Current LGBT Health Research in VA

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Acknowledgements

• Work in this presentation was supported by a VA HSR&D Merit Award (IIR-17-089; PI: Lehavot) and a VA HSR&D Career Development Award (CDA-14-408; PI: Blosnich)

• The opinions expressed are the authors’ and do not necessarily represent those of their institutions, funders, the Department of Veterans Affairs, or the United States Government
• Definitions
• Health disparities research, gaps, and current research
• 2 case studies
  – Lehavot IIR
  – Blosnich CDA
• Discussion
**What’s LGBT?**

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

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

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

- Transgender groups related by gender variance
  - Subset meet criteria for Gender Dysphoria (GD; *formerly Gender Identity Disorder*)
In U.S., Estimate of LGBT Population Rises to 4.5%

BY FRANK NEWPORT
In U.S., Estimate of LGBT Population Rises to 4.5%

By FRANK NEWPORT

VHA is likely the single largest provider of health care to LGBT individuals
LGBT in VA Clinical Care

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1341(1)
Transmittal Sheet
May 23, 2018

PROVIDING HEALTH CARE FOR TRANSGENDER AND INTERSEX VETERANS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive revises VHA policy for the respectful delivery of health care to transgender and intersex Veterans who are enrolled in the Department of Veterans Affairs (VA) health care system or are otherwise eligible for VA care.

Department of Veterans Affairs
Veterans Health Administration
Washington, DC, 20420

Amended May 17, 2019

VHA Directive 1340(1)
Transmittal Sheet
July 6, 2017

PROVISION OF HEALTH CARE FOR VETERANS WHO IDENTIFY AS LESBIAN, GAY OR BISEXUAL

1. REASON FOR ISSUE:

This Veterans Health Administration (VHA) directive establishes VHA policy for the equitable, respectful, and affirming delivery of clinically appropriate health care to lesbian, gay and bisexual (LGB) Veterans.
VHA Health Equity Action Plan

Background

The VHA Office of Health Equity (OHE) is charged with reducing disparities in health and health care affecting Veterans and enabling all Veterans to achieve equitable health outcomes. It is the only office in VA with a mission to understand differences across many groups of Veterans and to work to eliminate non-clinical differences related to:

- Racial or ethnic group
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive / sensory / physical disability
Generations of Health Disparities Research

Thomas et al., 2011
“Most areas related to LGBT health are lacking research altogether or require additional research.”
LGBT Health Disparities

- Access to care and health insurance
- Poorer physical health
- Poorer mental health
- Greater risky behaviors
Table 1. Empirical Studies Focusing on LGB Veteran Study Participants

<table>
<thead>
<tr>
<th>Authors</th>
<th>Sample</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balsam, Cochran, Molina, &amp; Simpson (2012)</td>
<td>379 US LGB veterans responding to non-probability Internet survey 30% female</td>
<td>48% of women indicated victimization due to sexual orientation while in the military.</td>
</tr>
<tr>
<td>Blonish, Bouartse, &amp; Silenzio (2012)</td>
<td>1,700 US veterans from the 2005–2010 Massachusetts Behavioral Risk Factor Surveillance Survey 4% LGB veterans, and of those 19.7% female</td>
<td>73% of women report an unwanted sexual experience during military service, with 40% attributing this to their sexual orientation. More LGB veterans reported suicidal ideation compared to heterosexual veterans. Decreased social and emotional support partly contributed to this association.</td>
</tr>
<tr>
<td>Booth, Davis, Cheney, Mengeling, Tomer, &amp; Sadler (2012)</td>
<td>1,004 US Midwestern women veterans participated in retrospective telephone interviews 11% reported having had partnerships with women only or with both men and women</td>
<td>Women who had women as sex partners reported significantly lower physical health status. Chronic pain history mediated this effect.</td>
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<td>1,004 US Midwestern women veterans participated in retrospective telephone interviews 11% reported having had partnerships with women only or with both men and women</td>
<td>Women who had women as sex partners reported significantly higher rates of all measures of rape and lifetime substance use disorders.</td>
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<td>Cochran, Balsam, Flentje, Malle, &amp; Simpson (2012)</td>
<td>409 US LGB veterans responding to non-probability Internet survey, compared to 15,000 veterans from a VA data warehouse 30% female</td>
<td>LGB veterans were more likely than veterans in the comparison group to screen positive for PTSD, depression, and alcohol problems.</td>
</tr>
<tr>
<td>Herrell, Goldberg, True, Ramakrishnan, Lyons, Eisen, &amp; Ying (1999)</td>
<td>103 middle-aged male–male Vietnam veteran twin pairs 50% (one member of each pair) reported male sex partner after age 18</td>
<td>Same-sex sexual orientation was significantly associated with thoughts of death, wanting to die, thoughts about committing suicide, and attempted suicide.</td>
</tr>
<tr>
<td>Moradi (2009)</td>
<td>445 US LGB and transgender veterans responding to an Internet survey 24% female</td>
<td>Disclosing sexual orientation was related positively, while concealment and harassment were related negatively, to perceptions of social cohesion within the last units in which participants served.</td>
</tr>
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<td>Nokes &amp; Kendrew (1990)</td>
<td>31 US male veterans with AIDS at the New York Veterans Administration Medical Center 61% reported male/male sexual activity</td>
<td>Over a 6-month period, gay veterans (but not heterosexual veterans) had a significant increase in loneliness related to romantic gay attachment.</td>
</tr>
<tr>
<td>Poulin, Goulquier, &amp; Moore (2009)</td>
<td>13 Canadian lesbian veterans participated in semi-structured interviews</td>
<td>Participants reported being persecuted and undergoing ongoing risk evaluations. Discrimination and identity hiding contributed to adverse health outcomes.</td>
</tr>
<tr>
<td>Simpson, Balsam, Cochran, Lehavot, &amp; Gold (2012)</td>
<td>356 US LGB veterans responding to non-probability Internet survey 30% female</td>
<td>46% reported having accessed VHA services at some point in their lives and 29% reported using VHA in the past year. Of those accessing VHA, only 33% reported open communication about their sexual orientation with a VHA provider.</td>
</tr>
<tr>
<td>Trivette (2010)</td>
<td>24 LGB veterans participated in interviews about impact of DADT 25% female</td>
<td>Participants highlighted paradoxes of the policy and creating their own form of military gay identity.</td>
</tr>
</tbody>
</table>

