

THE NATIONAL LGBT HEALTH EDUCATION CENTER



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Lesbian and Bisexual Women's Health: Prevention, Wellness, and Empowerment

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This publication was produced by the National LGBT Health Education Center, The Fenway Institute, Fenway Health with funding under cooperative agreement# U30CS22742 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of HHS or HRSA.

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Disclosure: No relevant financial relationships. Content of
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Growing Acceptance





People Left Behind



How can health centers and providers help?



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Learning Objectives

At the end of this webinar, participants should be able to:

1. Describe health disparities and risk factors among lesbian and bisexual women
2. List ways to provide patient-centered preventive care to lesbian and bisexual women
3. Explain strategies to promote positive behavioral change among lesbian and bisexual women



Diversity of Lesbian and Bisexual Women

- ❑ All races, ethnicities, ages, religions, geographic regions
- ❑ Single, partnered, with or without children
- ❑ Range of gender expression: very masculine to very feminine
- ❑ May identify their gender and sexuality in different ways

Why Focus on Lesbian and Bisexual Women's Health?

- ❑ Same health issues as all women...but also disparities
- ❑ Same care as for all women...but also unique risks, counseling, and supports
 - Some avoid/delay care due to fear of discrimination, negative reactions
 - Many remain invisible: our patients will not always tell us their sexual orientation



Avoiding Assumptions to Ensure Patient-Centered Care

What patients have to say...

“Please, please, don’t assume that I’m straight. If you ask me a question– like “Do you have a boyfriend?”, it makes me feel invisible and I don’t want to talk to you anymore.”

“I can’t tell you how many times the only question I’ve been asked about sex is: ‘what are you using for contraception?’ I’m a lesbian, and I don’t need birth control.”





Questions about Identity

- “People identify themselves in lots of different ways– male, female; straight, gay, bisexual, transgender, etc. How do you identify yourself?”
- “How would you like to be addressed?”
- “Tell me about yourself...”

Case 1: Coming Out

Celina, 18 years old

Celina (18) is a new patient who tells you she has been attracted to other girls since age 14. She has experimented sexually with both same- and opposite-sex partners, and has slowly come to the conclusion that she is queer. However, she remains closeted at school and at home, and continues to date guys in order to maintain secrecy. She feels very guilty about this, but is afraid her friends will tease her and her parents won't love her anymore if she comes out.



Questions

- What are your concerns?
- How can you provide support?
- What community resources are available to help her, her friends, and family members?



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Youth Risk Behavior Survey, US, 2001-2009

	LGB	Not LGB
Skipped school because felt unsafe	16.9%	4.8%
Threatened or injured with a weapon	17.0%	6.1%
Dating violence	25.4%	10.2%
Suicide attempt	26.9%	6.4%
Sexual contact against their will	23.2%	7.2%
Lifetime sexual intercourse	68.0%	44.1%

Data from: Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12, Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009 , <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>

What to Address LGB Youth (Ages 12-24)

- Self-esteem
- Isolation
- Safety
- Homelessness
- Sexual risk-taking
- Substance use
 - Tobacco, alcohol, drugs
- Depression, suicide



Showing and Offering Support

- ❑ Communicate that having attractions to women is a normal expression of sexuality
- ❑ Remain positive and affirming
- ❑ Assess connection to or isolation from LGBTQ resources and communities❑
- ❑ Have available:
 - Referrals to affirmative support groups, community organizations, health and mental health consultants
 - Resources on LGBTQ health issues and support
 - Resources for friends and family members



LGBT Support Hotlines

- ❑ Gay, Lesbian, Bisexual and Transgender Helpline: 888-340-4528
- ❑ Peer Listening Line: 800-399-PEER
- ❑ GLBT National Help Center Hotline: 888-the-GLNH
- ❑ GLBT National Youth Hotline: 800-246-PRIDE



