Current LGBT Health Research in VA

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- 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

Outline

- 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*)

POLITICS MAY 22, 2018

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

BY **FRANK NEWPORT**

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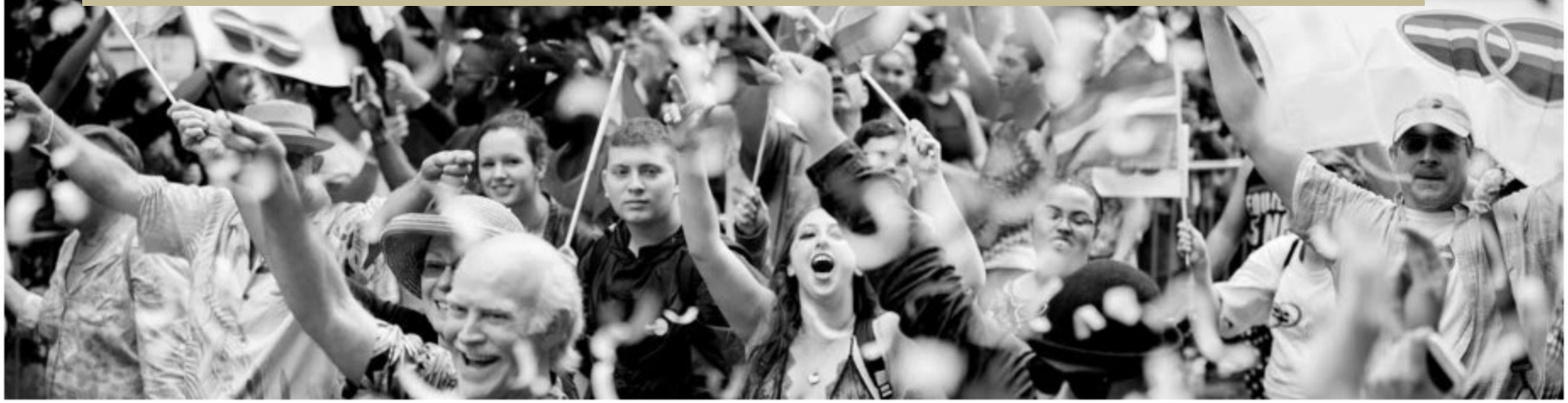
VHA is likely the single largest provider of health care to LGBT individuals



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.

Amended May 17, 2019

Department of Veterans Affairs
Veterans Health Administration
Washington DC, 20420

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.

