



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Health Equity and COVID-19

February 9th, 2021

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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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- 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.

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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.

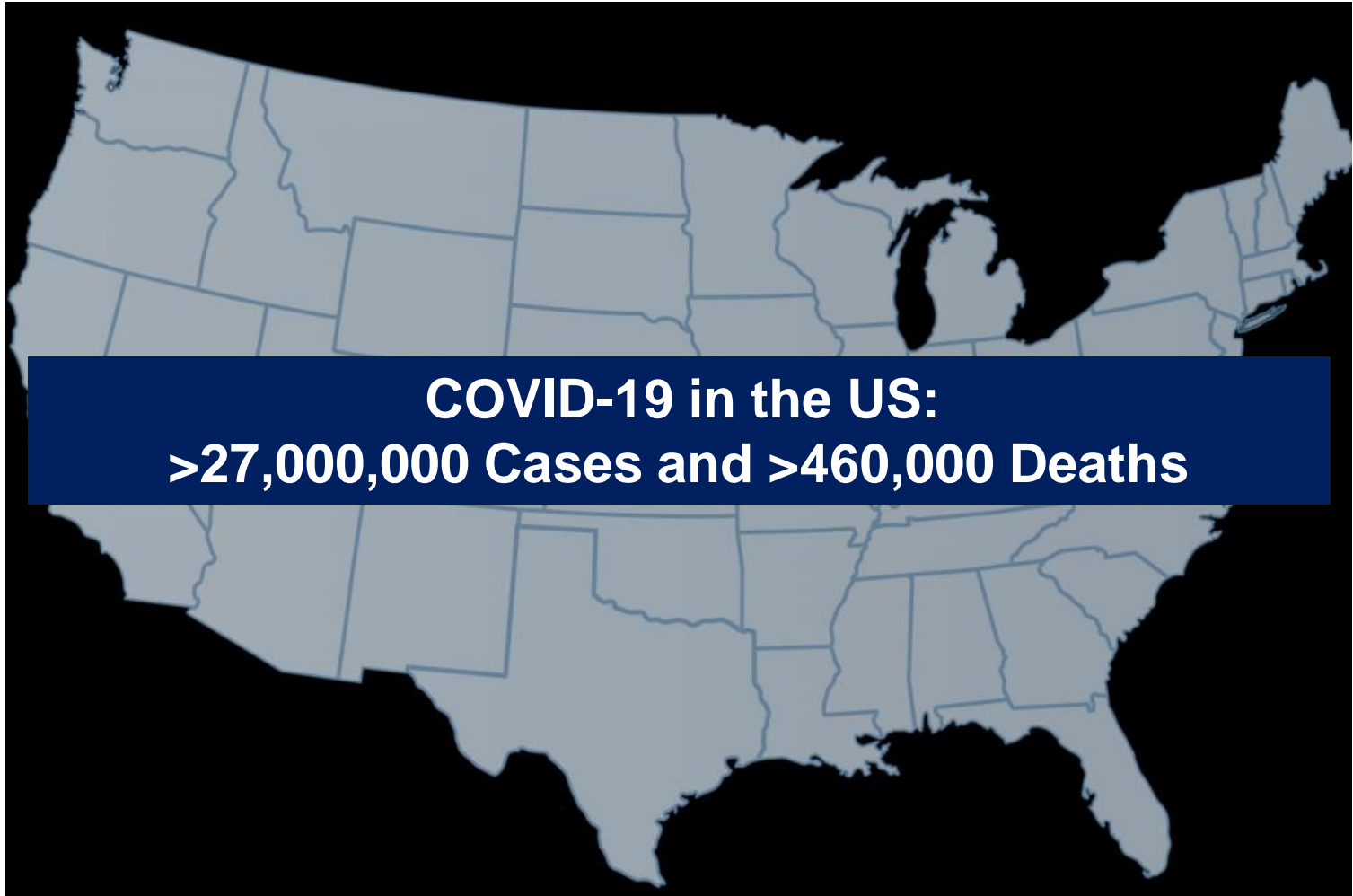
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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.



Learning Objectives:

- At the end of this session, participants will be able to:
 1. Describe how structural and systemic inequity lead to greater COVID-19 disparities for LGBTQIA+ people in ethnic and racial minority groups.
 2. Examine local, state and national data on COVID-19 to understand how the pandemic effects minority populations.
 3. Discuss the history, significance and impact of medical mistrust in patient education, outreach, treatment and vaccine distribution for COVID-19.

Systemic Inequity, Structural Racism, and COVID-19



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WWW.LGBTQIAHEALTHEDUCATION.ORG

COVID-19: Well-Established, Stark Disparities by Race and Ethnicity

**Rate Ratios
Compared to
White NH**

**Black or
African-
American
NH**

Latinx

**American Indian
or Alaskan
Native
NH**

Cases

1.4x

1.7x

1.8x

COVID-19: Well-Established, Stark Disparities by Race and Ethnicity

Rate Ratios
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American
NH

Latinx

American Indian
or Alaskan
Native
NH

Cases

1.4x

1.7x

1.8x

3.7x

4.1x

4.0x

Hospitalization

COVID-19: Well-Established, Stark Disparities by Race and Ethnicity

Rate Ratios Compared to White NH	Black or African-American NH	Latinx	American Indian or Alaskan Native NH
<i>Cases</i>	1.4x	1.7x	1.8x
<i>Hospitalization</i>	3.7x	4.1x	4.0x
<i>Death</i>	2.8x	2.8x	2.6x

<https://www.nytimes.com/2020/04/07/opinion/coronavirus-blacks.html>



Opinion

The Pandemic's Missing Data

We desperately need to release the statistics on race and ethnicity.

