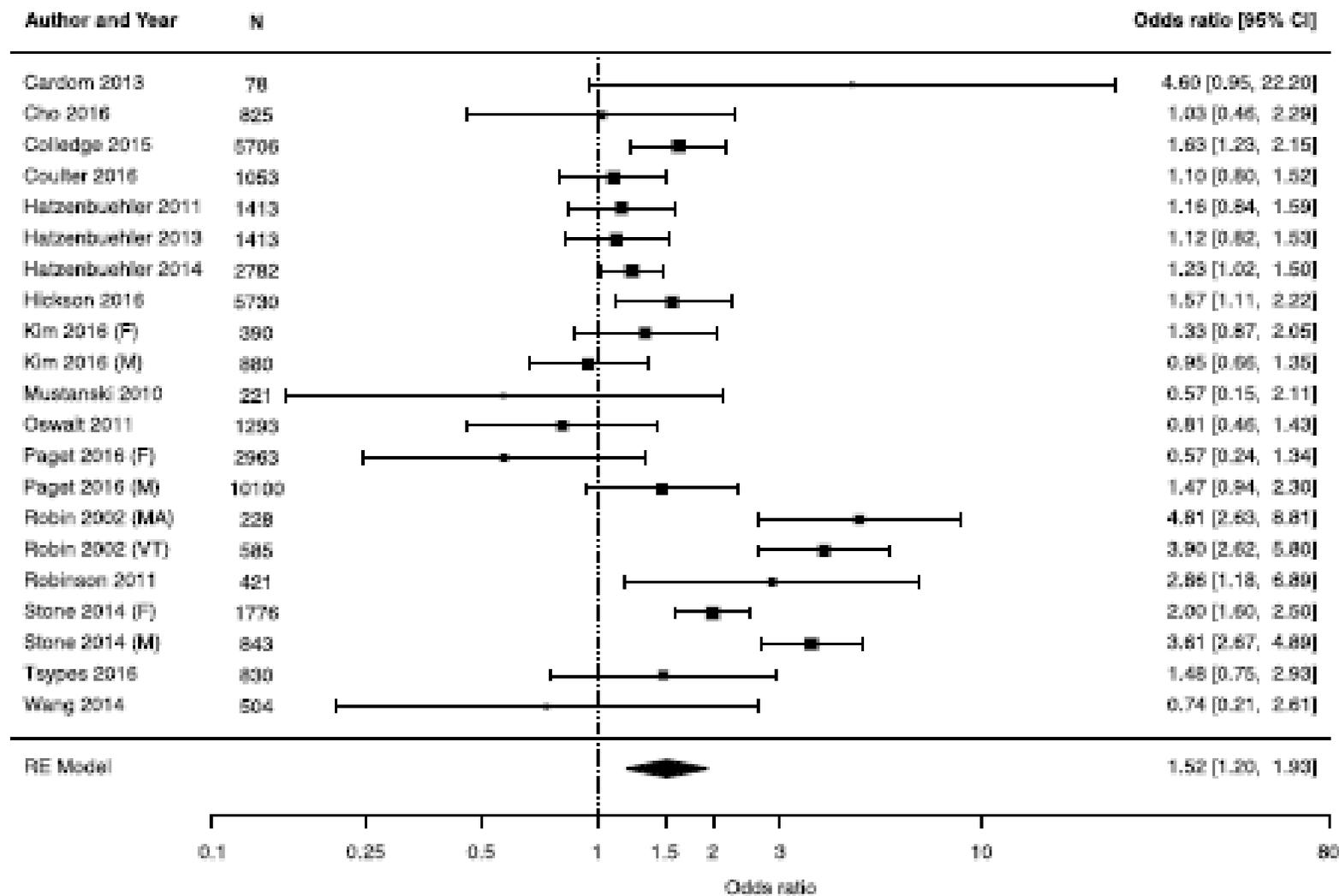
US Women Ages 18-64, NHIS 2013-2014



Odds Ratios for Current Depression, Bisexual vs. L/G



Odds Ratio for Past Year Suicide Attempt, Bisexual vs. L/G



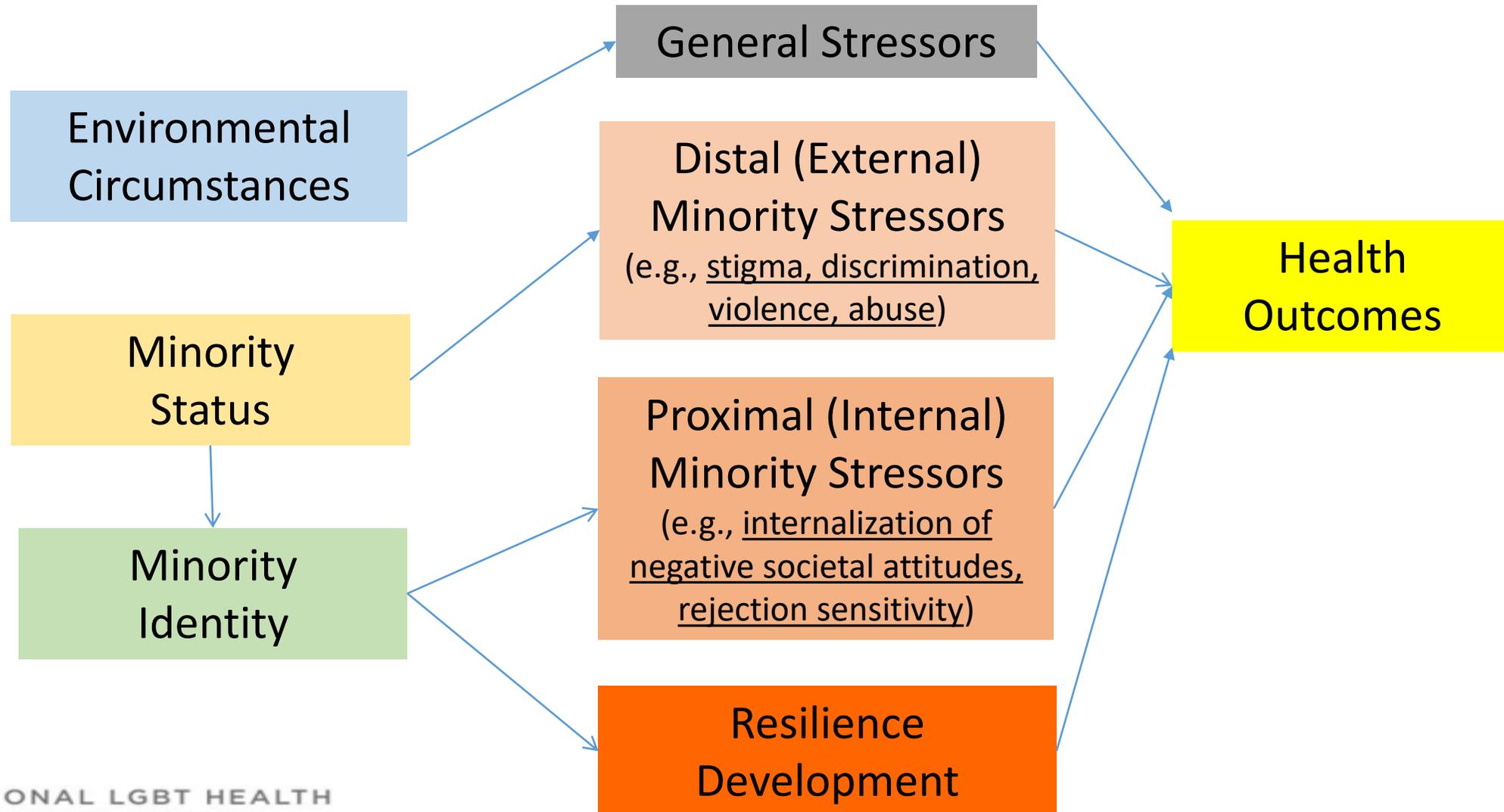
SO and All-Cause Mortality Among US Women Aged 18-59 Years, 2001-2011

