



GLMA
GAY & LESBIAN MEDICAL ASSOCIATION

GUIDELINES

FOR CARE OF

LESBIAN, GAY,

BISEXUAL, AND

TRANSGENDER

PATIENTS





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CREATING
A WELCOMING
CLINICAL
ENVIRONMENT

1



CREATING A WELCOMING CLINICAL ENVIRONMENT FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) PATIENTS


▶ **Background**

Studies show that lesbian, gay, bisexual, transgender and (LGBT) populations, in addition to having the same basic health needs as the general population, experience health disparities and barriers related to sexual orientation* and/or gender identity or expression. Many avoid or delay care or receive inappropriate or inferior care because of perceived or real homophobia, biphobia, transphobia, and discrimination by health care providers and institutions.

Homophobia in medical practice is a reality. A 1998 survey of nursing students showed that 8–12% “despised” lesbian, gay, and bisexual (LGB) people, 5–12% found them “disgusting,” and 40–43% thought LGB people should keep their sexuality private.¹

Health care providers can take positive steps to promote the health of their LGBT patients by examining their practices, offices, policies and staff training for ways to improve access to quality health care for LGBT people.

**the term sexual orientation is used in this document to mean sexual orientation identities, behaviors, and/or attractions, all of which are important in the health care context.*



There are some simple ways to make your practice environment more welcoming and safe for your LGBT patients. Here are a few ideas to update your physical environment, add or change intake and health history form questions, improve provider-patient discussions, and increase staff's knowledge about and sensitivity to your LGBT patients. We hope you find this tool useful.

Create a Welcoming Environment

Lesbian, gay, bisexual, and transgender (LGBT) patients often “scan” an office for clues to help them determine what information they feel comfortable sharing with their health care provider.

Participating in provider referral programs through LGBT organizations (e.g., www.glma.org, www.gayhealth.com, or local LGBT organizations) or advertising your practice in LGBT media can create a welcoming environment even before a patient enters the door.

If your office develops brochures or other educational materials, or conducts trainings, make sure that these include relevant information for LGBT patients.

Open dialogue with a patient about their gender identity/expression, sexual orientation, and/or sexual practices means more relevant and effective care.

You may want to implement some of the following suggestions as appropriate for the type and location of your office:

- ◆ Post rainbow flag, pink triangle, unisex bathroom signs, or other LGBT-friendly symbols or stickers.
 - ◆ Exhibit posters showing racially and ethnically diverse same-sex couples or transgender people. Or posters from non-profit LGBT or HIV/AIDS organizations.
 - ◆ Display brochures (multilingual when possible and appropriate) about LGBT health concerns, such as breast cancer, safe sex, hormone therapy, mental health, substance use, and sexually transmitted diseases (STDs—also called sexually transmitted infections or STIs such as HIV/AIDS, syphilis, and Hepatitis A and B).
- See Resources section for where to find brochures and other materials.**
- ◆ Disseminate or visibly post a non-discrimination statement stating that equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, or gender identity/expression.
 - ◆ Acknowledge relevant days of observance in your practice such as World AIDS Day, LGBT Pride Day, and National Transgender Day of Remembrance.
 - ◆ Display LGBT-specific media, including local or national magazines or newsletters about and for LGBT and HIV-positive individuals.

See Resources section



▶ **General Guidelines for Forms and Patient-Provider Discussions**

Filling out the intake form gives patients one of their first and most important impressions of your office. The experience sets the tone for how comfortable a patient feels being open about their sexual orientation or gender identity/expression.

On page xx are recommendations for questions you may want to consider adding to your standard intake and health history forms, or—ideally—discuss with the patient while taking an oral history. Examples include more inclusive choices for answers to questions, open-ended questions, and adding “partner” wherever the word “spouse” is used. The following are additional topics for possible inclusion in health history forms or to help a provider with in-person discussions with LGBT patients:

- ◆ Intake forms should use the term “relationship status” instead of “marital status,” including options like “partnered.” When asking—on the form or verbally—about a patient’s significant other, use terms such as “partner,” in addition to “spouse” and/or “husband/wife.”
- ◆ Adding a “transgender” option to the male/female check boxes on your intake form can help capture better information about transgender patients, and will be an immediate sign of acceptance to that person.
- ◆ As with all patient contacts, approach the interview showing empathy, open-mindedness, and without rendering judgment.

- ◆ Prepare now to treat a transgender patient someday. Health care providers’ ignorance, surprise, or discomfort as they treat transgender people may alienate patients and result in lower quality or inappropriate care, as well as deter them from seeking future medical care.
- ◆ Transgender individuals may have had traumatic past experiences with doctors causing fear or mistrust. Therefore, developing rapport and trust with transgender patients may take longer and require added sensitivity from the provider.
- ◆ When talking with transgender people, ask questions necessary to assess the issue, but avoid unrelated probing. Explaining why you need information can help avoid the perception of intrusion, for example: “To help assess your health risks, can you tell me about any history you have had with hormone use?”
- ◆ Be aware of additional barriers caused by differences in socioeconomic status, cultural norms, racial/ethnic discrimination, age, physical ability, and geography. Do not make assumptions about literacy, language capacity, and comfort with direct communication.
- ◆ When talking about sexual or relationship partners, use gender-neutral language such as “partner(s)” or “significant other(s).” Ask open-ended questions, and avoid making assumptions about the gender of a patient’s partner(s) or about sexual behavior(s). Use the same language that a patient does to describe self, sexual partners, relationships, and identity.



- ◆ When discussing sexual history, it is very important to reflect patients' language and terminology about their partners and behaviors. Many people do not define themselves through a sexual orientation label, yet may have sex with persons of their same sex or gender, or with more than one sex. For example: some men who have sex with men (MSM), especially African American and Latino men, may identify as heterosexual and have both female and male partners.
- ◆ When assessing the sexual history of transgender people, there are several special considerations:
 - 1 do not make assumptions about their behavior or bodies based on their presentation;
 - 2 ask if they have had any gender confirmation surgeries to understand what risk behaviors might be possible; and
 - 3 understand that discussion of genitals or sex acts may be complicated by a disassociation with their body, and this can make the conversation particularly sensitive or stressful to the patient.
- ◆ Ask the patient to clarify any terms or behaviors with which you are unfamiliar, or repeat a patient's term with your own understanding of its meaning, to make sure you have no miscommunication.
- ◆ It is important to discuss sexual health issues openly with your patients. Non-judgmental questions about sexual practices and behaviors

are more important than asking about sexual orientation or gender identity/expression.

For additional information on sexual risk assessment for LGBT populations, see Resources section.

- ◆ Be aware that sexual behavior of a bisexual person may not differ significantly from that of heterosexual or lesbian/gay people. They may be monogamous for long periods of time and still identify as bisexual; they may be in multiple relationships with the full knowledge and consent of their partners. However, they may have been treated as confused, promiscuous, or even dangerous. They may be on guard against health care providers who assume that they are "sick" simply because they have sexual relationships with more than one sex. Yet they may also, in fact, lack comprehensive safer-sex information that reflects their sexual practices and attitudes, and may benefit from thorough discussions about sexual safety.
- ◆ When discussing sexual practices and safer sex avoid language that may presume heterosexuality or discriminate.