THE LANCET

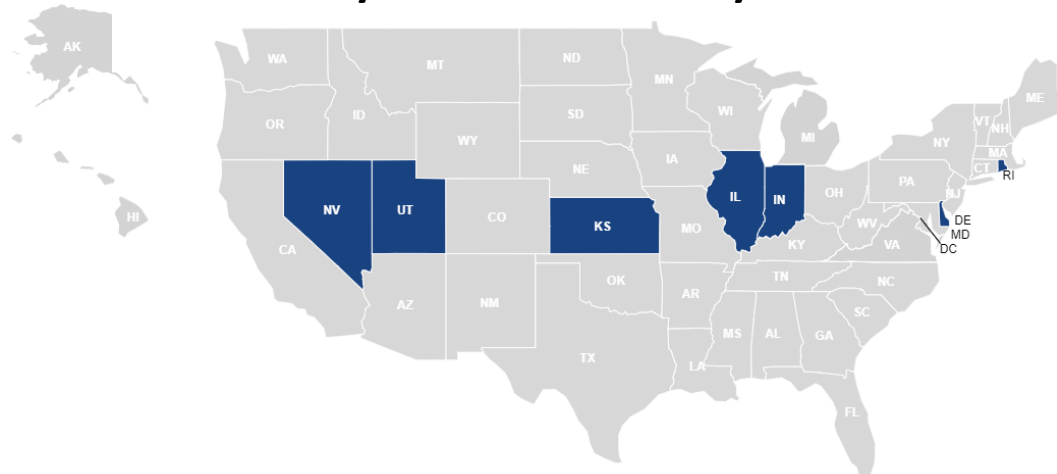
US racial and ethnic data for COVID-19 cases: still missing in action

Nancy Krieger ✉ • Christian Testa • William P Hanage • Jarvis T Chen

Published: October 22, 2020 • DOI: [https://doi.org/10.1016/S0140-6736\(20\)32220-0](https://doi.org/10.1016/S0140-6736(20)32220-0)



COVID-19 Testing Equity: States Reporting Testing Data by Race and Ethnicity



<https://coronavirus.jhu.edu/data/racial-data-transparency>

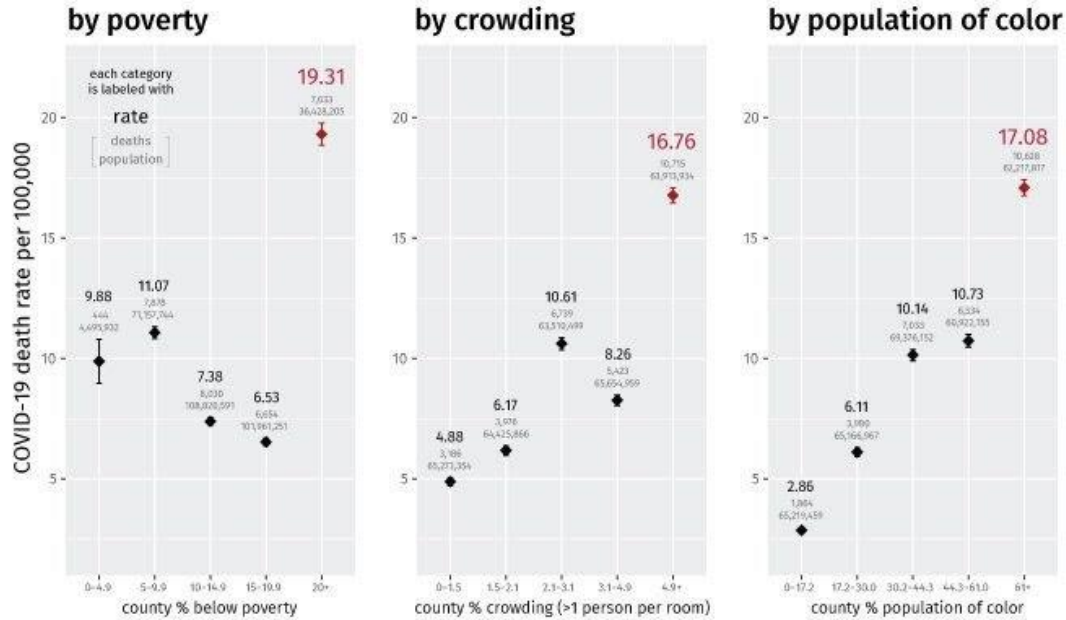
Additional Data Concerns
Other Demographics?
Social Determinants of Health?



The Harvard Center for Population and Development Studies

Inequities in US COVID-19 Deaths

(as of April 16, 2020)



people living in the most disadvantaged counties have the **highest** COVID-19 death rates

Source: Chen JT, Krieger N. Revealing the unequal burden of COVID-19 by income, race/ethnicity, and household crowding: US county vs ZIP code analyses. *Harvard Center for Population and Development Studies Working Paper Series*, Volume 19, Number 1. April 21, 2020. <https://tinyurl.com/ya44we2r>

CHICAGO SUN-TIMES

Working from home not an option for most black, Latino workers during coronavirus crisis

“A lot of them have either lost their job altogether or risk contracting COVID-19 to put food on the table,” one economist said. “They can’t have both job security and health security at the same time.”

By Carlos Ballesteros | @ballesteros_312 | Apr 9, 2020, 4:30pm CDT

THE CORONAVIRUS CRISIS



The Coronavirus Doesn't Discriminate, But U.S. Health Care Showing Familiar Biases

April 2, 2020 - 12:37 PM ET

With coronavirus, racism is the underlying condition

By [Jeneé Osterheldt](#) Globe Columnist. Updated April 10, 2020, 12:46 p.m.



Inequities helped covid-19 ravage the black community.

April 28, 2020 at 5:14 p.m. EDT

PostEverything • Perspective

The pathology of American racism is making the pathology of the coronavirus worse

Covid-19 is disproportionately killing black people because the whole system is worse for us.

Opinion

Opinion: Defeating COVID-19 also means confronting racism

By [Richard J. Reddick](#)

Posted Apr 18, 2020 at 5:31 AM

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.