SO Comparisons	Number	Deaths (#)	Death Rate per 100,000 person-years	AHR (95% CI) Model 1	AHR (95% CI) Model 2
Overall	8018	133	284.51		
Heterosexual	7370	121	224.12	1 (Ref)	1 (Ref)
SMW combined	648	12	201.69	1.84 (0.89, 3.84)	1.54 (0.70, 3.36)
Separate groups					
• Lesbian/Gay	93	5	807.14	3.25 (1.13, 9.34)	2.35 (0.85, 6.52)
• Bisexual	236	0	--	--	--
• Homosexually experienced	307	7	483.12	2.44 (1.03-5.75)	2.49 (1.03, 6.05)



Potential Explanations for Health Disparities among Lesbians and Bisexual Women

Minority Stress Model (adapted from Meyer)



Distal (External) Minority Stressors Experienced by SMW

- SMW report higher rates of childhood physical, emotional, and sexual abuse compared to heterosexual women (BRFSS, 2010).
- SM female adolescents experience higher rates of peer victimization compared to their heterosexual classmates (YRBS, 2015).
- SMW experience ongoing elevated rates of stigma, discrimination and violence across the life course compared to heterosexual women.

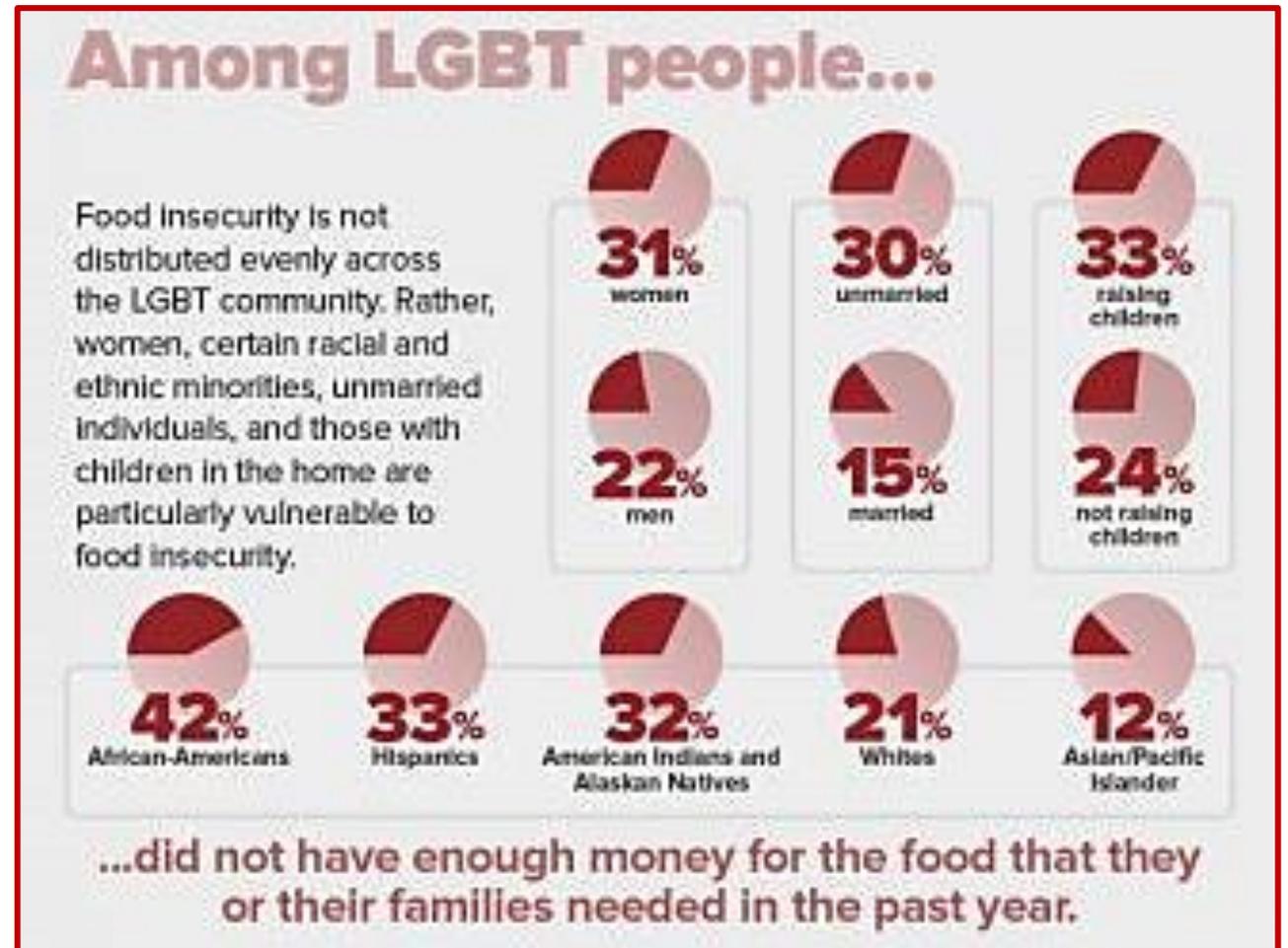
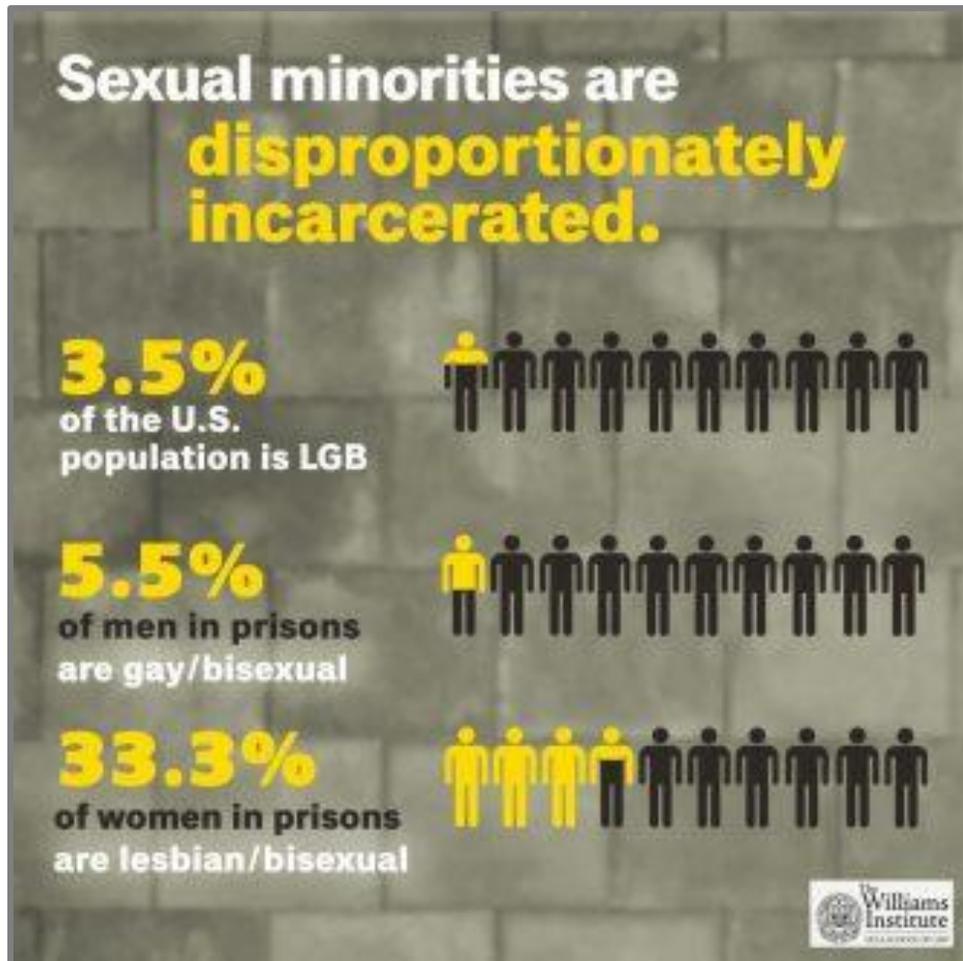
Andersen & Blosnich, Plos One 2013; 8: e54691.

