

Webinar LGBTQ Health & Equality: Thriving with Pride

✍ AIDS Foundation of Chicago, in conjunction with Howard Brown Health Center and Equality Illinois.

Panelist:

✍ **Jamal M. Edwards, JD**

President & CEO

Howard Brown Health Center

✍ **Magda Houlberg, MD**

VP & Chief Clinical Officer

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Chief Executive Officer

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Webinar Instructions

- ✍ All attendees are in listen-only mode.
- ✍ During Q & A segments
 - ☞ **If you are using the phone:** Use the 'Raise Hand' button if you want to ask a question and you will be unmuted and called upon.
 - ☞ **Audio via computer:** you can also ask questions at any time using the chat feature.

Raise your Hand or Use the Question Feature to Ask Questions

During the session, you can use this button to "Raise Your Hand" if you have a question.

If there are more questions than can be answered during a session, the Organizer may ask that you type in questions in the Question Log so that they may be addressed later, via email.



The 2011 IOM REPORT on

The Health of Lesbian, Gay, Bisexual & Transgender People

June 24, 2011

AFC Statewide Teleconference

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Leader, Innovator, Partner

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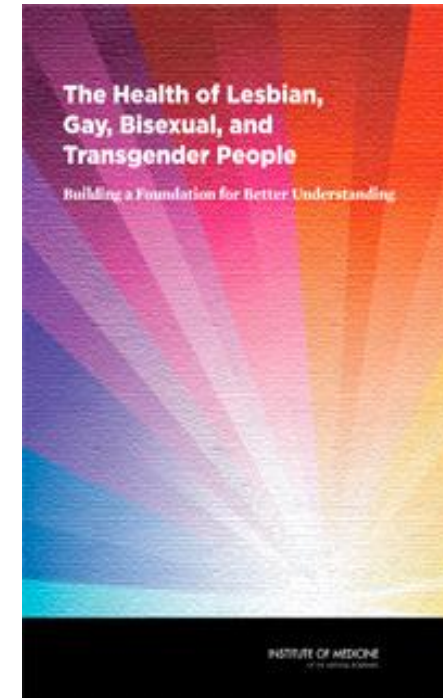
THE HEALTH OF LESBIAN, GAY, BISEXUAL & TRANSGENDER PEOPLE



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OVERVIEW

- ❑ REPORT OBJECTIVES
- ❑ CONTEXT
- ❑ HEALTH DISPARITIES
- ❑ CHALLENGES
- ❑ RESEARCH GAPS
- ❑ RECOMMENDATIONS
- ❑ RESEARCH AGENDA



IOM REPORT OBJECTIVES



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- ❑ Review current scientific knowledge on the health status of lesbian, gay, bisexual and transgender populations
- ❑ Identify research gaps and opportunities
- ❑ Outline a research agenda that will assist NIH in enhancing its research efforts in this area



IMPORTANT CONTEXTUAL FACTORS INFLUENCE HEALTH OF LGBT PEOPLE.

- ❑ Stigmatization
 - ❑ Past perceptions and treatment of sexual minority status as psychological disorder
- ❑ Legal landscape and barriers
 - ❑ Lack of relationship recognition and equality
 - ❑ Lack of access to insurance and other benefits
 - ❑ Lack of culturally competent health providers
- ❑ HIV/AIDS Epidemic

HEALTH DISPARITIES



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EXAMINED “LIFE COURSE” IN THREE LIFE STAGES:

❑ Childhood/Adolescence

- ❑ Disproportionate burden of HIV, especially on young black MSM; increased risk of suicide, depression, homelessness, violence and smoking, alcohol and substance abuse; but research lacking on transgender

❑ Early/Middle Adulthood

- ❑ Noted lack of use of preventative health by lesbian and bi women; higher rates of obesity, breast cancer for lesbians, most substance abuse/smoking research directed to lesbians; less likely to parent, but children well-adjusted and developmentally comparable

❑ Later Adulthood

- ❑ Lack of attention to HIV prevention; risk of negative health outcomes due to long-term hormone use; loneliness and lack of care-givers; resiliency/crisis competence

CHALLENGES



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MANY CHALLENGES ARE ASSOCIATED WITH CONDUCTING RESEARCH ON LGBT POPULATIONS:

- ❑ **DEFINITION** of sexual orientation and gender nonconformity, which are multi-faceted concepts
- ❑ **RELUCTANCE** by individuals when discussing same-sex or gender nonconforming behaviors
- ❑ **COST** to conduct research on LGBT populations and subgroups are higher due to smaller sample size, requiring more labor and effort to conduct meaningful analysis.

RESEARCH GAPS



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Existing body of research on LGBT health is [surprisingly] “sparse”, leaving **many opportunities**:

- ❑ Demographic and social characteristics
- ❑ Household composition (partnerships, children) and effect of greater likelihood of childlessness and loneliness on elders
- ❑ Substance abuse and **eating disorders** among youth and adults
- ❑ Impacts of **barriers to care**, particularly experiences re identity disclosure, cultural competency, and **end-of life** issues for elders
- ❑ Effects of **stigma**, also **depression**, **suicidality** (especially among elders)
- ❑ Cancer rates, especially **prostate and anal cancer** among elders
- ❑ Health outcomes for transgender people, especially effects of **long-term hormone use**; outcomes post **sex-reassignment surgery**
- ❑ Sexual well-being and **sexual dysfunction**, particularly among elders

RECOMMENDATIONS



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SEVEN CORE RECOMMENDATIONS

1. **Research Agenda** Designed to Advance Knowledge and Understanding of LGBT Health
2. Federally-Mandated **Data Collection** On Sexual Orientation and Gender Identity
3. Include Sexual Orientation and Gender Identity Data Collection in EHRs as Goal of “**Meaningful Use**”
4. Development and Standardization of Sexual Orientation and Gender **Identity Measures**

RECOMMENDATIONS



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SEVEN CORE RECOMMENDATIONS (cont'd)

5. **Methodological Research** Relating to LGBT Health
6. Comprehensive **Research Training** To Strengthen LGBT health Research at NIH
7. Encourage Grant Applications to **Explicitly Address In/Exclusion of Sexual and Gender Minorities** in Research Samples

RESEARCH AGENDA



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CALLS FOR STRONG EVIDENCE BASE IN LGBT HEALTH, INCLUDING:

- ❑ **Demographic research** across entire life course and all subpopulations
- ❑ **Social influences** and role of social structures, particularly families, schools, workplaces, religious and community institutions
- ❑ **Inequities in health care**, specifically outcome disparities, provider attitudes/care environment and education
- ❑ **Intervention research** to develop and test effectiveness of interventions, particularly increasing access to care or improved mental and physical conditions
- ❑ **Transgender specific health needs**, particularly trans-specific health care to address gender dysphoria, and more research on health implications of long-term hormone use.

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THANK YOU

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LGBTQ Equality

Issues and Legislation

Presented by

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STAY TUNED!



Visit www.aidschicago.org

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