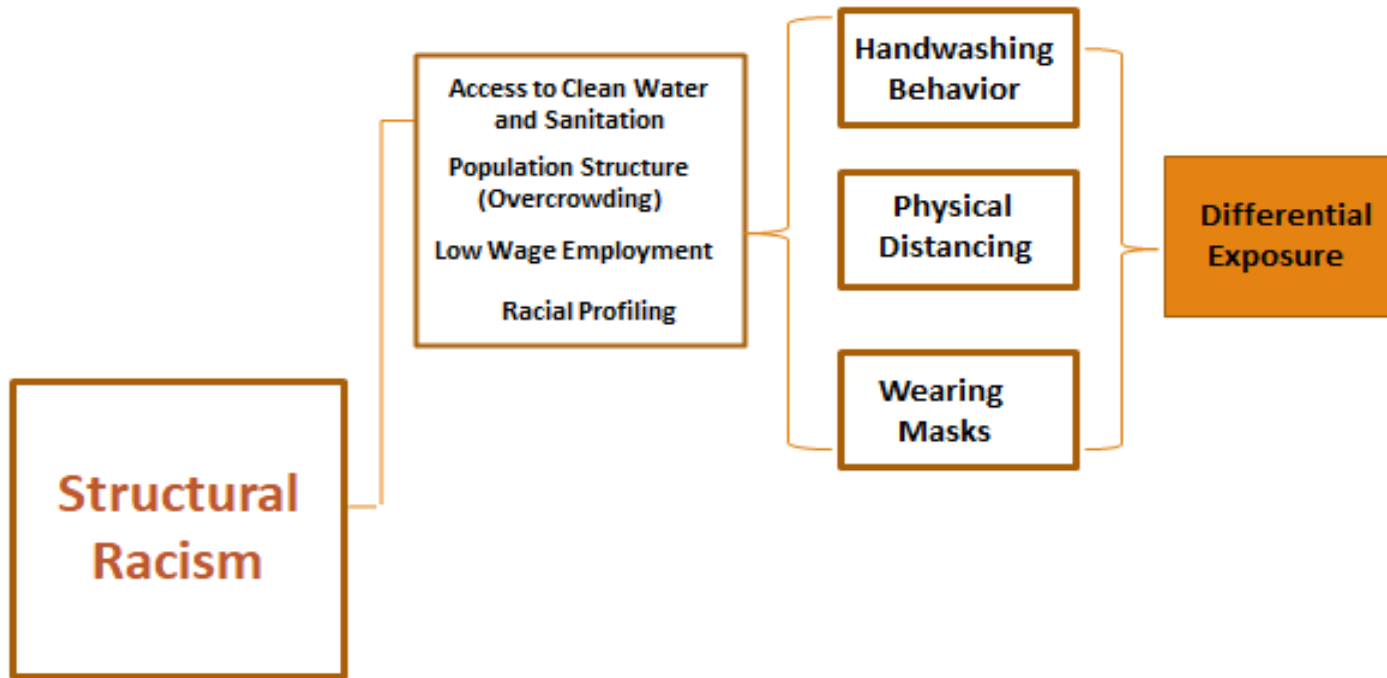
Structural Inequity:

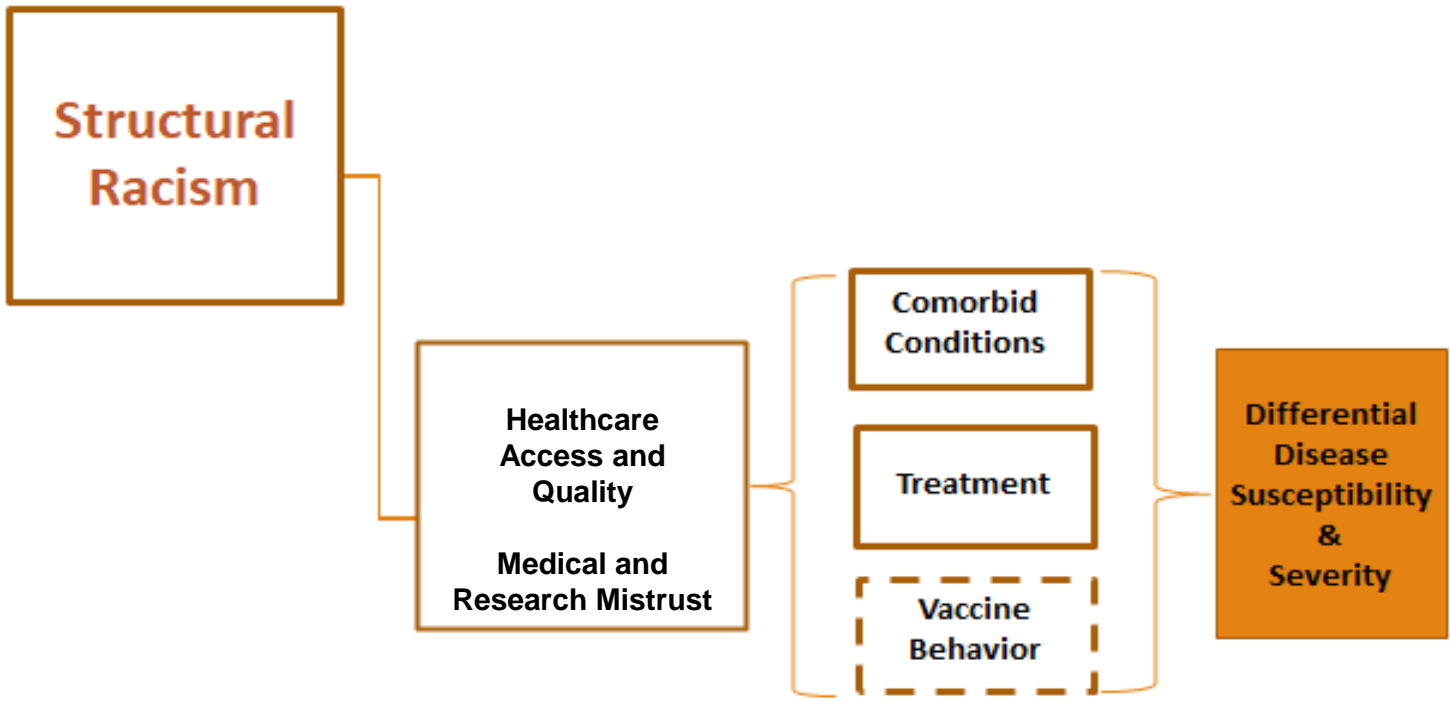
The systemic disadvantage of one social group vs others
(by race, ethnicity, gender or gender identity, class, sexual
orientation)