https://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm#T19_down

<https://www.cdc.gov/violenceprevention/acestudy/index.html>

www.lgbthealtheducation.org

SMW Experience Disproportionate Rates of Incarceration and Food Insecurity

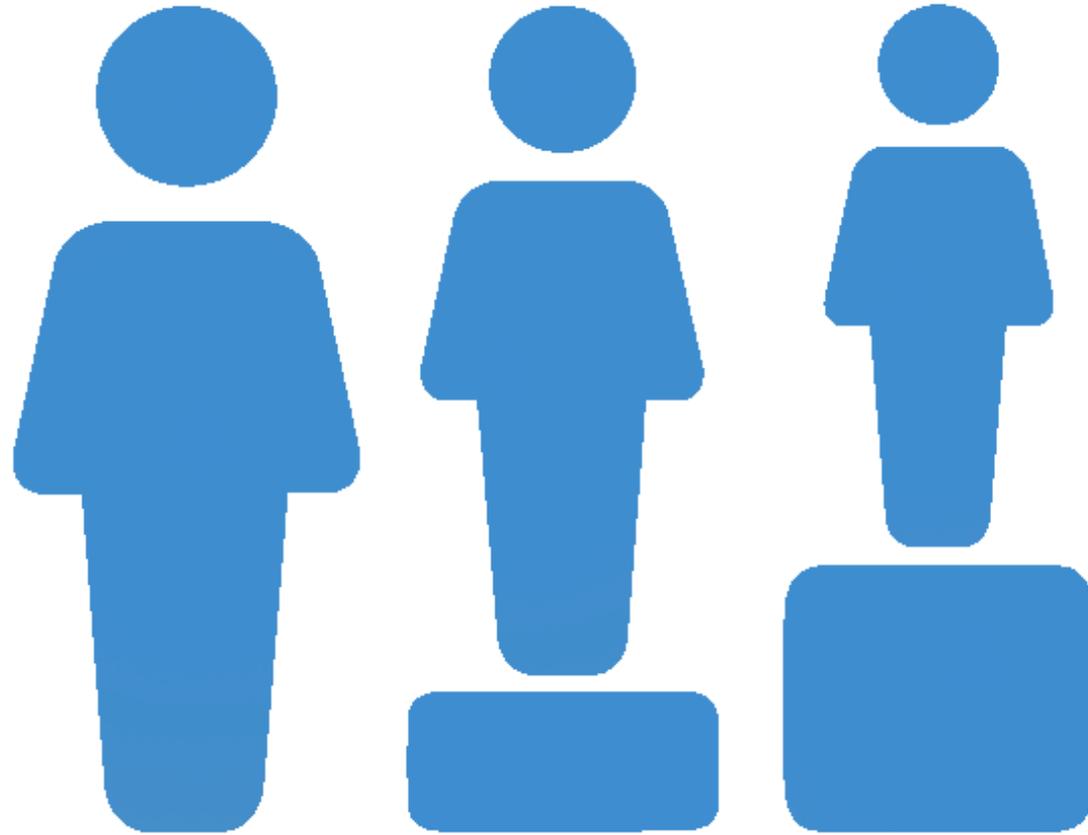


Minority Stress and Prevalence of SUDS

Past Year Discrimination	Substance Use Disorder in Past Year (AOR, 95% CI)
No discrimination (ref)	1.00
Sexual orientation (SO) discrimination only	1.72 (0.79, 3.73)
Race discrimination only	1.34 (0.48, 3.80)
Gender discrimination only	1.76 (0.75, 4.10)
SO + race discrimination	1.87 (0.61, 5.74)
SO + gender discrimination	2.24 (0.82, 6.14)
Race + gender discrimination	1.48 (0.53, 4.14)
SO + race + gender discrimination	4.12 (1.76, 9.63)

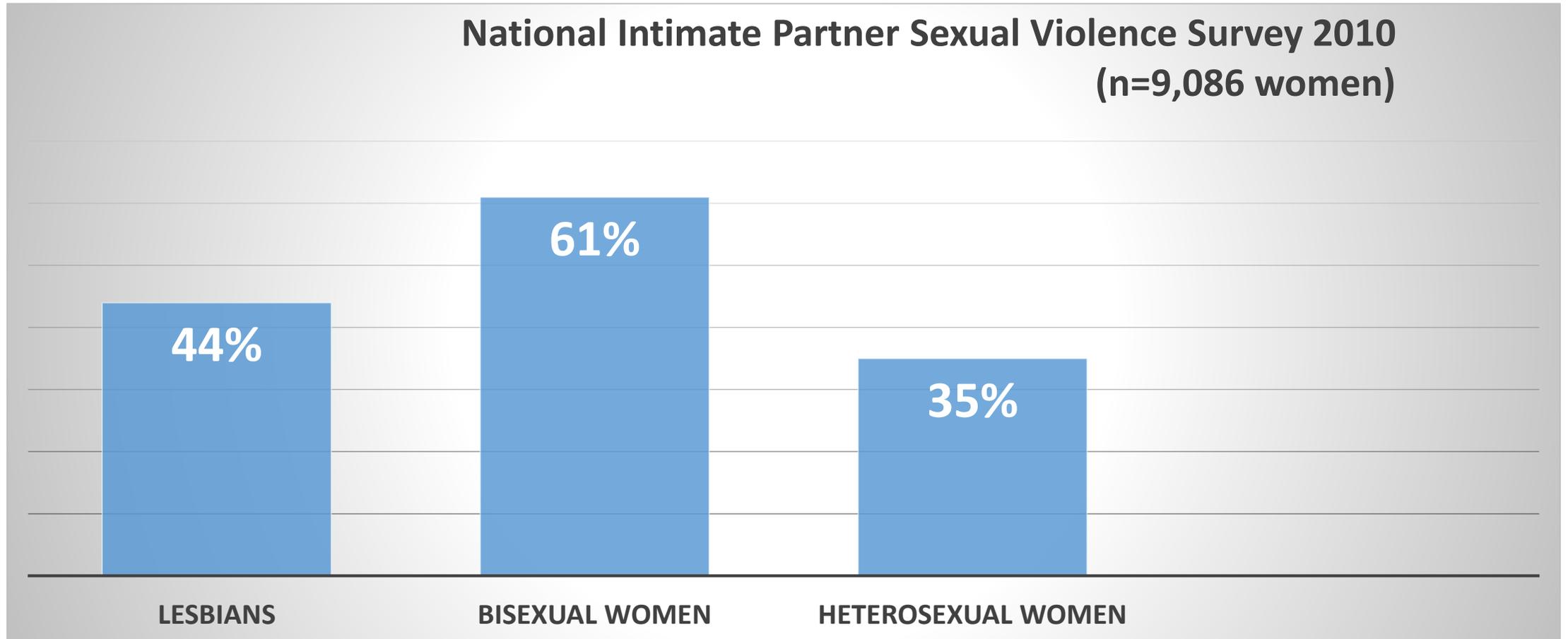
Minority Stress and Mental Health Disorders

