A LEADER’S ROLE IN ADDRESSING LGBT HEALTH IN ACADEMIC MEDICINE

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Learning Objectives

Empower leaders to ensure LGBT diversity and inclusion by:

1. providing a clinically-relevant overview of LGBT health disparities and their cost to healthcare
2. increase awareness of the current gaps in LGBT academic medicine
3. highlight the role of leadership in successful LGBT initiatives
4. outline easy wins for leadership to integrate and evaluate LGBT initiatives at their own institutions
OUTLINE

I. Overview of LGBT Health
II. Gaps in Academic Medicine
III. Role of Leadership & Administration
IV. Easy Wins for LGBT Inclusion
OVERVIEW: TERMINOLOGY

- Identity
- Attraction
- Behavior
**Overview: Terminology**

**SEX**
Biology and anatomy that determines if a person is 46,XY (“male”), 46,XX (“female”), or another karyotype.

**GENDER**
Set of culturally-defined physical, biological, mental, and behavioral characteristics ascribed to a binary of “masculinity” and “femininity.”
OVERVIEW: TERMINOLOGY

Sexual Orientation

- emotional and sexual attraction

Identity
- Lesbian
- Gay
- Bisexual
- Straight

Attraction / Behavior
- Same sex
- Opposite sex
OVERVIEW: TERMINOLOGY

- **Gender Identity**
  - a person’s sense of their own gender
  - Transgender
  - Cisgender
  - MTF/FTM
  - Genderqueer

- **Behavior**
  - Gender expression
  - Surgical intervention
  - Hormonal intervention
<table>
<thead>
<tr>
<th>Common Assumptions</th>
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</thead>
<tbody>
<tr>
<td>• Heterosexuality</td>
</tr>
<tr>
<td>• All patients use traditional labels</td>
</tr>
<tr>
<td>• Sexual orientation is based on appearance</td>
</tr>
<tr>
<td>• Sexual identity is based on behavior</td>
</tr>
<tr>
<td>• Sexual behavior based on identity</td>
</tr>
<tr>
<td>• Identity and behavior don’t change</td>
</tr>
<tr>
<td>• Gender identity = sexual orientation</td>
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</tbody>
</table>
OVERVIEW: HEALTH DISPARITIES

• LGBT Health Disparities
  - Access to Care
  - Health Outcomes and Treatment
  - Cultural Barriers

• Medicine Contributes to Disparities
  - Negative environment
  - Bias and discrimination
  - Lack of appropriate education
  - Poor cultural sensitivity / communication
  - Limited outreach and advocacy
  - Pathologizing

• National Support
  - Presidential Executive Orders
  - Joint Commission Standards
  - Affordable Care Act
  - Department of Health & Human Services
  - NIH: Research on the Health of LGBTI Populations
OVERVIEW: HEALTH DISPARITIES

LGBT Health Outcomes
- 3-7x increased risk for suicide
- 10% report attempted suicide in the past year
- increased risk for obesity, cardiovascular disease, and certain cancers
- outcomes must be considered across the lifespan (children, adolescents, adults, elderly) and intersectional identities

LGBT Access to Care
- 2x more likely to be uninsured
- 56% of LGB and 70% of transgender patients report bias/discrimination when accessing care
- pronounced in minority, rural, and lower income LGBT patients
GAPS IN ACADEMIC MEDICINE

Percentage of Medical Schools Teaching LGBTI-Related Topics in the Required Curriculum

- Sexual Orientation: 85.4%
- HIV: 82.4%
- Gender Identity: 75.2%
- STIs (not HIV): 72.8%
- Safer Sex: 70.6%
- Intersex / DSD: 64.0%
- Barriers to Accessing Medical Care: 63.5%
- Mental Health: 59.1%
- Adolescent Health: 50.0%
- Unhealthy Relationships: 48.2%
- Coming Out: 47.4%
- Alcohol, Tobacco, Drug Use: 42.6%
- Chronic Disease Risk: 39.7%
- Sex Reassignment Surgery: 36.5%
- Body Image: 33.1%
- Transitioning: 30.9%

Obedin-Maliver, et. al. JAMA 2011
GAPS IN ACADEMIC MEDICINE

Perceived Barriers to Including LGBT Content in a Course

- Lack of instructional time: 57.9%
- Lack of relevance to my course content: 42.1%
- Lack of professional development on this topic: 36.8%
- Lack of validated content: 10.5%
- Lack of personal comfort with this topic: 10.5%

N=14 faculty representing 19 courses and clerkships

Tamas et. al. Academic Psychiatry, 2010
GAPS IN ACADEMIC MEDICINE

Strategies Cited as Currently or Potentially Successful in Increasing LGBT-Related Content in Curricula (N=132 academic medicine deans)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>No. (%) [95% CI] of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curricular material focusing on LGBT-related health/health disparities</td>
<td>77 (58.3) [49.9-66.7]</td>
</tr>
<tr>
<td>Faculty willing and able to teach LGBT-related curricular content</td>
<td>67 (50.8) [42.2-59.3]</td>
</tr>
<tr>
<td>More time in the curriculum to be able to teach LGBT-related content</td>
<td>63 (47.7) [39.2-56.2]</td>
</tr>
<tr>
<td>More evidence-based research regarding LGBT health/health disparities</td>
<td>61 (46.2) [37.7-54.7]</td>
</tr>
<tr>
<td>Questions based on LGBT health/health disparities on national examinations (eg, USMLE)</td>
<td>60 (45.5) [37.0-53.9]</td>
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<tr>
<td>Curricular material coverage required by accreditation bodies</td>
<td>60 (45.5) [37.0-53.9]</td>
</tr>
<tr>
<td>Methods to evaluate LGBT curricular content</td>
<td>58 (43.9) [35.5-52.4]</td>
</tr>
<tr>
<td>Logistical support for teaching LGBT-related curricular content</td>
<td>40 (30.3) [22.5-38.1]</td>
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<tr>
<td>Increased financial resources</td>
<td>35 (26.5) [19.0-34.0]</td>
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Abbreviations: CI, confidence interval; LGBT, lesbian, gay, bisexual, and transgender; USMLE, United States Medical Licensing Examination.

aResponses are from question 13: “What strategies do you think are or would be successful in increasing LGBT-specific content at your institution?” (eAppendix).