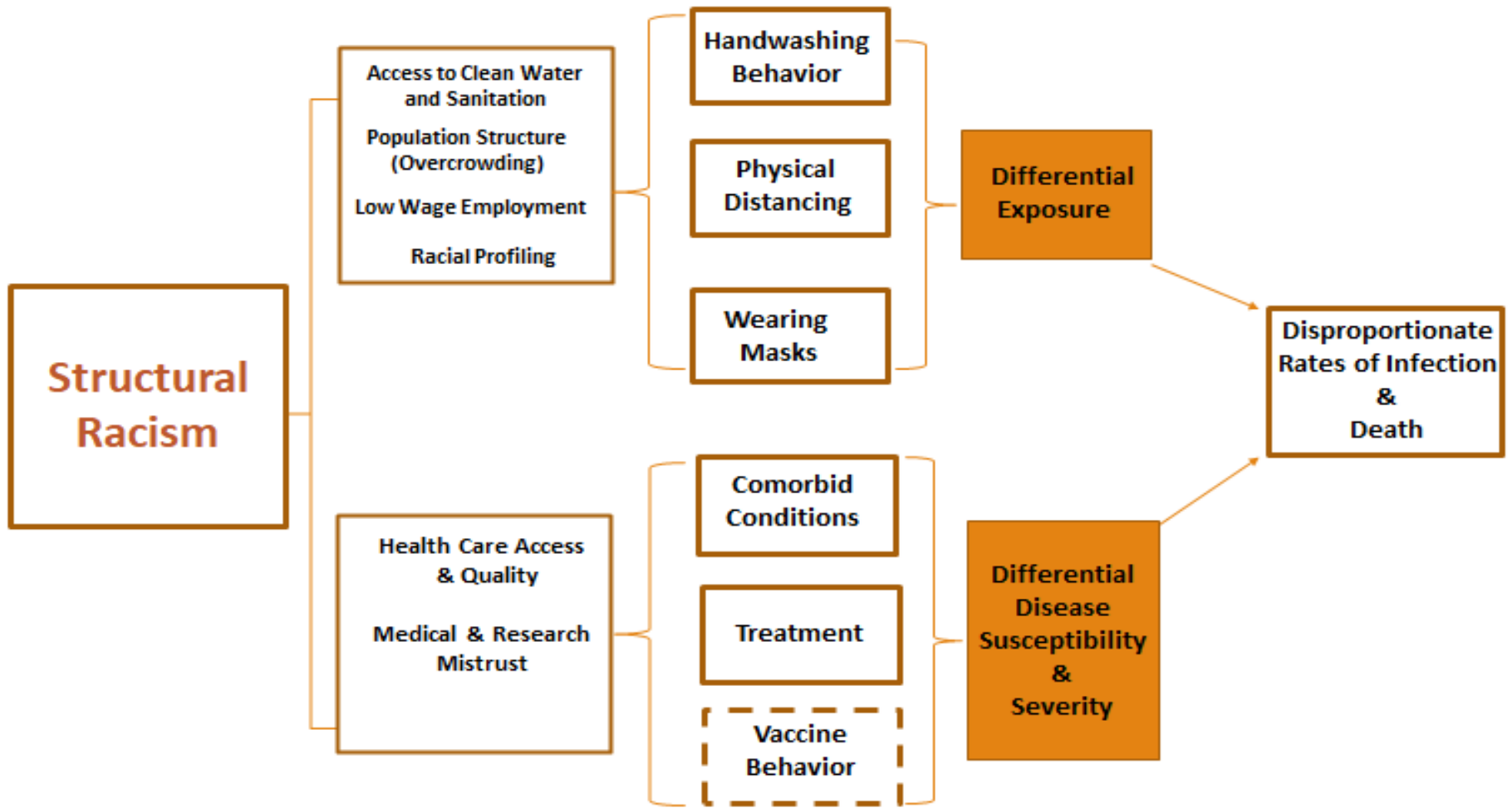
through unequal allocation of power and resources—which
manifest in disproportionate social, economic, and environmental
conditions.

Structural Racism:

The totality of ways -historical and contemporary- that have
reinforced a system of hierarchy, privilege and power that
excludes non-White individuals







Measuring Structural Racism

“A gold standard does not exist”

Common Proxies:

- Residential housing patterns
- Perceived racism in institutions
- Indices focused on socioeconomic status, as well as census data
- Involvement in the criminal justice system
- Immigration and border enforcement
- Political participation

Conclusions

- COVID-19 has highlighted previously noted, persistent disparities in other infectious diseases
- Responses must address underlying structural racism and systemic inequity
- Innovative, sustainable responses that address the needs of diverse populations and the unique impact that the pandemic has had among each are necessary

LGBTQIA+ People And COVID-19: Medical Mistrust, Vulnerability, And The Imperative Of Data Collection

Outline

- Why sexual and gender minority (SGM) people may be at elevated risk of contracting the novel coronavirus
- Why SGM people may have greater complications if they develop COVID-19
- Why SGM people may be less likely to get the COVID-19 vaccine
- Economic impact of COVID-19 pandemic
- Why we need collection and reporting of sexual orientation and gender identity (SOGI) data in real time

Socioeconomic, Geographic Vulnerability

- According to 2018 General Social Survey (GSS), 40% of SGM people work in restaurants/food services, health care, education (K-12 and higher), retail vs. 22% of non-SGM

Source: Whittington, Hadfield, Calderón, HRC report, 2020

- SGM people disproportionately concentrated in urban areas
- 22% are poor vs. 16% of non-SGM
- SGM people may find it harder to socially distance in housing, work

Source: Badgett, Choi, Wilson, *LGBT Poverty in the US*, Williams Inst., 2019

Higher risk of complications from COVID-19

- Due to greater prevalence of chronic conditions that can put LGBTQIA+ people at elevated risk from COVID-19
 - E.g., cardiovascular disease, cancer, diabetes, obesity, metabolic syndrome, HIV/AIDS, disability
- Due to higher rates of risk behaviors resulting from stigma, minority stress, social anxiety
 - Tobacco, substance use (smoking, vaping); COVID-19 often has severe respiratory effects

Diabetes

- Being overweight/obese a major risk factor
 - Lesbian women more likely to be overweight (OR 1.33), obese (OR 1.49) than straight women; bi women overweight (OR 1.21), obese (OR 1.43)
 - Azagba, Shan, Latham, *Int J Environ Res Pub Health* 2019
- Metabolic syndrome: conditions that occur together increasing risk of diabetes, cardiovascular disease
 - Emergent disparities and risk factors (smoking, binge drinking, lower education), among sexual minority women suggest increased future risk
 - Goldberg, Conron, Halpern, *LGBT Health*, 2019
- Analysis of 2014 Behavioral Risk Factor (BRFSS) data: gay men (OR 1.5) and bisexual men (OR 1.55) more likely to report lifetime diabetes diagnosis
 - Beach, Elasy, Gonzales, *LGBT Health*, 2018