Past Year Discrimination	Mental Health Disorder in Past Year (AOR, 95% CI)
No discrimination (ref)	1.00
Sexual orientation (SO) discrimination only	1.19 (0.59, 2.44)
Race discrimination only	1.67 (0.58, 4.84)
Gender discrimination only	2.28 (1.09, 4.78)
SO + race discrimination	2.25 (1.02, 4.95)
SO + gender discrimination	1.76 (0.80, 3.89)
Race + gender discrimination	4.30 (1.91, 9.68)
SO + race + gender discrimination	3.13 (1.45, 6.74)



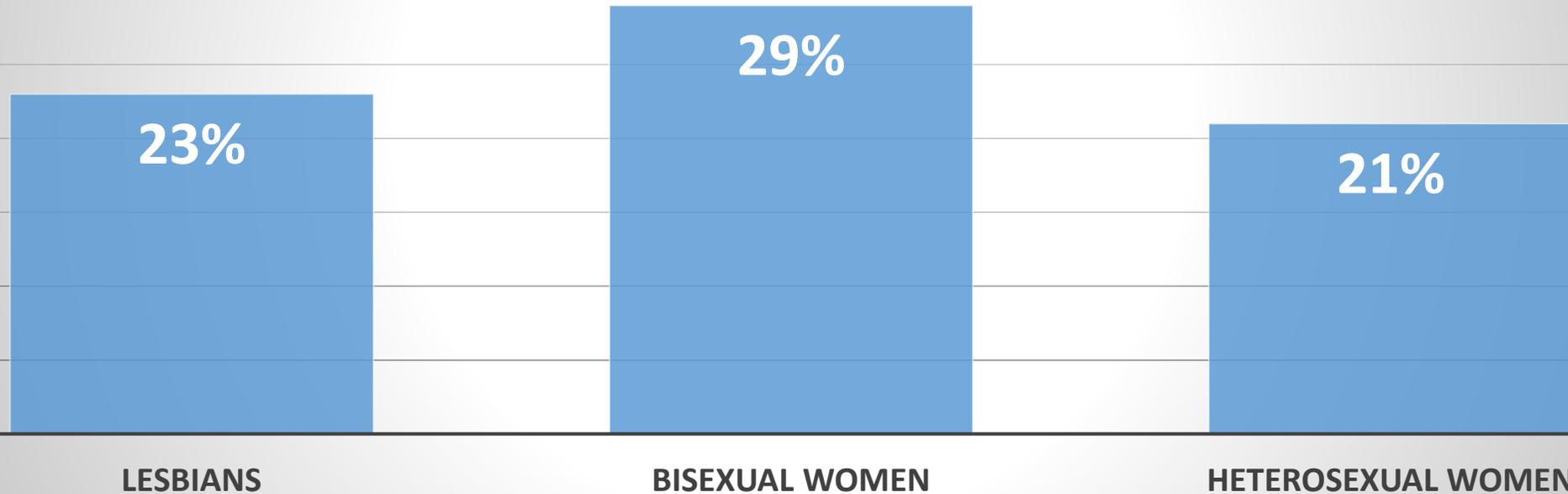
Possible Explanations for Differential Health Outcomes of Bisexual vs. Lesbian Women

Differential Lifetime Prevalence of Rape, Physical Violence and/or Stalking by an Intimate Partner



Differential Income Rates

Percent of Women at or Below 100% of the Federal Poverty Level
From 2006-2010 National Survey of Family Growth



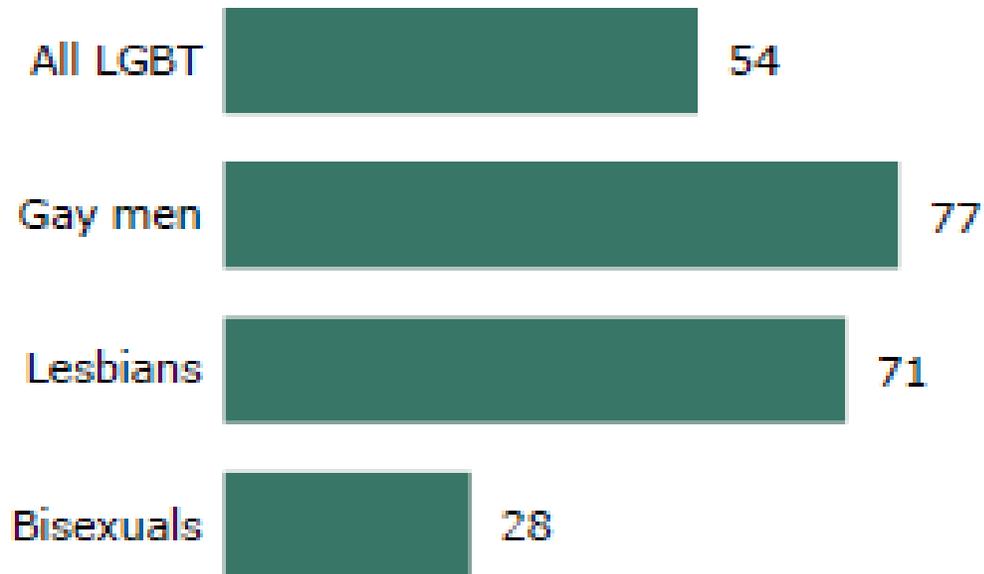
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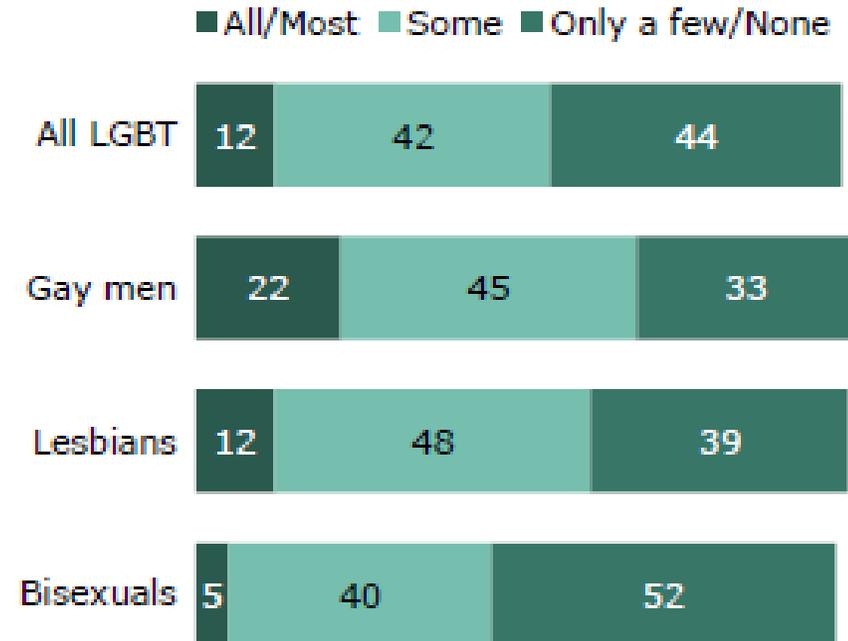
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Differential Levels of Outness and Connection to the LGBT Community (2013 Pew Survey; n=1,197)

Percent Saying They Are Out to All or Most of the Important People in Their Life

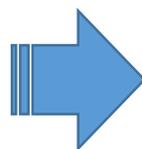
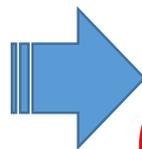


Percent Saying ... of Their Close Friends Are LGBT





Resilience



Health Risk Behaviors

- Tobacco use
- Substance use
- Binging and purging
- High-risk sexual activity

- Identity concealment
- Social disengagement
- Lack of participation in routine healthcare

Health Promoting Behaviors

- Regular exercise
- Healthy diet

- Identity management
- Learned coping strategies
- Connection to community
- Participation in routine healthcare

