An Overview of LGBT Veteran Health

Michael R. Kauth, PhD
Director, LGBT Health Program, Office of Patient Care Services, Veterans Health Administration, Washington DC
Co-Director, South Central Mental Illness Research, Education & Clinical Center (MIRECC), Houston, TX
Professor, Department of Psychiatry, Baylor College of Medicine, Houston, TX

VA Physician Assistant Association Conference
March 3, 2017
Overview

- Basic terms
- Prevalence estimates of LGBT Veterans
- Disparities in LGBT Veteran health and health care access
- Minority stress
- The legacy of “Don’t Ask, Don’t Tell”
- Policies, trainings, resources, etc.
- Clinical services and LGBT-affirming treatment
- Create a welcoming environment
- Resources
What LGBT means

**LGBT** = Lesbian, Gay, Bisexual, and Transgender.*

- Acronym for diverse groups of **sexual** and **gender** **minorities**, with similar experiences of social stigma, victimization, and discrimination.

- Lesbian, gay, and bisexual groups related by **sexual orientation**.

- Transgender groups related by **gender variance** and **identity**; only a subset meet DSM 5 criteria for **Gender Dysphoria** (GD; formerly **Gender Identity Disorder or GID under DSM IV**).

*VA uses LGBT in an inclusive way (questioning, queer, intersex, etc.)
Sexual orientation and identity

Sexual orientation – global term referring to the sex(es) one is attracted (same-sex, other-sex, both sexes, or the absence of attraction). Multi-dimensional.

- Sexual attraction – who turns you on (feeling)
- Romantic attraction – who you fall in love with (feeling)
- Sexual fantasies – who you fantasize about (thoughts)
- Sexual behavior – who you have sex with (behaviors)
- Sexual identity – how you identify yourself (social identity)
  - Gay/lesbian, bisexual, straight/heterosexual, asexual, something else
Sex, gender, and gender identity

Sex
- Classification based on anatomy
- “Sex at birth” - male or female (intersex)

Gender identity
the internal sense of self as a man, woman, transman or transwoman, or some other non-binary gender identity: e.g., genderqueer, gender fluid, etc.

Gender
- Behavioral, cultural, and psychological traits socially associated with one’s sex
- Man, woman, transman, transwoman, genderqueer, etc.

Cisgender
1) **Birth Sex**: “What sex was listed on your original birth certificate?” (Male, Female)

2) **SIGI**: “Do you think of yourself as”: (correct answer is Veteran’s response)

3) **Training**: [http://go.va.gov/SIGI](http://go.va.gov/SIGI)
Prevalence of LGBT Veterans

• 3.5% of American adults (N=121,290) identify as LGBT; about 8 million LGBT Americans\(^1\)

• Number of LGBT Veterans is **unknown**

• VHA demographic data-collection systems **do not** identify sexual orientation or gender identity

• Estimated **1 million LGB** Americans are Veterans (\(~3\%)\) with 65,000 gay and lesbian active duty Service Members\(^1\)\(^-\)\(^2\)

• **Women** are over-represented among LGB Veterans\(^2\)
  – 15% of active-duty personnel
  – **2.9%** active-duty **women** identify as LGB versus **0.6%** of **men**

\(^1\)Gates & Newport, 2012; \(^2\)Gates, 2010
Prevalence of LGBT Veterans

• Estimated 15,450 transgender Service Members on active duty. At least **134,000** transgender Veterans (~0.6%)²

• **5,135 unique transgender Veterans in VHA, 1996-2013**, based on diagnostic codes.³

• Gender Identity Disorder among VHA users is 5x higher (22.9/100,000 persons)⁴ than estimates for general population (4.3/100,000 persons)⁵

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LGBT people: Health disparities overview

- LGBT people experience increased rates of some physical and mental health conditions and barriers to accessing healthcare.
  - Like other minority groups (e.g., racial and ethnic minorities)

- Few conditions elevated among LGBT people are linked to sexual behaviors (e.g., sexually transmitted infections or STIs)

Institute of Medicine, 2011; Makadon, Mayer, Goldhammer & Potter, 2007; Injustice at Every Turn, 2011; American Psychological Association. Fact Sheet: Health Disparities and Stress. Herek, Gillis, Cogan, 2009; Maguen & Shipherd, 2010; Hatzenbuehler, et al., 2010; Shipherd, Green & Abramovitz, 2010
• **Minority Stress Theory** can explain elevated rates of most health conditions elevated in LGBT people (e.g., depression, substance abuse, drinking, heart disease, cancer, etc.)
  - also explains difficulty accessing healthcare.
  - LGB people who lived in states with same-sex marriage are healthier than where not legal.