Cardiovascular Disease

- Risk factor: Minority stress
 - Caused by internalization of societal stigma, experiences of discrimination, anticipatory anxiety, concealment of SOGI, etc.
 - Meyer, *Psychol Bulletin*, 2003
- Exogenous hormone use may increase cardiac risk for transgender people
 - Irwig, *Rev Endocr Metab Disord*, 2018
- Long-term use of antiretrovirals for HIV associated with increased risk of obesity and heart attack
 - Bhavan, Kampalath, & Overton, *Curr HIV/AIDS Rep*, 2008

Smoking And Vaping

- SGM people use tobacco at rates 50% higher than the general population,^{1,2} including being more likely to vape.³
 - This could increase the vulnerability of SGM people to complications from COVID-19.
1. Creamer, *MMWR* 2019.
 2. Buchting et al., *Am J Prev Med*, 2017.
 3. Huang et al., *Am J Prev Med*, 2016.

Substance use

- Risk factor: Substance use
 - Higher rates of binge drinking, illicit substance use (crystal meth, cocaine, ecstasy) in SGM populations
 - Gonzales & Henning, 2017; Ruble, Forstein, 2008
- Disproportionate substance use among high school age gay and bisexual males vs. heterosexuals on Youth Risk Behavior Survey (YRBS)
- Injection drug use ever 5 x higher, heroin use 8 x higher, cocaine use 4 x higher
- Methamphetamine use 20% for MSM, 4% for males who report only sex with women
 - CDC, *MMWR*, 2016
- Transgender Medicare beneficiaries more likely to have substance use disorders
 - Dragon, Guerino, Ewald, et al., *LGBT Health*, 2017

Asthma

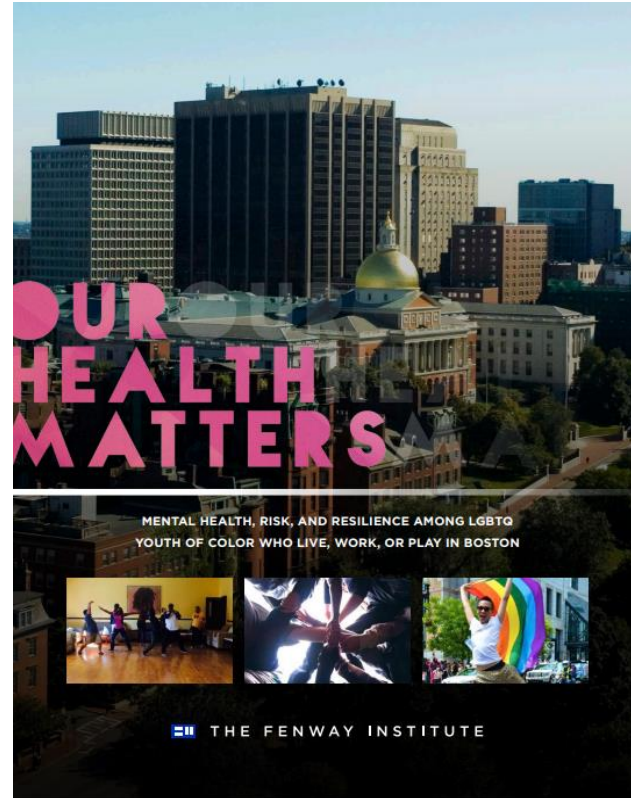
- Studies have shown higher rates of asthma among sexual minority respondents
 - Mass. BRFSS analysis: 20.8% of LGB v. 15.7% of heterosexuals had lifetime asthma diagnosis
 - Landers, Mimiaga, Conron, *AJPH*, 2011
 - National Health Interview Survey (NHIS) data 2013-2014, higher asthma among older lesbian and bi women v. straight women
 - Fredriksen-Goldsen, Kim, Shui & Bryan, *AJPH*, 2017

Anti-SGM Discrimination

- One in four SGM Americans experienced discrimination in 2016, including in health care
- **69%** of those who reported discrimination **said it affected their psychological well-being; 44%** said it **affected their physical well-being**
 - Singh & Durso, Center for Am. Progress, 2017
- **14%** of SGM people who had experienced SOGI discrimination in the past year reported **avoiding or postponing needed health care**
 - Ahmed, Mirza and Rooney, *Discrimination Prevents LGBTQ People from Accessing Health Care*, CAP, 2018

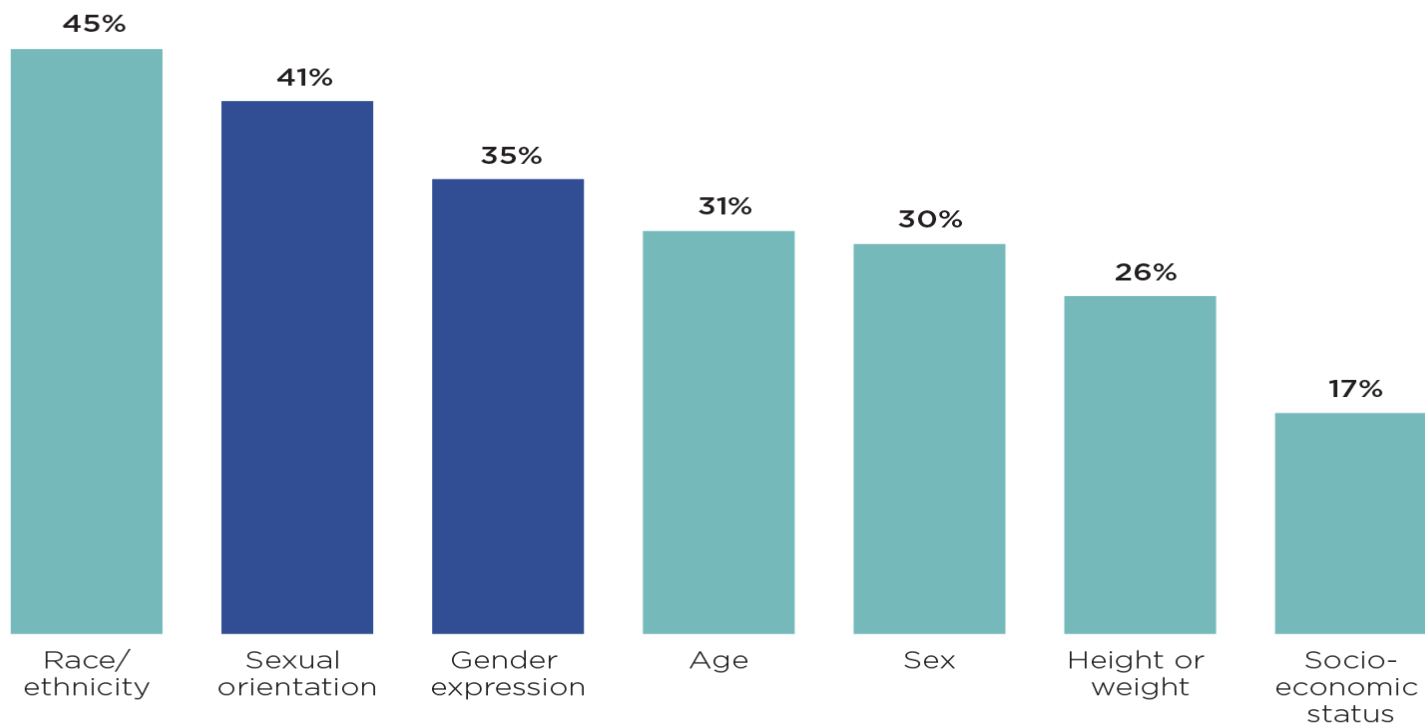
Intersectional/layered experiences of discrimination, economic marginalization

