Improving Health Outcomes for Vulnerable Patient Population

8:30 – 9:30 a.m. | Saturday, June 9
Room: Crystal Ballroom B| Hyatt Regency Chicago
A Joint Session sponsored by the AMA’s Section & Special Groups
Moderator: Helene Nepomuceno, MD

Chair, AMA Medical Student Section
Governing Council
Objectives

Upon completion of this activity, the physician will be able to:

• Recognize common health care disparities among vulnerable populations and the physician's role in eliminating them.

• Identify chronic diseases and mental health issues often found in these vulnerable populations and understand how quality of and access to care can affect health outcomes.

• Share best practices and recommend new strategies to achieve health equity for vulnerable populations.
Moderator and panelists

- **Helene Nepomuceno, MD**, Chair, AMA Medical Student Section; Medical Student, UC Irvine School of Medicine

- **Erick Eiting, MD, MPH, MMM**, Vice Chair of Operations for Emergency Medicine, Mt. Sinai Beth Israel; Young Physicians Representative on the AMA Advisory Committee on LGBTQ Issues

- **Dionne Hart, MD**, Delegate, AMA Minority Affairs Section; Director, Care from the Hart; Adjunct Assistant Professor, Mayo Clinic School of medicine

- **Paul Wick, MD**, Chair, AMA Senior Physician Section; Psychiatrist; Former Medical Director, University of Texas Health Northeast, Senior Behavioral Health Outpatient Counseling Center
Speaker One:
Erick Eiting, MD, MPH, MMM
Young Physicians Section Representative,
Advisory Committee on LGBTQ Issues

LGBTQ Healthcare Disparities
LGBT Patients

- Gates 2011: 9 million people identify at LGBT
  - 3.5% of US population identifies as LGB
  - 0.3% of US population identifies as transgender

- Chandra 2011: Survey of Americans age 18-44
  - 8.8% reported same-sex behavior
  - 11% reported same-sex attraction

- Often may not disclose sexual orientation, particularly if complaint is unrelated
Basic Terminology

**Gender Identity:** the internal perception of an individual’s gender, and how they label themselves

**Transgender:** a blanket term used to describe all people who are not cisgender; *occasionally used as “transgendered” but the “ed” is misleading, as it implies something happened to the person to make them transgender, which is not the case*

**Cisgender:** a description for a person whose gender identity, gender expression, and biological sex all align (e.g., man, masculine, and male)

**Transitioning:** a term used to describe the process of moving from one sex/gender to another, sometimes this is done by hormone or surgical treatments
Basic terminology

**FTM/MTF:** a person who has undergone medical treatments to change their biological sex (Female To Male, or Male To Female), often times to align it with their gender identity; *often confused with “trans-man”/”trans-woman”*

**Trans-man:** a person who was assigned a female sex at birth, but identifies as a man; *often confused with “transsexual man” or “FTM”*

**Trans-woman:** a person who was assigned a male sex at birth, but identifies as a woman; *often confused with “transsexual woman” or “MTF”*

**Advocate:** a person who actively works to end intolerance, educate others, and support social equity for a group
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression/Presentation
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Sexually Attracted To
- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To
- Women
- Men
- Other Gender(s)

To learn more go to:
www.transstudent.org/gender

Design by L.andy Pan
Judge says transgender man has plausible case he was mistreated at hospital

A judge’s decision to allow a transgender lawsuit to go forward is hailed by advocates.

By Randy Furst Star Tribune  |  MARCH 20, 2015 — 5:36AM

Jakob Rumble outside Cafe Southside in Minneapolis.
Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey

Presented at the Canadian Professional Association for Transgender Health Conference, September 2012, Winnipeg, Canada; and the Research to Policy Dialogue, Ontario Ministry of Health and Long-Term Care, October 2012, Toronto, Canada.

