

So... How do I ask that?

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Disclosures

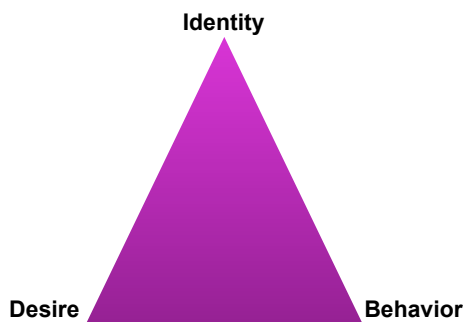
No financial, industrial, or professional conflict of interest.

Today's Objectives

- Understand the difference between sex, gender, sexual orientation, and gender identity
- Understand the difference between desire, behavior, and identity
- Be aware of selected health disparities in LGBTQI people
- Apply understanding of how sex, gender, behavior, and identity influence health
- Gain tools to practice conducting LGBTQI-sensitive patient encounters

Terminology

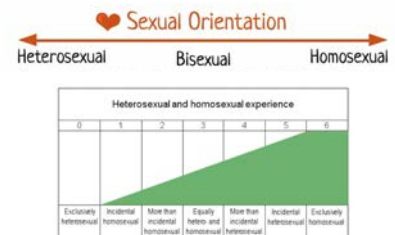
Sexuality



Sexual Orientation

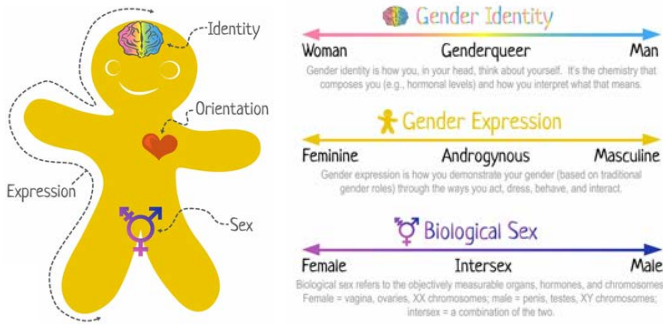
An individual's self-identified state of emotional, romantic, sexual, or affectional attraction.

Examples: asexual, bisexual, gay, heterosexual, homosexual, lesbian, queer, straight



Sexual orientation is dynamic.
 Changes may be effected by personal development, culture, environment, religion, etc.

Gender Identity vs. Sex



**"Sex is what's between your legs.
 Gender identity is what's between your ears."**

Why Ask?

The Alphabet Soup

**Lesbian
 Gay
 Bisexual
 Transgender
 Queer
 Intersex
 ... and others**



Selected LGBTQI Health Disparities

- Lesbian and bisexual women are more likely than straight women to be overweight/obese.
- Bisexuals have higher rates of smoking and mental health disease compared to gay/lesbian and straight peers.
- Transgender patients may be at greater cardiovascular disease risk due to exogenous hormones.
- All sexual minorities have higher reported rates of being a victim of sexual assault than non-sexual minorities.
- Gay and lesbians are more likely than heterosexuals to be excluded from clinical trials.

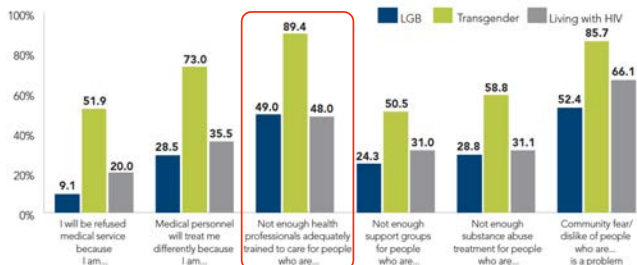
Most providers do NOT ask about sexual orientation and gender identity.

Wimberly YH, Hogben M, Moore-Ruffin J, Moore SE, Fry-Johnson Y. Sexual history-taking among primary care physicians. *Journal of the National Medical Association*. 2006; 98: 1924-1929.

References upon request.

Patients Want LGBT-Specific Care

Lambda Legal When Health Care Isn't Caring
 Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV



When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV. From Lambda Legal. 2016. Available at www.lambdalegal.org/health-care-report

Recent LGBTQI Health Advances

1. Institute of Medicine publishes report on LGBT health and recommendations on data collection and research.
2. HHS Secretary Sebelius announces actions to improve LGBT health.
3. Healthy People 2020 includes improving lesbian, gay, bisexual, and transgender health as a specific goal.
4. **JAMA** Lesbian, Gay, Bisexual, and Transgender-Related Content in Undergraduate Medical Education. National study reports limited and superficial LGBT health education in medical school.

