



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Considerations for Heart Health of LGBT Identified Patients

---

**Alex González, MD MPH**

*Medical Director, Fenway Health*

*Clinical Instructor, Harvard Medical School & BIDMC*

*And*

**Lisa Neff**

Community Impact Director

American Heart Association

# 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





# NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

 617.927.6354

 [lgbthealtheducation@fenwayhealth.org](mailto:lgbthealtheducation@fenwayhealth.org)

 [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

# Technical Questions?

- Please call WebEx Technical Support:
  - 1-866-229-3239
- You can also contact the webinar host, using the Q&A panel in the right hand part of your screen. To see the panel, you may need to expand the panel by clicking on the small triangle next to “Q&A”
- Alternatively, e-mail us at [lgbthealtheducation@fenwayhealth.org](mailto:lgbthealtheducation@fenwayhealth.org)



# Sound Issues?

- Check if your computer speakers are muted
- If you can not listen through your computer speakers:
  - Click on the “Event Info” tab at the top of the screen
  - Pick up your telephone, and dial the phone number and access code.

# When the Webinar Concludes

- When the webinar concludes, close the browser, and an evaluation will automatically open for you to complete
- We very much appreciate receiving feedback from all participants
- Completing the evaluation is required in order to obtain a CME/CEU certificate

# CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

<b>Physicians</b>	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
<b>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</b>	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. <ul style="list-style-type: none"><li>• American Academy of Physician Assistants (AAPA)</li><li>• National Commission on Certification of Physician Assistants (NCCPA)</li><li>• American Nurses Credentialing Center (ANCC)</li><li>• American Association of Nurse Practitioners (AANP)</li><li>• American Academy of Nurse Practitioners Certification Program (AANPCP)</li><li>• American Association of Medical Assistants (AAMA)</li></ul>
<b>Other Health Professionals</b>	Confirm equivalency of credits with relevant licensing body.



# Webinar Slides

- You can download today's slides from the webinar section of our website
- They will also be available on the evaluation page that appears when you close your browser at the end of the webinar
- Within the next week, today's presentation will be archived and available for free CME credit in the "webinars on demand" section of our website

# Today's Faculty

**Alex González, MD MPH**

Medical Director, Fenway Health

Clinical Instructor, Harvard Medical School  
& BIDMC

*And*

**Lisa Neff**

Community Impact Director

American Heart Association



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Diabetes & Dyslipidemia in LGBT Populations

---

Alex González, MD MPH

*Medical Director, Fenway Health*

*Clinical Instructor, Harvard Medical School & BIDMC*

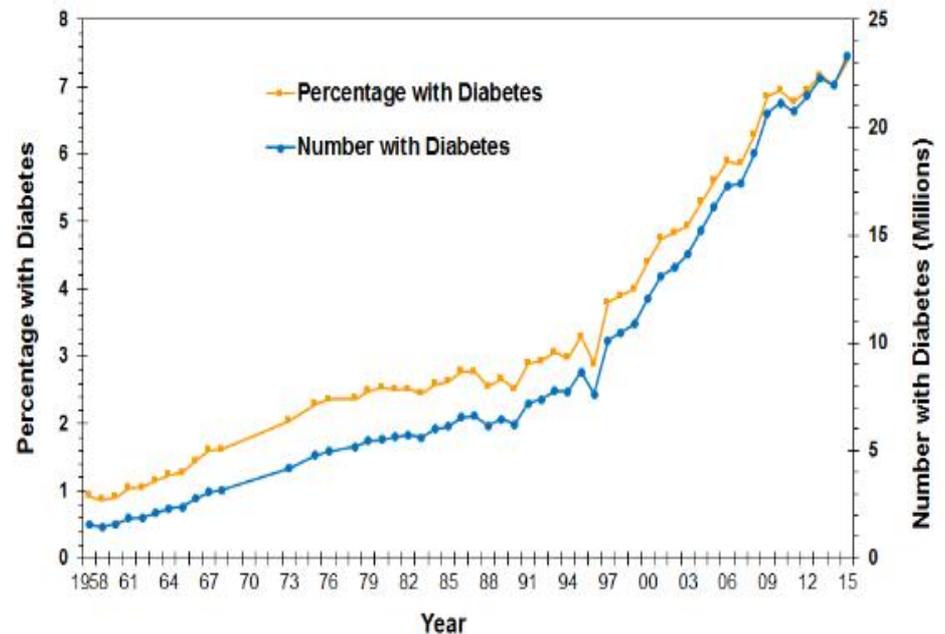
# Disclosure

I have no financial conflicts of interest.