LGBT in VA Health Equity

VHA Health Equity Action Plan

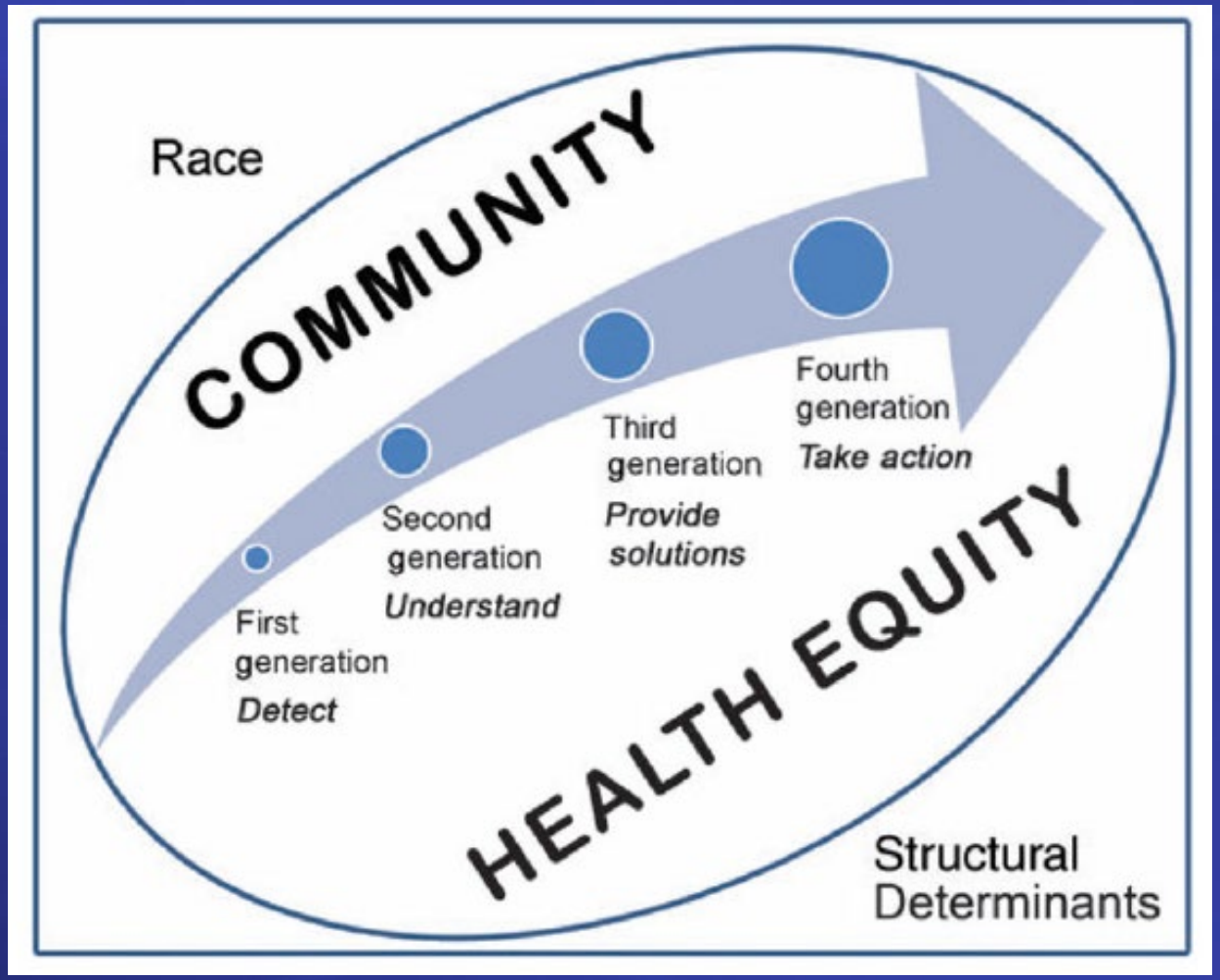
Background

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

https://www.va.gov/HEALTHEQUITY/Health Equity Action Plan.asp

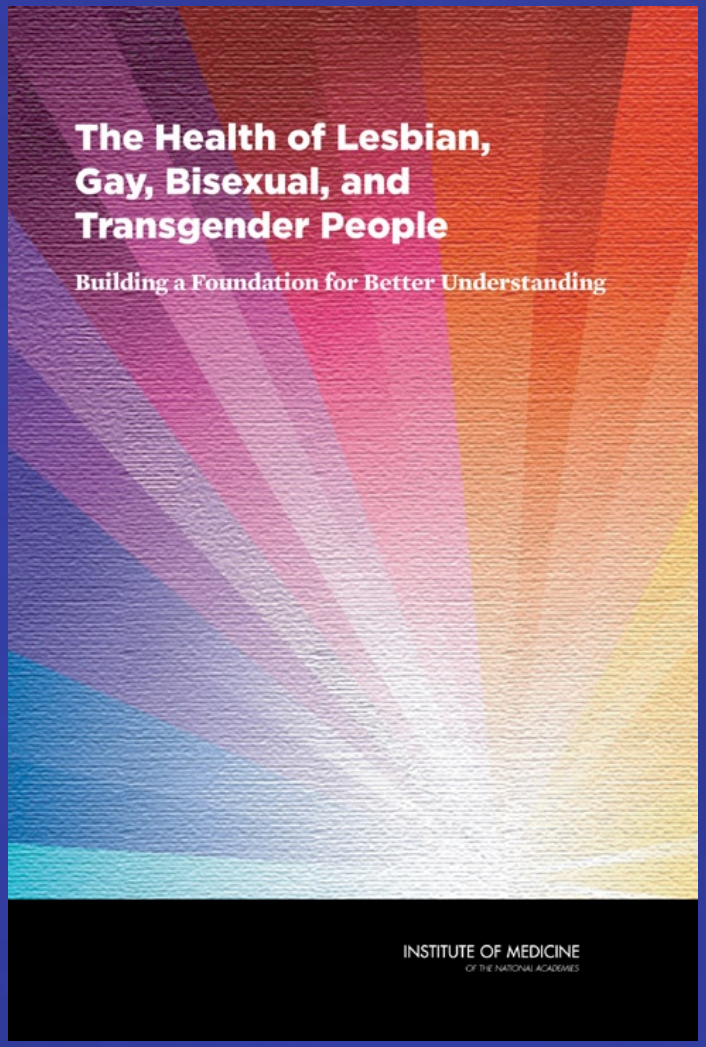
Generations of Health Disparities Research