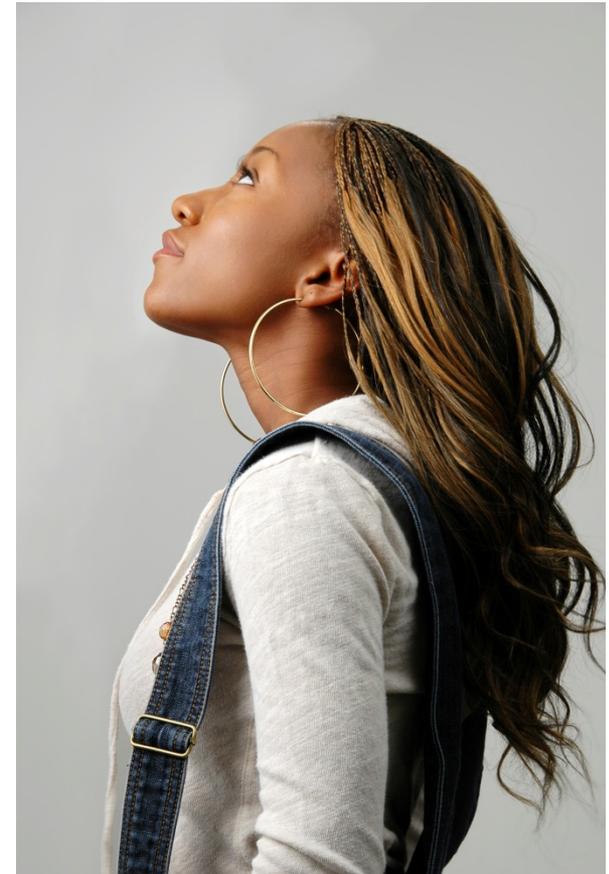
Resources for Patients/Families Organizations and Web Sites

- ❑ Gay, Lesbian & Straight Education Network (GLSEN): <http://www.glsen.org>
- ❑ Human Rights Campaign- Coming Out Pages: http://www.hrc.org/Template.cfm?Section=Coming_Out
- ❑ Parents, Family and Friends of Lesbians and Gays (PFLAG): <http://www.pflag.org>
- ❑ Family Acceptance Project: <http://familyproject.sfsu.edu/>

Case 2: Prevention & Screening

Sherri, 23 years old

Sherri, who self-identifies as a lesbian, presents for primary care. She is monogamous with her partner for 2 years. She has never had a Pap test. She has no complaints.



Questions

Does she need:

- The HPV vaccine?
- A cervical Pap test?
- Other STI testing?
- Discussion on contraception options?
- How would you discuss safer sex?



Sexual Behaviors and Risk

- ❑ Most (75-90%) self-identified lesbians have had at least one prior sexual experience with a man (O'Hanlan,1997; Diamant,1999)

- ❑ Self-identified bisexual/lesbian youth (12-19) were as likely as heterosexual peers to have ever had penile-vaginal intercourse (Minnesota Adolescent Health Survey, 1999, Saweyc)
 - reported a 2-fold higher prevalence of pregnancy

Sexual Behaviors and Risk

- ❑ Women can acquire sexually transmitted infections (STIs) from other women

- ❑ STIs proven to be transmissible purely through same-sex female contact include: HPV, HSV, trichomonas, HIV (Kellock, 1996; O'Hanlan, 1996; Rich, 1993; Troncoso, 1995; Fethers, 2000)

Bacterial Vaginosis

- ❑ Prevalence of BV higher (27%) in lesbians vs. heterosexual women (5-23%)
- ❑ Having a female partner confers a 2-fold risk (meta-analysis, 43 studies)
- ❑ Studies of monogamous female couples show a high concordance for BV (73-95%)
- ❑ Etiologic factors:
 - Exchange of vaginal secretions
 - BV infectious for longer in women
 - Frequent sharing of sex toys- often without a condom

Stratified Risk of Sexual Practices for Lesbian and Women

Level of Risk	Activity
Low-Risk	<ul style="list-style-type: none">▪ Clothed genital stimulation▪ Nipple stimulation▪ Sex toy use with condoms
Risky	<ul style="list-style-type: none">▪ Cunnilingus without a barrier▪ Vaginal or anal-digital insertion without a condom▪ Vaginal or anal fisting without gloves
High-Risk	<ul style="list-style-type: none">▪ Cunnilingus during menses without a barrier▪ Unprotected anal rimming▪ Shared sex toys without changing condoms