# Diabetes in the General Population

- Prevalence: 30.3 million US adults have diabetes (9.4%)
- Incidence: 1.5 million new cases per year
- Diabetes is the #7 cause of death in the US
- Diabetes is the #1 cause of...
  - Kidney failure
  - Lower limb amputations
  - Adult blindness
- Another 84.1 million have prediabetes

Number and Percentage of U.S. Population with Diagnosed Diabetes, 1958-2015

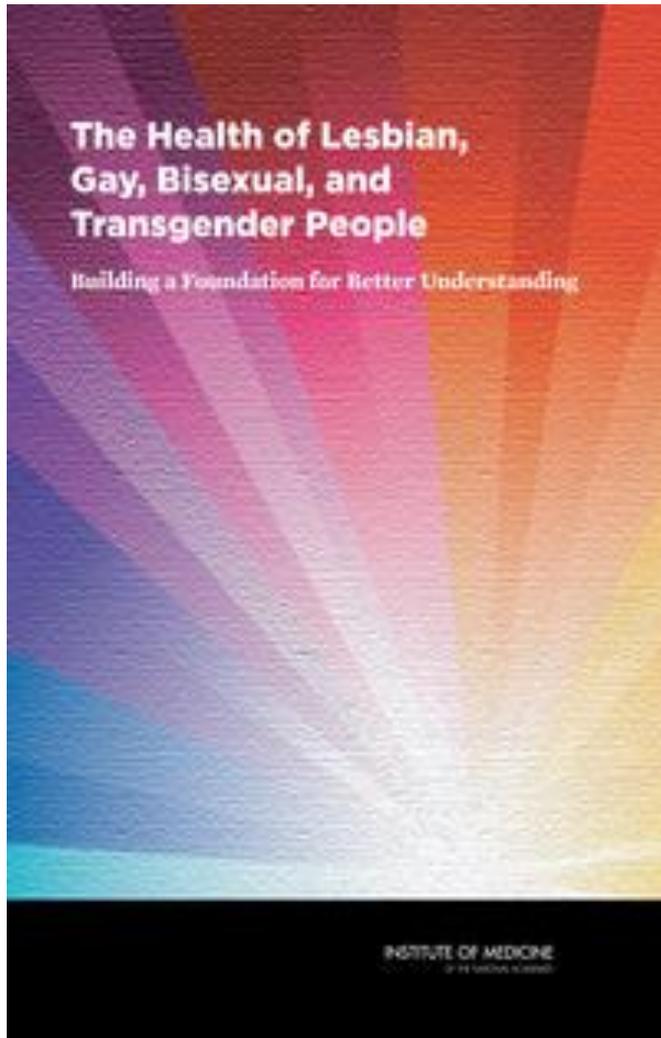


CDC's Division of Diabetes Translation. United States Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/data>

# Why Heart Health for LGBT Patients?

- Higher risk of heart disease in LGBT populations due to a variety of social determinants of health
- Lack of resources directed at the LGBT community
- Lack of research on LGBT heart health and subsequent care needs
- Need to increase provider awareness of available strategies for care and cultural competency

# Diabetes in the LGBT Population



- **Institute of Medicine – 2011**
- “Although a modest body of knowledge on LGBT health has been developed, these populations, stigmatized as sexual and gender minorities, have been the subject of relatively little health research. As a result, a number of questions arise:
  - What is currently known about the health status of LGBT populations?
  - Where do gaps in the research exist?
  - What are the priorities for a research agenda to address these gaps?”

# Diabetes in the LGBT Population



[www.healthypeople.gov](http://www.healthypeople.gov)

- **Healthy People 2020**

- “...need for more research to document, understand, and address the environmental factors that contribute to health disparities in the LGBT community. As part of this work, we need to increase the number of nationally-representative health-related surveys that collect information on sexual orientation and gender identity (SOGI).”



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Diabetes in the LGBT Population - Epidemiology

## Prevalence of Self-Reported Diabetes by Sexual Orientation: Results from the 2014 Behavioral Risk Factor Surveillance System

Lauren B. Beach, PhD, JD,<sup>1</sup> Tom A. Elasy, MD, MPH,<sup>1</sup> and Gilbert Gonzales, PhD, MHA<sup>2</sup>

	Heterosexual	Bisexual	Homosexual
Cisgender Men	10.8%	<b>14.2%</b>	<b>11.4%</b>
Cisgender Women	10.2%	5.7%	8.5%

- Estimated 1.5 million diabetic adults in the US self identify as LGBT (~5% of total DM population)
- There are likely more diabetic LGBT people in the US than Type 1 diabetics or gestational diabetics of any sexual orientation or gender identity
- We are all likely caring for more diabetic LGBT people than we realize!