Greta R. Bauer, PhD, MPH, Ayden I. Scheim, BA, Madeline B. Deutsch, MD, Carys Massarella, MD, FRCP Canada

Results

Four hundred eight participants completed the ED experience items. Trans people were young (34% aged 16 to 24 years and only 10% >55 years); approximately half were female-to-male and half male-to-female. Medically supervised hormones were used by 37% (95% CI 30% to 46%), and 27% (95% CI 20% to 35%) had at least 1 transition-related surgery. Past-year ED need was reported by 33% (95% CI 26% to 40%) of trans Ontarians, though only 71% (95% CI 40% to 91%) of those with self-reported need indicated that they were able to obtain care. An estimated 21% (95% CI 14% to 25%) reported ever avoiding ED care because of a perception that their trans status would negatively affect such an encounter. Trans-specific negative ED experiences were reported by 52% (95% CI 34% to 72%) of users presenting in their felt gender.
Making a LGBT-Friendly Practice Starts at the Front Door
AAMC Recommendations

• Treat each patient with dignity and respect.

• Prepare students to respond effectively, compassionately, and professionally.

• Ensure that students master the knowledge, skills, and attitudes necessary.

• Ensure a safe learning environment for all students.
AAMC Recommendations

• Admissions Deans and committees be made aware that bias and prejudice concerning sexual orientation and gender identity are important issues in the learning environment for medical students.

• The GSA Committee on Student Affairs (COSA) is compiling a set of “effective practices” in order to provide resource information for schools considering revisions in and changes to current policies, procedures, and programs.
The Patient Environment

• Create intake forms that include the full range of sexual and gender identity and expression

• Ensure confidentiality on forms

• Train ALL staff to be respectful of LGBT clients, and to use clients’ preferred names and pronouns
The Patient Environment

• POST non-discrimination policy inclusive of sexual orientation and gender identity

• Display images that reflect LGBT lives (e.g., posters with same-sex couples, rainbow flags, trans symbol)

• Provide educational materials on LGBT health topics

• UNISEX BATHROOMS
Assessing the Current Environment

• Do you know if LGBT patients feel welcome and feel safe to disclose their sexual behavior and identity?

• Do you know if LGBT students, trainees, faculty, and staff feel safe and accepted?

• Does everyone feel comfortable being themselves?

• Can everyone talk freely with colleagues?

• Are students and professionals being taught about LGBT health needs?
Is PrEP Right For You?

PrEP may benefit you if you are HIV-negative and **ANY** of the following apply to you.

**You are a gay/bisexual man and**
- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown—and you also
  - have anal sex without a condom, or
  - recently had a sexually transmitted disease (STD).

**You are a heterosexual and**
- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown—and you also
  - don’t always use a condom for sex with people who inject drugs, or
  - don’t always use a condom for sex with bisexual men.

**You inject drugs and**
- share needles or equipment to inject drugs.
- recently went to a drug treatment program.
- are at risk for getting HIV from sex.

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Visit Your Healthcare Provider

- To find out if PrEP is right for you.
- Every 3 months, if you take PrEP, for repeat HIV tests, prescription refills, and follow-up.
- If you have any symptoms while taking PrEP that become severe or don’t go away.
- If you don’t have a provider, visit https://preplocator.org to locate one.
MSM Screening

- Sexually active MSM should be tested for STIs annually
  - Or every 3-6 months if have multiple or anonymous partners, use illicit drugs in conjunction with sex, or use methamphetamine:
    - HIV (serology)
    - Syphilis (serology)
MSM Screening

• Urethral gonorrhea (culture or NAAT*) and Chlamydia (NAAT) if had insertive intercourse in past year;

• Rectal gonorrhea and Chlamydia (culture) if had receptive anal intercourse in past year;

• Pharyngeal gonorrhea (culture) if had receptive oral intercourse in past year

*nucleic acid amplification test
<table>
<thead>
<tr>
<th>Exposure Route</th>
<th>Risk per 10,000 exposures</th>
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<tbody>
<tr>
<td>Blood transfusion</td>
<td>9,000</td>
</tr>
<tr>
<td>Needle-sharing injection drug use</td>
<td>67</td>
</tr>
<tr>
<td>Receptive anal intercourse</td>
<td>50</td>
</tr>
<tr>
<td>Percutaneous needle stick</td>
<td>30</td>
</tr>
<tr>
<td>Receptive penile-vaginal intercourse</td>
<td>10</td>
</tr>
<tr>
<td>Insertive anal intercourse</td>
<td>6.5</td>
</tr>
<tr>
<td>Insertive penile-vaginal intercourse</td>
<td>10</td>
</tr>
<tr>
<td>Receptive oral intercourse</td>
<td>1</td>
</tr>
<tr>
<td>Insertive oral intercourse</td>
<td>0.5</td>
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**Risk of Contracting HIV**
Post-Exposure Prophylaxis