Cervical Cancer Risk

- ❑ Lesbian/bi women have multiple risk factors:
 - Higher smoking rates
 - Higher obesity rates
 - Much lower screening rates (e.g., Charlton, 2011: lesbian; 75% lower odds; Bi: 30% lower odds)

- ❑ Higher lifetime prevalence of cervical CA in bisexual compared to heterosexual women (2.2% vs. 1.3%) (Valanis, Arch Fam Med 2000: US Cohort Study, N=93,311 post-menopausal women)



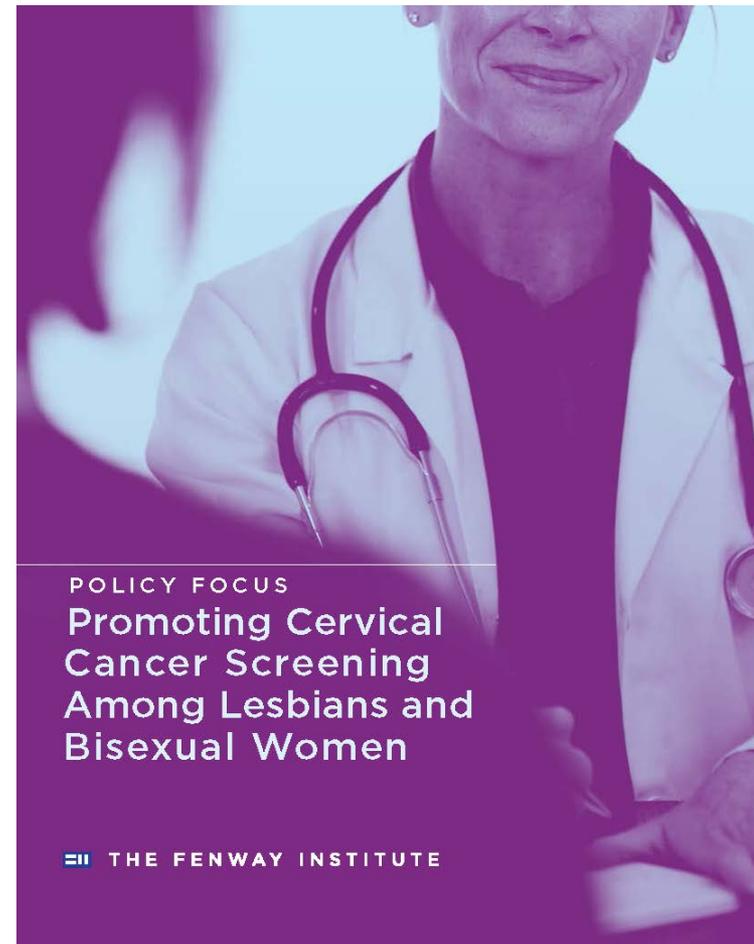
Reasons for Reduced Adherence to Screening

- ❑ 36% of lesbians in a 2001 Seattle, WA study had not had a Pap smear in the previous 2 years
- ❑ Reasons cited:
 - 42%: No medical insurance
 - 26%: Previous adverse experiences with screening
 - 22%: Believed not necessary if not sexually active with men
 - 10%: Told not necessary if not sexually active with men
 - 11%: Didn't know where to get one

(Marrazzo, et al AJP, 2001)

Cervical Cancer Prevention Recommendations

- ❑ HPV vaccine for all girls and women, ages 9-26
- ❑ Follow published cervical cancer screening guidelines as for ALL women
- ❑ FTM patients who have a cervix remain at risk and require routine Pap tests





Questions about Sexual Behavior

- ❑ “Are you having sex?”
 - In the past six months, year?

- ❑ “Who are you having sex with?”
 - “Anyone else?”

- ❑ “What kinds of sexual contact do you have?”
 - Manual stimulation (hand on vulva/anus/penis)
 - Oral stimulation (mouth on vulva/anus/penis)
 - Vaginal penetration (with hands, sex toys, penis)
 - Anal penetration (with hands, sex toys, penis)



Questions about Safer Sex

- “How do you protect yourself against STIs?”
- “Do you use protection every time you have sex?”
- “Would you tell me if you hadn’t?”
- “How often do you use condoms/dental dams for oral sex?” “Vaginal sex?” “Anal sex?”

