NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Social Determinants of Health Screening and Documentation for LGBTQIA+ People

Bisola Ojikutu MD MPH
Infectious Disease Divisions, BWH and MGH
Division of Global Health Equity, Brigham and Women's Hospital
The Fenway Institute
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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy

LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org

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- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon, and type your question.
- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.

Sound Issues?

- Ensure your computer speakers are not muted.
- If you cannot hear through your computer speakers: Navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon.
- Choose “I will call in.”
- Dial the phone number and access code.

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 to obtain a CME/CEU certificates.

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.

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Nurse Practitioners,Physician Assistants,Nurses, MedicalAssistants	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. •American Academy of Physician Assistants (AAPA) •National Commission on Certification of Physician Assistants (NCCPA) •American Nurses Credentialing Center (ANCC) •American Association of Nurse Practitioners (AANP) •American Academy of Nurse Practitioners Certification Program (AANPCP) •American Association of Medical Assistants (AAMA)
Other HealthProfessionals	Confirm equivalency of credits with relevant licensing body.

Learning Objectives:

- At the end of this session, participants will be able to:
  1. Understand Social Determinants of Health (SDOH) disparities uniquely affecting LGBTQIA+ people.
  2. Identify existing tools to assist in screening for SDOH.
  3. Discuss how structural inequity and racism contribute to the health disparities faced by LGBTQIA+ patients.
  4. Apply the concepts learned in this webinar to analyze existing SDOH screening tools and adapt them to meet the needs of LGBTQIA+ people in ethnic and racial minority groups.