DADT Don’t Ask Don’t Tell: LGB Lesbian, gay, and bisexual individuals; VHA Veterans Health Administration.

The above studies do not include published research reports including estimates from the Census and annual reports provided by Service members Legal Defense Network.

Search results

Items: 1 to 20 of 305

The following term was ignored: +
See the search details.

1. Lesbian, Gay, Bisexual, and Transgender Veterans' Experiences of Discrimination in Health Care and Their Relation to Health Outcomes: A Pilot Study Examining the Moderating Role of Provider Communication
   Mollie A. Ruben, Nicholas A. Livingston, Danielle S. Berke, Alexis R. Matza, Jillian C. Shiperd
   PMCID: PMC6761590
   Article  PubReader  PDF–711K  Citation

2. Utilization of LGBT-Specific clinics and providers across three cohorts of lesbian, gay, and bisexual people in the United States
   Alexander J. Martos, Adam Fingerhut, Patrick A. Wilson, Ilan H. Meyer
   PMCID: PMC6078477
   Article  PubReader  PDF–444K  Citation

3. Mortality in Postmenopausal Women by Sexual Orientation and Veteran Status
   Keren Lehavot, Eileen Rillamas-Sun, Julie Weitlauf, Rachel Kimerling, Robert B. Wallace, Anne G. Sadler, Nancy Fugate Woods, Jillian C. Shiperd, Kristin Mattocks, Dominic J. Cirillo, Marcia L. Stefanick, Tracy L. Simpson
   PMCID: PMC4641414

Filter your results:
- All (305)
- NIH grants (167)
- Embargoed (0)

Find related data
Database: Select

Search details

Search results

Recent activity

LGBT Veteran (305)  Turn Off  Clear
Remaining Gaps

- Lack of a direct comparison group
- Lack of data on subgroups
- Lack of longitudinal studies
- Lack of disparity information by geographic region
# Currently-funded HSR&D LGBT Studies

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Title</th>
<th>PI</th>
<th>Funding End</th>
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<tbody>
<tr>
<td>IIR 17-089</td>
<td>Understanding Mental Health Problems and Health Risk Behaviors among LGBT Veterans</td>
<td>Lehavot, Keren</td>
<td>3/31/2023</td>
</tr>
<tr>
<td>IIR 18-035</td>
<td>Understanding Suicide Risks among LGBT Veterans in VA Care</td>
<td>Goulet, Joseph</td>
<td>05/31/2023</td>
</tr>
<tr>
<td>IIR 17-238</td>
<td>Understanding Hormone Therapy Care Received by Transgender Veterans in VHA</td>
<td>Jasuja, Guneet</td>
<td>03/31/2021</td>
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</table>
Understanding Mental Health Problems and Health Risk Behaviors among LGBT Veterans