- <72 hours after sexual exposure (< 36h better)
- “Substantial risk”
- Baseline HIV test (rapid if possible)
- Treatment (not 100% effective):
  - 28 days of HAART
  - tenofovir + emtricitabine once daily AND raltegravir twice daily (women of child bearing age) OR
  - tenofovir + emtricitabine once daily AND dolutegravir once daily
  - Alternatives possible
Post-Exposure Prophylaxis

- Assess need for behavioral education and counseling
- Evaluate / test for STDs
  - Vaccinate for hepatitis
  - Offer STD prophylaxis
- Follow-up:
  - 3-5 days (adjust if side effects; test results)
  - HIV tests at 4-6 weeks, 3 months, 6 months
  - Counseling as needed
- Reference: CDC 2005
What should you order?

A 32 year old female presents to the ED with epigastric discomfort and associated nausea and vomiting for 4 days. She is now unable to tolerate PO. She denies fever or sick contacts. She identifies as lesbian and is with her female partner.
And then you see this?
Identity ≠ activity

• O’Hanlan 1997: 77-91% of lesbians had at least one prior sexual experience with men
  • 8% in the prior year
• Can also be victims of sexual assault
• Still need a thorough sexual history
  • Ask partners to leave the room
• Consider STI screen similar to straight women
What else would you like to know?

A 56 year old male to female transgender patient presents to the ED with a complaint of chest pain. She has had several episodes over the past few days with occasional shortness of breath. She is a smoker. Family history is uncertain. She denies any relevant medical history. She is currently unemployed. She admits to taking Premarin but not additional medications.
But…Troponin = 1.32
Spectrum of Transgender Patients

- Medical therapy: hormones, spirinolactone
- Surgical therapy: reconstructive
- Difficulty finding appropriate providers
  - Lack of insurance, fear of discrimination
  - May lead to self-medication
- Social factors impact care
  - More likely to be or have been homeless
  - Higher suicide rates
Speaker Two: Dionne Hart, MD Delegate, Minority Affairs Section

Care from the Heart
Disclosures

The views expressed in this presentation are those of the presenter only and do not represent the policy or opinions of JustUs Health Minnesota, the United States Department of Justice, Federal Bureau of Prisons, or any State Department of Corrections within the United States.
Characteristics of those involved in the criminal justice system

- More than 6 in 10 jail inmates were racial or ethnic minorities.

- High School Diploma 20.5% of state, 27 of federal compared to 33.2% of general population.

- Over half of all jail inmates grew up in a single-parent household or with a guardian.

- 45% had a family member who had been incarcerated.
Characteristics of those involved in the criminal justice system

• Over half of women in jail reported being physically or sexually abused in the past, compared to over a tenth of men.

• About 74% of state prisoners and 76% of local jail inmates had a mental health problem met criteria for substance dependence or abuse.

• Nearly 1.5 million American children have a mother or father in federal or state prison.
Characteristics of those involved in the criminal justice system

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Physical and Mental Health burdens

• LGBQ students are two times more likely than straight students to report symptoms of depression (Invisible Youth: The Health of Lesbian, Gay, Bisexual, and Questioning Adolescents in Minnesota Rainbow Health Initiative)

• 40% of respondents have attempted suicide in their lifetime- nearly nine times the attempted suicide rate in the US population (4.6%).

• 33% of respondents saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity.
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US Transgender Survey: Interactions with Law Enforcement Officers

• Two percent of respondents were arrested in the past year, and of those arrested, 22% believed they were arrested because they were transgender.

• More than half (57%) of respondents said they were either somewhat or very uncomfortable asking the police for help.

• Of respondents who interacted with police or law enforcement officers who thought or know they were transgender in the past year, 57% said they were never or only sometimes treated respectfully, and 43% reported that they were always treated with respect.