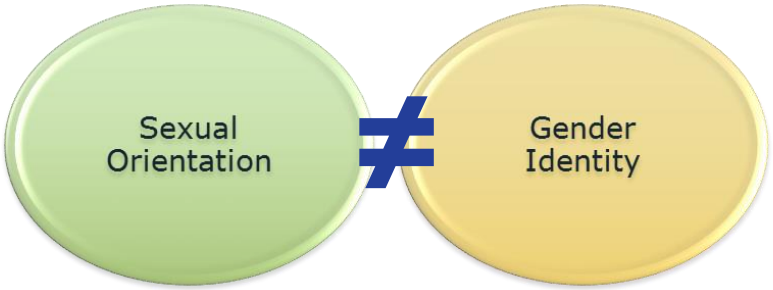
Terminology

LGBTQIA+

- Lesbian or gay
- Bisexual
- Transgender
- Queer
- Intersex
- Asexual
- +

Sexual Orientation and Gender Identity are not the Same

- All people have a sexual orientation and gender identity

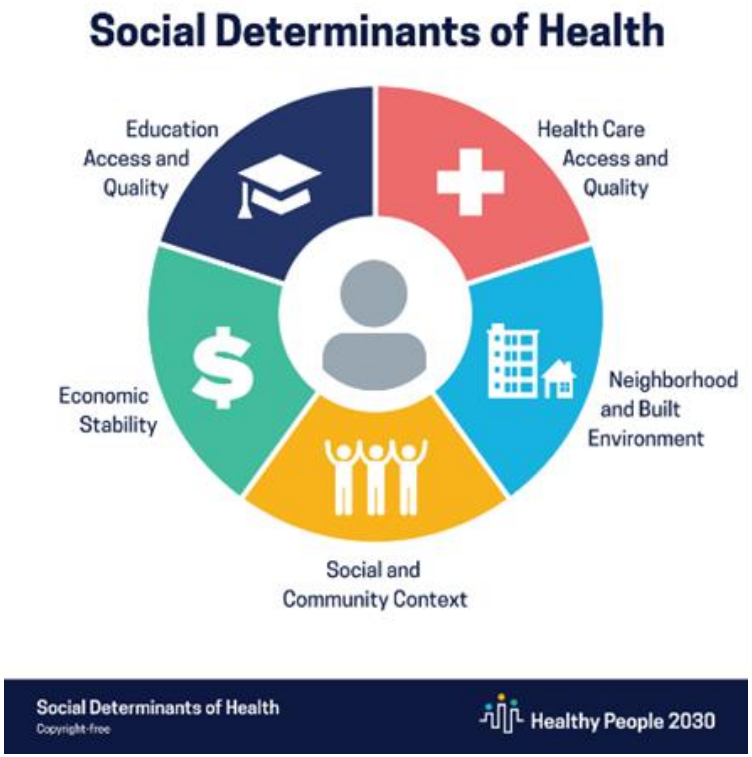


Other terms to know

- Straight
- Cisgender

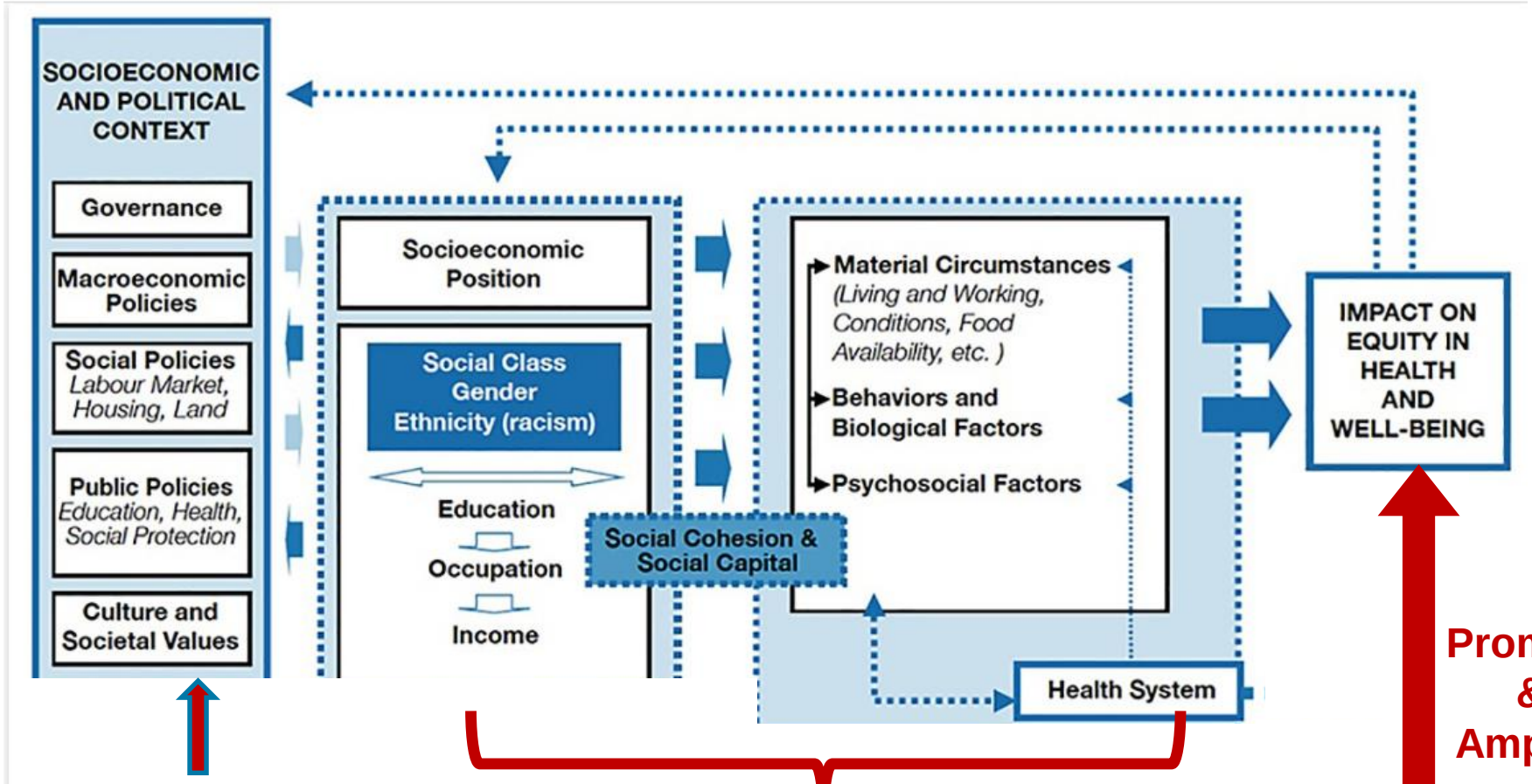
A complete glossary of terms is available at
https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/

Social Determinants of Health



"The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems."

- *World Health Organization*



Distal "Structural" Determinants

Proximal Social Determinants

Promote & Amplify

WHO, 2010

Social Determinants of Health

Proximal

Economics

- Employment
- Income
- Expenses/Debt
- Other support

Education

- Literacy
- Language
- Access to high quality education
- Access to higher education

Housing

- Homelessness
- Transiently housed
- Housing quality

Food

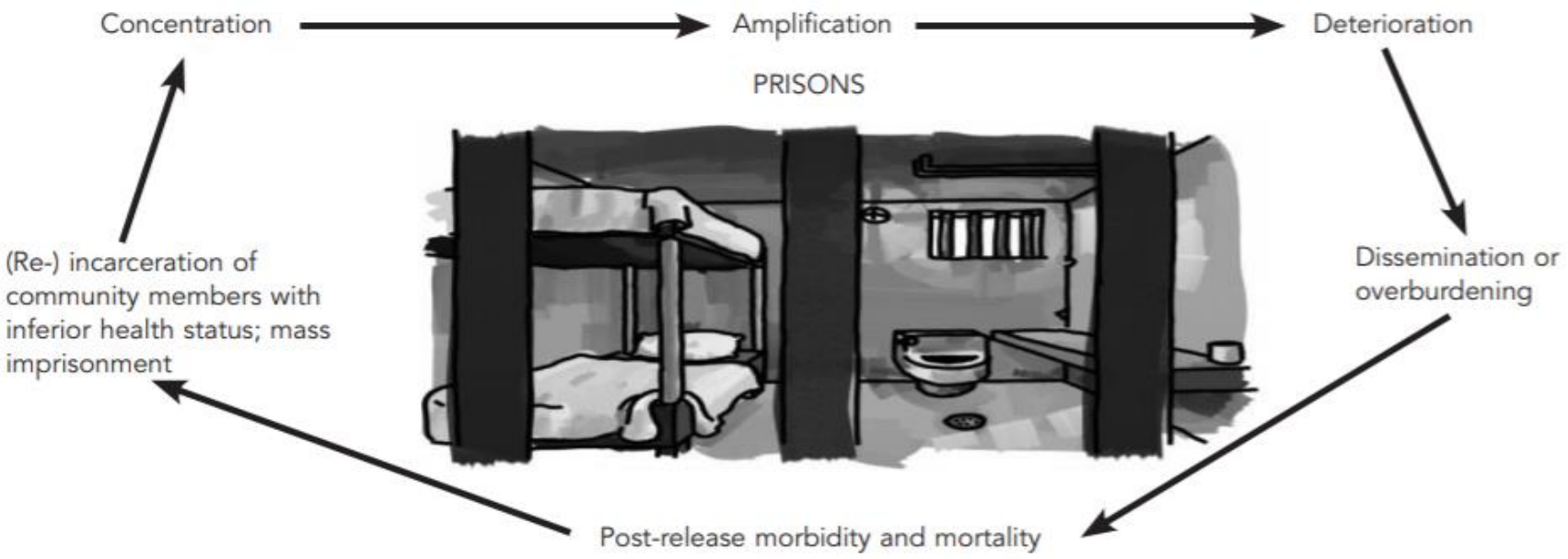
- Insecurity
- Hunger
- Access to healthy options

Health Care Access

- Insurance coverage?
- Do you have a primary care provider?
- Is that provider culturally and linguistically competent?

