Statement

of the

American Medical Association

to the

Institute of Medicine

RE: Lesbian, Gay, Bisexual and Transgender (LGBT) Health Issues and Research Gaps and Opportunities

Presented by

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The American Medical Association (AMA) appreciates the opportunity to provide comments to the Institute of Medicine (IOM) on Lesbian, Gay, Bisexual and Transgender (LGBT) Health Issues, Research Gaps and Opportunities. I am Saul Levin, Vice President of Science, Medicine and Public Health at the American Medical Association and I will be providing the first half of the remarks. Dr. Gal Mayer, Vice Chair of the AMA-GLBT Advisory Committee, will be providing the second half of the remarks. As you know, there is a lot of ground to cover in ten minutes. Therefore, we welcome an ongoing dialogue and remain available to assist the IOM in this important endeavor.

The public in the United States has become increasingly acceptant of homosexuality and equal rights for gays and lesbians since the 1970s. According to a 2007 Gallup poll, the percentage of Americans who think that same-sex relations between consenting adults should be legal increased from 43% in 1977 to 59% in 2007.[5] Moreover, 56% of Americans in 1977 thought that gay people should have equal rights in terms of job opportunities and in 2007 that number had risen to 89%.[5] LGBT people have also made rapid progress in winning and

securing equal rights. In fact, approximately fifteen states and Washington, D.C. now give same-sex couples at least some of the same rights afforded to heterosexual married couples. Even more states offer nondiscrimination protections based on sexual orientation, gender identity, or both.

Despite this progress, however, members of the LGBT population continue to experience worse health outcomes than their heterosexual counterparts. Contributing factors can be organized into four categories: 1) access to health care and health insurance; 2) impact of societal biases on physical health and well-being; 3) impact of societal biases on mental health and well-being; and 4) how societal biases can lead to risky behavior.[3] Research is necessary to monitor and understand the changing societal and health issues of the LGBT community. This information should be used to develop best practices for treating LGBT patients and strategies to achieve culturally competent and effective care. More research needs to be completed on why the LGBT population is receiving lower rates of testing and screening for certain illnesses like depression and heart disease, have higher risk of some diseases such as cancer, and more frequently engage in risky behaviors that can compromise overall health or well-being, such as alcohol and tobacco use.[3, 4]

Generally, the extent of LGBT health disparities is not fully understood due to the lack of data collection. Despite some progress to have sexual orientation measures included in state and federal government data sets, the majority still do not include such measures; those that do typically include one measure of sexual orientation still do not mention transgender identification.[3,4] A lack of more complete and more culturally sensitive measures limits the usefulness of these data sets for LGBT health planning and assessment of changes over time.[4] Therefore, existing data on LGBT health is fragmentary and inadequately integrated into medical

and public health practice, making it difficult to construct interventions that meet the needs of this population.[4] Additional population-based research is necessary to more fully understand the causes and consequences of health disparities in the LGBT population so that effective responses can be developed. Therefore, the AMA supports a national survey that incorporates a representative sample of the U.S. population of all ages (including adolescents) and includes questions on sexual orientation, gender identity and sexual behavior. The AMA has also written a letter in support of a new "Office of LGBT Health" being created within the Department of Health and Human Services. This Office would help to facilitate the inclusion of questions about sexual orientation and sexual identity into all federally funded health studies that collect information and would likely provide incentives for the private sector to undertake more research in this area.

The AMA continues to seek ways to eliminate health disparities in the LGBT population through improvements in education and data collection. The AMA has encouraged the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to include LGBT health issues in the cultural competency curriculum for medical education. Absent explicit teaching, there is evidence that physicians and medical students reflect the level of homophobia and heterosexism of the society at large.[2] With more clinical exposure to LGBT patients, medical students in a New York City study had more positive attitudes and more accurate knowledge of LGBT health than students with limited clinical exposure.[6]

I will now turn it over to Dr. Mayer.

Good afternoon, I am Gal Mayer and, in addition to being the Vice-Chair of the GLBT Advisory Committee of the AMA, I am also the Medical Director of Callen-Lorde Community Health Center. I appreciate the opportunity to address this committee.