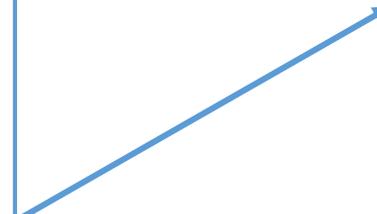
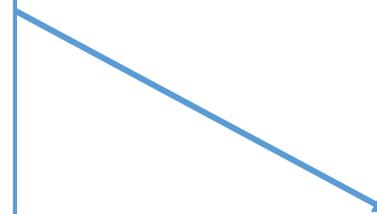
Positive and Adverse Health Outcomes

Physical Health

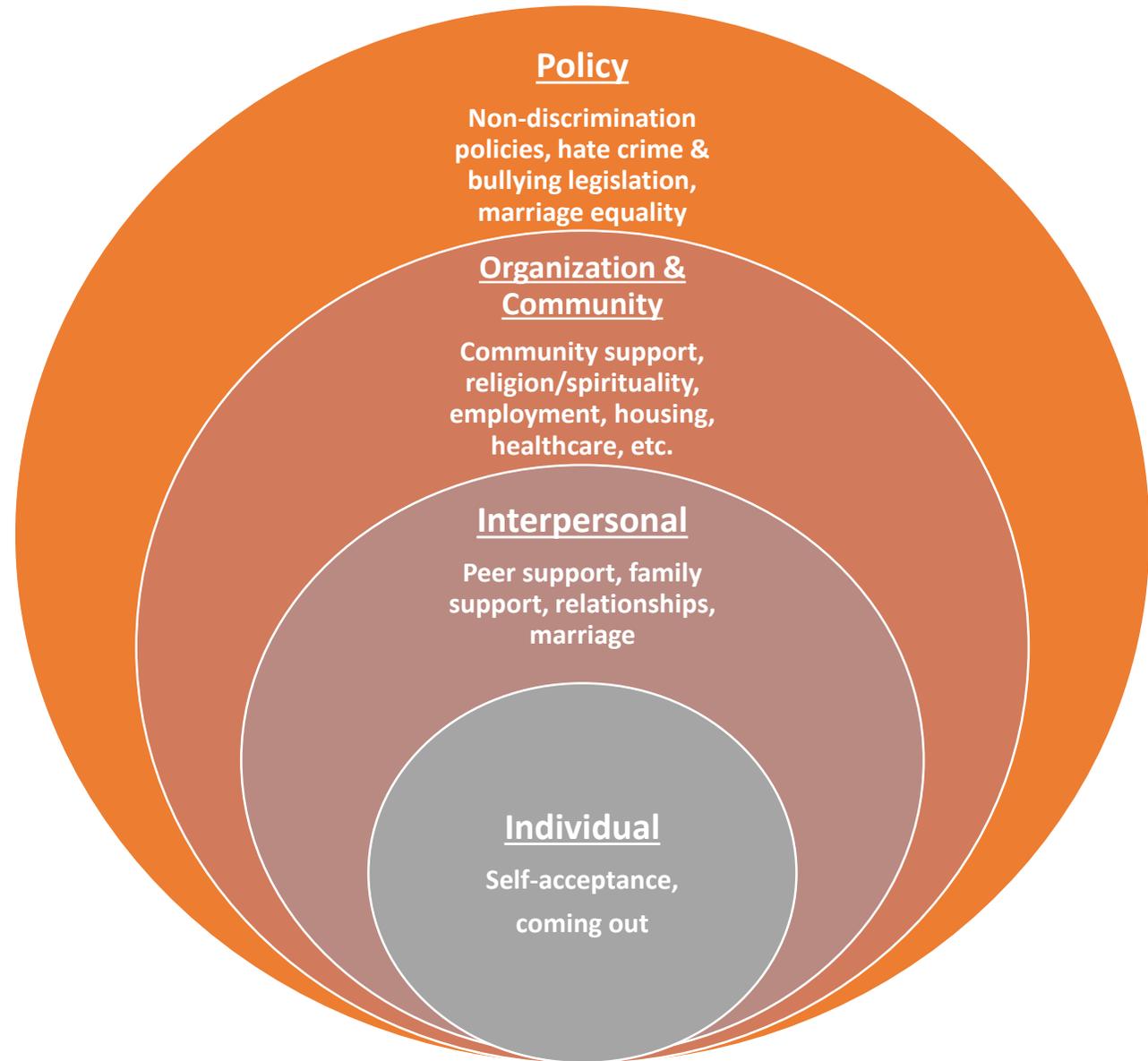
- Physical health-related quality of life
- HIV
- Obesity
- Cardiovascular disease
- Cancer
- Disability
- Premature death

Mental Health

- Mental health-related quality of life
- Anxiety
- Depression
- Suicidal ideation
- Premature death



Resilience Factors in SMW



Adapted from: Imborek, der Heide, & Phillips, Lesbian and Bisexual Women, in *Trauma, Resilience, and Health Promotion in LGBT Patients*, Springer 2017.



Implications for Clinical Practice



Back to Aliana

Aliana, a 35-year-old woman who identifies as bisexual and Latinx is meeting her new PCP, Dr. Smith, for the first time. During the sexual history, Dr. Smith asks, “Do you have sex with men, women, or both?” Aliana, who is monogamous with a trans woman, and occasionally has condomless PIV and anal sex, says, “My partner is a woman.” Dr. Smith subsequently omits the questions she usually asks her straight patients about sexual practices, contraception, STI prevention, and intimate partner violence.

What assumptions did Dr. Smith make?

What was the impact of making these assumptions?

Assumptions

- Gender identity (woman)
- Sexual orientation (lesbian)
- Risk for unintended pregnancy (WSW are not at risk)
- Risk for STIs (WSW are not at risk)
- Risk for IPV (WSW are not at risk)
- Partner gender identity and parts (woman, no penis)
- Specific sexual practices (no questions asked)

What could Dr. Smith have done to set the stage for a more productive encounter?

Set the Stage

- Introductions
- It's a partnership
- Open-ended questions
 - What would you like to discuss today?
 - How do you feel about your health?
- Trauma-informed approach



Trauma-Informed Approach



SAMHSA (2014)

Reframe the Social History as Self-Care

- We all have various ways of taking care of ourselves...
- Some are health-promoting (connection to community, friends/family, spirituality, healthy food, exercise, sleep, sex, etc.)
- Others may sometimes be harmful (tobacco and substance use, binging/purging, high-risk sexual activity, etc.)
- What are some of the ways you take care of yourself?
- Are you satisfied with the ways you take care of yourself? Any concerns or things you'd like to talk about?

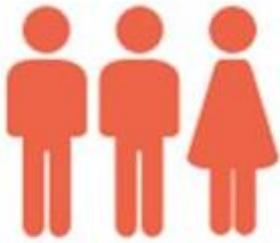
Trauma-Informed Physical Exam



Tailor Counseling

- Nonjudgmental
- Focused on harm reduction
- Builds on a person's strengths

Sexual History



Partners



Practices



**Past History
of STDs**



**Protection
from STDs**



**Pregnancy
Plans**

Sexual and Relationship Satisfaction



- Different people enjoy different forms of sexual stimulation and sexual play
- Multitude of sexual practices, including scissoring; fingering; oral sex; penetrative vaginal or anal sex; sex toys/vibrators; BDSM, etc.
- Monogamous, open, and polyamorous relationships

Intimate Partner Violence (IPV)



- Routinely screen SMW of all ages, using a culturally-relevant screening tool



Suggested IPV Screening Questions

Many patients have health problems due to abuse from a partner. By “partner”, we mean current or former... husband or wife, boyfriend or girlfriend, domestic partner, romantic partner, or sex partner.

Your answers help your provider give you the best possible care. Your provider will offer you further resources if you are interested.