There are so few trained experts in transgender health that you will often have to become that expert. Likewise, providers who treat transgender patients often have to build the base of specialty-care referrals by pre-screening other providers for sensitivity or guiding them to educational resources. Do not be afraid to tell your patient of your inexperience. Your willingness to become educated will often stand out from their previous healthcare experiences.



► Confidentiality

Encourage openness by explaining that the patient-provider discussion is confidential and that you need complete and accurate information to have an understanding of the patient's life in order to provide appropriate care. Ensure that the conversation will remain confidential and specify what, if any, information will be retained in the individual's medical records.

Developing and distributing a written confidentiality statement will encourage LGBT and other patients to disclose information pertinent to their health knowing that it is protected. Key elements of such a policy include:

- 1 The information covered
- 2 Who has access to the medical record
- 3 How test results remain confidential
- 4 Policy on sharing information with insurance companies
- 5 Instances when maintaining confidentiality is not possible²

Display the confidentiality statement prominently and provide it in writing to every patient. Consider having staff agree to the statement in writing.

► Some Specific Issues to Discuss with LGBT Patients

Homophobia, biphobia, transphobia, discrimination, harassment, stigma and isolation related to sexual orientation and/or gender identity/expression can contribute to depression, stress and anxiety in LGBT people. Conduct depression and mental health screening as appropriate, and do not discount these sources of stress for your LGBT patients.

- ◆ Explore the degree to which LGBT patients are “out” to their employers, family, and friends, and/or the extent of social support or participation in community. One's level of identification with community in many cases strongly correlates with decreased risk for STDs (including HIV) and improved mental health.
- ◆ Understand that LGBT people are particularly vulnerable to social stresses that lead to increased tobacco and substance use. A recent large study showed GBT men smoked 50% more than other men, and LBT women smoked almost 200% more than other women. Emphasis on other health issues may leave many people unaware of the disproportionate impact of tobacco in this population. Be prepared to intervene and provide treatment options. Likewise, explore whether LGBT patients are dealing with social stress through alcohol or drug use and be prepared to present treatment options. Social stress may also contribute to body image, exercise, and eating habits.
- ◆ Discuss safer sex techniques and be prepared to answer questions about STDs and HIV transmission risk for various sexual activities relevant to LGBT people.



- ◆ If a female patient identifies as lesbian, or indicates a female sexual partner, do not assume that she has never had a male sexual partner, has no children, has never been pregnant, or has little or no risk of STDs. If a male patient identifies as gay or bisexual, or identifies a male sexual partner, do not assume that the patient has never had a female sexual partner or has no children. Do not make assumptions about past, current, and future sexual behavior.
- ◆ Rates of syphilis are rising among MSM in some areas. Other STDs among MSM continue to be of concern to public health officials. The CDC now recommends annual screening of MSM for syphilis, gonorrhea, chlamydia, HIV, and immunization against hepatitis A and B for those MSM who are not already immune. If patients do not have coverage for vaccination, refer them to a community clinic or STD clinic offering free or low-cost vaccination.
- ◆ Transgender people are sometimes subject to the most extreme levels of social exclusion. This can destabilize individuals and create a host of adverse health outcomes. Risks and response behaviors to watch out for include: cycling in and out of employment (and therefore health insurance); having a history of interrupted medical care; avoiding medical care; pursuing alternate gender confirmation therapies (like injecting silicone or taking black market hormones); engaging in survival sex; interrupted education; social isolation; trauma; and extreme poverty. Health interventions will need to consider the aggregate impact of health risks resulting from this stigma.


- ◆ Conduct violence screening: LGBT people are often targets of harassment and violence, and LGBT people are not exempt from intimate partner/domestic violence. Individuals being battered may fear being “outed,” i.e., that if they report the violence to providers or authorities, their batterer could retaliate by telling employers, family, or others that they are gay. Assure the patient of confidentiality to the extent possible depending on your state laws regarding mandatory reporting.

Ask all patients—men and women—violence screening questions in a gender neutral way:

- ◆ Have you ever been hurt (physically or sexually) by someone you are close to or involved with, or by a stranger?
- ◆ Are you currently being hurt by someone you are close to or involved with?
- ◆ Have you ever experienced violence or abuse?
- ◆ Have you ever been sexually assaulted/raped?

Transgender people who are visibly gender variant may be exposed to a very high routine level of violence. For this population, the assessment of risk should be much more in-depth. If a person reports frequent violence, be sure to explore health issues related to long-term and post-traumatic stress.

Regardless of whether a transgender person is visibly gender variant, they may experience trauma, increased stress, and direct grief as a result of violence against other community



members. Asking about possible associative trauma can help identify health risks.

▶ **Language**

- ◆ Listen to your patients and how they describe their own sexual orientation, partner(s) and relationship(s), and reflect their choice of language. Be aware that although many LGBT people may use words such as “queer,” “dyke,” and “fag” to describe themselves, these and other words have been derogatory terms used against LGBT individuals. Although individuals may have reclaimed the terms for themselves, they are not appropriate for use by health care providers who have not yet established a trusting and respectful rapport with LGBT patients. If you are in doubt as to how to refer to a patient, ask what word or phrase they prefer.
- ◆ Avoid using the term “gay” with patients even if they have indicated a same-sex or same-gender sexual partner. If patients themselves have not indicated a particular identity or have indicated a sexual orientation other than “gay,” using this term may cause alienation and mistrust that will interfere with information-gathering and appropriate care. The key is to follow the patient’s lead about their self-description (which builds respect and trust) while exploring how this relates to their current and potential medical needs.
- ◆ Young people as well as adults may be unlikely to self-identify using traditional sexual orientation labels such as gay, lesbian, or

bisexual. While some may identify as “queer,” others may not choose any label at all.

- ◆ Respect transgender patients by making sure all office staff is trained to use their preferred pronoun and name. Clearly indicate this information on their medical record in a manner that allows you to easily reference it for future visits.

The Resources section includes [web sites and documents that provide definitions and background information related to sexual orientation and gender identity/expression](#).

▶ **Staff Sensitivity and Training**

- ◆ When possible, it is helpful to have openly lesbian, gay, bisexual, and transgender people as staff. They can provide valuable knowledge and perspectives about serving LGBT patients, as well as help patients feel represented and comfortable.
- ◆ It is especially important to train all front-line staff in office standards of respect towards transgender people, including: using their chosen name, and referring to them by their chosen pronoun.
- ◆ Circulate these Guidelines to all administrative, nursing, and clinical staff. Training for all staff is critical to creating and maintaining practice environments deemed safe for LGBT patients. Training should be periodic to address staff changes and keep all staff up-to-date. Designate an on-site LGBT resource person to answer any questions that arise in the interim.