Obedin-Maliver, et. al. JAMA 2011
## GAPS IN ACADEMIC MEDICINE

Experience of LGB medical students is similar to the general population

<table>
<thead>
<tr>
<th></th>
<th>Stress</th>
<th>Social Isolation</th>
<th>Social support</th>
<th>Financial concern</th>
<th>Emotional Climate</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↑</td>
<td>↓</td>
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M2 AAMC MSQ (n=3,466 students)

Koenig, Caulfield, & Grbic, AAMC 2013 Annual Meeting
The experience of faculty, staff, and patients within academic medicine likely parallels that of medical students.
ROLE OF LEADERSHIP & ADMINISTRATION

QUESTION 1
How do I know what to do?

QUESTION 2
How do I know where to look for guidance?
ROLE OF LEADERSHIP & ADMINISTRATION

Engagement!

Microscopic
- Explore policies, metrics

Macroscopic
- Asking the questions

Approach from three vantage points
- Students, Schools, Systems
**STUDENT EDUCATION**

How do we approach LGBT diversity in medical student education?

How are we teaching our students what they need to care for LGBT patients?

- **Physician Competencies**¹
  - 2.5, 4.1, 5.5, 7.1

- **Entrustable Professional Activities**²
  - EPA 1, EPA 9

- **Graduation Questionnaire**³
  - Questions 13, 15

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How do we approach LGBT inclusion from the school/college level?

How do we know our institutional climate is appropriate?

- Functions and Structure of a Medical School¹
  - Curriculum: ED-10, ED-21, ED-22
  - Climate: MS-8, MS-31, MS-31A, IS-16

- LGBT & DSD-Affected Curriculum Competencies²

- Graduation Questionnaire³
  - Question 42

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MEDICAL CENTER/HOSPITAL

How do we approach LGBT diversity and inclusion from the hospital/medical center perspective?
**Reflection Question 1**

What am I doing for LGBT health in my area?

**Reflection Question 2**

What could I be doing for LGBT health in my area?
EASY WINS: START WITH THE BASICS

• Sexual orientation and gender identity/expression in employee and patient non-discrimination policies

• Comprehensive visitation and decision-making rights

• Methods for assessing compliance with reporting - and handling of - policy transgressions

• Seeking input from experts (e.g. formation of an LGBT advisory committee) to support decision-making across the institution
**EASY WINS: FACULTY/EMPLOYEES**

- **Domestic partner benefits** equivalent to spousal benefits
- **Recognition of “family”** equivalent to spousal benefits including sick/maternity leave, tuition remission, etc.
- **Insurance coverage** of medical procedures (transition-related care, HRA, etc.)
- **Hiring policies** recognizing strength of diversity
- **LGBT advocates** across the medical center and human resources
- **LGBT employee resource or affinity group**
EASY WINS: STUDENTS

• **Visible support** of diversity including LGBT

• **LGBT-specific support services**

• Methods to **share LGBT status** on application

• **Consideration of LGBT as a strength** during admissions decisions
EASY WINS: HOSPITALS

• LGBT-inclusive materials in hospital and waiting room
• Gender-neutral or single-stall restrooms
• Inclusive and unassuming clinic and intake forms
• Clinical decision-making technology and tools available for providers to support LGBT-specific care
**Easy Wins: Hospitals**

- **Confidentiality prioritized** for LGBT youth
- **Inclusive education for students/faculty/staff** on LGBT health needs to support patient care
- **Safe Space training** for faculty to gain experience on working with LGBT patients
- **Visibility** of clinicians with LGBT practice focus
- **Community** interaction
ASKING FOR HELP: AAMC RESOURCES

• Diversity Policy and Programs
  www.aamc.org/diversity

• MedEdPORTAL LGBT Health and Disorders of Sex Development Collection
  www.mededportal.org/lgbt

• AAMC LGBT and DSD-Affected Patient Care Advisory Committee
  https://www.mededportal.org/icollaborative/about/initiatives/lgbt

• Health Equity Research and Policy
  www.aamc.org/healthequity/

• Group on Diversity and Inclusion
  www.aamc.org/gdi

• Group on Faculty Affairs
  www.aamc.org/gfa
ASKING FOR HELP: NATIONAL PROGRAMS

Kristen Eckstrand PhD, Jesse Ehrenfeld MD MPH
Directors, Vanderbilt Program for LGBTI Health
Vanderbilt University School of Medicine

Stephen Forssell, PhD
Director, LGBT Health Graduate Certificate Program
George Washington University

Barbara E. Warren PsyD, LMHC
Director for LGBT Health Services
Beth Israel Medical Center/Continuum Health Partners

Baligh Yehia, MD
University of Pennsylvania
ASKING FOR HELP: NATIONAL RESOURCES