Basic Sexual History-Taking

JAMA® Lesbian, Gay, Bisexual, and Transgender-Related Content in Undergraduate Medical Education

Obedin-Maliver J, Goldsmith ES, Stewart L, et al. JAMA. 2011; 306(9):971-977.

97.0% of schools teach students to ask patients if they “have sex with men, women, or both?”

72.0% reported teaching the difference between behavior and identity

Why Don't Providers Ask?

We Don't Really Know...

Discussing STIs: doctors are from Mars, patients from Venus

V Verhoeven, K Bovijn, A Helder, L Peremans, I Hermann, P Van Royen, J Denekens and D Avonts

Reasons for Not Taking a Sexual History

- Fear of being intrusive
- Lack of genital complaints
- Ignorance regarding clinical relevance
- Lack of knowledge about what/how to ask
- Unsure how to respond
- Time
- Cultural differences
- Age of patient / Age of provider
- Sex of patient / Sex of provider (F ask more than M)
- Presence of third party in exam room

Temple-Smith et al. Aust Fam Physician. 1996; 25:571-4.
Verhoeven et al. Fam Pract. 2003; 20:11-5.

Providers Are Uncomfortable with LGBT People

Survey of Physicians in San Diego County, California

• **In 1982**, 39% were “sometimes” or “often uncomfortable” providing care to gay patients

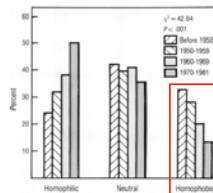


Figure 1.—Heterosexual Attitudes Towards Homosexuality (HATH) scale results, stratified by year of graduation from medical school.

Doctors who graduated from medical school recently were **less** homophobic than those doctors who graduated earlier.

• **In 1999**, 18.7% were “sometimes” or “often uncomfortable” providing care to gay patients

Mathews et al. West J Med. 1986; 144(1): 106-110.
Smith and Mathews. J Homosex. 2007; 53(3-4):1-6.

Benefit of Disclosure

Disclosure by gay men resulted in increased access to disease screening and prevention.

[Patroll and Mosack. Physician awareness of sexual orientation and preventive health recommendations to men who have sex with men. Sex Transm Dis. 2011; 38:63-7.]



- 271 men who have sex with men (MSM) surveyed
- Most PCPs (72%) knew patients' sexual orientation
 - PCP's knowledge of patients' sexual orientations improved screening/prevention
 - 59% versus 13% received HIV testing
 - 32% versus 19% received hepatitis A and B vaccination

How to Ask

Where To Ask

- In-person
 - Initial visit: getting to know the patient, living situation
 - Sexual history
- Intake or Pre-appointment questionnaire
- Patient-reported into electronic health record



Particular Concerns

- Should I include it in the (electronic) medical record?
- Can I ensure confidentiality?
 - What if medical record is sent out to another facility?

Deutch et al., J Am Med Assoc. 2013; 305:760-3

How to Ask (1)

There is no CORRECT way to ask.
We provide only examples here.

Make NO assumptions.

Ask EVERY patient on initial (or second) visit.

Special Considerations

- Setting (e.g., inpatient, outpatient, ED, ICU)
- Specialty (e.g., internal medicine, ob/gyn, dermatology)
- Acuity
- Age
- Culture race/ethnicity
- Religion
- Institutional policies and state laws



How to Ask (2)



Initial Visit

- “Tell me a little about your living situation.” OR
“Can you tell me a bit about your partner?”
- “Are you in an intimate relationship?”
- “Are you both monogamous in your relationship?”
- “Tell me a bit about your support network.”



How to Ask (3)

Sexual History (part of Social History)

- “Like the questions I just asked about tobacco, alcohol, and other drugs, I would like to ask some more questions that I ask of all my patients. These ones are about your sexual activity, sexual health, and identity.”



- “Are you sexually active?” “Are your partners men, women, or both?”

- “Knowing your sexual orientation will help me better care for you...”

How to Ask (4)

Gender Identity

- “In addition to sexual orientation, I also talk to all my patients about gender identity. Do you know what I mean by that?”

- “Some people may feel like their physical bodies do not match with the gender they most identify. For example, a biological male may identify as a woman. Knowing your gender identity also will allow me to care best for you.”