Topics to include in a staff training program should include:

- 1 Use of appropriate language when addressing or referring to patients and/or their significant others
- 2 Learning how to identify and challenge any internalized discriminatory beliefs about LGBT people
- 3 Basic familiarity with important LGBT health issues (e.g., impacts of homophobia, discrimination, harassment, and violence; mental health and depression; substance abuse; safe sex; partner violence; HIV/STDs)
- 4 Indications and mechanisms for referral to LGBT-identified or LGBT-friendly providers

Developing resource lists and guidelines for patient interactions can reduce possible staff anxiety in dealing with LGBT patients.

- ◆ All employees need to understand that discrimination against LGBT patients, whether overt or subtle, is as unethical and unacceptable—and in many states as illegal—as any other kind of discrimination. Employers should make it clear to employees that discrimination against LGBT patients “will not be tolerated.” It is also important to monitor compliance and provide a mechanism for patients to report any disrespectful behavior.
- ◆ Some of your employees may have long-standing prejudices or negative feelings about LGBT patients due to ignorance or lack of familiarity with LGBT issues. Some may also feel that their religious beliefs require them to condemn LGBT people.

- ◆ Some employees may need individual training and counseling.

See Resources section.

▶ Other Suggestions

- ◆ A universal gender-inclusive “Restroom” is recommended. Many transgender and other people not conforming to physical gender stereotypes have been harassed for entering the “wrong” bathroom, so at least one restroom without Men or Women labels would help create a safer and more comfortable atmosphere.
- ◆ Be aware of other resources for LGBT individuals in your local community, as well as national/internet resources, and build collaborative relationships between your office and local lesbian, gay, bisexual, and transgender organizations and support groups.

See Resources section.

▶ Sample Recommended Questions for LGBT-Sensitive Intake Forms

These are sample questions to include as part of your intake form or ideally when taking a patient’s oral history as part of a comprehensive intake; please do NOT use this list as an intake form.

Legal name

Name I prefer to be called (if different)

Preferred pronoun?

- She
- He

Gender: Check as many as are appropriate (An alternative is to leave a blank line next to Gender, to be completed by the patient as desired)

- Female
- Male
- Transgender
 - Female to Male
 - Male to Female
 - Other
- Other (*leave space for patient to fill in*)

Are your current sexual partners men, women, or both?

In the past, have your sexual partners been men, women, or both?

Current relationship status (An alternative is to leave a blank line next to current relationship status)

- Single
- Married
- Domestic Partnership/Civil Union
- Partnered
- Involved with multiple partners
- Separated from spouse/partner
- Divorced/permanently separated from spouse/partner
- Other (*leave space for patient to fill in*)

Living situation

- Live alone
- Live with spouse or partner
- Live with roommate(s)
- Live with parents or other family members
- Other (*leave space for patient to fill in*)

Children in home

- No children in home
- My own children live with me/us
- My spouse or partner's children live with me/us
- Shared custody with ex-spouse or partner

Sexual Orientation Identity

- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Queer
- Other (state "please feel free to explain" and leave space for patient to fill in)
- Not Sure
- Don't Know

What safer sex methods do you use, if any?

Do you need any information about safer-sex techniques? If yes, with:

- Men
- Women
- Both

Are you currently experiencing any sexual problems?

Do you want to start a family?

Are there any questions you have or information you would like with respect to starting a family?

Do you have any concerns related to your gender identity/expression or your sex of assignment?

Do you currently use or have you used hormones (e.g., testosterone, estrogen, etc.)?

Do you need any information about hormone therapy?

Have you been tested for HIV?

- Yes
most recent test (space for date)
- No

Are you HIV-positive?

- Yes
when did you test positive? (space for date)
- No
- Unknown

I have been diagnosed with and/or treated for:

- Bacterial Vaginosis
- Chlamydia
- Gonorrhea
- Herpes
- HPV/human papilloma virus (causes genital warts & abnormal pap smear)
- Syphilis
- None

Have you ever been diagnosed with or treated for hepatitis A, B, and/or C?

- Hepatitis A
- Hepatitis B
- Hepatitis C

Have you ever been told that you have chronic hepatitis B or C, or are a “hepatitis B or C carrier?”

- If yes, which and when?

Have you ever been vaccinated against hepatitis A or B?

- Vaccinated against hepatitis A
- Vaccinated against hepatitis B

Below is a list of risk factors for hepatitis A, B, and C.

Check any that apply to you.

- Sexual activity that draws blood or fluid
- Multiple sex partners
- Oral-fecal contact
- Sexual activity during menstrual period
- Travel extensively
- Dine out extensively
- Tattooing, piercing
- Use intravenous or snorted drugs
- Ever been diagnosed with or treated for an STD
- Close contact with someone who has chronic hepatitis B or C
- None apply
- Not sure if any apply

▶ Reference and Resource Documents

Chapter 1 Endnotes

- 1 Kaiser Permanente National Diversity Council and Kaiser Permanente National Diversity Department. A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual, and Transgender Population, 2nd ed. 2004.
- 2 Gay Men's Health. Small Effort, Big Change. www.gmhp.demon.co.uk/guides/gp

Chapter 1 Resource Documents

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U.S. Department of Health and Human Services Administration, Center for Substance Abuse Treatment. A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (2000). Inventory No. BKD392. <http://www.kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf>

See also Resources section, pages 53–59.

CARING FOR
LESBIANS
AND BISEXUAL
WOMEN:
ADDITIONAL
CONSIDERATIONS
FOR CLINICIANS

2



CARING FOR LESBIANS AND BISEXUAL, WOMEN: ADDITIONAL CONSIDERATIONS FOR CLINICIANS

▶ Introduction

Lesbians and bisexual women are an infinitely diverse group and comprise the full spectrum of women. Lesbians and bisexual women are part of every age group, ethnicity, race, geographic area, income stratum, and cultural and linguistic group, and can be of any size, education level, profession, and gender expression, from very traditionally feminine to androgynous to very masculine or “butch”. The health care needs of lesbians and bisexual women are similar to those of all women. However, many experience additional risk factors and barriers to care that can impact their health status. This section is to help you understand how common physical and mental health issues and risk factors may be particularly relevant in the context of the lives of lesbian and bisexual women.

Coming out safely to a health care provider may be the single most important thing lesbians and bisexual women can do in order to maximize the quality of their health care and reduce the associated risk factors for health problems. Therefore, the most important thing for health care providers to do is make it safe, comfortable and easy for all women to make honest disclosures



about their health-related behaviors, including sexual histories and practices. As many as 45% of lesbian and bisexual women are not out to their providers.¹ Establishing a lesbian and bisexual-friendly practice will ensure that your patients can be honest with you about all health-related matters.

The risk factors discussed below are meant to convey the general context of health for lesbians and bisexual women. It should be noted that most lesbians and bisexual women are healthy and well-adjusted. Care should be taken to avoid further stigmatizing lesbians and bisexual women as inherently sicker or more “difficult” than heterosexual patients.

Risk Factors

The risk factors that lesbians and bisexual women disproportionately experience are primarily social and behavioral. Many result from marginalized social status and accompanying history of discrimination and harassment.