If you prefer not to answer, please check the box below.

I prefer not to answer these questions.

In the past year, did a current or former partner...

Make you feel cut off from others, trapped, or controlled in a way you did not like?

• Yes No

Make you feel afraid that they might try to hurt you in some way?

• Yes No

Pressure or force you to do something sexual that you didn't want to do?

• Yes No

Hit, kick, punch, slap, shove, or otherwise physically hurt you?

• Yes No

<https://www.lgbthealtheducation.org/lgbt-education/webinars/>



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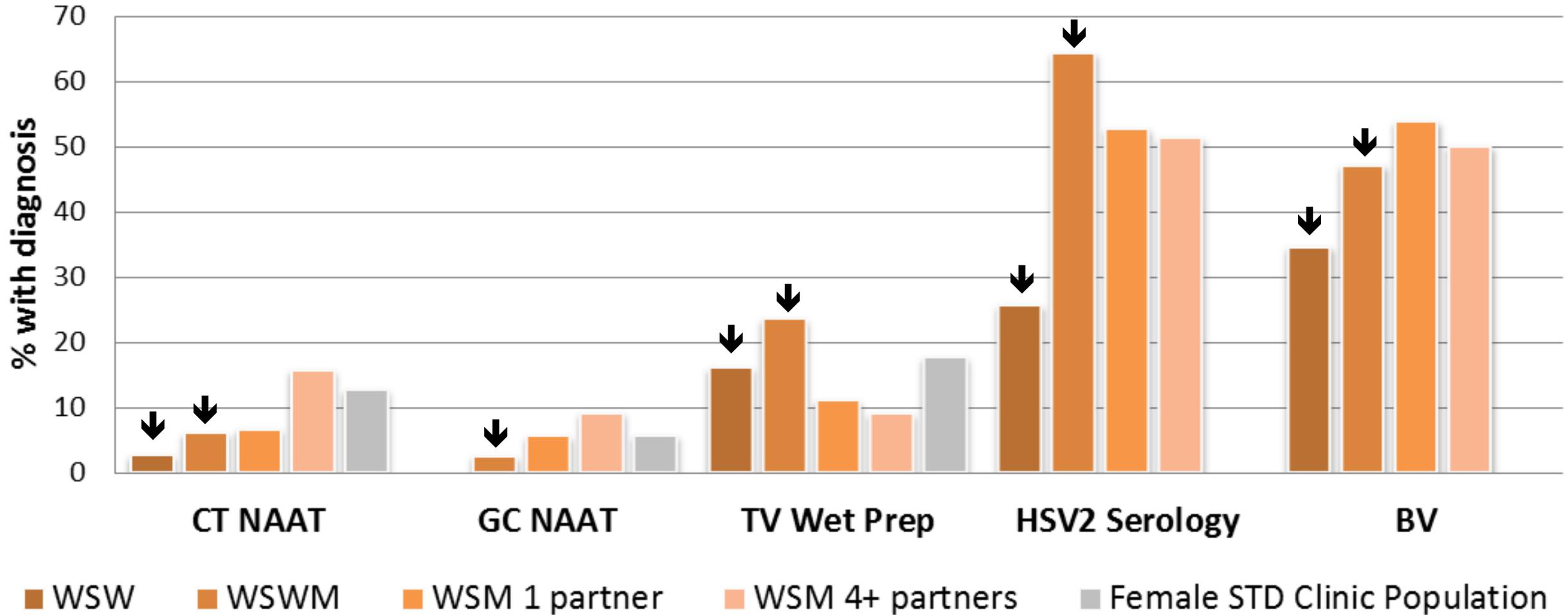
After disclosure...

- Refer to culturally-relevant violence prevention and recovery programs



<https://www.futureswithoutviolence.org/health/lgbtq-ipv/>

STIs among SMW by Partner Gender/Number

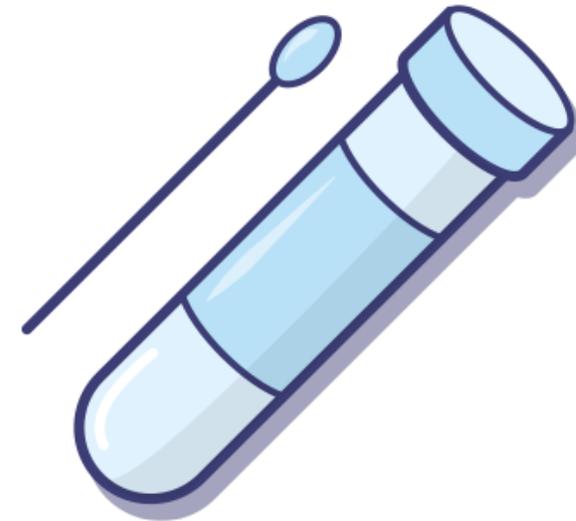


STI Prevention and Screening



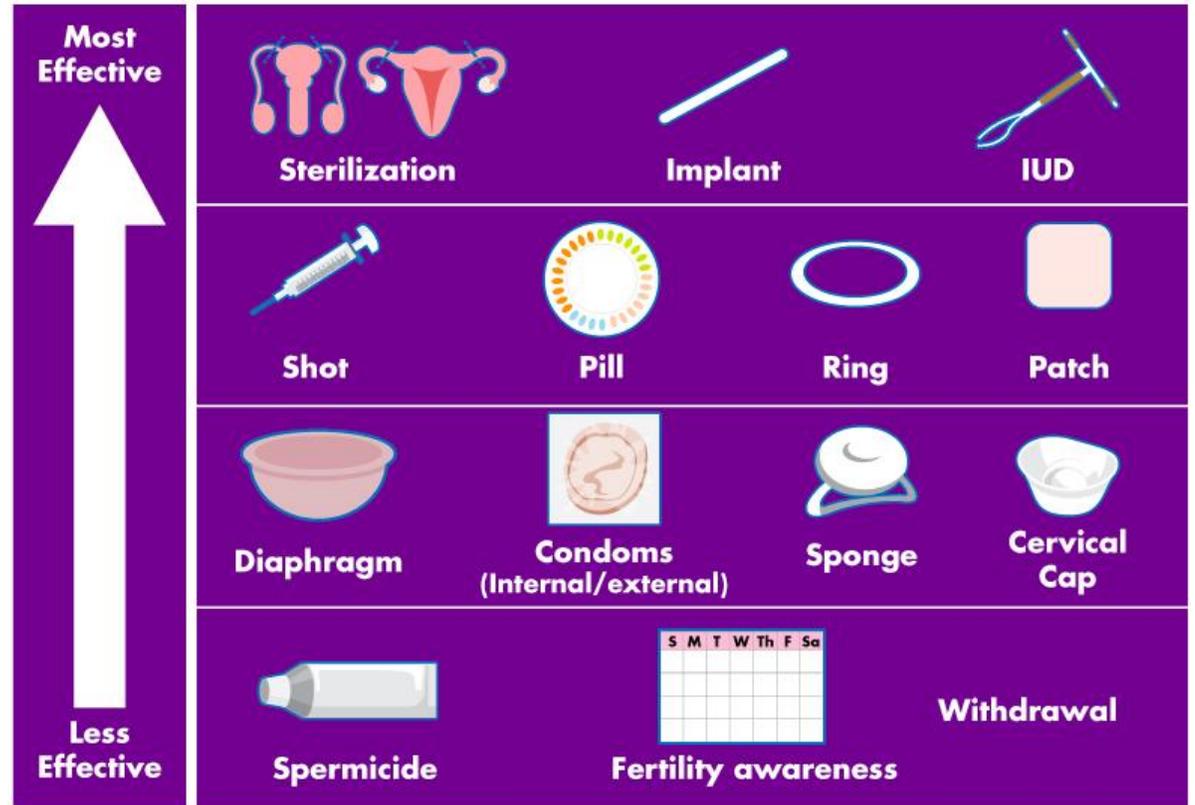
- Screen all sexually active SMW for STIs, according to behavioral risk factors.