# Diabetes in the LGBT Population – Risk Factors

## Sociodemographic Characteristics and Health Outcomes Among Lesbian, Gay, and Bisexual U.S. Adults Using *Healthy People 2020* Leading Health Indicators

Mitchell R. Lunn, MD, MAS<sup>1-3</sup> Wanjun Cui, PhD, MS<sup>4</sup> Matthew M. Zack, MD, MPH<sup>4</sup>  
William W. Thompson, PhD<sup>5</sup> Michael B. Blank, PhD<sup>6-8</sup> and Baligh R. Yehia, MD, MPP, MSc<sup>9,10</sup>

- NHIS survey (2013-2015): 98,000+ respondents
- Sexual minority adults = 2.4% of population
- Homosexual cisgender females less likely than heterosexual females to have a usual PCP and health insurance
- Homosexual cisgender men and women AND bisexual women more likely to be current smokers
- Binge drinking was more common in bisexual men and women compared to heterosexuals
- Sexual minority females were more likely to be obese than heterosexual females



# Diabetes in the LGBT Population – Risk Factors

*JAMA Intern Med.* 2016 Sep 1;176(9):1344-51. doi: 10.1001/jamainternmed.2016.3432.

## Comparison of Health and Health Risk Factors Between Lesbian, Gay, and Bisexual Adults and Heterosexual Adults in the United States: Results From the National Health Interview Survey.

Gonzales G<sup>1</sup>, Przedworski J<sup>2</sup>, Henning-Smith C<sup>2</sup>.

	Homosexual cisgender men	Bisexual cisgender men	Homosexual cisgender women	Bisexual cisgender women
Severe psych distress	2.82 (1.55-5.14)	4.70 (1.77-12.52)		3.69 (2.19-6.22)
Mod psych distress			1.34 (1.02-1.76)	
Heavy drinking	1.97 (1.08-3.58)	3.15 (1.22-8.16)	2.63 (1.54-4.50)	2.07 (1.20-3.59)
Heavy smoking		2.10 (1.08-4.10)	2.29 (1.36-3.88)	
Mod smoking	1.98 (1.39-2.81)			1.60 (1.05-2.44)
Poor/fair health			1.91 (1.24-2.95)	
Multiple chronic conditions			1.58 (1.12-2.22)	2.07 (1.34-3.20)

# Diabetes in the LGBT Population – Risk Factors

Morbidity and Mortality Weekly Report

## Prevalence of Five Health-Related Behaviors for Chronic Disease Prevention Among Sexual and Gender Minority Adults — 25 U.S. States and Guam, 2016

Timothy J. Cunningham, ScD<sup>1,\*</sup>; Fang Xu, PhD<sup>1</sup>; Machell Town, PhD<sup>1</sup>

- BRFSS – 25 US states and Guam, 200,000 people, 3-4% sexual minorities
- Compared with heterosexual women (10.6%), the prevalence of not currently smoking cigarettes, moderate or no drinking, maintaining a normal body weight, performing any leisure-time physical activity, and sleeping  $\geq 7$  hours per day was lower among lesbian (5.4%) and bisexual women (6.9%).
- Male-to-female transgender adults had a lower prevalence of engaging in any two of five health-related behaviors (12.3%) than did cisgender adults (18.6%)