- Women
- Racial/ethnic minority individuals
- Immigrants



Sexual orientation and gender expression discrimination are among the most common forms of discrimination faced by LGBTQ youth of color.

Share of LGBTQ youth of color population experiencing discrimination yearly.
By number of types of everyday discrimination. Greater Boston. 2014.



Source: Conron et al. 2015. *Our Health Matters: Mental Health, Risk, and Resilience Among LGBTQ Youth of Color Who Live, Work, or Play in Boston*. The Fenway Institute

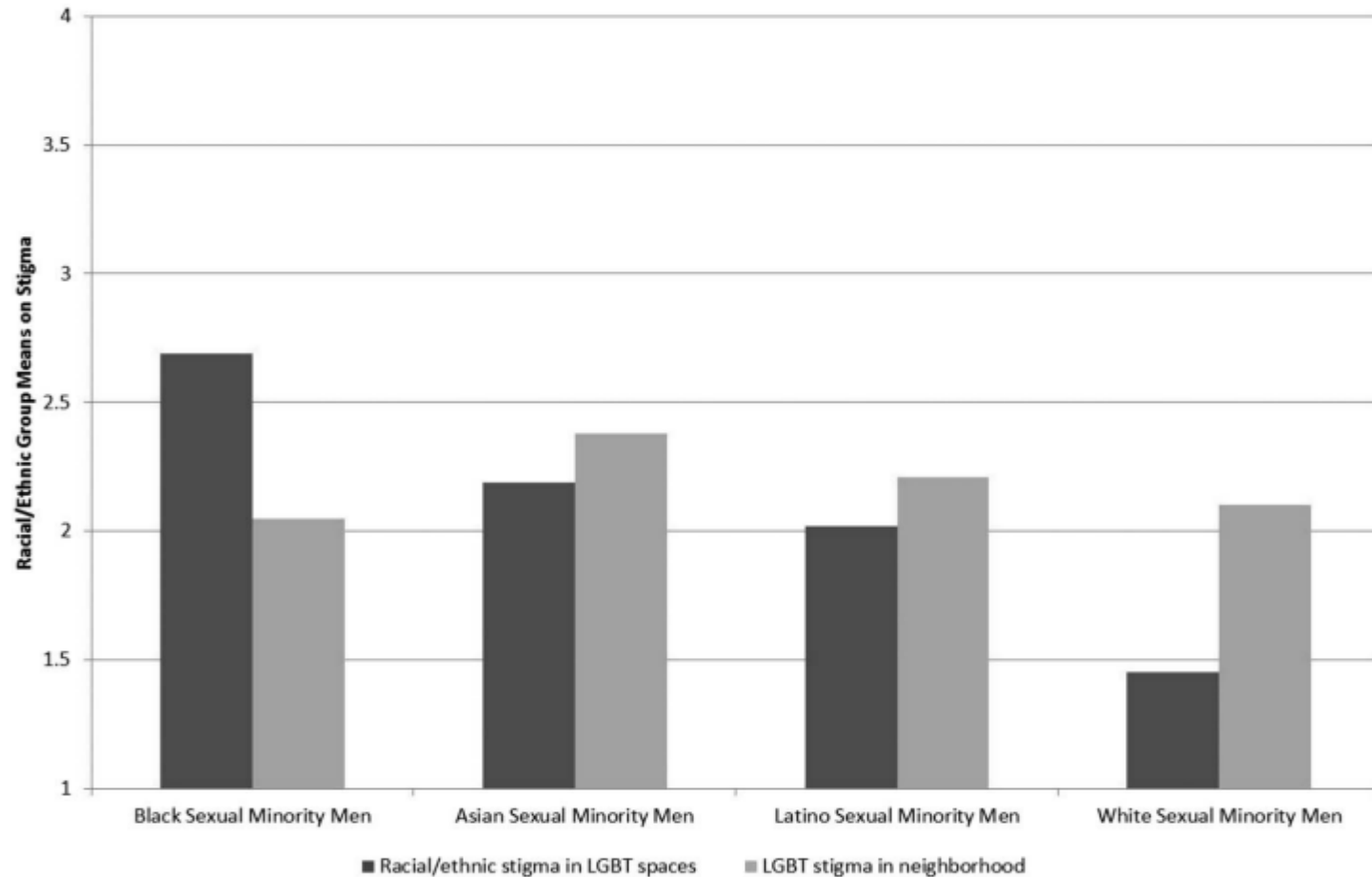


Figure 3. Mean level of racial-ethnic stigma in lesbian, gay, bisexual, and transgender (LGBT) spaces and LGBT stigma in neighborhood by racial-ethnic group.

Less Access To Routine, Preventive Care For Lesbian and Bisexual Women And Transgender People

- Lesbian and bisexual women¹ and transgender people² are less likely to access routine, preventive health care compared to their heterosexual and cisgender peers.
- 1. Kerker et al., *J Urban Health Bull N Y Acad Med*, 2006.
- 2. Gonzales & Henning-Smith *Milbank Q*, 2017.