Homophobia and stigma based on sexual orientation and gender expression

Lifelong stigma, harassment, and/or discrimination—or fear of them—is a major cause of chronic stress, depression, anxiety, and other mental health problems for lesbians and bisexual women.² In addition to the direct health impacts of societal homophobia, perceived or real homophobia from health care providers may discourage lesbians and bisexual women from seeking care. Without evidence to the contrary, lesbian and bisexual

patients may expect discrimination in the health care environment. Therefore, it is important to take the steps suggested elsewhere in this pamphlet to make your practice environment visibly welcoming.

Avoidance or underutilization of medical care

Due to fear of discrimination, past negative experiences with health care providers, and/or false beliefs that pap smears and other health screenings are not necessary for lesbians, many do not seek needed medical care. This avoidance can result in failure to detect and treat health problems early, including cancer. It also limits lesbians’ access to health information and preventive care.

Lack of health insurance

Because legally sanctioned marriage is one of the primary routes to health insurance in the U.S. (along with employment), lesbians experience lower health insurance rates than heterosexual women. Studies have estimated that between 20% and 30% of lesbians do not have health insurance^{1,3} compared to 15% of the general population.⁴ If your insured patient is partnered with a woman, her partner is much less likely to also be insured as compared to the spouses of your married partners. This may limit the opportunity for lesbian partners to both be treated for a communicable disease, increasing the chance of re-infection. Lack of insurance among your lesbian and bisexual women patients may also mean that follow-up visits, and expensive prescriptions and treatments are not feasible, so be sure to talk with your patients about all options.



◆ **Overweight or obesity**

There is evidence that lesbians are more likely to be overweight than their heterosexual counterparts,⁵ possibly because of cultural norms within the lesbian community and because lesbians may relate differently to, not accept or not internalize mainstream notions of ideal beauty and thinness. While lesbians as a group tend to have better body image than heterosexual women⁶—a positive health characteristic—they may consequently be less motivated to avoid being overweight. The prevalence of overweight among lesbians raises the risk of heart disease, diabetes, hypertension, and other health problems.

◆ **Smoking and substance abuse**

Lesbians and bisexual women, especially young women, may drink alcohol and use other drugs, and smoke at higher rates than heterosexual women, again increasing the risk of heart disease, chronic obstructive pulmonary disease (COPD), and other health problems. Reasons for the increased prevalence of these risk factors among lesbians and bisexual women include the chronic stress and other mental health challenges of discrimination and homophobia, as well as the prominent role that bars and clubs have played in lesbian subcultures and as women-only spaces.

◆ **Lower rates of pregnancy**

Lesbians as a group have fewer pregnancies, and when they do bear children, it tends to be at older ages than heterosexual women. Because of this absence of or delayed childbearing, lesbians and bisexual women may be at greater risk for some cancers, such as breast cancer.

▶ **Screenings and Health Concerns**

Provide the age-appropriate screenings to lesbians and bisexual women that you would offer to any woman in your practice. Remember to focus on actual behaviors and practices more than your patient's lesbian or bisexual identity when discussing risk, especially regarding sexually transmitted diseases (STDs):

◆ **Colon Cancer**

Lesbians and bisexual women should receive colon cancer screenings on the same age-appropriate screening schedule as heterosexual women. Because there is often discomfort and lack of familiarity with these procedures among the general public, it is especially important to ensure that lesbian and bisexual patients feel comfortable with their providers so that they will be more likely to ask about and take advantage of all screenings available to them.

◆ **Depression**

Research has shown lesbians and bisexual women to have higher rates of depression than heterosexual women, often due to stigma-related stress.⁷ Depression can interfere with disease treatment and negatively affect all aspects of life and health. Be aware that being subject to the chronic stresses of discrimination, isolation, lack of acceptance by family, hiding aspects of one's life and identity, and other challenges faced by lesbians and bisexual women can cause severe depression. Depression screening should be taken seriously. Lesbians and bisexual women of color face a “double jeopardy” due to the added stress of racial or ethnic discrimination that may place them at even higher risk.



◆ **Diabetes**

The prevalence of overweight and other risk factors for diabetes among lesbians and bisexual women makes screening for diabetes another important step in improving health outcomes and reducing disparities in this population.

◆ **Fertility and Pregnancy**

Lesbians are increasingly choosing to become pregnant and have children, with or without partners. Do not assume that the lesbian in your office has no plans to bear children, or that she has never been pregnant. Be prepared to discuss options for conception and pregnancy with your lesbian patients. Include women's partners in those discussions regardless of gender.

◆ **Heart Health**

Heart disease is the top killer of women, and there is no evidence to suggest that this statistic is any different for lesbians and bisexual women. In fact, they may have additional risk factors for heart disease, such as higher rates of overweight, smoking, and elevated stress levels. Therefore, be careful to include heart health screenings when appropriate.

◆ **HIV/AIDS**

While documentation of female-to-female HIV transmission has been controversial and not definitive, lesbians can become infected through other risk behaviors, such as intravenous drug use, accidental needle sticks, and sex with men. Be able to talk openly with your lesbian and bisexual women patients about risk behaviors and offer HIV testing and

counseling when appropriate. Remember to focus on actual behaviors rather than sexual orientation identity when discussing STD and HIV risk.

◆ **Hypertension**

Many of the same factors that put women at risk for heart disease also contribute to high blood pressure, which increases the risk of heart disease, stroke, and congestive heart failure. This problem is even more prevalent among African Americans. Because lesbians and bisexual women as a group experience risk factors such as overweight, lack of exercise, and high stress they may be at greater risk; with African American lesbians likely being at greater risk than any other group.

◆ **Intimate Partner Violence/ Domestic Violence**

It is estimated that 50,000 to 100,000 women are battered by a same-sex partner each year in the U.S.⁸ However, they are offered fewer protections and services than heterosexual women who are battered. Seven states exclude same-sex violence from their definitions of domestic violence, which can prevent lesbian victims from getting help. Battered women's shelters, if uneducated about lesbians' and bisexual women's lives, may also discriminate. Be sure to extend domestic violence screening to your lesbian patients by using gender-neutral language that avoids assuming that the batterer is male. In addition, be aware of domestic violence services in your area that do not discriminate against women who have been abused by women.



◆ Mammograms

Lesbians and bisexual women should receive mammograms on the same age-appropriate screening schedule as heterosexual women. Gender variant or butch women may especially avoid mammograms. Because delayed detection and diagnosis are associated with poorer outcomes, it is important to ensure that all women in your practice are aware of the need, feel comfortable receiving mammograms, and do receive this screening.

◆ Papanicolaou “Pap” Screening

Pap smears are no less important for lesbians and bisexual women than they are for heterosexual women. Human papilloma virus (HPV) can be transmitted among women who exclusively have sex with women. Women who partner with women may also have (past or present) sexual contact with men. Unfortunately, many lesbians and some health care practitioners mistakenly assume that lesbians are not at risk for HPV or cervical cancer, and that Pap smears are unnecessary.

◆ STD Screening

Most sexually transmitted diseases and infections can be transmitted by lesbians’ sexual practices. In addition, women who identify as lesbian may have had male sexual partners (past or current), or have experienced sexual abuse. Additionally, do not assume that older lesbians and bisexual women are not sexually active or that they don’t need STD screening or safer sex information. Women can “come out” or begin sexual relationships with women at any age.