NATIONAL LGBT HEALTH  
EDUCATION CENTER

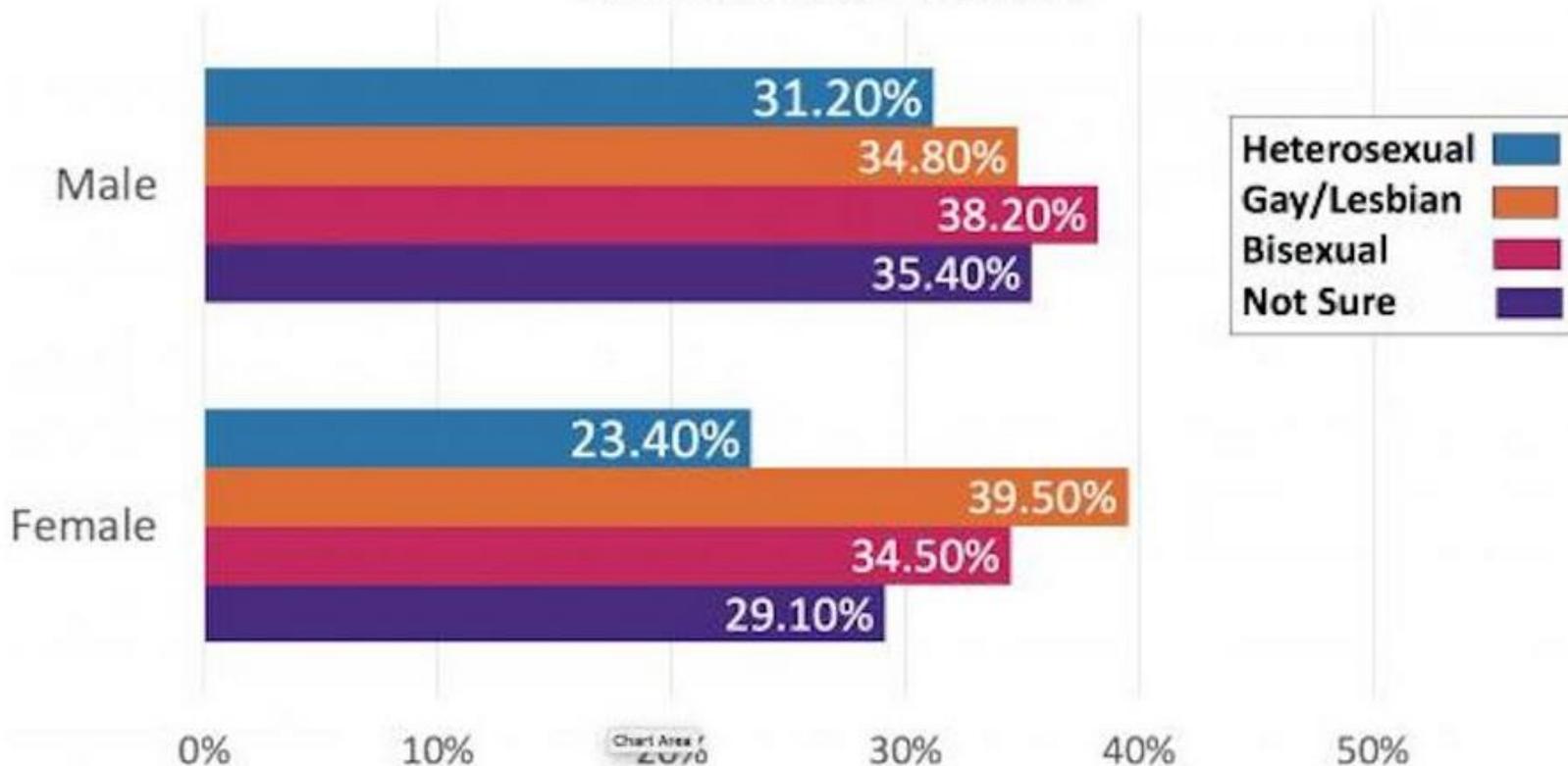
A PROGRAM OF THE FENWAY INSTITUTE

# Diabetes in the LGBT Population – Risk Factors

GAY & BISEXUAL cisMEN	LESBIAN & BISEXUAL cisWOMEN	TRANSGENDER & NONBINARY PEOPLE
Higher rates of tobacco use		
Higher rates of risky alcohol use		
Higher rates of illegal drug use		
Higher prevalence of obesity		
Higher rates of body image problems	Higher rates of physical inactivity	
		Higher prevalence of DM2 and lipid disorders
		FTM: testosterone does not increase CVD risk
		MTF: less clear if estrogens increase CVD risk

# Diabetes in the LGBT Population – Youth Risk Factors

Percent of Students Reporting an Overweight or Obese BMI, By Sex and Sexual Orientation



**About This Image:** Graph showing the percentage of students reporting an overweight or obese BMI, by sex and sexual orientation - Graph Credit: Northwestern University.