Sexual History ToolKit

www.lgbthealtheducation.org/publications



TAKING ROUTINE SEXUAL HISTORIES: A System-Wide Approach for Health Centers

February 2013

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 NATIONAL ASSOCIATION OF
Community Health Centers

Sexual Risk Assessment^{2, 3}

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:



The following risk assessment questions are organized according to these categories.

PARTNERS

These questions should already have been covered during the First Three Questions of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (if both, ask the next question twice—once for male partners, and once for female partners)
- How many sexual partners have you had in the past six months?
Additional risk questions about partners:
- Have you ever had sex with someone you didn't know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?

PRACTICES AND PROTECTION FROM STDs

Some patients respond better to open-ended questions about their sexual practices, and some prefer yes or no questions. For transgender patients, younger patients, and women who have sex with women, for example, you may find that open-ended questions are preferred and may bring you more

² This risk assessment has been adapted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: <http://www.cdc.gov/lgbthealth/>

³ STD/HIV Risk Assessment & Risk Reduction: A Quick Reference Guide, March 2008. Mountain Plains AIDS and Education Training Center, Seattle STD/HIV Prevention Training Center.

Safer Sex Supplies



STI Prevention and Screening Recommendations

- ❑ Screen all women for chlamydia and HIV according to published guidelines
- ❑ Test for other STIs according to exposures and symptoms
- ❑ Treat female partners of women who have BV
- ❑ Offer valacyclovir prophylaxis to affected partner in HSV-discordant couples
- ❑ Provide culturally relevant safer sex counseling

Asking about Contraception

- Ask (“Do you have a need for...”, not “What do you use for”)
- Provide information (“If you have a need for contraception in the future...”)
- Be sure WSW are aware of the availability and how to use emergency contraception



Sexual Health Information

- ❑ www.lesbianstd.com (U of Washington)
- ❑ The Sexuality Information and Education Council of the US <http://www.siecus.org/>
- ❑ American Social Health Association <http://www.ashastd.org/>



Case 3: Family and Parenting

Allison, 37

Allison is a single lesbian (BMI 35) who presents with her best friend, a 34 y.o. gay man. The duo has decided they would like to parent together and want your advice.



Questions

- How common is this kind of request?
- Do you have any concerns?
- What parenting options are available?
- What are the pros and cons of each?
- What resources can you direct them to?

An LGB Baby Boom?

- ❑ 41% of lesbians wish to have children
(Gates, 2007)
- ❑ Random sample of households in 15 major US cities (Kaiser Family Foundation, 2001):
 - 8% of LGB were parents or legal guardians of a child under age 18
 - Among those who were not yet parents, half (49%) expressed desire to parent in the future

Parenting Options

- Children from previous heterosexual relationships
- Conceived through alternative insemination or surrogacy
- Adoption or foster parenting
- Blended families- step-parenting
- Extended networks of family/friends



Conception Options

- Depends on:
 - Natal sex
 - Requisite reproductive anatomy
 - Whether or not they are fertile
 - Whether a biological connection is important



What to Address

- ❑ Parenting options:
 - Logistics, safety, effectiveness, family/legal ramifications
- ❑ Pertinent counseling and referral to appropriate ART services
- ❑ GOALS: to optimize fertility and minimize pregnancy complications:
 - Older age at presentation
 - Sexual minority stress + stress a/w cost of services
 - Higher BMI among lesbians, FTM trans persons
 - Consider also TOB, EtOH, drugs



Parenting Resources

- ❑ Alternative Families:
<http://www.alternativefamilies.org/>
- ❑ The Organization of Parents through Surrogacy:
<http://www.alternativefamilies.org/>
- ❑ Rainbow Families:
<http://www.familyequality.org/rainbowfamilies/>
- ❑ Fenway Community Health Alternative Insemination Program: <http://fenwayhealth.org>





Case 4: Woman at Midlife

Jan, 52

Jan returns for an annual check up. LMP was 9 months ago, but she had some brown spotting last week. Paps previously normal. She smokes 1 ppd and drinks 2 glasses of wine nightly. BMI is 38. In a long-term relationship with a woman of similar age.