Medical Mistrust

- Due to stigma and health care discrimination, SGM people, especially SGM people of color¹ and specifically transgender people,² experience medical mistrust. This could affect the likelihood that they will know when a vaccine becomes available, know how to access it, and be willing to trust those offering the vaccine.
- 1. Cahill et al., *AIDS Care*. 2017
- 2. D'Avanzo et al. *Behav Med Wash DC*, 2019

Older SGM people

- Many older SGM people experience medical mistrust because when they were coming of age the medical establishment pathologized same-sex behavior and gender diversity. Many were subjected to shock therapy or lobotomies, or were committed to psychiatric institutions with the support of mainstream medicine.¹
- 1. Blakemore, HISTORY, 2020.

American Psychiatric Association Conference, 1972 Dr. John Fryer (Dr. Anonymous)



NEW YORK PUBLIC LIBRARY DIGITAL GALLERY

Growth of Overt Homosexuality In City Provokes Wide Concern

By ROBERT C. DOTY

The problem of homosexuality in New York became the focus yesterday of increased attention by the State Liquor Authority and the Police Department.

The liquor authority announced the revocation of the liquor licenses of two more homosexual haunts that had been repeatedly raided by the police. The places were the Fawn, at 795 Washington Street near Jane Street, and the Heights Supper Club at 80 Montague Street, Brooklyn.

The city's most sensitive open secret—the presence of what is probably the greatest homosexual population in the world and its increasing openness—has become the subject of growing concern of psychiatrists, religious leaders and the police.

One division of the organized crime syndicate controls bars

and restaurants that cater to the homosexual trade. Commenting yesterday on the situation, Police Commissioner Michael J. Murphy said:

“Homosexuality is another one of the many problems confronting law enforcement in this city. However, the underlying factors in homosexuality are not criminal but rather medical and sociological in nature.

“The police jurisdiction in this area is limited. But when persons of this type become a source of public scandal, or violate the laws, or place themselves in a position where they become the victims of crime they do come within our jurisdiction.

“This matter is of constant concern to us in our efforts to

Continued on Page 33, Column 1



Intersex People

- Intersex people also often have challenging relationships with the health care system. Many have experienced medical trauma related to medically unnecessary cosmetic surgeries conducted without their consent, and unnecessary and objectifying medical examinations.¹
- 1. Human Rights Watch, “I Want to Be Like Nature Made Me,” 2017.

SOGI Data Collection In States

- Right now CA, PA, DC, RI, NV, OR moving toward collecting, reporting SOGI data in the COVID-19 pandemic
- CA collecting SOGI data for those who test positive for COVID-19 only
- No data currently reported yet
- Massachusetts DPH added SOGI to Massachusetts Virtual Epidemiologic Network, currently no guidance re: collecting SOGI in testing and care

Ways Data Could Be Used

- Inform targeted prevention campaigns
- Inform campaigns to promote testing, vaccination in SGM communities
- Understand if SGM people (or SGM Black people, or SGM immigrants) are less likely to get tested, vaccinated

Social Determinants Of Health:

The complex, integrated, and overlapping **social structures** and **economic systems** that are responsible for most **health inequities**.



REFERENCE/CITATION: Healthy People 2020. Understanding Social Determinants of Health 2013

Social Determinants Of Health:

These social structures and economic systems include the **social environment, physical environment, health services, and structural and societal factors.**

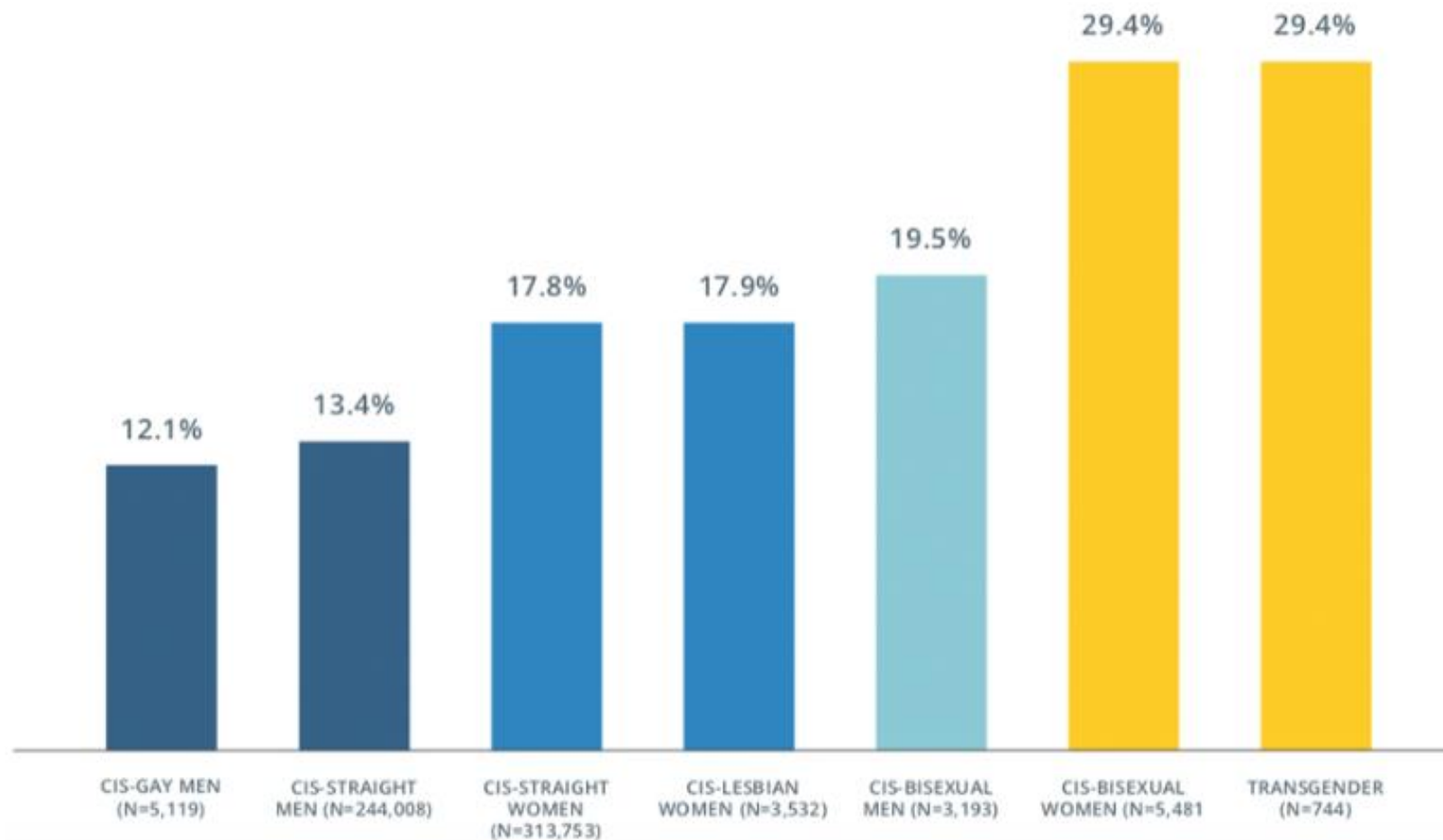
Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Social determinants of health contribute to health disparities.