• Sexual orientation and gender identity are social determinants of health

Meyer, 2003; American Psychological Association. Fact Sheet: Health Disparities and Stress; Hatzenbuehler, et al., 2010
Intersectionality of LGBT identity and Veteran status on health

Higher risk of poor mental health and suicidal ideation and attempts; higher risk of some physical health issues.

*Adapted from J. Blosnich

Higher prevalence of poor mental health and suicidal ideation and attempts; higher rates of gun ownership and risk of firearm suicide\(^1\); higher risk of many physical conditions

\(^1\)Miller, Barber, Young, Azrael, Mukamal & Lawler, 2012
Knowledge about LGBT Veterans

Limited!

Recent review of the literature –

Health disparities in LGB female Veterans

• Review of 11 studies- Compared to heterosexuals:\textsuperscript{1}
  ✓ Higher rates of physical/sexual violence in childhood and adulthood, substance abuse, poorer mental health outcomes, increased suicidal ideation

• Prospective cohort of 365 OEF/OIF women Veterans\textsuperscript{2}
  ✓ Higher rates of military sexual trauma and substance abuse
  ✓ More likely to plan to use VHA services in the future

\textsuperscript{1}Lehavot & Simpson, 2014
\textsuperscript{2}Mattocks et al., 2013
Health disparities in LGB female Veterans

- 2010 Behavioral Risk Factor Surveillance Survey\(^1,2\)
  - More likely to smoke, poorer mental health outcomes than heterosexual women Veterans.
  - 2x poorer health than LGB non-Veterans

- Online survey of 706 women Veterans\(^2\)
  - Higher rates of trauma, PTSD, depression among LGB

\(^1\)Blosnich, Foynes & Shipherd, 2013; \(^2\)Blosnich, Farmer, Lee, Silenzio & Bowen, 2014; \(^3\)Lehavot & Simpson, 2014
Health disparities in GB male Veterans

• Several **HIV studies** on men-who-have-sex-with-men (MSM) \(^1-5\)
  ✓ Sexual orientation (gay identity) not examined
  ✓ Veteran status not examined as risk factor

• 2010 Behavioral Risk Factor Surveillance System data (10 states) found among gay male Veterans: \(^6,7\)
  ✓ Elevated risk of **asthma**, increased **smoking**, **activity limitations**, decreased likelihood of seeking health care due to cost.
  ✓ More likely to have **flu shot, HIV test**; less likely **overweight**.

\(^1\) Cook et al, 2010; \(^2\) Burks, Robbins & Durtschi, 2011; \(^3\) Semple, Patterson, & Grant, 2003; \(^4\) Holmes & Pace, 2002; \(^5\) Woody et al 2001; \(^6\) Blosnich & Silenzio, 2013; \(^7\) Blosnich, Farmer, Lee, Silenzio & Bowen, 2014
Health disparities in GB male Veterans

- Internet surveys find among gay male Veterans:
  - Higher risk of depression, PTSD, and alcohol abuse.\(^1\)
  - Higher rates of tobacco use, greater depression and anxiety symptoms among rural/small town gay men.\(^2\)

\(^1\) Cochran, Balsam, Flentje, Malte & Simpson, 2013; \(^2\)Kauth, Barrera, Denton & Latini, in press
Health disparities in transgender Veterans

• Community sample of 141 transgender individuals (30% Veterans) ¹
  ✓ Physical health (SF-12) comparable to general population.
  ✓ Mental health (SF-12) two SDs below general population.

• VA data - Veterans with Gender Identity Disorder (GID; 2000-2011) ²
  ✓ Risk of suicidal behavior 20x higher than for general Veterans.

• VA data comparing 5,135 transgender Veterans with controls.
  ✓ Transgender Veterans more likely homeless, incarcerated, experienced MST.³
  ✓ Transgender Veterans more likely have significant medical and mental health conditions.³
  ✓ Black transgender Veterans higher risk of several mental and physical health conditions. 3x history of incarceration, 2x rate of homelessness.⁴

VHA use and LGBT Veterans

• VA use appears **elevated among LGBT Veterans, especially women**$^{1-3}$
  – Among LGB Vets: **45.5% lifetime use** of VHA and **28.7% past year use**
  – 25% avoiding some VHA services due to concerns about stigma

• 2008 Transgender survey **16% VA used in past 6 months** versus **6% annual use** with Veterans generally$^{2}$

$^{1}$Simpson, Balsam, Cochran, Lehavot & Gold, 2013; $^{2}$Shipherd, Mizock, Maguen & Green, 2012; $^{3}$Blosnich, Brown, Shipherd, Kauth, Piegari, & Bossarte, 2013
Mixed methods study of 202 VA healthcare providers and 58 LGBT Veterans at two southern (Oklahoma City and Houston) hospitals:

- Veteran sample was 55% female, 84% White, 93% LGB, 55% 41-60 years old.
- Providers were 60% female, 63% White, 72% heterosexual, 46% 31-50 years old.

Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014
Experiences of LGBT Veterans in VHA

LGB Veterans:
• Not aware of the relevance of sexual orientation to health and fearful of disclosure
• 62% said NONE of their VHA providers had asked about sexual orientation
• 24% had not disclosed to any VHA provider (even when asked)

VHA Providers:
• Said Veterans will raise the issue if it is important to their health care
• More than half reported their treatment doesn’t change once they are aware of the Veteran’s LGB identity

Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014; Sherman, Kauth, Shipherd & Street, 2014
Rate list of potential barriers for LGBT Veterans at VHA:

80% endorsed “hurtful/rejecting experiences in the military” as a barrier.

“I look at the VA as an extension of my experience on active duty. At a moment’s notice somebody could come in and just say ‘you’re a lesbian, and I’m going to snatch your retirement income from you right now and all of your benefits’... and it would be gone just like that.” (lesbian female)

Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014
What is the solution?

• Establish policy
• Train staff
• Provide resources
• Promote good patient-provider communication; ask about sexual orientation and gender identity
• Provide LGBT-affirming care
• Available clinical services
• Create a more welcoming environment for LGBT Veterans
VHA policies

- **Rights and Responsibilities of VA Patients and Residents of Community Living Centers:**

- **Rights and Responsibilities of Family Members of VA Patients and Residents of Community Living Centers:**

- **VHA Directive 2013-003: Providing Health Care for Transgender and Intersex Veterans:**

- **LGB health care directive – anticipated spring 2017**
• **Transgender Veteran online trainings** – on TMS
  1. An Introduction to Transgender Care
  2. Transgender Mental Health Services
  3. Transgender Health: Prescribing Cross Sex Hormones

• **LGB Veteran care webinars** – on TMS
  1. Do Ask, Do Tell: Assessing Sexual Health of LGBT Veterans (and Everyone Else)
  2. Do Ask, Do Tell: LGB Veteran Health Care

• **Transgender education SharePoint** [http://go.va.gov/Transgender](http://go.va.gov/Transgender)
• **LGB education SharePoint** [http://go.va.gov/LGB](http://go.va.gov/LGB)
LGBT Veteran health fact sheets
Training interdisciplinary teams in transgender health care

- Training teams of providers in transgender Veteran care (MD & MH)
  - First national tele-consultation/training (SCAN-ECHO) program
  - Virtual expert team (Loma Linda, Minneapolis, Tucson)
  - Brief didactic on transgender care (14 modules) – 7 months
  - Plus case-based consultation to develop expertise

55 teams trained across VHA encompassing nearly 400 clinical providers

Kauth, Shipherd, Lindsay, Kirsh, Knapp, & Matza, 2015; Shipherd et al, 2016
Case-based transgender e-consultation

• Three regional Transgender E-Consultation programs (April 2014)
  – Loma Linda, CA
  – Minneapolis, MN
  – Tucson, AZ

• Interdisciplinary teams (primary care physician, psychologist, psychiatrist, pharmacist, social worker, endocrinologist, or nurse)

• Case-specific consultation through the Electronic Medical Record
• 600+ consults completed on 450 unique Veterans
• See Transgender E-Consultation FAQ on SharePoint

Shipherd, Kauth & Matza, 2016
Office of Mental Health Services & Office of Academic Affiliations

Interprofessional Psychology Postdoctoral Fellowships in LGBT Health (FY14/15)

1. Bedford, MA
2. Boston, MA
3. Hines (Chicago), IL
4. Honolulu, HI
5. Houston, TX
6. Milwaukee, WI
7. New Haven, CT
8. San Diego, CA
9. San Francisco, CA

Kauth, Shipherd, Barrera, Ortigo & Jones, 2016
Talking gender identity and sexuality

• Resources on the LGB and T SharePoints on how /why to ask about gender identity and about sexuality. E.g., LGBT Veteran Health Fact Sheets

• Ask about preferred name, gender identity and pronouns.

• Ask about sexual orientation identity, sexual relationships, sexual functioning and health.

• Providers should explain why these questions are asked, how the information is used and safe-guarded.

Ask relevant screening questions

- Base clinical assessment on answers to questions about identity, relationships, sexual behavior, sexual health (among other factors)

- The nature of the problem raised will determine the exact questions.
Are you in a romantic / sexual relationship? Yes.