# Diabetes in the LGBT Population – Risk Factors

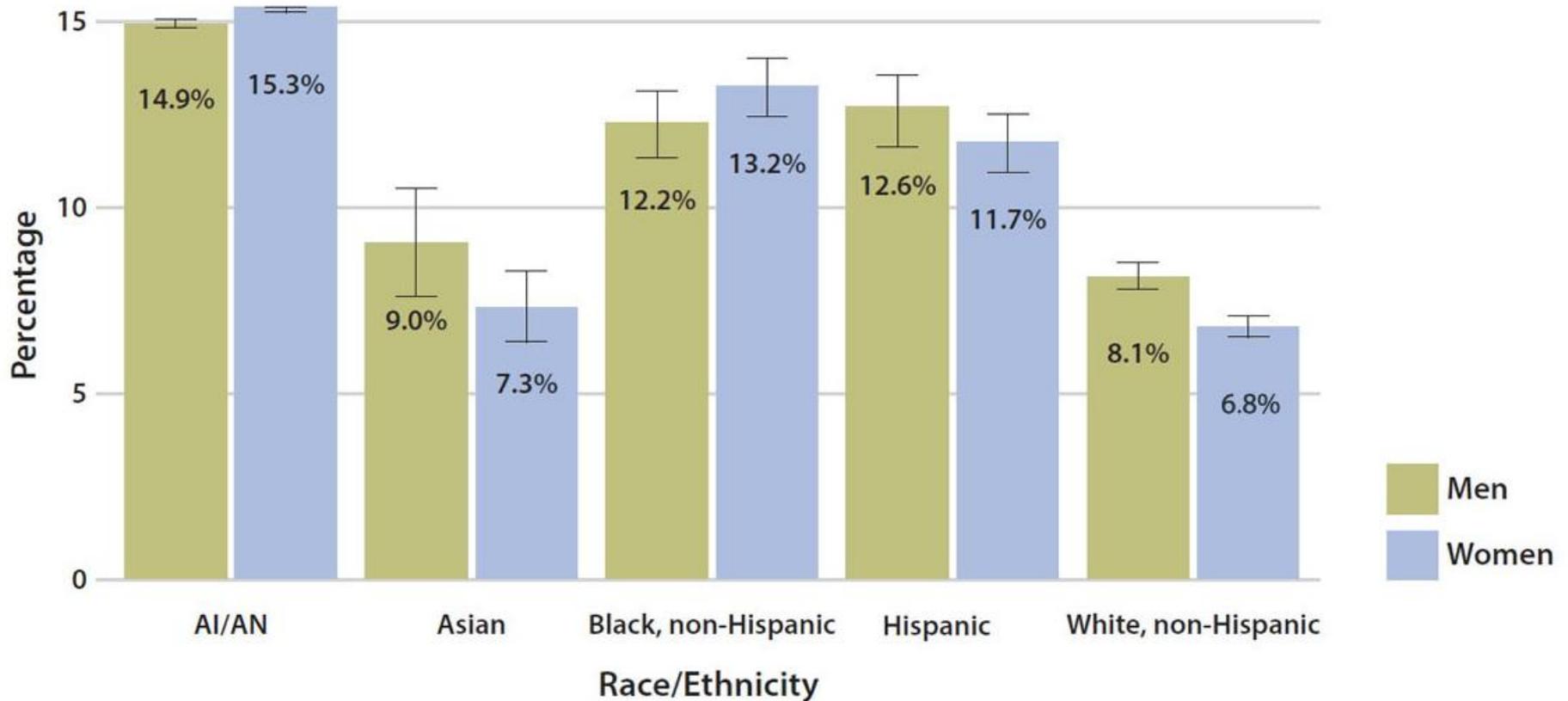
Risk Factor	Population	Notes
Cigarette smoking	All groups	Increases insulin resistance
Polycystic ovarian syndrome (PCOS)	WSW FTM	Increases insulin resistance
HIV/AIDS	MSM MSM/W MTF FTM	Some HIV drugs increase insulin resistance
Overweight/Obesity	All groups	Increases insulin resistance
Physical Inactivity	WSW WSW/M MTF FTM	Increases insulin resistance
Risky drinking	All groups	U shaped curve – increased insulin sensitivity with mod drinking, increased insulin resistance with heavy drinking

# Intersectionality

- Age: prevalence increases with age
- Educational level: prevalence decreases with higher levels of education
- Sex: men > women
- Geography: South, Appalachia
- Race: prevalence higher in AI/AN, AA
- Ethnicity: prevalence higher in Hispanics

# Intersectionality

Estimated age-adjusted prevalence of diagnosed diabetes by race/ethnicity and sex among adults aged  $\geq 18$  years, United States, 2013–2015



# Dyslipidemia and Diabetes

- Lipid abnormalities are common in patients with diabetes mellitus and undoubtedly contribute to the increase in risk of cardiovascular disease.
- The ADA recommends screening for lipid disorders at the time of diabetes diagnosis, at an initial medical evaluation, and every five years thereafter and more often if indicated
- Treatment
  1. Lifestyle intervention (diet, weight loss, increased physical activity, self management)
  2. Lipid lowering drugs
  3. Maintaining good glycemic control
  4. Aggressive management of hypertension