◆ Substance Abuse

Lesbians may drink alcohol and use other drugs at higher rates, especially young lesbians and bisexual women. Because of homophobia and heterosexism, lesbians may not be comfortable in or helped by mainstream cessation and treatment programs. In addition, factors that contribute to substance abuse among lesbians may differ from those for heterosexual women, and interventions that do not target these factors may not be effective.

There are often lesbian- and gay-specific Alcoholics Anonymous, Narcotics Anonymous,, and other treatment programs available locally. Find out if your area offers any. See Resources section.

◆ Tobacco Use

Not only is tobacco the number one cause of mortality for the full population, but lesbians and bisexual women rank among the top groups in the country who smoke at disproportionately high rates. Lesbians and bisexual women are more likely to smoke than heterosexual women,⁹ and are the only demographic group whose smoking actually increases with age.¹⁰ A recent large study showed LBT women smoked almost 200% more than other women.¹¹ Again, it is important that smoking cessation interventions are sensitive to the unique factors that contribute to these higher smoking rates among LBT women. If possible, refer patients to local LGBT-specific smoking cessation programs.



Other Recommendations

In addition to general health screenings, be sure to talk with your patients about diet, exercise, and other general health behaviors that can improve health status. Find out what each patient considers to be barriers to a healthier lifestyle and help her problem-solve. For instance, if a gender-variant lesbian feels uncomfortable in gyms or walking/jogging/swimming alone for fear of harassment, suggest that she recruit a work-out buddy or group to make physical activity safer. Other ways lesbians can get more engaged in physical activity that may be safer and more fun are organized sports and activity clubs. The use of the Internet and online communities may help lesbians find each other and organize such groups, although be aware that not everyone has easy access to the Internet.

It is important to treat each patient appropriately for her own particular risk factors, health history, and needs. Knowledge about the common risk factors of lesbians, or any group, should inform your general concept of what may be important concerns of your lesbian and bisexual patients. However, it is important to not assume that just because a patient is lesbian or bisexual she has all or even any of the risk factors outlined above. Asking open-ended questions in a non-judgmental manner is the best way to ascertain the actual risks and health concerns of your patient. Seek to acquire information that you would gather about any female patient, doing so without assuming heterosexuality. Because of the fluidity of sexuality, it is critical to remain open to changes in patients' sexual orientation and behaviors over time. Keep questions open-ended, gender-neutral,

and non-judgmental throughout your relationship with a patient, knowing that people can come out at any time of life.

Remember that many mainstream women's health organizations and resources can be unaware about and insensitive to lesbians and bisexual women. Do not assume that the same referral you give out regularly to your heterosexual patients will be helpful to a lesbian or bisexual woman. It may be helpful to offer LGBT-specific resources along with traditional resources to all women in your practice in an integrated way. This integration will further establish you as lesbian- and bi-friendly; signal to closeted patients that it would be safe and beneficial to come out to you; and help you develop a fluency and comfort with the resources in your community. Many areas have local LGBT community centers. As part of your efforts to maintain a lesbian-friendly practice, contact your local community center and check the Resources section of this guide to gather information about lesbian and bisexual-specific health resources. These can range from a lesbian-only cancer support group to a battered women's shelter that is inclusive to women in same-sex relationships. Have these referrals on hand in your office to give to lesbian and bisexual women patients when appropriate.

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Chapter 2 Resource Documents

Mautner Project, the National Lesbian Health Organization. www.mautnerproject.org Coordinates Removing the Barriers project, training more than 3000 providers since 1997. Also has informational documents on a variety of lesbian health issues, appropriate for consumers or providers: <http://www.mautnerproject.org/health%5Finformation/Lesbian%5FHealth%5F101/>

- Barriers to Care for Women
- Facts about Lesbians and Smoking
- Health Factors for Lesbians
- Nutrition and Obesity
- The Heart Truth for Lesbians
- Why Lesbians Are Medically Underserved—White Paper

Solarz, A., Ed. *Lesbian Health: Current Assessment and Directions for the Future*. Institute of Medicine. National Academies Press, Washington, DC. 1999. www.nap.edu or 1-800-624-6242.

U.S. Department of Health and Human Services Office on Women's Health, National Institutes of Health Office of Research on Women's Health, Gay and Lesbian Medical Association, and the Lesbian Health Fund. *Scientific Workshop on Lesbian Health 2000: Steps for Implementing the IOM Report (2000)*. www.glna.org

See also Resources section, pages 53–59.

CARING FOR GAY
AND BISEXUAL
MEN: ADDITIONAL
CONSIDERATIONS
FOR CLINICIANS

3



CARING FOR GAY AND BISEXUAL MEN: ADDITIONAL CONSIDERATIONS FOR CLINICIANS

▶ Introduction

Gay and bisexual men's health care needs are similar to the needs of all men, however, they also may experience additional risk factors and barriers to care that can impact their health.

In a 1992 study, 44% of self-identified gay men had not told their primary care physician about their sexual orientation.¹ However, if health care providers know that a male patient is gay, bisexual, or has sex with men, they can properly screen for risk factors and provide more comprehensive care. Also, gay and bisexual men may sometimes consciously avoid medical care because of fear of discrimination.²

Therefore, it is vital that health care providers create a safe and welcoming environment for gay and bisexual men to self-identify and discuss their sexual histories and behaviors and other health-related issues. Establishing a gay and bisexual-friendly practice will encourage your patients to seek care and address all health-related matters openly.



▶ Risk Factors

The risk factors that gay and bisexual men experience disproportionately are sexual, social, and behavioral. Clinicians must consider social and cultural variables, mental health, and substance abuse, in addition to specific risk behaviors when discussing health issues or tailoring prevention messages to gay and bisexual men. These variables can create barriers to the effectiveness of prevention messages in helping patients to enact behavior changes.

◆ Stigma

Gay and bisexual men often face stigma in every aspect of their lives. This stigma creates a higher level of lifelong stress, which has been linked to an array of mental and physical health problems.³

African-American, Asian and Pacific Islander (A&PI), Latino, and other gay and bisexual men face additional stigma, and have to contend with racial discrimination from society at large. The twin effects of homophobia within their own racial/ethnic groups and racism within the mainstream gay community often combine to enhance their level of social exclusion. Fear of alienation and lack of community support often prevent these men of color from identifying with the gay community, which in turn serves to isolate them from the protective benefits of social support and limits their exposure to prevention messages.⁴

Fear of identifying as gay, bisexual, or as a man who has sex with men may keep some patients from addressing specific health issues.

Perception of a clinician's stigmatization can irrevocably harm the therapeutic relationship, preventing honest disclosure and delivery of appropriate prevention messages.