Criminal Justice System and Arrest History as a SDOH

Figure. Conceptual framework of the central role of prisons in concentrating, amplifying, and disseminating infectious diseases among individuals in contact with the criminal justice system



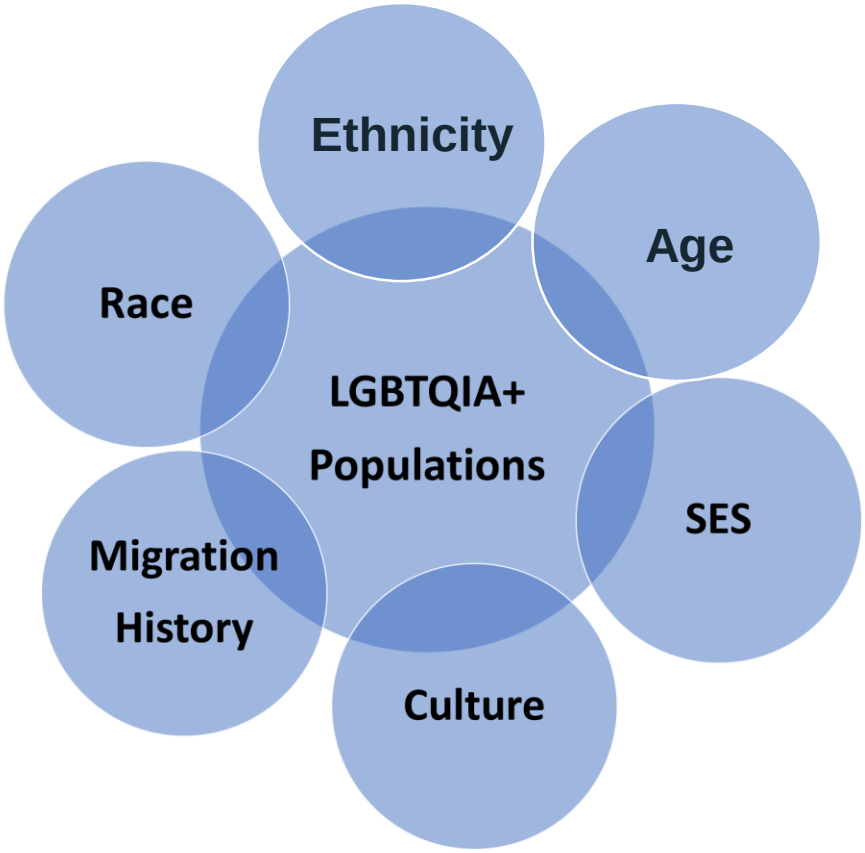
Awofeso N. Public Health Reports. 2011

Impact of Social Determinants of Health on HIV/STIs/Viral Hepatitis Outcomes

- ***Housing***
  - Housing status and unprotected sex acts
  - Housing instability and increased needle sharing
- ***Food***
  - Decreased access to HIV treatment
  - Decreased ART adherence
  - Decreased survival
- ***Education***
  - Increased exposure to prevention methods
  - Better financial security and reduced participation in transactional sex

Dunkle KL et al. Public Health Rep 2010; Smith T et al. J Can Acad Child Adolesc Psychiatry 2017; Aidala A et al. AIDS Behav 2005

Intersectionality



The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage

LGBTQIA+ Populations and SDOH

- Limited nationally representative data on sexual orientation or gender identity
- Societal stigma, discrimination contribute to higher rates of mental health disorders, homelessness, and substance use
- Intimate partner violence, violence (in general)
- Need more research on the impact of environmental factors, proximal and distal SDH on LGBTQIA+ populations

SDOH Screening

SDOH Screening

Acknowledging, quantifying, and addressing unmet critical social needs

- **Challenges**
- ❑ Limited time within the clinical encounter
- ❑ Lack of standardization of questions
- ❑ Limited best practices
- ❑ Limited access to referrals and resources

Krist AH et al. Fam Physician 2019

SDOH Screening LGBTQIA+ Populations

- Sexual orientation and gender identity data within EMRs
- Unique legal needs
- Additional needs:
  - Bullying
  - Violence
  - Intersectionality and Stigma
  - Social isolation and lack of family support
  - Racism and discrimination in the health care setting
  - Mistrust *(discussed later in the presentation)*

		Please circle your answers:
	Do you currently live in a shelter or have no steady place to sleep at night?	Yes / No
	Do you think you are at risk of becoming homeless?	Yes / No
	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Often true / Sometimes true / Never true
	Within the past 12 months, you worried whether your food would run out before you got money to buy more.	Often true / Sometimes true / Never true
	Is this an emergency, do you need food for tonight?	Yes / No
	Do you have trouble paying for medicines?	Yes / No
	Do you have trouble getting transportation to medical appointments?	Yes / No
	Do you have trouble paying your heating or electricity bill?	Yes / No
	Do you have trouble taking care of a child, family member or friend?	Yes / No
	Are you currently unemployed and looking for a job?	Yes / No
	Are you interested in more education?	Yes / No

Would you like help connecting to resources? Please circle below.

What is missing?

- Experience of discrimination
  - At school setting
  - At work
  - When searching for a job
  - When receiving health care services
  - When receiving government-provided services
  - When using public restrooms
  - When searching for services at court or with the police
  - When buying or renting a house/apartment
- Experience of violence
  - In public settings (restaurants, parks, etc.)
  - From an intimate partner
  - Based on perceived gender identity
- Support transitioning
  - Have support from family members
- Perceived needs for their wellbeing
  - Trans health care center
  - Sex/gender change law

Other Missing Items?

Structural Determinants

Structural Inequity:

The systemic disadvantage of one group vs others
(by race, ethnicity, gender or gender identity, class, sexual orientation)
through unequal allocation of power and resources–which manifest in
disproportionate social, economic, and environmental conditions.

Structural Inequity:

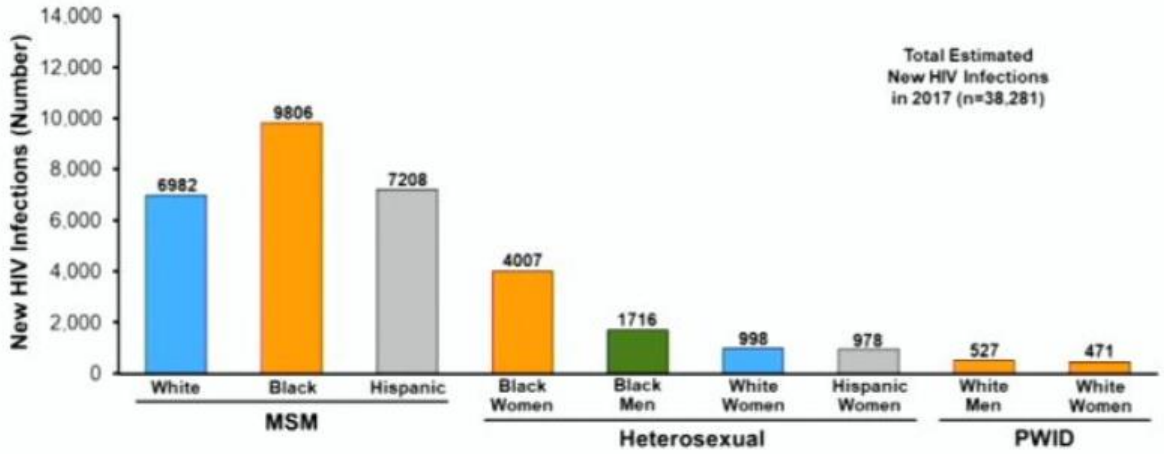
The systemic disadvantage of one social group vs others (by race, ethnicity, gender or gender identity, class, sexual orientation) through unequal allocation of power and resources—which manifest in disproportionate social, economic, and environmental conditions.

Structural Racism:

The totality of ways –historical and contemporary- that have reinforced a macro-level system of hierarchy, privilege and power that excludes non-White individuals and produces cumulative and chronic adverse outcomes among people of color

HIV affects everyone, but not equally

Estimated New HIV Infections:
Most Affected Populations in the United States (2017)



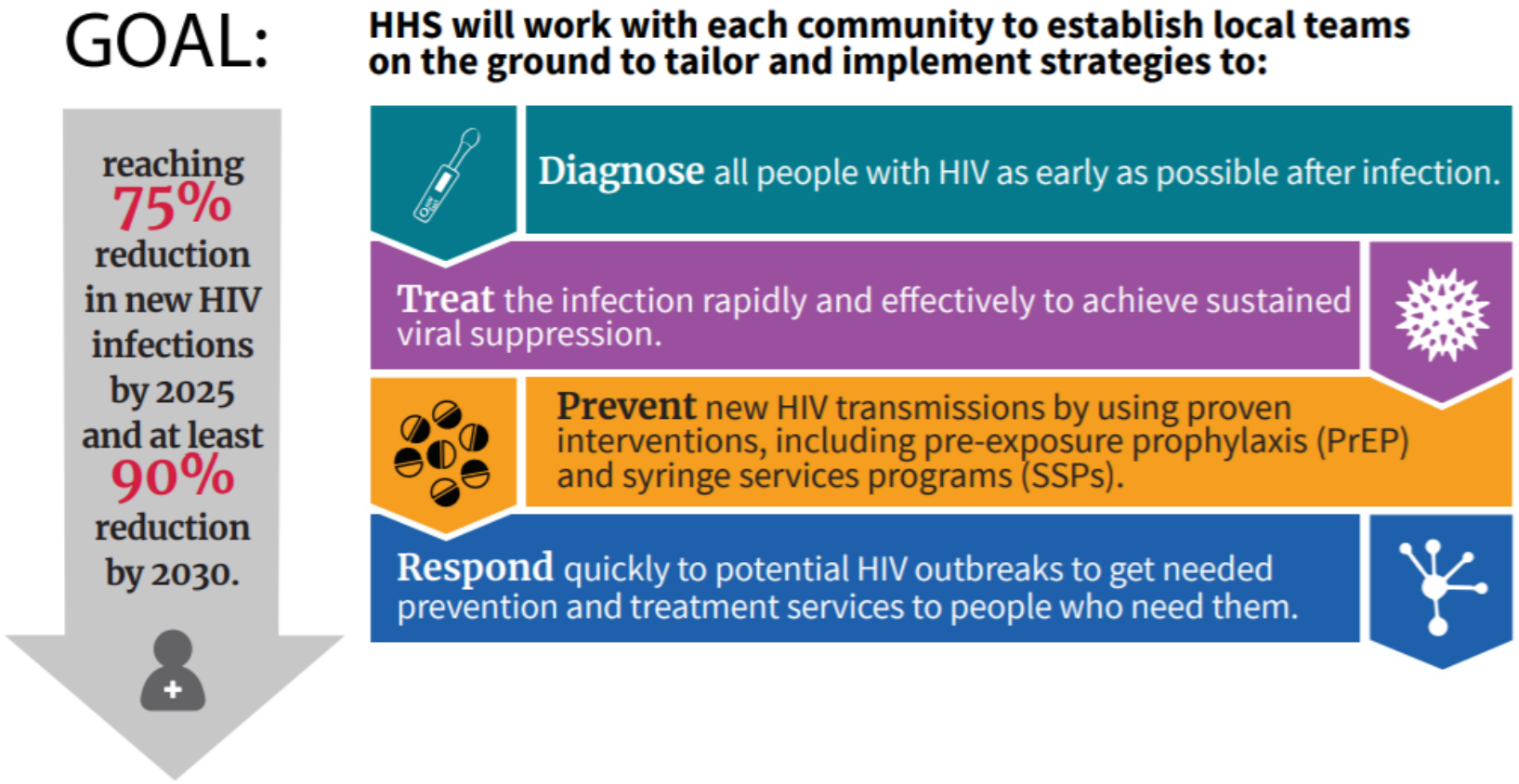
PWID: people who inject drugs

CDC. HIV Surveillance Report 2017. http://www.cdc.gov/hiv/library/reports/surveillance. Published November 2018.