# LGBT Health Tips

- Eat a healthy diet
- Maintain a healthy weight
- Exercise regularly
- Limit alcohol, stimulant, and tobacco use
- Cholesterol screening
- Blood pressure screening
- Connect to primary care that is compassionate and nonjudgmental



# Barriers to LGBT health

- Homo/Trans-phobia
- Stigma
- Discrimination
- Lack of access to culturally appropriate medical and support services
- Heightened concerns about confidentiality
- Fear of losing job, housing, family, friends
- Fear of talking about sexual orientation, gender identity, sexual behavior



# LGBT health resources

- National LGBT Health Education Center  
<https://www.lgbthealtheducation.org/>
- National Resource Center on LGBT Aging  
<https://www.lgbtagingcenter.org/>
- SAGE: Advocacy & Services for LGBT Elders <https://www.sageusa.org/>
- UCSF Center of Excellence for Transgender Care  
[www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)
- HRC: Human Rights Campaign; Health Equality Index  
<https://www.hrc.org/hei/>
- GLMA: Health Professionals Advancing LGBT Equality <http://glma.org/>



# Check. Change. *Control.* cholesterol<sup>1</sup>

**Lisa Neff**

Community Impact Director  
American Heart Association



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Program overview

- Check. Change. *Control*. Cholesterol™ is a national initiative sponsored by Sanofi and Regeneron to bring Cholesterol management to the attention of patients and providers.
- This initiative aims to improve awareness, detection and management of high cholesterol by educating and empowering consumers, healthcare professionals and patients with evidence-based information and tools, while also improving quality of care for patients through American Heart Association's (AHA's) quality improvement program.

# Cholesterol guidelines

- The Cholesterol Treatment Guidelines identified **4 major groups** who will be the **most likely to benefit from statin use**:
  - Adults with known [atherosclerotic cardiovascular disease \(ASCVD\)](#)
  - Adults with diabetes mellitus, aged 40-79 years with an LDL-C level 70-189 mg/dL
  - Adults with LDL-C level of > 190mg/dL
  - Adults with LDL-C level of 70-189 mg/dL and a 7.5% or greater 10 year risk of developing ASCVD (without clinical ASCVD or DM)



# ASCVD Risk calculator

- The **ASCVD risk calculator** is an evidence-based tool that was developed for the 2013 Cholesterol Guidelines.
- The risk calculator assesses risk for having a **first time cardiovascular or stroke event** in the next 10 years
- A **risk of 7.5% or greater** should prompt providers and patients to discuss lifestyle changes and further treatment options (e.g., Statin prescription)

# ASCVD risk calculators

Estimate Your Risk



**Check.  
Change.  
Control.  
Calculator**

What's your risk for a heart or stroke event?  
**Find out.**

ASCVD Risk Calculator

Baseline Risk	Updated Risk
Gender	<input type="radio"/> Male <input type="radio"/> Female
Age (years)	<input type="text" value="40-79"/>
Race	<input type="button" value="Select race"/>
Total Cholesterol	<input type="text" value="130-320"/>
LDL Cholesterol	<input type="text"/>
HDL Cholesterol	<input type="text" value="20-100"/>
Treatment With Statin	<input type="checkbox"/>
Systolic Blood Pressure	<input type="text" value="90-200"/>
Treatment For Hypertension	<input type="checkbox"/>

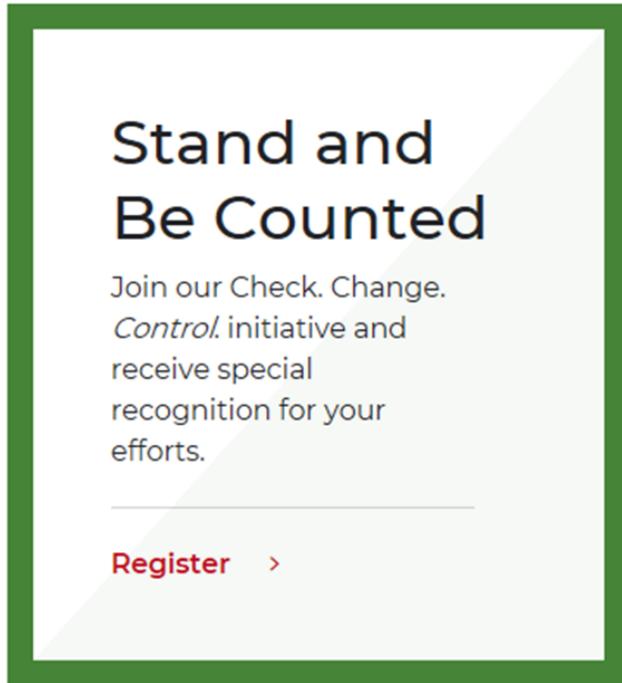
Patient Calculator:

[www.heart.org/ccccalculator](http://www.heart.org/ccccalculator)

Provider Calculator:

[www.professional.heart.org/ascvd](http://www.professional.heart.org/ascvd)

# Who can join check. Change. Control. Cholesterol?



- Independent physician practices, medical practices, health systems and health service organizations are eligible and encouraged to join CCC Cholesterol.
- At this time, only U.S.-based healthcare organizations can qualify for the CCC Cholesterol Recognition Program.



# Why should organizations join check. Change. *Control.* Cholesterol?

- National recognition (annually)
- Resources to share with your patients
- Provider tool kit
- Patient tool kit
- Part 4 Maintenance of Certification for providers / continuing education
- Support through AHA field staff
- Patient and provider ASCVD Risk Calculators

# Registration requirements

REGISTRATION IS OPEN!



## STEP 1: REGISTRATION

Register to become part of the **Check. Change. Control. Cholesterol initiative** and get connected with our staff and resources.

### TO REGISTER, ORGANIZATIONS WILL NEED TO KNOW:

- Organization information
- Primary contact
- Secondary contact
- Total adult (21-75 years) patient population count
- Number of diverse patients
- Number of care delivery sites
- Type of health care organization
- Number of providers in the health care organization

<http://www.heart.org/changecholesterol>



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# 2019 Recognition levels



COMMIT TO INCORPORATE  
ASCVD RISK CALCULATOR  
INTO PRACTICE

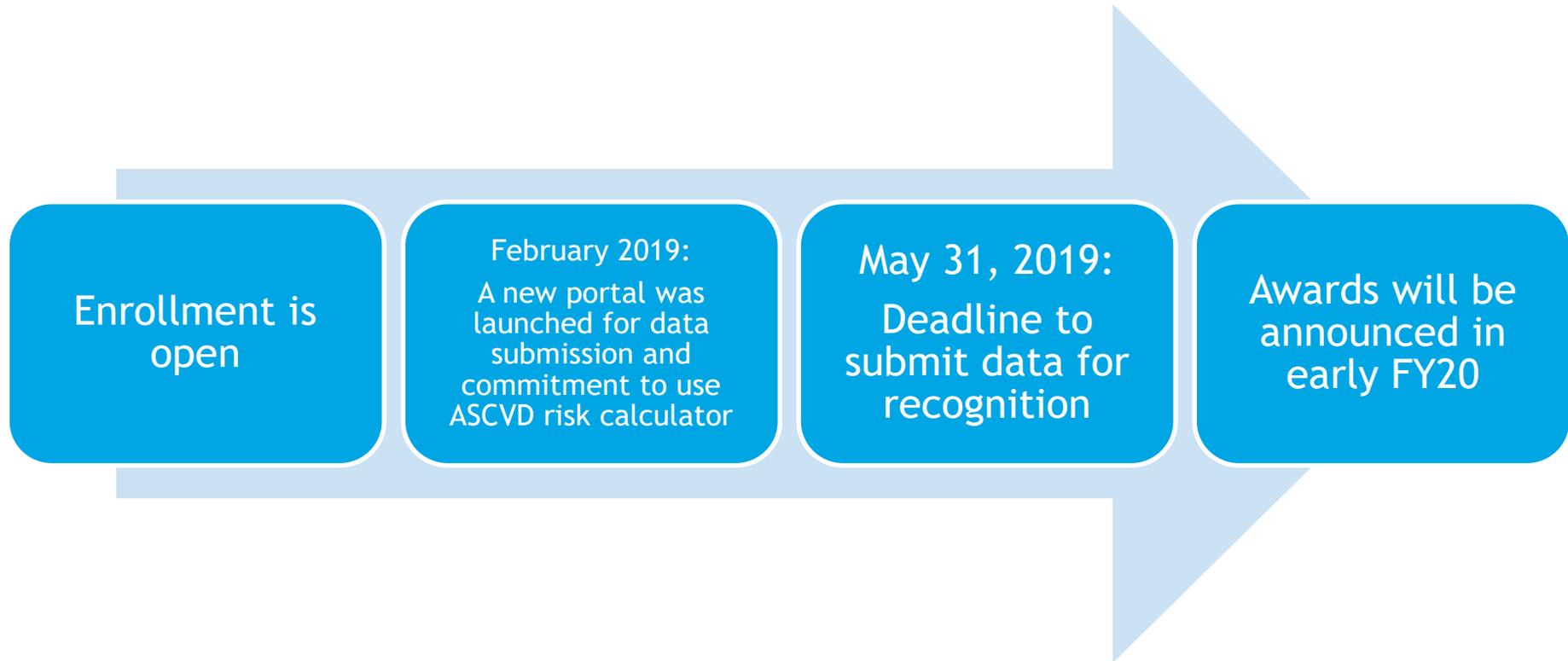


SUBMIT MIPS 438  
CHOLESTEROL MANAGEMENT  
DATA AND ACHIEVE 70% OR  
GREATER STATIN THERAPY USE  
WITHIN THE ADULT PATIENT  
POPULATIONS

# How are sites recognized for their achievement?

- Listed on CCC Cholesterol website
- National recognition at AHA Scientific Sessions in 2018 (signage and printed collateral)
- Certificate can be delivered electronically and displayed within their practice for both Participation and Gold levels
- Icon badge with AHA proclaimer statement to use internally and externally on webpages and social media
- Local press release template for clinics
- Local recognition opportunities

# Registration and data submission timeline



# Where can I find more information?

- <http://www.heart.org/changecholesterol>
  - Fact sheet
  - Data requirement PDF
  - User Guide for submission



# References

- Beach LB, Elasy TA, Gonzales G. Prevalence of self-reported diabetes by sexual orientation: results from the 2014 Behavioral Risk Factor Surveillance System. *LGBT Health*. 2018 May; 5(2): 121-130.
- Centers for Disease Control and Prevention. Long-term trends in diabetes, April 2017. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017.
- Centers for Disease Control and Prevention. National diabetes statistics report, 2017. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017.