- <https://www.healthline.com/health/lgbtqia-safe-sex-guide#why-we-need-it>



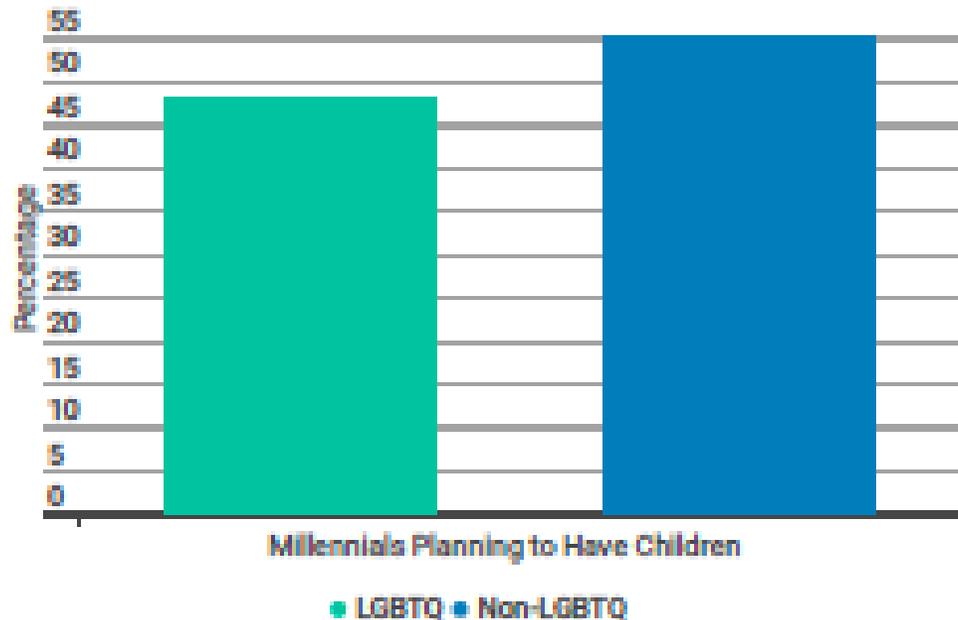
Contraception

- Discuss contraception options with at-risk SMW who do not want to become pregnant.



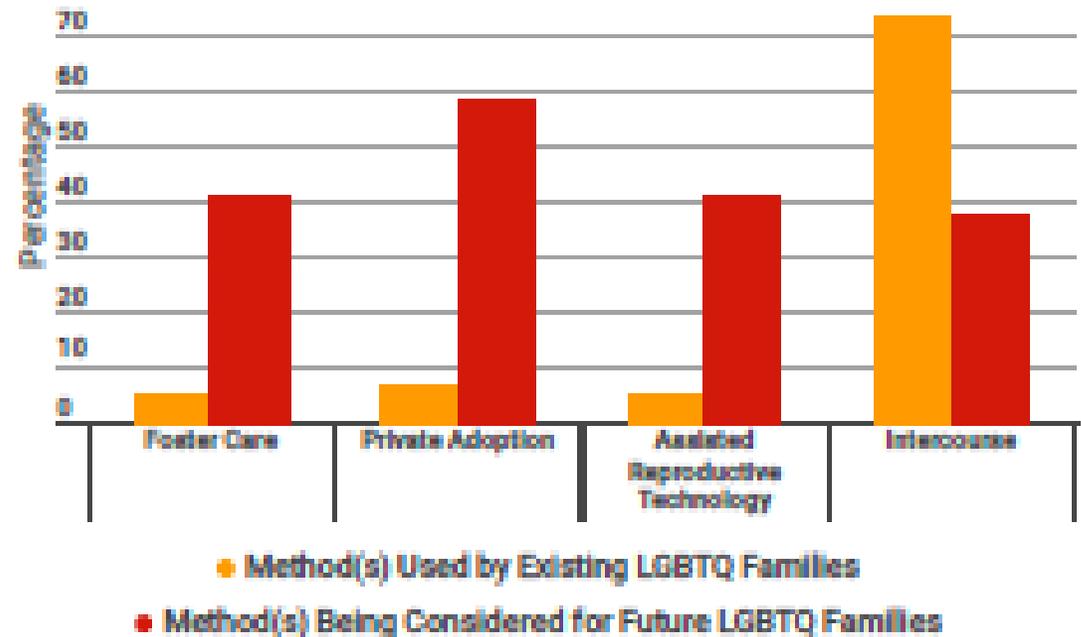
https://www.google.com/search?q=contraception+options&source=lnms&tbn=isch&sa=X&ved=0ahUKEwigsNrylqXiAhWsmuAKHUGkDmEQ_AUIDigB&biw=1440&bih=726#imgrc=Y_xd2TweBMQH_M:

Parenting (Family Equality Council Data)



48% of LGBTQ millennials are planning to have children

Methods used are changing dramatically



Depression

- Screen all SMW routinely
- Always assess suicidal ideation
- Refer to culturally sensitive mental health providers
- Peer support beneficial

PHQ-2 Questions

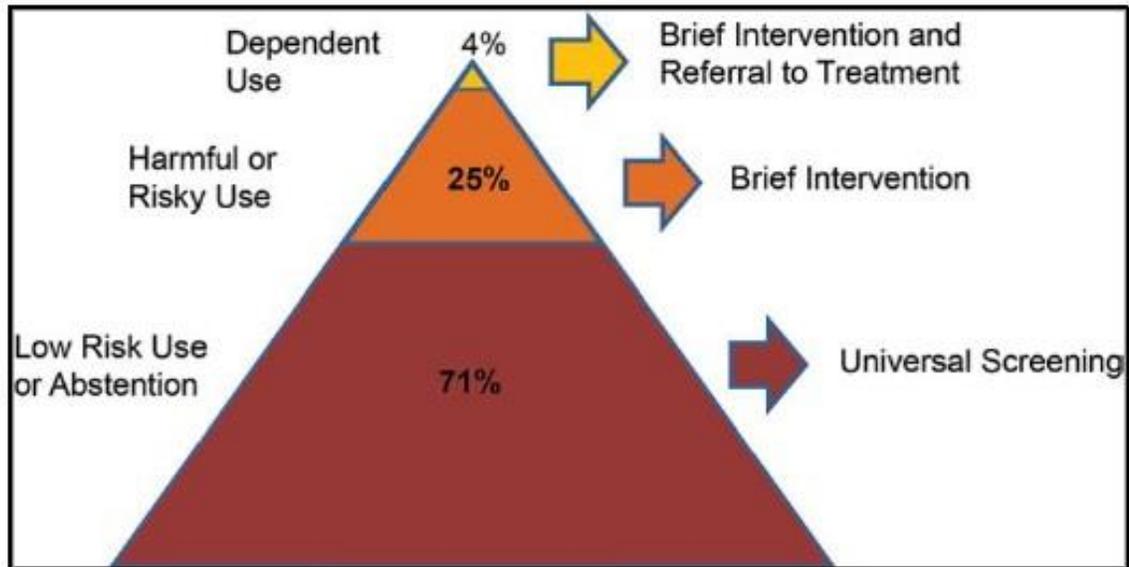
<i>Over the last 2 weeks how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

- A cut-off score ≥ 3 is **positive**

Alcohol and Drug Use

SBIRT

- *Screening*
- *Brief Intervention*
- *Referral to Treatment*



LGBT-FRIENDLY
Addiction Treatment



HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

TAKE
Pride

LEAVE
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Pride and smoking don't go together.
Not smoking is something you can be proud of.