◆ Socioeconomic status

Lower socioeconomic status often results in poorer health outcomes. A 1998 analysis of data from the General Social Survey, the 1990 Census and the Yankelovich Monitor indicated that gay and lesbian people earn less than their heterosexual counterparts.⁵ African-American gay and bisexual men are disproportionately affected by homelessness, substance abuse, and sexually transmitted diseases, all correlated with a lower socioeconomic status.⁶ Native American/Alaskan gay and bisexual men are at both economic and geographical disadvantages when considering access to prevention messages.⁷ While A&PI communities are often stereotyped as highly educated and economically successful, one demographic profile of a major urban area found that by per capita income, APIs make 19% less than the general population and about 20% of A&PIs live in poverty.⁸

◆ Lack of health insurance

Generally, gay men lack access to health insurance through marriage, and many employers and jurisdictions do not recognize domestic partnership, further reducing their ability to secure coverage. Lack of insurance among gay and bisexual men patients limit their ability to access ongoing care and treatment for health conditions as well as prevention messages.



◆ **Homophobia and harassment based on sexual orientation**

Discrimination and harassment have been shown to be factors in causing stress, anxiety, depression, and mental illnesses for gay and bisexual men.⁹

◆ **Cultural norms.**

Cultural norms can affect the way gay and bisexual men disclose information and incorporate prevention messages into the health care setting. Some Latino gay and bisexual men may not be open about their sexuality in order to avoid potential shame or embarrassment.¹⁰ Homosexuality conflicts with machismo, or masculinity, which has a high value in many Latino cultures. A diverse range of cultures and languages prevents A&PIs from receiving appropriate prevention messages,¹¹ and discussions of sexual health, including homosexuality, are not part of their cultural norms.¹²

◆ **False assumptions**

HIV prevention messages targeting gay and bisexual men are seen as becoming less effective. In surveys, gay and bisexual men report difficulty in sustaining behavior change for a lifetime. In addition, false beliefs among gay and bisexual men create barriers to behavior change based on prevention messages. Studies have shown that newer HIV treatments lead some gay and bisexual men to be more optimistic about treatment options if they were to seroconvert, and to take more sexual risks. Similarly, the false assumption that HIV-positive men on antiretroviral therapy are unlikely to transmit

the virus contributes to risk-taking and unprotected anal sex among some gay and bisexual men.¹⁴

▶ **Incorporating Sexual Risk Assessment in Routine Visits for Gay and Bisexual Men**

Despite significant reductions in HIV incidence among gay and bisexual men, they are still disproportionately affected—with an estimated 42% of new HIV infections each year. A recent rise in sexually transmitted diseases and risk behaviors among gay and bisexual men, documented in several cities, is concerning, since it may herald a resurgence of HIV infections.¹⁵

With these trends there remains a great need for clinicians to address sexual health issues. One survey showed only 20% of patients had discussed risk factors for HIV with their provider in the last five years. Of those respondents only 21% reported that the provider had started the discussion.¹⁶ In another study, only 35% of providers reported often or always taking a sexual history.¹⁷ One study documented physician awkwardness around issues of sexual health and HIV, leading to incomplete discussion of these topics.¹⁸ Routine health maintenance visits are opportunities for clinicians to practice primary prevention for HIV and other sexually transmitted infection through sexual risk assessments.



◆ **What Can Be Done?**

Asking about sexual behavior should be part of every routine visit, regardless of the patient's identified sexual orientation or marital status. Sexual behavior exists on a continuum. Eliciting specific risk behaviors can direct the clinician in assessing the patient's knowledge, selecting appropriate prevention messages, and determining the need for testing for sexually transmitted disease or HIV. Knowing that there are significant barriers in place between clinician and patient in addressing sexual health and utilizing a sensitive approach is key to attaining pertinent information.

◆ **Tips For A Successful Patient Sexual Risk Assessment:**

Discussing information about sexual behavior can be difficult for the patient and the clinician. Tailoring prevention messages to the individual patient requires that they feel comfortable in discussing these topics and revealing sensitive information. During an initial visit with a clinician, gay and bisexual men may withhold important information. Becoming comfortable in raising and discussing such topics comes only with repeated experience.

When discussing sexual health during an initial visit, or if indicated, in subsequent visits:

Begin with a statement that taking a sexual history is routine for your practice.

Focus on sexual behavior rather than sexual orientation/identity.

Assess knowledge of the risk of sexually transmitted diseases in relation to sexual behavior early on. Some well-informed gay

and bisexual men may resent a discussion of HIV risk; for example, assuming a clinician is equating homosexuality with HIV.


Ask the patient to clarify terms or behavior with which you are unfamiliar.

Respect a patient's desire to withhold answers to sensitive questions. Offer to discuss the issue at a later time.

◆ **What Is The Best Approach?**

The Mountain-Plains Regional AIDS Education Training Center developed a useful model for approaching sexual risk assessment,¹⁹ modified below:

- 1 Assess risk at every new patient visit and when there is evidence that behavior is changing.
- 2 Sexual risk assessment should be part of a comprehensive health risk assessment, including use of seatbelts and firearms, domestic violence, and substance abuse.
- 3 Qualify the discussion of sexual health, emphasizing that it is a routine part of the interview and underscore the importance of understanding sexual behavior for providing quality care. Remind the patient that your discussion is confidential. You may need to negotiate what ultimately becomes part of the medical record.
 - a. "In order to take the best possible care of you, I need to understand in what ways you are sexually active."
 - b. "Anything we discuss stays in this room."

- 
- 4 Avoid use of labels like “straight,” “gay,” or “queer” that do not related to behaviors because they may lead to misinformation. For example, a significant percentage of both African-American and Latino men who have sex with men identify as heterosexual, even though they may engage in anal intercourse with other men.²⁰
 - 5 Be careful while taking a history to not make assumptions about behavior based on age, marital status, disability or other characteristics.
 - 6 Ask specific questions regarding behavior in a direct and non-judgmental way.
 - a “Are you sexually active?”
 - b “When was the last time you were sexually active?”
 - c “Do you have sex with men, women, or both?”
 - d Determine the number of partners, the frequency of condom use, and the type of sexual contact (e.g., oral, anal, genital).
 - 7 Honest responses may be more forthcoming if the question is worded in such a way as to “normalize” the behavior: “Some people (inject drugs, have anal intercourse, exchange sex for drugs, money, or other services). Have you ever done this?”
 - 8 Assess the patient’s history of STDs.
 - 9 If the patient’s responses indicate a high level of risk (e.g., unprotected sexual activity,

significant history of STDs), determine the context in which these behaviors occur, including concurrent substance use and mood state.

- a “I want to get an understanding of when you use alcohol or drugs in relation to sex.”
- b “How often are you high or drunk when you’re sexually active? How does what you do change in that case?”
- c “How often do you feel down or depressed when you’re sexually active? Do you act differently?”

- 10 Summarize the patient’s responses at the end of the interview.

▶ **Other Screening and Health Concerns**

Along with sexual risk assessments, gay and bisexual men should receive the same screenings that you would offer to any man in your practice. In addition, you should pay attention to health issues that disproportionately affect gay and bisexual men.

◆ **Anal Cancer**

Gay and bisexual men are at risk for human papilloma virus infection, which plays a role in the increased risk of anal cancers. Some health professionals now recommend routine screening with anal Pap smears, similar to the test done for women to detect early cancers.