1. What is the gender of your sexual partner(s)?
2. How long have you been together?
3. Do either of you have other sexual partners? If so, do you have a sexual agreement with your partner?
4. What kinds of sexual behavior do you engage in? (sexual risk)
5. Have you experienced unwanted sexual contact / violence? Do you feel unsafe?
6. Have you ever had an STI?
7. When was the last time you had an HIV test?
General sexual health questions

Are you in a romantic / sexual relationship? No.

1. Are you sexually active? Yes.
2. How many sexual partners have you had in the past 6 months/ one year?
3. What is the gender of your sexual partner(s)?
4. What kinds of sexual behaviors do you engage in? (sexual risk)
5. Have you experienced unwanted sexual contact / violence? Do you feel unsafe?
6. Have you ever had an STI?
7. When was the last time you had an HIV test?
Addressing sexual health concerns

1. EDUCATION! EDUCATION. Education.

- Understand what is bothering the patient: Is this a relationship issue? A pain issue? Identify when, under what circumstances, how often the problem occurs.
- Is the person in a safe situation? Safety referral?
- Provide assurance that something typical is normal. (Invite the partner if necessary).
- Encourage patients to talk to their medical provider about their concerns.
- Refer patients to readings and self-help resources.
Addressing sexual health concerns

2. Confer with other professionals about course of action.

   – Talk to the primary care provider about the effect of medications and potential solutions. Is the patient not taking meds because of sexual side effects?
   – Are there medical reasons for these issues? Are the issues symptoms of a disease process?
   – Is further physiological evaluation / lab work needed?
   – Are bruises related to a health condition?
3. Offer couples therapy through Mental Health.

- Relationship conflict is a major cause of sexual functioning problems.
- Develop a common, constructive understanding of the issue and desire to work toward a solution.
- Couples-informed PTSD treatment.
- Physical limitations, pain, etc. may not get resolved. Are there strategies the couple can use to manage limitations and still find intimate, sexual pleasure with each other?
LGBT affirming treatment

Affirmation therapy is a framework for treatment

- Promotes a positive view of LGBT identities and relationships
- Recognizes and addresses the negative impact of heterosexism, homonegativity, and transphobia on LGBT people’s lives
- Advocates for LGBT social justice and change


Clinical services for LGBT Veterans

- Support groups
- mental health therapy
- couples counseling
- gender counseling
- cross-sex hormone therapy
- evaluation for gender transitioning surgeries

See LGB and T SharePoints, under Facility Resources.  
http://go.va.gov/LGB and http://go.va.gov/Transgender
LGBT Veteran Care Coordinators

• Mid-2016, every VHA medical center has an identified LGBT Veteran Care Coordinator
  – Assess clinical needs for LGBT-specific services
  – Develop clinical services for LGBT Veterans (e.g., support groups, hormone evaluations, etc.)
  – Publicize community LGBT resources in VHA
  – Support development of a welcoming environment
  – Outreach to LGBT community organizations; share information

http://go.va.gov/LGBTVCC
Assess the physical and social environment

What signs / signals in the environment communicate that LGBT people are expected? Welcome?

– Pictures / images on the walls
– Magazines (e.g., LGBT community magazine)
– Resources available (e.g., Gay AA groups, etc.)
– Greetings / comfort of staff (e.g., use preferred names and pronouns)
Creating an affirming environment in VHA

LGBT Awareness poster (2013)

Assessing Sexual Health poster (2013)
Creating an affirming environment in VHA

LGBT Health Awareness Month 2016

LGBT Pride Month 2015
Participation in the Healthcare Equality Index (HEI) survey – Human Rights Campaign (HRC)

- Dimensions of the HEI:
  1. Patient non-discrimination policies
  2. Visitation policies
  3. Cultural competency training
  4. Employment non-discrimination policies

2016 - 84% of 114 VA facilities recognized as “leaders”
Take home points

• Long history of bias against LGBT Veterans in society and the military
• Bias, stigma, and other social factors experienced by LGBT Veterans may lead to health disparities and access issues
• LGB and T SharePointS host many useful resources for affirming care
• Ask about gender identity and sexual orientation; sexual health
• Use preferred names and pronouns
• Know your local LGBT Veteran Care Coordinator
Resources

- SharePoint Site for Transgender Veteran Health: [http://go.va.gov/Transgender](http://go.va.gov/Transgender)
- SharePoint Site for LGB Veteran Health: [http://go.va.gov/LGB](http://go.va.gov/LGB)
- Looking for a LGBT Veteran Care Coordinator at a particular facility? Click here: [http://go.va.gov/LGBTVCC](http://go.va.gov/LGBTVCC)

- LGBT Program Internet Site: [http://www.patientcare.va.gov/LGBT](http://www.patientcare.va.gov/LGBT)
Thank you!

For your time and attention, but more importantly for the care you provide to our Nation’s LGBT Veterans and their families

VALGBTProgram@va.gov