REFERENCE/CITATION: Commission on Social Determinants of Health (CSDH), Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. 2008, World Health Organization: Geneva.

Delving More Deeply Into Social Determinants Of Health: Economics

- Despite stereotype that SGM people are wealthy...
- 2019 Williams Institute analysis found higher rates of poverty among bisexual women, men, trans people
- SGM people of color poorer than white SGM people.
- Black, White, Asian, and other-race SGM people have higher poverty rates than same-race cis straight people.
- SGM people in rural areas (26.1%) have the highest poverty rates, compared to SGM people in urban areas (21.0%) and cisgender straight people in either rural (15.9%) or urban (15.5%) areas.



Badgett, Choi, Wilson (2019). *LGBT poverty in the United States: A study of differences between sexual orientation and gender identity groups*

Transgender People Especially Vulnerable To Poverty And Discrimination

- 29% live in poverty (vs. 14% of US population)
- 15% unemployed (vs. 5% of US population)
- 30% lifetime homelessness, 12% in past year
 - US Transgender Survey 2015, n=27,715

Neighborhood And Built Environment

- According to Healthy People 2030, this Social Determinant of Health includes:
 - Access to Foods that Support Healthy Eating Patterns
 - Quality of Housing
 - Crime and Violence
 - Environmental Conditions

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>

Violence

- 17% of reported hate crimes in U.S. based on sexual orientation, 3% based on gender identity
 - Federal Bureau of Investigation, 2019 Hate Crime Statistics.
- LGBT youth more likely to be threatened or injured with a weapon on school property (2019 National YRBS)
 - 29% of transgender youth vs. 7% of cisgender youth
 - 16% of gay youth, 11% of bisexual youth, 7% of straight youth
- Trans students (1.8%) report higher rates of violence victimization, substance use, suicidality, sexual risk behavior (*MMWR* 2019)
- Transgender women, Black SGM people vulnerable
 - 46% of transgender Americans reported verbal harassment, 9% reported being physically attacked in past year
 - US Transgender Survey 2015.

Housing

- SGM people, and especially transgender people, experience housing discrimination
- 2016 Suffolk University Law School: Transgender and gender nonconforming individuals experienced differential treatment 61% of the time, compared to non-transgender individuals
 - 27% less likely to be shown additional areas of apartment complex
 - 21% less likely to be offered financial incentive to rent
 - 12% more likely to hear negative things about apartment, area
 - 9% more likely to be quoted higher rental price
 - Langowski, Berman, Holloway, McGinn (2017). *Yale Journal of Law & Feminism*, 29(2).

Understanding Impact Of These SDOH

- Integrate behavioral health care with primary care
- Integrate trauma-informed approaches to care
- Refer and link to supportive services such as case management, housing assistance, legal assistance
- Ensuring that your health practice provides affirming, culturally responsive care to LGBTQIA+ patients

We Are The National LGBTQIA+ Health Education Center

We provide educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

Ready to Learn?

Access our extensive library of webinars, publications, and more, and earn CME credit on eligible materials.

[Get Started](#)

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Interested in a speaker or training at your organization? Looking for additional resources? Get in touch with us today!

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What's New?

ACCELERATE PrEP for HIV Training Modules

 Learning Module 15 December, 2020

Pre-exposure prophylaxis (PrEP) refers to the use of anti-retroviral medication by people at risk of acquiring HIV, and is highly effective to protect against HIV infection.

[Read More »](#)

Resources

lgbtqiahealtheducation.org/?s=sogi+data

Apps Gmail YouTube Maps "LGBT" AND "health... ScholarOne Manus... LGBT Health | Mary... ScholarOne Manus... Welcome - myNort... Fenway Remote

Search Results for: sozi data

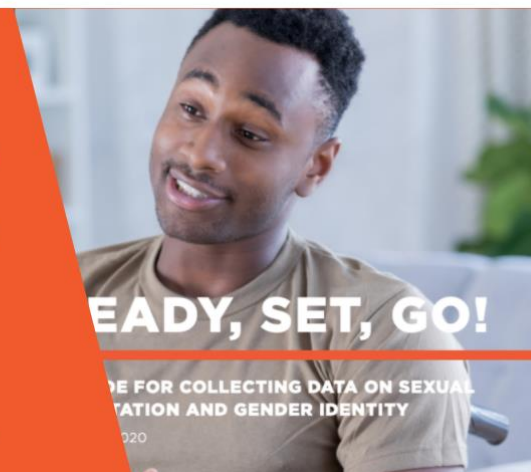
Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SOGI) – 2020 Update

 Publication

Originally published on 26 June, 2020

This guide is designed to help your health center successfully collect SO/GI data, no matter where you are in the process. For those just beginning, the guide can be used from start to finish. If you have already created a system, but have encountered challenges and questions, this guide can help you address them. Even if your system is working smoothly, you will find resources and recommendations here that will help you move to the next level of data collection and analysis. This newly updated publication includes information on how to work with undocumented patients, patients who speak English as a second language or not at all, and patients who may engage in same-sex behaviors or have a gender identity that is different from their sex assigned at birth, but who do not identify as LGBTQIA+.

[Read More »](#)



Thank you–Discussion

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