There is little research on how much and what kind of content on sexuality is contained within medical school training. Most of the limited research available is quite old. For example, a 1998 study found that over half of medical school curriculum had no information about LGBT people.[8] A 1992 study reported that, of the programs that do have LGBT content, there is less than one hour of content per year over the four-year curriculum.[9] In many programs, the mention of LGBT issues occurs only in a human sexuality unit. More recently, a 2003 survey of North American medical schools found that 25% of medical schools had a total of 3-6 hours of sexuality content in their curriculum while 29% had 6-10 hours, 17% had 11-19 hours and 15% had more than 20 total hours.[7] The topics covered in the sexuality unit included causes of sexual dysfunction (94.1%), the treatment of sexual dysfunction (85.2%), altered sexual identification (79.2%) and issues of sexuality and sexual function in illness or disability (69.3%). Less than 43% of the medical schools offered a clinical program in which the students were exposed to patients with these conditions.

Although cross-cultural and diversity training are now more common in medical schools and continuing education programs, little is known about what percentage include LGBT issues. A survey tool developed by the Stanford University School of Medicine's LGBT Medical Education Research Group may help us to gain a better understanding in this area. The survey – distributed and promoted with the AMA's help to deans and medical students in the United States and Canada – aims to assess the breadth, depth, and efficacy of medical education with respect to caring for LGBT people.

The AMA is also committed to taking a leadership role in educating physicians on the current state of research and knowledge of LGBT health issues. To make advancements in these areas, the AMA has teamed with the Fenway Institute to provide grand round programs on LGBT health. One of these grand round programs will be taped and offered as an online, streaming video to all AMA members. The AMA has also produced an educational video on how to take an appropriate and LGBT-inclusive sexual history. This streaming video has been distributed to over 50,000 medical students, residents, and practicing physicians. The AMA also encourages the development of educational programs for LGBT people to acquaint them with the health conditions for which they may be at increased risk and to educate physicians about proper screening for these conditions. The AMA plans to use the results of a survey being conducted in collaboration with the Gay and Lesbian Medical Association as a needs assessment in developing such tools and online continuing medical education programs.

The AMA also continues to work toward the equality of laws in recognition that inequalities contribute to health care disparities in the LGBT population. Specifically, the AMA recognizes that the exclusion from civil marriage contributes to health care disparities affecting same-sex households and their children. The AMA supports measures that will provide same-sex households with the same rights and privileges to health care, health insurance, and survivor benefits, as afforded to opposite sex households. Moreover, the AMA believes that nothing should inhibit a physician's ability to provide optimal care to a patient, including the federal law "Don't Ask, Don't Tell." The AMA recognizes that the threat of discharge from military service as a direct consequence of honest communication and unprotected disclosure has had a chilling effect on the patient-physician relationship and the quality of care provided to the estimated

65,000 gay, lesbian and bisexual Americans currently serving our country. For these reasons, the AMA is calling for the repeal of "Don't Ask, Don't Tell."[1]

Other areas of possible research that the IOM could consider include:

- Research on sexually transmitted infections (STIs) that arise specifically from LGBT sexual behavior (e.g. transmissions occurring from sex between men and between women, transmission of STI's in post-surgical genitals of transgender people);
- Research on HIV prevention that extends beyond condom use (i.e. vaccines, vaginal/rectal microbicides, pre- and post-exposure prophylaxis, culturally appropriate behavioral counseling);
- Research on specific cancer risks in LGB, and especially transgender, people to better answer the question of whether prostate, cervical, uterine or breast cancer risks, treatment and outcomes are different in these populations;
- Research on the short- and long-term effects of hormone care on transgender people; and
- Inclusion of appropriate sexual orientation, sexual behavior, and gender identity and expression options in the design of electronic medical records, in recognition that much clinical research on these communities is done retrospectively and sorting out LGBT identity in retrospect has been an impediment to this type of research.

Again, the AMA welcomes an ongoing dialogue with the IOM and remains available to assist in the important endeavor to study LGBT health issues, research gaps and opportunities.

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