• 58% reported some form of mistreatment, such as being repeatedly referred to as the wrong gender, verbally harassed, or physical or sexually assaulted.
US Transgender Survey: Interactions with Law Enforcement Officers

- Transgender women of color, including Black (9%) and American Indian (6%), were more likely to have been incarcerated in the past year.

- Nearly 30% of respondents who were incarcerated were physically and/or sexually assaulted by facility staff and/or another inmate in the past year.

- During the past year, more than one-third (37%) of respondents who were taking hormones before their incarceration were prevented from taking their hormones while incarcerated.
Social Determinants of Health

- **Unemployment and job security**: 24% were unemployed; 30% reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace due to their gender identity or expression, such as being verbally harassed or physically or sexually assaulted at work.

- **Education**: 77% of those who were out or perceived as transgender during K-12 years experienced some form of mistreatment.

- **Health Care Delivery**: 42% reported higher rates of mistreatment by health care providers.

- **Housing**: Nearly one-quarter 23% of respondents experienced some form of housing discrimination in the past year.
Social Determinants of Health

- **Social support**: 10% of those who were out to their immediate family reported that a family member was violent towards them because they were transgender and 8% were kicked out of the house because they were transgender.

- **Income and income distribution**: 45% were living in poverty.

- **Stress**: 7% attempted suicide in the past year—nearly twelve times the rate in the US population; 39% of respondents experienced serious psychological distress in the month before completing the survey.
Criminally Involved Transgender Individuals

• In the US, violence and discrimination disproportionately affects people of color, poor people and transgender and gender-nonconforming people.

• Violence against transgender and nonconforming people tends to be worse in places that are separated by sex such as county jails, immigration facilities and prisons.

• A California study found that transgender people were 13 times more likely than cisgender inmates to be sexually assaulted in prison.

• Black transgender women are three times more likely than other trans people to have served time in prison. One out of every two black trans women has been locked up at some point in their lives.
Intake Process

https://youtu.be/IrslL7Rec6w?t=32s
“Special Populations” LGBTQ

• Legal Name
• Gender Assigned at Birth
• Preferred Pronouns
• Search Procedures
• Privacy versus Security
Federal Corrections’ Timeline

• Prior to **September 28, 2011** - freeze frame approach.

• 2011 **Adams v Bureau of Prisons**, settlement reached, Individuals in the custody of BOP with a possible diagnosis of GID will receive an individual assessment based on current accepted standards of care for GID and will not depend GID treatment prescribed prior to incarceration.

• 2012 Clinical Guidelines issued without directives on hormones and surgery.

• 2014 Executive committee established to review designation of every patient who identifies as transgender
Federal Corrections’ Timeline

• 2016 Formal clinical guidance issues with hormone and laboratory recommendations

• 2017 Progressive transgender offender program statement is released

• 2018 New Transgender policy returns to previous guidelines
Ally, Advocacy and Clinical Care Opportunities

• Consider providing direct health care to individuals who are involved with the criminal justice system.

• If you’re involved in research, include sexual minorities.

• Make certain office support staff, clinical staff, and colleagues complete LGBTQ focused competency training.
Ally, Advocacy and Clinical Care Opportunities

• Register your practice with GLMA or other agencies.

• The deadline to comment regarding the new HHS civil rights division’s plan that will shield health workers who have moral or religious objections passed but if it’s implemented openly express your willingness to provide care to all.

• Author and/or co-author resolutions at the AMA, state medical and specialty organizations that address access and treatment gaps for LGBTQ individuals.
Contact Information

Dionne Hart, MD
DionneHart@charter.net
Twitter: @lildocd
Speaker Three:
Paul H. Wick, MD
Chair, AMA Senior Physicians Section

Healthcare Disparities in the Elderly
Grow old along with me! The best is yet to be, the last of life, for which the first was made.