Questions

- What are your concerns?
- How will you address these concerns?
- In addition to doing a Pap test, what other screening will you recommend?
- What will you recommend for her as she ages?

What to Address

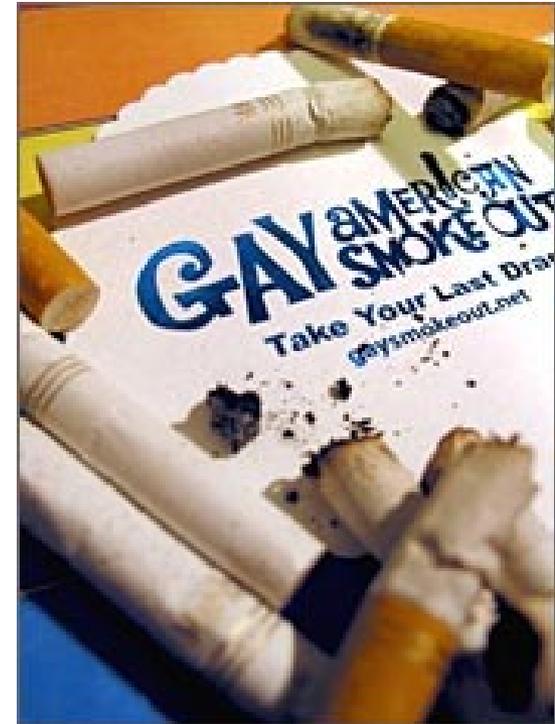
- ❑ Smoking, EtOH use, elevated BMI
- ❑ At risk for related conditions, including: DM, CVD, lung/breast/endometrial/colon cancers
- ❑ Discuss healthy lifestyle
- ❑ Check metabolic parameters (BP, fasting BS or A1c, lipids)
- ❑ Recommend mammograms/colonoscopy and w/u abnormal uterine bleeding aggressively

Tobacco Use Risk

- ❑ Smoking rates nearly twice those of heterosexual women (29.8% vs. 17%) (Tang et al, 2004; Burgard et al, 2005)
- ❑ Use is associated with multiple morbidities

Tobacco Screening and Cessation

- ❑ Screen all patients
- ❑ Offer cessation counseling
- ❑ LGBT-specific smoking cessation programs:
 - Network for LGBT Health Equity
<http://lgbthealthequity.wordpress.com>
 - The Last Drag, San Francisco
<http://www.lastdrag.org>
 - The LGBT Smoke-Free Project
<http://www.gaycenter.org/health/smokefree>





Alcohol & Drug Use Risk

- ❑ Compared to heterosexual women, lesbian and bisexual women have been shown to:
 - Consume more alcohol, more frequently (Burgard, et al 2005; Case et al 2004)
 - Have higher lifetime use of marijuana, cocaine, and other drugs (Cochran, Ackerman, Mays, 2004)

Alcohol & Drug Screening and Treatment

- ❑ Screen all patients for drug use and problem drinking
 - <http://www.alcoholscreening.org/>

- ❑ Culturally-competent addiction services:
 - National Association for Gay and Lesbian Addiction Professionals <http://nalgap.org>
 - Pride Institute <http://www.pride-institute.com>

A Safe Place for A Fresh Start

For over 25 years PRIDE Institute has offered hope and healing for lesbian, gay, bisexual and transgender people to fight their addictions in a safe and supportive environment.