**PI:** Keren Lehavot, PhD

**Co-Is:** Tracy Simpson, Isaac Rhew, Jillian Shipherd, Michael Kauth, Debra Kaysen (consultant)

VA HS&RD, 4/1/19-3/31/23
<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Category</th>
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<tbody>
<tr>
<td>Heterosexual</td>
<td>men</td>
<td>Heterosexual</td>
<td>women</td>
</tr>
<tr>
<td>Gay</td>
<td>men</td>
<td>Lesbian</td>
<td>women</td>
</tr>
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<td>men</td>
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<td>women</td>
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<td></td>
<td></td>
<td>Transgender</td>
<td>men</td>
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<td></td>
<td></td>
<td>Transgender</td>
<td>women</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Another</td>
<td>gender</td>
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Identify disparities in

**mental health** *(depression, PTSD, anxiety, suicide ideation/attempts)* and

**health risk behaviors** *(alcohol misuse, smoking)*

over time and across geographic regions
Aim 2

WAVE 1
Baseline

WAVE 2
9-months

WAVE 3
18-months

WAVE 4
27-months

- General stressors
- Traumas
- LGBT minority stressors
- General protective factors
- Mental health
- LGBT protective factors
- Coping motives
- Health risk behaviors
Aim 3

Assess experiences with and preferences for treatment, including

VA healthcare utilization

barriers to care, and

preferences for care
Methodological Challenges

• Inability to identify LGBT Veterans in electronic medical record by self-report
• National, probability-based panels not feasible
• Non-random sampling should account for potential biases
Recruitment

• Community outreach and listserv organizations

• Social media
### Web Security Steps Flowchart

**Daily review of screening data entered by new participants.**

**Exclude participant if:**

a. Illogical, nonsensical entries regarding Veteran status  
b. International IP address

**Daily review of baseline data entered by new participants.**

**Exclude participant if:**

a. Illogical, nonsensical data entries  
b. Time completion of less than 10 minutes

**Exclude participant if both of the following are true:**

a. More subtle problems, e.g., answers that are likely to be mistakes, improbable patterns such as every answer being a “1”  
b. Time completion of less than 20 minutes
## How Data May Translate to Future Studies

<table>
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<td>Develop and test a group-based smoking cessation program for gay men. Modules should address trauma history as it relates to smoking and comorbid depression</td>
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</table>
Alternatives to Primary Data Collection

• Strategies exist to capitalize on VA admin data

• Several “pros” – e.g., diagnosis and utilization data, mortality

• Just as many “cons” – e.g., data are what they are, admin data not designed for research, misclassification of cases

• Learning about the potentials and problems with an example from an HSR&D Career Development Award
Transgender Health Services Research in the VHA

• Self-identified gender identity is gold standard

• VHA does not have nationwide implementation of gender identity in electronic health records

• Use ICD-9/10 codes associated with transgender status
Gender identity disorder (GID) study in 2013
- 302.85 GID in adolescents or adults
- 302.6 GID not otherwise specified

6.2/100,000 among VHA utilizers
4.3/100,000 in US general population (DSM-IV)

DSM replaced GID with Gender Dysphoria, but ICD has NOT replaced it yet

Incidence of transgender-related ICD9/10 diagnoses in VHA has been increasing.
How “good” are ICD codes for identifying transgender Veterans?

7,560 transgender Veterans/6,753 had at least one trans-related term/phrase (89.3%)
  - EX: “patient is 56 y.o. transgender woman…”

22,072 non-transgender Veterans/246 with at least one trans-related term/phrase (1.1%)
  - After hand review, 11 were deemed transgender
  - 0.05% “false negative rate”

Transgender Veterans more likely to experience housing instability than non-transgender Veterans

Housing instability = positive screen for housing instability OR use of a VHA Homeless Program

Transgender Veterans more likely to die from suicide than non-transgender Veterans

After accounting for age, sex documented at last medical encounter, race/ethnicity, marital status, and lifetime diagnosis of depression, transgender Veterans’ hazard of death by suicide was about 2.7 times greater than non-transgender Veterans.

Average Age of Suicide Death

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Non-transgender</th>
</tr>
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<tr>
<td>52.1 years</td>
<td>63.6 years</td>
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Among transgender Veterans, there are important disparities.

Veterans who stand in the intersection of identities that are oppressed or stigmatized.

Ex: Compared to white transgender Veterans, black/African American transgender Veterans are over 2.5 more likely to experience housing instability.

Limitations of EHR and Administrative Data

- Underestimating the size of transgender Veteran VHA population
- Lack important data about the social environmental causes of disparities
- No data about transgender Veterans not engaged with VHA care
LGBT Health Program Resources

• **Sharepoint**
  – **Transgender:**
  – **LBG:**

• **Website**

• **Email:**  [VALGBTProgram@va.gov](mailto:VALGBTProgram@va.gov)
Questions and Comments