-Robert Browning
Growing population of older adults

• Longer lifespans, 1 in 7 Americans are 65 years of age and above

• Currently 46 million people, expected to grow to 73 million in the next 15 years

• Accounts for 2/3’s of US healthcare budget (USDHHS, 2010)

• Baby boomer generation (1946-1964), 76 million total

• Accounts for 27% all Doctor visits, 35% of hospital stays
Challenges to care for and promote health among older adults

• Despite universal coverage from Medicare, older adults are not isolated from health disparities

• 2/3’s have multiple chronic conditions

• Cost of care, meds, patients cut back

• Chronic disease causes negative health consequences as in mobility and ADL’s

• The number with dementia will continue to rise
Health disparities affecting the elderly

• Ethnic, racial minorities

• Social factors: economic, education, geography

• LGBTQ

• Health literacy

• Ageism

• Mental health and cognitive issues in the elderly

• NIH defined health disparities as the difference in the incidence, prevalence, mortality and burden of disease and other adverse health conditions that exist among specific population groups in the US. Term health inequalities more often refers to socioeconomic differences (Healthy People 2020)
Ethnic/racial minorities

• Increasingly diverse population

• Minority elders expected to account for 50% of elderly in 30 years

• Suffer disproportionate burden of illness and early death (Healthy People, 2010 & USDHHS: Unequal Treatment, IOM 2002)

• Greater rates of diabetes, cardiovascular disease

• Disease burden negatively impacts quality of life for individual, family and community

• Differing attitudes about healthcare

• Ethnic disparities in health care said to cost US $6 billion per year (Robert Wood Johnson Foundation)
Socioeconomic Factors

• Lower educational and economic status adversely affects health

• Higher education and higher family income more likely to report being healthy

• Older non-Hispanic white adults more likely to report being healthy

• Where you live affects health (JAMA, April 2018)
Older LGBT

• Higher levels of illness, disability and premature death

• About 50% have a disability, 33% report depression

• More than 20% do not disclose sexual or gender to their physician (The Aging and Health Report, CDC, 2013)
Health literacy matters

• Capacity to obtain, process, understand basic health information and services, make decisions

• Those 65 years of age and older have smallest percentage with proficient health literacy skills (Aging and health in America, 2013)

• Baby boomers more likely to be tech savvy and ask questions

• Differing ethnic and cultural attitudes

• With less health knowledge, worse self management and worse outcome
Communication

• Does your elderly patient understand your recommendations?

• Account for hearing, vision, cognitive impairments

• Avoid “elderspeak”

• Appreciate heterogeneity of older adults

• Involving family, friend, caretaker, interpreter
Ageism

• Systemic stereotyping and discrimination of people because they are old.

• Refers to bias, prejudice, devaluation, negative attitudes.

• “It’s just old age,” “Depression is just a part of getting old”

• Our complaints (as fatigue, aches and pains, depression, insomnia) properly explained as due to normal aging

• Problem: Intent affects outcome
Ageism

• Distinguish normal effects of aging from disease

• Great variation in health and functional ability at 70, 80, 90 years of age

• Some older adults give up/give in to a more dependent lifestyle

• Those with positive attitudes toward aging more likely to lead healthy lifestyle
Aging adults and the healthcare system

- Proper emphasis on geriatrics in training
- Manpower issues, finding care
- More physicians limiting Medicare practice or opting out
- Need for clinical practice guidelines in elderly with multiple chronic illnesses
Mental health problems in older adults

• 20% experience some mental health concerns

• Recognize cognitive deficits

• Older men have highest suicide rate of any group

• Depression often adversely affects course and complicates treatment of other chronic illness

• New understanding of how healthy lifestyles, brain plasticity, neurogenesis can promote a healthier and happier life
Strategies to improve health equity in elderly

- 80% of seniors see PCP at least once annually and this is an opportunity to promote well-being
- Review tests, procedures, meds for benefit/risk (Choosing Wisely, ABIM 2012)
- Educate about adverse medical effects
- Understand normal aging vs disease
- Appreciate heterogeneity of older adults
- Communicate appropriately or use family, caretaker
- Address ageism
- Advocate healthy living, educate, offer resources
These health inequalities not only affect individuals or specific populations but they also impact the overall health status and healthcare costs facing our nation.

—Robert Wood Johnson Foundation
Audience Question and Answer Session
Moderator: Helene Nepomuceno, MD
CME Credit
Communications Requirements

The online access code for your activity today is **8000**.

Be sure to pick up instructions for claiming CME credit on your way out today. Participants can claim credit for this activity until **July 31, 2018**.