Prevalence of HIV is over 150 times higher in men who have sex with men and transgender women than heterosexual men and women

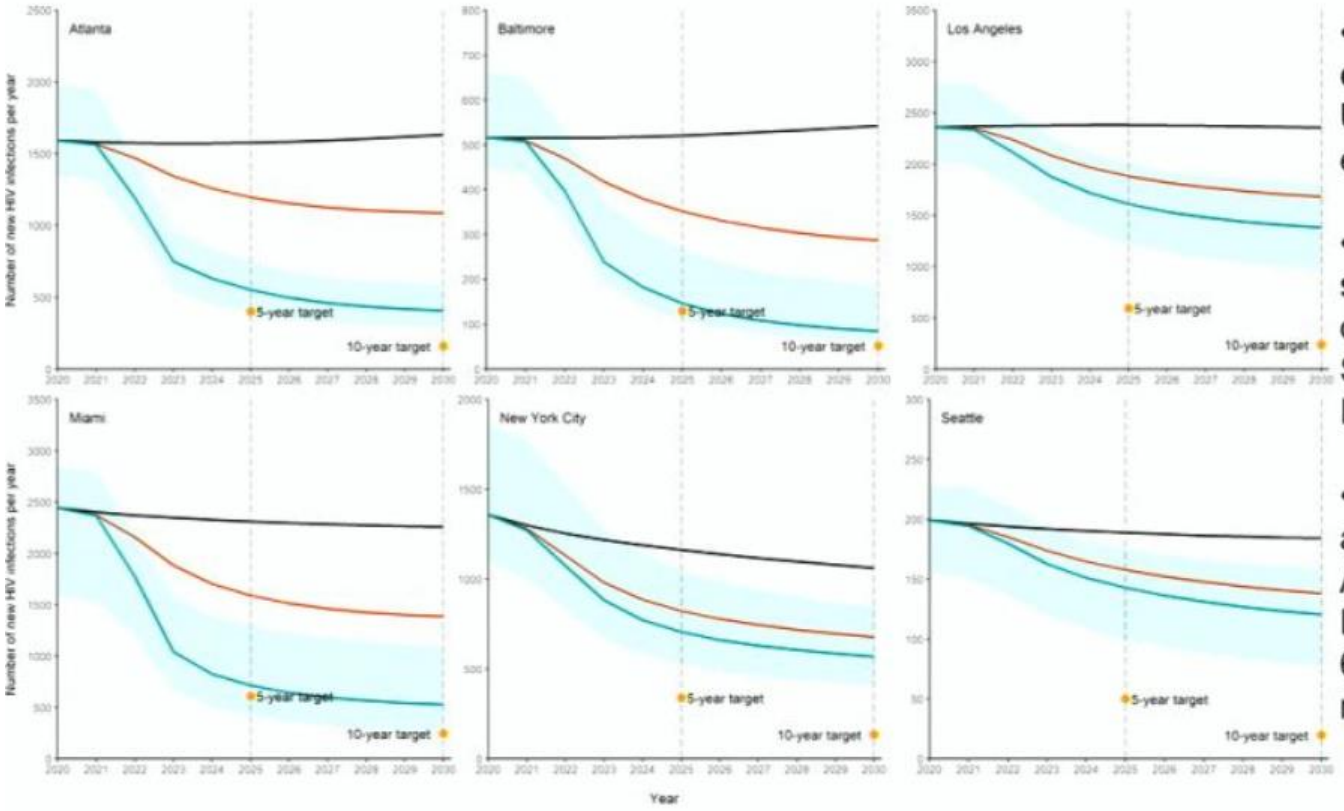
HIV incidence is 8 times higher among African Americans and 3 times higher among Hispanics/Latinx than whites

Crepaz N, et al. AIDS. 2019.



Fauci AS et al. Ending the HIV Epidemic: A Plan for the United States. *JAMA*. February 2019

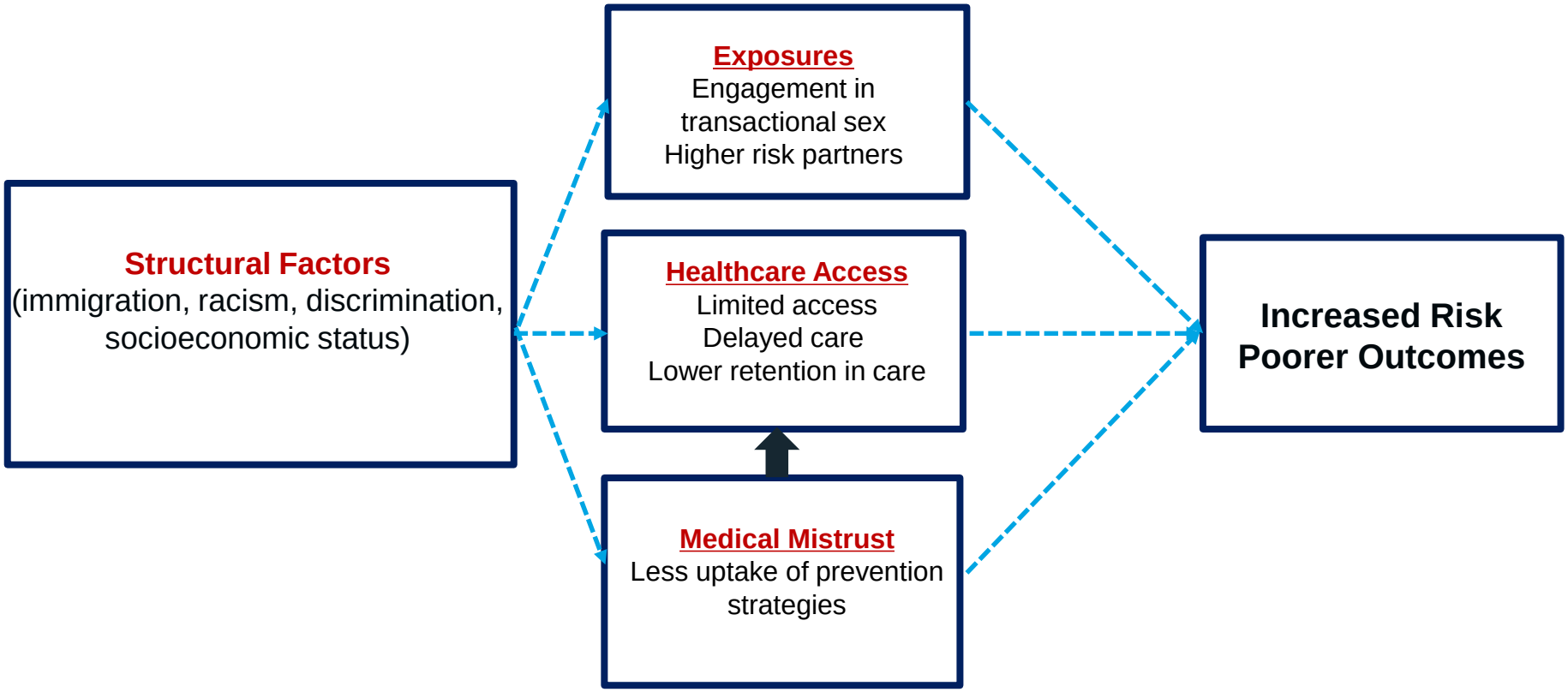
Estimated impact on HIV incidence: 2020-2030



- **Each city's optimal combination strategy was Unique**: included 9 -13 evidence-based interventions
- **Previously-documented scale**: incidence reductions of 30.7%(19.1%-43.7%) in Seattle to 50.1%(41.5%-58.0%) In NYC by 2030
- **Ideal Implementation**: approaching EHE targets in Atlanta, Baltimore and Miami; LA, NYC and Seattle reaching 60.7%, 58.1% and 39.5% reductions.