◆ **Depression/Anxiety**

Depression and anxiety appear to affect gay men at a higher rate than in the general population, especially if they are not out and lack significant social support.²¹ Adolescents and young adults may be at particularly high risk of suicide because of these concerns. Being able to refer your gay and bisexual clients to culturally sensitive mental health services may be more effective in the prevention, early detection, and treatment of depression and anxiety.

◆ **Fitness (Diet and Exercise)**

Gay men are more likely to have body image problems and to experience eating disorders than heterosexual men.²² On the opposite end of the spectrum, overweight and obesity are problems that also affect a large segment of the gay community. Be able to discuss your patient's fitness and diet regimen and provide adequate and culturally sensitive counseling.

◆ **Heart Health**

Gay and bisexual men may have additional risk factors for heart disease, given higher rates of smoking, alcohol, and substance use. Heart screenings should be included when appropriate.

◆ **Hepatitis Immunization**

Gay and bisexual men are at an increased risk of contracting hepatitis A and B.²³ Universal immunization for hepatitis A and B viruses is recommended for all sexually active gay and bisexual men.

◆ **Intimate Partner Violence/Domestic Violence**

Gay and bisexual men can experience domestic violence, but are rarely screened.²⁴ Appropriate and sensitive screening for domestic violence should occur in the health care setting. Be prepared to refer to domestic violence services in your area that serve gay and bisexual men.

◆ **Prostate, Testicular, and Colon Cancer**

Gay and bisexual men may not receive adequate screening for these cancers because of challenges in receiving culturally sensitive care. All gay and bisexual men should undergo these screenings routinely as recommended for the general population.

◆ **Substance and Alcohol Use**

Studies show that gay men use substances and alcohol at higher rates than heterosexual men.²⁵ Gay and bisexual men might not be comfortable with mainstream treatment programs. Find out if there are any gay-specific or gay-friendly alcohol/substance abuse treatment programs in your area and be prepared to refer patients to culturally sensitive services.

◆ **Tobacco Use**

Not only is tobacco the number one cause of mortality for the full population, gay males rank among the top groups in the country disproportionately affected by this issue. A recent population-based study found that gay, bisexual and transgender males smoked at rates 50% higher than the general population.²⁶ Emphasis on other health issues has often eclipsed the impact of tobacco on this group, leaving individuals less educated about the need

to quit or resources to assist the process.

For all gay male patients, be prepared to assess tobacco use, advise quitting, discuss medication options, and refer the person to the local quitline or culturally competent cessation groups.

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Chapter 3 Resource Documents

AIDS Action. What Works in HIV Prevention for Gay Men, 2001. Available online at <http://www.aidsaction.org/>

CDC MSM Information Center: Addresses increased risk of MSM for multiple STDs including HIV/AIDS syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A. Many resources including CDC's Four Division 'Dear Colleague' letter highlighting the 2002 STD Treatment Guidelines recommendations for MSM—March 8, 2004. www.cdc.gov/ncidod/diseases/hepatitis/msm/

CDC National Prevention Information Network (NPIN): reference and referral service for information on HIV/AIDS, STDs, and TB. www.cdcnpin.org Helpline: 800-458-5231 (also Spanish)



Medline Plus Gay and Lesbian Health Webpage.
Accessible at
<http://www.nlm.nih.gov/medlineplus/gayandlesbianhealth.html>

Wolfe D, Gay Men's Health Crisis Inc. Men like us: the GMHC complete guide to gay men's sexual, physical, and emotional well-being. 1st ed. New York: Ballantine Books; 2000.

See also Resources section, pages 53–59.

APPENDICES





Resources

General Background: LGBT Health

Gay and Lesbian Medical Association

www.glma.org

Suggested sections:

- ◆ Hepatitis section
- ◆ Publications, such as:
 - LGBT Health: Findings and Concerns (includes transgender health section with definitions)
- ◆ Healthy People 2010 Companion Document for LGBT Health (see resources chapter for potential referrals)

The GLBT Health Access Project

www.glbthealth.org

Suggested sections:

- ◆ Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual and Transgendered Clients
- ◆ Educational posters

National Coalition for LGBT Health

www.lgbthealth.net

Seattle/King County GLBT Health Web Pages

www.metrokc.gov/health/lgbt

National Association of Gay and Lesbian Community Centers

www.lgbtcenters.org

Suggested sections:

- ◆ Directory (for centers throughout the U.S. which will have additional referrals for local LGBT-sensitive services—e.g. counseling services, support groups, health educations, and legal resources)

GLBT National Help Center

www.glnh.org

National non-profit organization offering toll-free peer counseling, information, and local resources, including local switchboard numbers and gay-related links
888-THE-GNLH (843-4564)

GLBT National Youth Talkline

Youth peer counseling, information, and local resources, through age 25
800-246-PRIDE (7743)

Substance Abuse Mental Health Services Administration/National Clearinghouse for Alcohol and Drug Information—LGBT site

www.health.org/features/lgbt

General Information: National LGBT Rights

Human Rights Campaign

www.hrc.org

(national organization working for LGBT equal rights on federal government level)

Lambda Legal

www.lambdalegal.org

(national LGBT legal and policy organization protecting civil rights of LGBT and people living with HIV)
legal helpdesk: 212-809-8585

National Center for Lesbian Rights

www.nclrights.org

(national legal resource center advancing the rights and safety of lesbians and their families, and representing gay men and bisexual and transgender individuals on legal issues that also advance lesbian rights.
or hotline: 415-392-6257

National Gay and Lesbian Task Force

www.nglft.org

(national grassroots organization supporting LGBT advocacy efforts at state and federal levels)

Media (for waiting room)

BROCHURES

American Cancer Society

- ◆ Cancer Facts for Gay and Bisexual Men
- ◆ Cancer Facts for Lesbians and Bisexual Women
- ◆ Tobacco and the LGBT Community

Place order for free brochures by phone:
800-ACS-2345

American College Health Association

http://www.acha.org/info_resources/his_brochures.cfm

Numerous brochures, such as:

- ◆ Man to Man: Three Steps to Health for Gay, Bisexual, or Any Men Who Have Sex With Men
- ◆ Woman to Woman: Three Steps to Health for Lesbian, Bisexual, or Any Women Who Have Sex With Women

Mautner Project, the National Lesbian Health Organization

<http://www.mautnerproject.org/health%5Finformation/Lesbian%5FHealth%5F101/>

Informational documents on various lesbian health issues, appropriate for consumers or providers, for example:

- ◆ Facts about Lesbians and Smoking
- ◆ Nutrition and Obesity
- ◆ The Heart Truth for Lesbians

PERIODICALS

- ◆ Advocate
- ◆ Curve
- ◆ Girlfriends
- ◆ Instinct
- ◆ Out
- ◆ Out Traveler
- ◆ Renaissance News (formerly Transgender Community News)
- ◆ Your local LGBT newspapers or other publication(s)

General Lesbian Health

The Lesbian Health Research Center at UCSF

www.lesbianhealthinfo.org

Mautner Project, the National Lesbian Health Organization

www.mautnerproject.org

Planned Parenthood Lesbian Health section

<http://www.plannedparenthood.org/pp2/portal/files/portal/medicalinfo/femalesexualhealth/pub-lesbian-health.xml>