Documentation

- “Is it OK with you if I record this information in your medical record or would you prefer I not? It would be included in your record that other providers could see, including outside the Hospital.”

How to Ask (5)

Closing

- “Do you have any concerns or questions about your sexual health or any of the questions that I've asked today?”



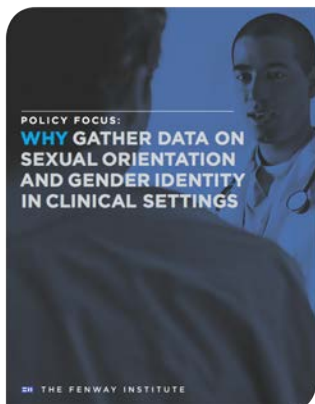
Specific Interview Tips

- Use **gender neutral** language
“Do you have a partner, are you in a relationship?”
- Ask the patient how they **would like to be referred** to and/or how to refer to partner
- Use language **free of assumptions**
Don't start with: “Are you married?” or
“What form of birth control do you use?”
- Ask about **specific sexual activities** in a direct, non-judgmental manner to assess for high-risk behavior
- Normalize discussion of **stigmatized** content
(e.g., atypical sex practices)
- Ask **who the patient lives with**, who would care for them
- Screen for **mental health disorders**
- Encourage patients to obtain legal documents that **specify who can make medical and/or legal decisions** for them in accordance with state laws

Toward a Comprehensive History (2)

- How do you identify in terms of sexual orientation? _____
- Are you attracted to (*check all that apply*):
___ Men ___ Women ___ Transgender Men ___ Transgender Women ___ Another
- Have you had sexual contact with (*check all that apply*):
___ Men ___ Women ___ Transgender Men ___ Transgender Women ___ Another
- Are you satisfied with your sexual life? ___ Yes ___ No
- Please describe any sexual concerns you may have. _____

The Fenway Institute Briefs



Toward a Comprehensive History (1)

- Gender Identity: Please list any questions, concerns, or comments you have, if any, about your gender or gender identity (sense of femaleness / maleness).
- What is your **current gender** (check all that apply):
 - Female
 - Male
 - TransFemale / Transwoman
 - TransMale / Transman
 - Genderqueer
 - Additional category (please specify): _____
 - Decline to State
- What **sex were you assigned** at birth:
 - Female
 - Male
 - Decline to State

The Center for Transgender Health: UCSF, 2012. <http://transhealth.ucsf.edu/trans?page=lib-data-collection>

Toward a Comprehensive History (3)

- *When you have sexual contact, do you have (check all that apply):*
___ Oral-Genital Contact ___ Genital-Genital Contact
___ Genital-Anal Contact ___ Oral-Anal Contact
- Do you use protective barriers (eg. condoms or dental dams) in the following sexual contact situations? Write in yes (Y) / no (N) / not applicable (N/A):
___ Oral-Genital Contact ___ Genital-Genital Contact
___ Genital-Anal Contact ___ Oral-Anal Contact
- When is the last time you had sexual contact without using a barrier ?
- Do you currently have multiple sexual partners? ___ Yes ___ No
- Do you have a primary (main) sexual partner? ___ Yes ___ No

Available Role-Play Scenarios

Scenario 1 (Free Clinic)

- 30F homeless who presents with a chief complaint of “itching”

Scenario 2 (Pediatrics/Adolescent Clinic)

- 15F, previously established patient, who comes to clinic for a well-child check

Scenario 3 (Geriatrics Clinic)

- 75M who presents with difficulty with urinating

Scenario 4 (Emergency Department)

- 20F with acute RLQ abdominal pain

Scenario 5 (Internal Medicine Clinic)

- 37M who presents to establish care as a new patient

Scenario 6 (Gynecology Clinic)

- 34F G5P5 who presents for annual gynecologic exam, but you have not seen her in several years

Acknowledgements

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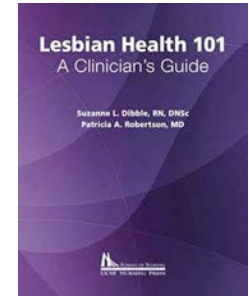
Stephanie Brenman, M.D.



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Additional Resources



Get Involved



Population
Research in
Intity and
Demographics for
Equality

- Longitudinal cohort study
- Collect population demographics
- Collect health information annually
- Designed for and by LGBTQI people
- State-of-the-art participant management system
- Launching Summer 2014

Check us out at www.pridestudy.org !

Thank You!

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