Nosyk et al. Lancet HIV, 2020

Structural inequity promotes infectious disease risk and predicts adverse outcomes



Mistrust

To have little or no confidence in, to be suspicious of the honesty or transparency of a person or a system charged with improving/protecting health and well-being

Healthcare Providers

Institutions

Research

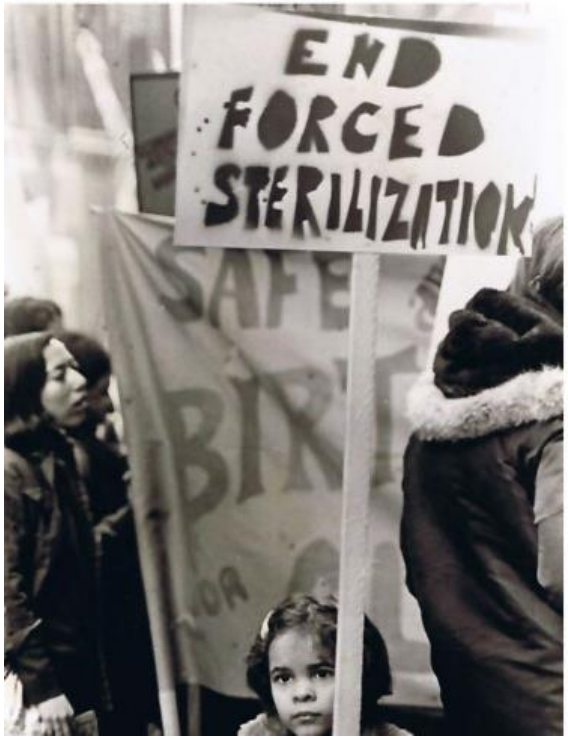
Medical mistrust has been identified as a root cause of racial and ethnic health disparities.

Roots of Mistrust and Lack of Trustworthiness

"Historical and Contemporary Structural Inequity Drives Mistrust"

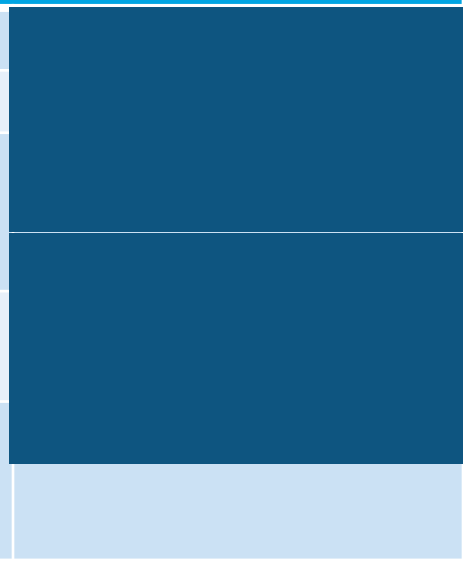
- Baseline inequity
- Limited access to high quality care
- Longer wait times
- More illness, worse outcomes, premature deaths
- Discrimination, racism, anti-immigrant sentiment

Roots of Medical Mistrust



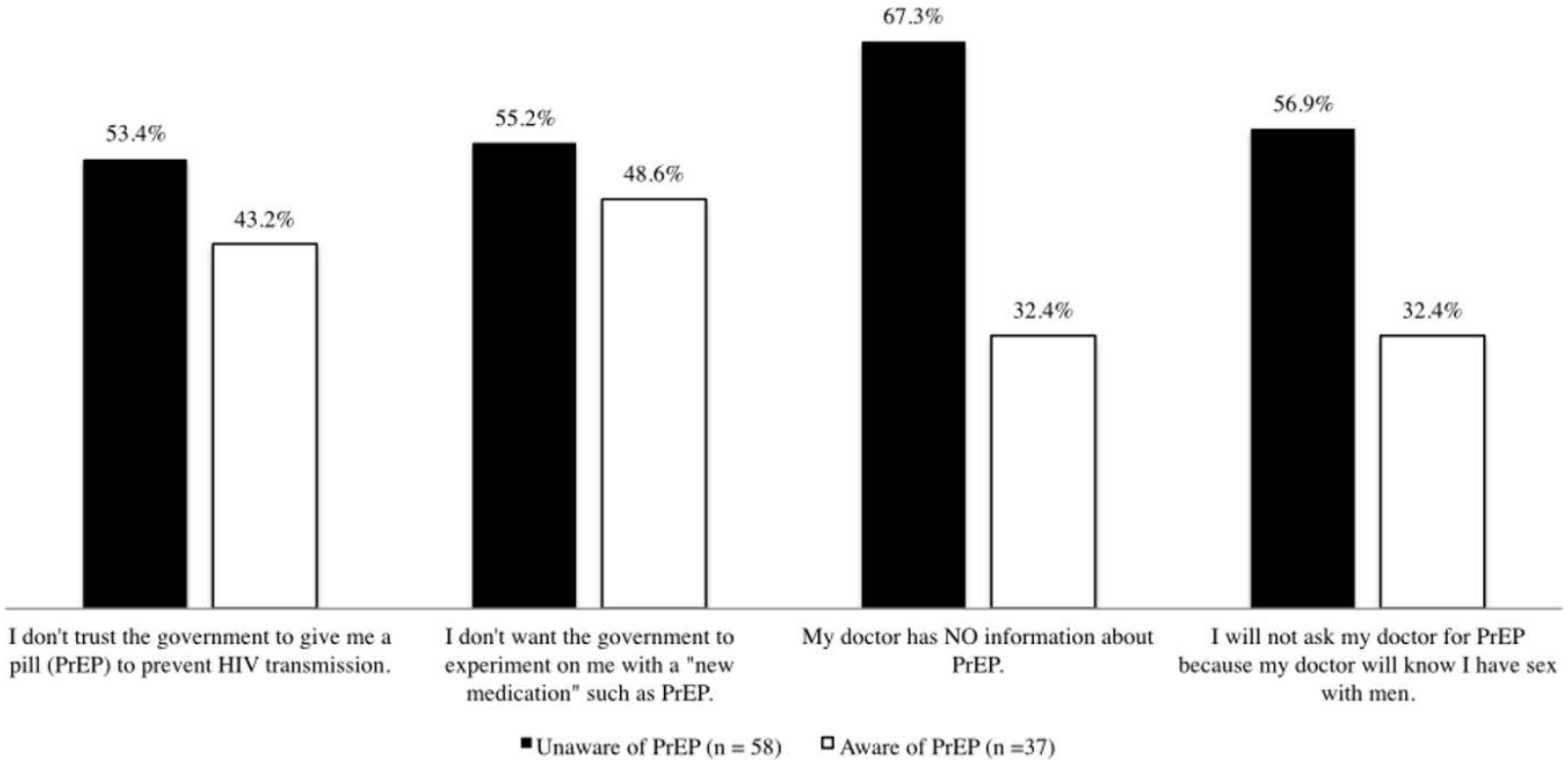
Prevalence of HIV-Related Mistrust
2016 Data: Black Men (N=346)