Verbena Health

www.verbenahealth.org

U.S. Department of Health and Human Services

[womenshealth.org](http://www.womenshealth.org)

Screening Schedule for Women:

www.4woman.gov/screeningcharts

General Gay Men's Health

GayHealth.com

www.gayhealth.com

The Institute for Gay Men's Health

A project of Gay Men's Health Crisis and AIDS Project Los Angeles

<http://www.gmhc.org/programs/institute.html>

Gay City—Seattle, WA

www.gaycity.org

General Bisexual Health

Bisexual Resource Center Health Resources

www.biresource.org/health

Bi Health Program, Fenway Community Health

www.biresource.org/health/bihealth.html

"Safer Sex For Bisexuals and Their Partners" pamphlet

contact: bihealth@fenwayhealth.org

Transgender Health

FTM International
www.ftmi.org

International Foundation for Gender Education
www.ifge.org

TransGenderCare
www.transgendercare.com

Transgender Forum's Community Center
www.transgender.org

Transgender Law Center
Recommendations for Transgender Health Care
www.transgenderlaw.org/resources/tlchealth.htm

Transgender Resource and Neighborhood Space (TRANS)
www.caps.ucsf.edu/TRANS

Transgender Health Care Conference (2000)
<http://hivinsite.ucsf.edu/InSite.jsp?doc=2098.473a>

Trans-Health.com (online magazine)
www.trans-health.com

Transsexual Road Map
www.tsroadmap.com

Transsexual Women's Resources
www.annelawrence.com/twrl

Intersex Health

Intersex Society of North America
www.isna.org

Sexually Transmitted Diseases (STDs) STDs AND LESBIANS AND BISEXUAL WOMEN

LesbianSTD
www.lesbianstd.com

Planned Parenthood
www.plannedparenthood.org/stillesbian.html

STDs AND MEN WHO HAVE SEX WITH MEN (MSM)

CDC MSM Information Center
This includes various resources for MSM about HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A, such as fact sheets, posters, booklet, and pocket card.
www.cdc.gov/ncidod/diseases/hepatitis/msm/

Gay City
www.gaycity.org

HEPATITIS

Gay and Lesbian Medical Association
They have a campaign on Hepatitis A and B and MSM addressing the importance of vaccination, including poster and brochures. For more information or to order copies, email: info@glma.org

Free and low-cost hepatitis clinics:
www.hepclinics.com

Centers for Disease Control and Prevention Division of Viral Hepatitis
www.cdc.gov/ncidod/diseases/hepatitis/msm/

Model programs for MSM and hepatitis A, B, and C prevention:
www.hepprograms.org/msm/

HIV/AIDS:

HIV/AIDS—GENERAL RESOURCES

National HIV and AIDS Hotline
800-342-AIDS; 800-344-SIDA (7432) (Spanish); TDD: 800-243-7889

AEGIS
(largest keyword-searchable online database for HIV/AIDS)
www.aegis.com

American Foundation for AIDS Research (amfar)
www.amfar.org

The Body: an AIDS and HIV information resource
www.thebody.com

Center for AIDS Prevention Studies
www.caps.ucsf.edu

Centers for Disease Control and Prevention
www.cdc.gov/hiv/dhap.htm

HIVandHepatitis.com
www.hivandhepatitis.com

National AIDS Treatment Advocacy Project
www.natap.org

New Mexico AIDSNet
(online fact sheets in English and Spanish regarding various aspects of HIV/AIDS)
www.aidsinonet.org

Project Inform
(HIV/AIDS health information and treatment options) Hotline:
800-822-7422
www.projectinform.org

Youth HIV: a project of Advocates for Youth
www.youthhiv.org

National Association on HIV over 50 (NAHOF)
www.hivoverfifty.org

HIV AND PEOPLE OF COLOR

Asian and Pacific Islander Wellness Center
www.apiwellness.org

Black AIDS Institute
www.blackaids.org

Latino Coalition on AIDS
www.latinoaids.com

National Minority AIDS Coalition
www.nmac.org

National Native American AIDS Prevention Center
www.nnaapc.org

HIV AND LESBIANS

TheBody.com
www.thebody.com/whatis/lesbians.html

Lesbian AIDS Project, Gay Men's Health Crisis
www.gmhc.org/programs/wfs.html#lap

HIV AND TRANSGENDER POPULATIONS

AEGIS
www.aegis.com

HIV InSite
<http://hivinsite.ucsf.edu/InSite.jsp?page+kbr-07-04-16>

HIV RESOURCES FOR PROVIDERS

HIV InSite: University of California San Francisco
<http://hivinsite.ucsf.edu>

Medscape: resource for clinicians and CME credit
www.medscape.com

U.S. DHHS HIV/AIDS Education and Resource Center
www.aidsinfo.nih.gov
Helpline: 800-448-0440 (also Spanish); 888-480-3739 (TTY)

AEGIS: HIV news from around the world
www.aegis.com

Infectious Diseases Society of America
www.idsociety.org

Intimate Partner Violence

Community United Against Violence
www.cuav.org

Family Violence Prevention Fund Health Care Program
www.endabuse.org/programs/healthcare/

National Domestic Violence Hotline
(local referrals, including LGBT-sensitive) 800-799-SAFE (7233) (24 hours in English and Spanish); TDD: 800-787-3224

Network for Battered Lesbians and Bisexual Women Hotline
info@thenetworklared.org
617-423-SAFE

New York City Gay and Lesbian Anti-Violence Project
212-714-1141 (local referrals; Spanish-speaking services)

Stop Partner Abuse/Domestic Violence Program, Los Angeles Gay and Lesbian Center
www.laglc.org/domesticviolence/

See also [References and Other Resource Documents](#).

Substance Abuse

Sober Dykes
www.soberdykes.org

Stonewall Project
www.tweaker.org

Substance Abuse Mental Health Services Administration/National Clearinghouse for Alcohol and Drug Information—LGBT site
www.health.org/features/lgbt

Youth

National Gay, Lesbian, Bisexual Youth Hotline
800-347-TEEN

Youth Guardian Services: on-line support
www.youth-guard.org

Youth Resource: a project of Advocates for Youth
www.youthresource.com

National Youth Advocacy Coalition
www.nyacyouth.org

Seattle and King County Public Health
www.metrokc.gov/health/glbtyouth.htm

See also [HIV/AIDS and General Bisexual Health sections](#)

Elders

SAGE: Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders
www.sageusa.org

National Gay and Lesbian Task Force
www.thetaskforce.org/theissues
Outing Age: Public Policy Issues Affecting GLBT Elders, November 9, 2000
www.thetaskforce.org/theissues/library.cfm?issueID=24&pubTypeID=2

See also [HIV/AIDS section](#)



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The Gay and Lesbian Medical Association is a national organization committed to ensuring equality in health care for lesbian, gay, bisexual, and transgender (LGBT) individuals and health care professionals. GLMA achieves its goals by using medical expertise in professional education, public policy work, patient education and referrals, and the promotion of research. To join GLMA or for more information, please visit www.glma.org.

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