- Cunningham TJ, Xu F, Town M. Prevalence of five health-related behaviors for chronic disease prevention among sexual and gender minority adults – 25 US states and Guam, 2016. *MMWR*. 2018 Aug 17; 67(32): 888-893.
- Deutsch MB, ed. Guidelines for the primary and gender-affirming care of transgender and nonbinary people; 2<sup>nd</sup> edition (Internet). 2016 Jun. San Francisco: Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Available from: [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu).
- Garner TL. Providing culturally sensitive diabetes care and education for the lesbian, gay, bisexual, and transgender (LGBT) community. *Diabetes Spectrum*. 2010 Jul; 23(3): 178-182.
- Gonzales G, Przedworski J, Henning-Smith C. Comparison of health and health risk factors between lesbian, gay, and bisexual adults and heterosexual adults in the United States: results from the National Health Interview Survey. *JAMA Intern Med*. 2016 Sep 1; 176(9): 1344-1351.
- Grundy SM, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2018.
- Institute of Medicine. 2011. The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding. Washington, DC: The National Academies Press.

# References

- Kapsner P, et al. Care of transgender patients with diabetes (Abstract). EASD 53<sup>rd</sup> Annual Meeting. 2017.
- Lunn M, et al. Sociodemographic characteristics and health outcomes among lesbian, gay, and bisexual US adults using HealthyPeople 2020 leading health indicators. *LGBT Health*. 2017 Apr; 4(4): 283-294.
- Office of Disease Prevention and Health Promotion. Lesbian, gay, bisexual, and transgender health (Internet). 2017. Washington, DC: Office of Disease Prevention and Health Promotion. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>.
- Riddle J. Providing optimal diabetes care and education to the LGBT community. *Today's Dietitian*. 2012 Jan; 14(1): 42.
- Tucker M. Are you serving your LGBT diabetes patients? (Internet). *Internal Medicine News*. 2011 Aug 10. Parsippany, New Jersey: Frontline Medical Communications, Inc. Available from: [www.mdedge.com/internalmedicine/article/36951/are-you-serving-your-lgbt-diabetes-patients](http://www.mdedge.com/internalmedicine/article/36951/are-you-serving-your-lgbt-diabetes-patients).
- About diabetes (Internet). 2017 Jun. Atlanta: Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/diabetes/basics/diabetes.html>.
- Diabetes risk higher among LGBTQ teens (Internet). 2018 Aug. Chateaugay, Quebec: Auscan Alliance Corporation. Available from: <https://disabled-world.com/disability/sexuality/lgbt/lgbt-diabetes.php>.
- Three things every LGBT older adult should know about diabetes (Internet). 2018 May. New York, NY. Services & Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE). Available from: <https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-sage-three-warning-signs-diabetes-guide.pdf>



# Questions?