HIV-related Mistrust Scale Item (α=.81)	% Endorsed Strongly or Slightly Agree
	2002/2003
HIV is a man-made virus	48%
There is a cure for HIV but the government is withholding it from the poor	53%
The medicine that doctors prescribe to treat HIV is poison	7%
The government usually tells the truth about major health issues like HIV	37%



Bogart LM et al. JAIDS. 2005
Ojikutu BO et al. AIDS and Behav. 2018

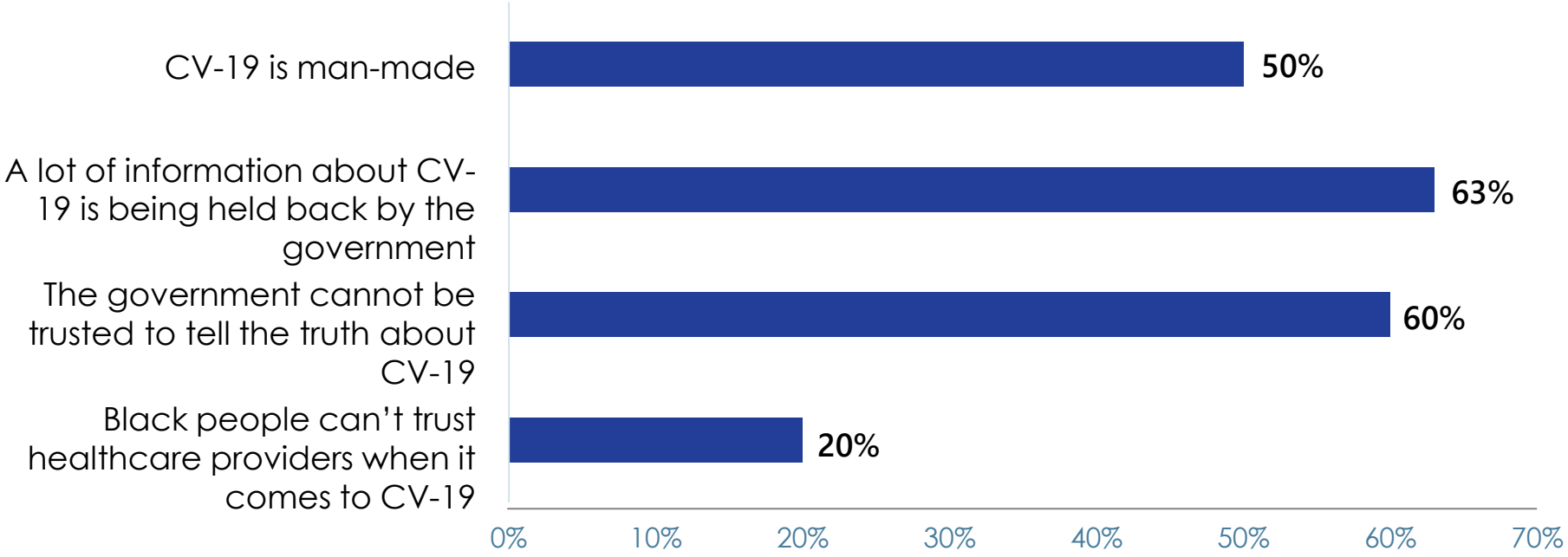
Latino MSM (not currently on PrEP) perceptions associated with the government and medical provider regarding PrEP



PrEP awareness and decision-making for Latino MSM in San Antonio, Texas. Garcia M and Harris L. PLOS ONE, 2017

COVID-19 mistrust may be common

HIV-positive Black Adults, 90% MSM in Los Angeles County, CA



Note: 97% agreed with at least one mistrust belief (of 10 items)

Medical Mistrust and Satisfaction with Health Care Among Latinx Individuals

Study examined the association between medical mistrust, and satisfaction with health care among a sample of 387 rural Latino individuals

- Medical mistrust was negatively associated with satisfaction with health care, after adjusting for perceived discrimination, age, and health insurance (OR = 0.54, 95% CI: 0.39, 0.76)

Lopez-Cevallos D et al. *J Rural Health.* 2014

How does medical mistrust affect health outcomes?

- ✓ **Lower** healthcare/primary care utilization
- ✓ **Greater** delay in age-appropriate cancer screening and other preventive services
- ✓ **Lower** adherence to medical advice/prescription refills

How does medical mistrust affect HIV outcomes?

