Diversity Resources and Data Snapshots

December 2014 Edition

Diversity Policy and Programs
An Overview of Academic Medicine and Health Care as Experienced by Individuals who are or may be LGBT.

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Part 1: Patients

Lesbian, gay, bisexual, and transgender patients face challenges:

(1) Accessing care
(2) Receiving care
(3) Health outcomes
Accessing Care: Insurance

- Insurance rates based on telephone interviews conducted as part of the Gallup-Healthways Well-Being Index.

- The percentage of LGBT adults without health insurance has decreased significantly since the Affordable Care Act.

Percentage Uninsured in the U.S. by LGBT Status
Do you have health insurance coverage? (% uninsured)

- LGBT
- Non-LGBT

Gallup-Healthways Well-Being Index

Accessing Care: Afford Care

One-quarter of LGBT adults report they did not have enough for money for healthcare needs at least once in 2013, compared with 17% of non-LGBT individuals.

Percentage in the U.S. Struggling to Afford Healthcare or Medicine, by LGBT Status and Gender

Have there been times in the past 12 months when you did not have enough money to pay for the healthcare and/or medicines that you or your family need? (%Yes)

<table>
<thead>
<tr>
<th></th>
<th>LGBT %</th>
<th>Non-LGBT %</th>
<th>Difference (pct. Pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All adults</td>
<td>25</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Men</td>
<td>21</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Women</td>
<td>29</td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

Gallup-Healthways Well-Being Index
Jan. 1 – June 23, 2014

Accessing Care: Delay in Care

• Among transgender (male-to-female [MTF] and female-to-male [FTM]) and gender nonconforming (GNC) individuals, 28% report delaying care when sick or injured due to discrimination.

Receiving Care: Discrimination

- Discrimination was more common for LGBT individuals of color or from lower economic strata.
- 19% of our sample reported being refused care due to their transgender or gender non-conforming status.

![Graph showing discrimination rates]

Experienced one or more form(s) of discrimination

- Lesbian, Gay, Bisexual: 56%
- Transgender: 70%

Health Outcomes

Risk Behavior Disparities

• **Smoking** prevalence is higher among the LGBT population than among the population as a whole

• One-third of LGB youth engage in **hazardous weight control behaviors**, such as fasting more than 24 hours, using diet pills, or vomiting/using laxatives

• As compared with their non-LGBT counterparts, LGBT youth are significantly **less likely to engage in physical activity** or to participate in team sports.

Source: Hollenbach et al. 2014. Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators
Health Outcomes

Mental and Behavioral Health

- LGBT adults and youth have a significantly increased risk for **depression**, **anxiety**, **suicide attempts** and substance use disorders.

- While LGB youth are twice as likely to have suicidal ideation as straight youth, they are four times as likely to make suicide attempts requiring medical attention.

- LGB individuals have twice the risk of lifetime **exposure to traumatic experiences** compared with straight people.

- 41% of transgender individuals **have attempted suicide** compared to the general population.

Source: Hollenbach et al. 2014. Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators
Health Outcomes

Physical Health Disparities
• LB women have twice the risk of obesity compared with straight women.

• LGB adults have more than twice the risk for cardiovascular disease.

• Gay men and transgender women (MtF) are at elevated risk for HIV/AIDS and other STIs.

• LGB people on average become disabled at a significantly younger age than straight people.

• Gay men are at greater risk for anal cancer than straight men.

Source: Hollenbach et al. 2014. Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators
Part 2: Students and Providers

Discrimination and challenges are faced by lesbian, gay, bisexual, and transgender:

(1) Students

(2) Employees & Faculty
## Experience of Students

Experience of LGB medical students is similar to that of the general LGB 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>
</tr>
</tbody>
</table>

M2 AAMC MSQ (n=3,466 students)

Source: Koenig, Caulfield, & Grbic, AAMC 2013 Annual Meeting
Experience of Students

- 17% of LGBT-identified students described their learning environments as “hostile”
- 53% of students were unaware of sexual orientation protection by their schools’ nondiscrimination statements
- 15% of medical school deans are aware of mistreatment against LGBT students

Experience of Faculty/Employees

Among LGBT Physicians
• 15 percent report harassment by heterosexual colleagues
• 65 percent have heard derogatory statements about LGBT people in the workplace
• 22 percent report being socially ostracized

Among All Employees
• LGBT-identified people in academic medicine have reported that they were denied recommendations from advisers, encouraged to remain “in the closet,” and experienced prejudice among colleagues that affected their ability to provide quality patient care

Part 3: Medical Education

Gaps in medical education exist in:

(1) Curricula
(2) Faculty development and resources
Gaps in Curricula

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

Source: Obedin-Maliver, et. al. JAMA 2011
Gaps Among Faculty

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

Source: Tamas et. al. Academic Psychiatry, 2010
Opportunities for Medical Curricula

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>
</tr>
<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>
</tr>
<tr>
<td>Increased financial resources</td>
<td>35 (26.5) [19.0-34.0]</td>
</tr>
</tbody>
</table>

Abbreviations: CI, confidence interval; LGBT, lesbian, gay, bisexual, and transgender; USMLE, United States Medical Licensing Examination.

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

- **Diversity Policy and Programs**
  [www.aamc.org/diversity](http://www.aamc.org/diversity)

- **MedEdPORTAL LGBT Health and Differences of Sex Development Collection**
  [www.mededportal.org/lgbtdsd](http://www.mededportal.org/lgbtdsd)

- **AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development**
  [https://www.aamc.org/lgbtdsd](https://www.aamc.org/lgbtdsd)

- **Health Equity Research and Policy**
  [www.aamc.org/healthequity/](http://www.aamc.org/healthequity/)

- **Group on Diversity and Inclusion**
  [www.aamc.org/gdi](http://www.aamc.org/gdi)

- **Group on Faculty Affairs**
  [www.aamc.org/gfa](http://www.aamc.org/gfa)
Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators

Available online TODAY! www.aamc.org/publications
Professional Competency Objectives to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

LGBT and DSD Patient Care Curriculum Collection

To learn more, please visit: www.mededportal.org/lgbt
AAMC LGBT and DSD Health Care Faculty Development

Launching January 2015
For more information, please visit
www.aamc.org/diversity
Contact Information

For more information regarding the information discussed in this presentation, please contact:

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