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This project was made possible by funds from the Illinois Department of Public Health.

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VERSION
OF US IS
SMOKE FREE**

#SmokeFreeStillFierce

**I STOPPED USING
A CIGARETTE AS
MY FRIEND AND
REACHED OUT TO
MY ACTUAL FRIENDS**

#SmokeFreeStillFierce

LGBT

HEALTHLINK

THE NETWORK FOR HEALTH EQUITY

Dr. Smith reviews the medical assistant's documentation and sees that Aliana's BMI is 35.

How should Dr. Smith address this with Aliana?

Body Size and Body Image

SMW vs. Heterosexual Women

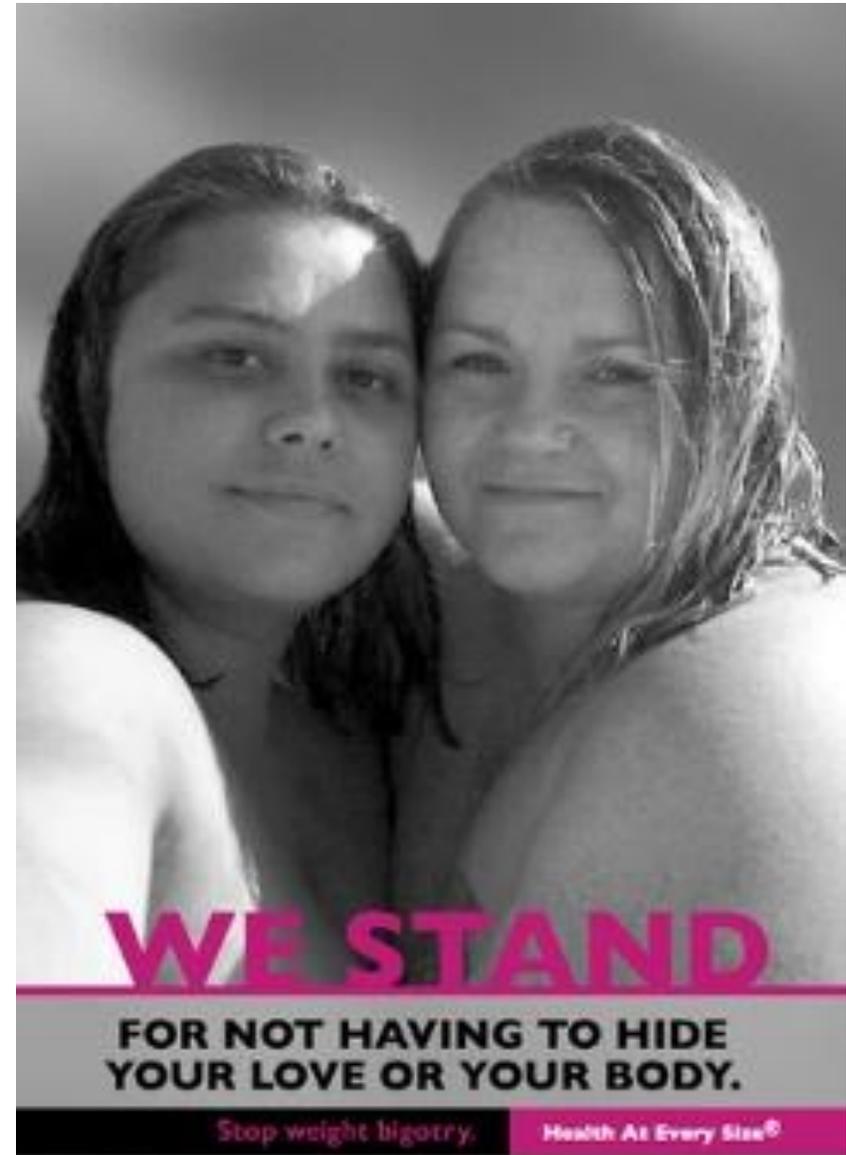
- More likely to be overweight or obese
- More likely to binge eat or use purgatives
- Less likely to be motivated to change behavior in order to lose weight
- More likely to be motivated by physical health and well-being

Things to Think About

- Cultural rejection of heterosexual norms
- Impact of weight stigma added to sexual minority stress
- Traditional weight loss approach is problematic:
 - Inaccurate tenets
 - Poor long-term effectiveness
 - May cause unintended harm

New Paradigm

- Shift focus from weight → **health**
- Promote self-esteem, body satisfaction, and respect for body size diversity
- Encourage feasible behavior to improve health/energy/strength/QOL
- Connect SMW with supportive community
- Health at Every Size Principles:
<https://www.sizediversityandhealth.org/content.asp?id=76>



Aliana's last Pap test was 5 years ago.
Does she need another one now?

What else can Dr. Smith do to reduce
Aliana's risk of developing cervical cancer?

Cervical Cancer Prevention and Screening

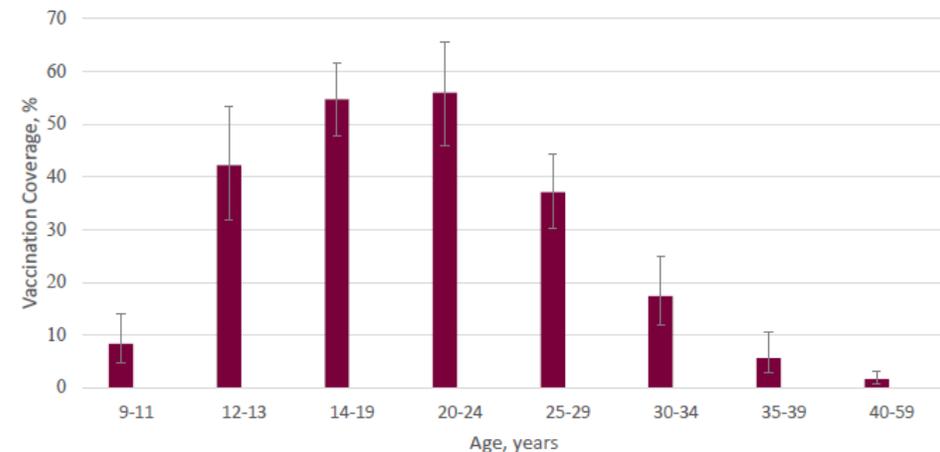
Cervical Pap Testing

- All sexually active women are at risk for cervical cancer
- Screen all women according to published guidelines

HPV Vaccination

- All sexually active women are at risk for acquiring HPV
- Vaccinate all women to age 45

HPV vaccination coverage of ≥ 1 dose among females NHANES, 2015–2016



Adapted from Lewis and Markowitz, Vaccine 2018

NHANES, National Health and Nutrition Examination Survey

Other Screenings as for All Women

Cardiovascular

- Blood pressure
- Cholesterol

Cancer

- Mammograms
- Colon cancer screening

Other

- Bone density



Summary (General Comments about SMW)

- Compared to heterosexual women, SMW experience ↑stigma, discrimination and violence; ↓access to healthcare; ↑prevalence of health risk behaviors; and ↑rates of adverse health outcomes.
- Compared to white SMW, racial/ethnic minority SMW face ↑minority stress and ↑health disparities.
- Despite these challenges, SMW demonstrate strength, resilience, and PRIDE in the face of adversity.

Summary (Differential Outcomes for Lesbians and Bisexual Women)

- Compared to bisexual women, **lesbians** are less likely to receive routine reproductive healthcare.
- Compared to lesbians, **bisexual women** are more likely to experience victimization and poverty, and evidence higher rates of mood and anxiety disorders.

Summary (Implications for Clinical Practice)

- SMW utilize a variety of strategies to cope with minority stress, including both health risk and health-promoting behaviors.
- Clinicians can help by adopting trauma-informed care principles and supporting SMW's strengths and resilience.



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Thank you!

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