Prevention Outcomes

- ✓ **Condomless** sex
- ✓ **Lower** comfort discussing PrEP with providers
- ✓ **Lower** PrEP awareness
- ✓ **Lower** intention to adopt PrEP
- ✓ **Lower** uptake of PrEP

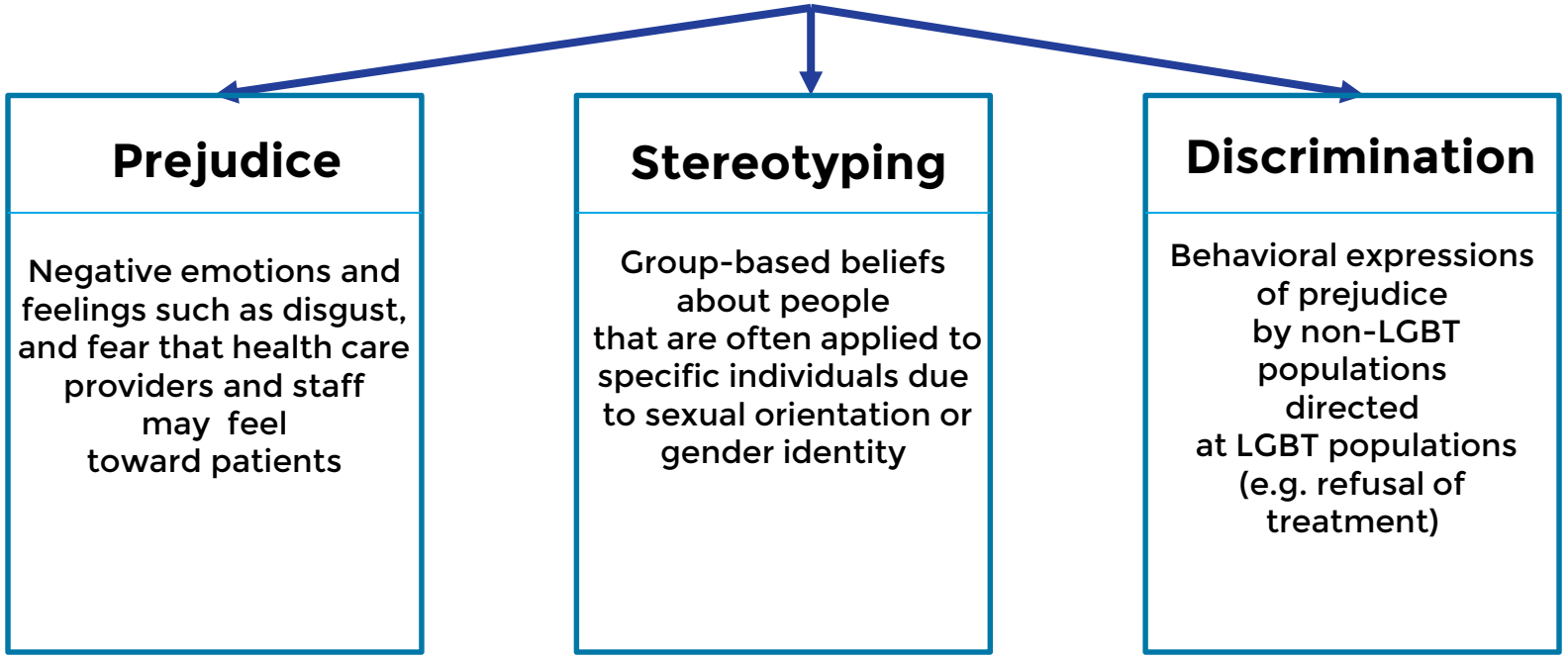
Treatment Outcomes

- ✓ **Lower** adherence to ART
- ✓ **Detectable** viral load
- ✓ **Weaker** beliefs about the effectiveness of ART (which in turn is related to nonadherence)

Mistrust as a Form of Resilience

- Mistrust may not be negative
  - Can empower individuals for change when channeled effectively
- Protective/adaptive survival mechanism in face of oppression

STIGMA within the Health Care Setting



*****Additive impact in populations with multiple intersecting stigmatized identities*****
Leads to TRAUMA among patients and mistrust

Solutions and Recommendations

Solutions

- Better nationally representative data
- More resources for referral for needs unique to LGBTQIA+ populations
- Support systems co-located within clinical sites
- More health care providers who are trained and understand the unique needs of LGBTQIA+ populations
- Evidenced based SDOH screening tools

Recommendations for Providers

- Raise provider awareness about the levels of mistrust in communities and the origins of mistrust in systemic racism
- Provide education about how mistrust is related to health inequities
- Discuss how to recognize mistrust (verbal/nonverbal cues)

Signs of Mistrust among Patients

- Lack of engagement in healthcare interaction
  - Doesn't ask questions or make eye contact, seems uncomfortable, doesn't verbally agree to recommended behavior
- Lack of healthcare engagement
  - Non-adherence, missed visits
- Direct statements
  - Says they don't like taking medication, or don't like or trust the medication

Recommendations for Providers

- Respond to mistrust in a sensitive manner, while conveying accurate information
  - Validate mistrust
  - Be non-judgmental and non-confrontational
  - Ask open-ended questions
  - Use reflection/reflective listening
  - Ask for permission before sharing information
  - Make eye contact, have an open figure

Recommendations for Providers

- Validate Mistrust: Example

  "We are trying to improve our relationships with patients. If there is anything that I do or say, or that someone at the clinic does or says that makes you feel uncomfortable, would you mind letting me know?

  Whatever you tell me will not affect your treatment or healthcare. I can keep it confidential and convey your concerns anonymously to my supervisors, if you prefer."

Recommendations for Providers

- Use open-ended questions and reflective listening
  - Show you care about them holistically
  - Fully hear their concerns
- Reflect/roll with resistance: Leave room for patients to say concerns in their own words (why they do not want to do something), and reflect their concerns back to them
  - Hold back your "righting reflex": Allow patients to make their own decision (don't tell them what to do)

What is OUR role?

Overcoming Disparities and Achieving Health Equity

- Acknowledge our own biases, acknowledge structural racism, acknowledge homophobia and transphobia
  - How does it operate?
  - How does it inhibit healthy work environment?
  - Most importantly - - how does it impact patient care?
- Cultural humility and overall sensitivity to unique needs of LGBTQIA+ populations

Discussion/Thoughts?

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The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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TRANSTALKS

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