Do You Struggle With...

sobriety calculator

Insert the date of your first day sober.

date



START

events calendar

05/14/2013 at 09:30 am CST

Aviation Industry Open House [Info & Registration](#)

05/18/2013 at 01:00 pm

MN Trans Health & Wellness Conference [Info & Registration](#)

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Overweight and Obesity Risk

- ❑ Lesbians have higher prevalence of overweight and obesity compared to all other women (Bowen 2008; Boehmer 2007)
- ❑ Body image and perceptions of physical attractiveness may differ
- ❑ Exercise behavior not tied to thinness as is true for bisexual and heterosexual women
- ❑ Potential consequences: HTN, dyslipidemia, DM, CVD, GB disease, OA, OSA, endometrial/breast/colon CAs

Valanis et al, 2000; Boehmer et al, 2007;
Bowen & Balsam, 2008

Obesity Screening and Interventions

- ❑ Calculate BMI for all patients
- ❑ Rule out metabolic syndrome
- ❑ Provide or refer for behavioral counseling
- ❑ Culturally-specific interventions have yet to be developed

Cardiovascular Disease Risk

- ❑ Lesbians may be at increased risk due to:
 - More risk factors (stress, smoking, overweight)
 - Less attention to cardiac risk factors
- ❑ Screen, support behavioral change, treat as per general population recommendations

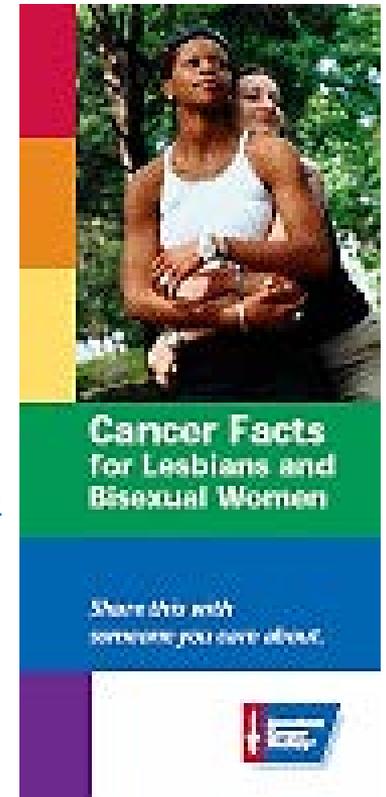


Cancer Risk

- ❑ Lesbians may be at greater risk for breast, cervical, colon, endometrial and lung cancer due to:
 - More risk factors (nulliparity, smoking, drinking, overweight and obesity)
 - Lower screening rates (Pap tests, mammograms, colonoscopy)

Cancer Screening and Prevention

- ❑ Assess and address lifestyle RFs
- ❑ Follow accepted screening guidelines as for the general population
- ❑ LGBT-specific cancer resources:
 - American Cancer Society Pamphlet for Lesbian and Bisexual Women
<http://www.cancer.org/downloads/COM/CancerFactsfor%20Lesbians03.pdf>
 - The Mautner Project
<http://www.mautnerproject.org/>
 - National LGBT Cancer Network
<http://www.cancer-network.org/>





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OUT & SURVIVING

Diagnosed with cancer?

You deserve to have your whole self be welcomed into treatment and have your family of choice be present for support.

Use our directory to help you find an LGBT-friendly cancer treatment facility near you.

[▶ FIND A TREATMENT FACILITY](#)



Jay Kallio, transgender breast cancer survivor with his beloved 17 year old cat, Minou, who had gastric lymphoma.

Take Care of That Body

Create a personal cancer risk report



[DONATE NOW](#)

Help support our work and get the message



Mental Health Risk

- ❑ Compared to heterosexual women, lesbians have been shown to have:
 - A higher prevalence of Generalized Anxiety Disorder (14.7% vs. 3.8%)
 - A higher rate of utilizing mental health services in the past 12 months (66% vs. 36%)
 - An increased lifetime prevalence of suicidal ideation (Cochran et al, 2003; Hughes et al, 2006)

Mental Health Screening and Services

- ❑ Screen all patients for depression/anxiety

- ❑ LGBTQ affirmative services are crucial:
 - American Psychological Association, Lesbian, Gay, & Bisexual Concerns Office <http://www.apa.org/pi/lgbc>
 - Association for Gay, Lesbian, & Bisexual Issues in Counseling <http://www.aglbic.org>
 - Association of Gay and Lesbian Psychiatrists <http://www.aglp.org>
 - Gay and Lesbian International Therapist Search Engine <http://www.glitse.com>
 - National Association of Social Workers, National Committee on Lesbian, Gay, & Bisexual Issues <http://www.socialworkers.org>



Violence Victimization Risk

- ❑ Domestic violence occurs in same-sex relationships at same rate as heterosexual relationships
- ❑ Physical and verbal harassment and violence based on sexual orientation are common
 - e.g. sexual assault against lesbians to “fix” them or prove something

Violence Victimization Screening

- ❑ **RADAR:** Remember to ask, **A**sk directly, **D**ocument information, **A**ssess safety, **R**eview options
- ❑ Ask without partner/caregiver present
- ❑ Violence prevention resources:
 - Hate Crime.org <http://www.hatecrime.org>
 - National Coalition of Anti-Violence Programs <http://www.ncavp.org>
 - National Domestic Violence Hotline <http://www.ndvh.org>
 - Sexual Assault Hotline 800-656-HOPE
 - The Network/La Red: Ending abuse in lesbian, bisexual women's and transgender communities <http://www.thenetworklared.org>
- ❑ See our on-demand Webinar on Domestic Violence

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Anti-violence projects

Transgender Survivors of Domestic Violence and Other Crimes – Working with Providers

In 2011, FORGE was awarded a 3-year grant from the Office on Violence Against Women to provide training and [technical assistance](#) to professionals who work with victims of domestic violence, sexual assault, stalking, and dating violence. We are delivering monthly training webinars and monthly [fact sheets](#) designed to increase providers' knowledge of transgender people and issues, and to improve their ability to provide respectful and culturally-competent care to survivors of those four crimes. We will also be sponsoring a national conference on these topics in 2013.

FORGE is also a partner in the LGBT training and technical assistance resource center funded by the Office on Violence Against Women and led by the [National Coalition of Anti-Violence Programs \(NCAVP\)](#). Currently, FORGE is working with the [Wisconsin Coalition Against Domestic Violence](#) and the [Wisconsin Coalition Against Sexual Assault](#) to develop policies and procedures that will enable their member organizations to better serve LGBT survivors.

Transgender Sexual Violence Survivors – Working with Providers

In 2009, FORGE was awarded a 3-year grant from the U.S. Department of Justice's Office for Victims of Crime (OVC) to help professionals better

News → SEE ALL



JUNE 18TH, 2013
#Trans101 Twitter Chat

Events → SEE ALL

Jun 2013

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Healthcare Protections

- ❑ Advance directives:
 - Health care proxy
 - Living will
- ❑ Hospital visitation

Resources for Older LGBT Adults

- ❑ LGBT Aging Project: <http://www.lgbtagingproject.org>
- ❑ Gay and Lesbian Association of Retiring Persons: <http://www.gaylesbianretiring.org>
- ❑ The Lesbian and Gay Aging Issues Network <http://www.asaging.org/networks/index.cfm?cg=LGAIN>
- ❑ The Mautner Project <http://www.mautnerproject.org/>
- ❑ Gay and Lesbian Elder Housing: <http://www.gleh.org>
- ❑ Senior Action in a Gay Environment: <http://www.sageusa.org>



LGBT Bereavement Support Group

The LGBT Bereavement Support Group is the first state wide initiative to address loss in the LGBT community. The program is funded by the Department of Public Health and it is facilitated by Ethos, and elder service agency in Jamaica Plain and The LGBT Aging Project.



This initiative consists of six free LGBT Bereavement Groups each in different parts of the state. Each group will run for six consecutive weeks and will be led by a licensed clinical social worker who specializes in bereavement issues in the LGBT Community. The free group is open to any lesbian, gay, bisexual or transgender individuals who have experienced the loss of a loved one (family member, friend, partner/spouse).

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LGBT Bereavement Support Group

For Lesbian, Gay, Bisexual or Transgender people of all ages coping with the loss of a loved one.



A FREE six week group for anyone grieving the loss of a partner/spouse, parent, family member or friend.

You are not alone

- A safe and welcoming environment to process your loss
- Strategies for healing by moving forward with your life

Boston Group Forming
 Wednesday Evenings 6:00 to 7:00pm
 Starting October 22, 2008
 For more information or to register:
 Call Beth Prullaga, LCSW (#1.3.695.2226)



Thank you!