Thomas et al., 2011

Institute of Medicine Report

"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

Authors	Sample	Key findings
Balsam, Cochran, Molina, & Simpson (2012)[7]	379 US LGB veterans responding to non-probability Internet survey 30 % female	• 48 % of women indicated victimization due to sexual orientation while in the military • 73 % of women report an unwanted sexual experience during military service, with 40 % attributing this to their sexual orientation
Blosnich, Bossarte, & Silenzio (2012)[2]	1,700 US veterans from the 2005–2010 Massachusetts Behavioral Risk Factor Surveillance Survey 4 % LGB veterans, and of those 19.7 % female	• More LGB veterans reported suicidal ideation compared to heterosexual veterans • Decreased social and emotional support partly contributed to this association
Booth, Davis, Cheney, Mengeling, Torner, & Sadler (2012)[8]	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	• Women who had women as sex partners reported significantly lower physical health status. Chronic pain history mediated this effect
Booth, Mengeling, Torner, & Sadler (2011)[9]	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	• Women who had women as sex partners reported significantly higher rates of all measures of rape and lifetime substance use disorders
Cochran, Balsam, Flentje, Malte, & Simpson (2012)[10]	409 US LGB veterans responding to non-probability Internet survey, compared to 15,000 veterans from a VA data warehouse 30 % female	• LGB veterans were more likely than veterans in the comparison group to screen positive for PTSD, depression, and alcohol problems
Herrell, Goldberg, True, Ramakrishan, Lyons, Eisen, & Ting (1999)[11]	103 middle-aged male–male Vietnam veteran twin pairs 50 % (one member of each pair) reported male sex partner after age 18	• Same-sex sexual orientation was significantly associated with thoughts of death, wanting to die, thoughts about committing suicide, and attempted suicide
Moradi (2009)[12]	445 US LGB and transgender veterans responding to an Internet survey 24 % female	• 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
Nokes & Kendrew (1990)[13]	31 US male veterans with AIDS at the New York Veterans Administration Medical Center 61 % reported male/male sexual activity	• Over a 6-month period, gay veterans (but not heterosexual veterans) had a significant increase in loneliness related to romantic sexual attachment
Poulin, Gouliquer, & Moore (2009)[14]	13 Canadian lesbian veterans participated in semi-structured interviews	• Participants reported being persecuted and undergoing ongoing risk evaluations • Discrimination and identity hiding contributed to adverse health outcomes
Simpson, Balsam, Cochran, Lehavot, & Gold (2012)[15]	356 US LGB veterans responding to non-probability Internet survey 30 % female	• 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
Trivette (2010)[16]	24 LGB veterans participated in interviews about impact of DADT 25 % female	• Participants highlighted paradoxes of the policy and creating their own form of military gay identity

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[1,4] and annual reports provided by Servicemembers Legal Defense Network[6]

PMC | LGBT + Veteran | Search

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Get the latest research from NIH: https://www.nih.gov/coronavirus.

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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. Shipherd
   Health Equity. 2019; 3(1): 480–488. Published online 2019 Sep 26. doi: 10.1089/heq.2019.0069
   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
   SSM Popul Health. 2019 Dec; 9: 100505. Published online 2019 Oct 22. doi: 10.1016/j.ssmph.2019.100505
   PMCID: PMC6978477
   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. Shipherd, Kristin Mattocks, Dominic J. Cirillo, Marcia L. Stefanick, Tracy L. Simpson
   Gerontologist. 2016 Feb; 56(Suppl 1): S150–S162. Published online 2016 Jan 14. doi: 10.1093/geront/gnv125

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LGBT Veteran (305)

PMC

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

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

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

HEALTH FOR EVERY VETERAN

A VETERANS AFFAIRS RESEARCH STUDY

Heterosexual men	Heterosexual women	Transgender men
Gay men	Lesbian women	Transgender women
Bisexual men	Bisexual women	Another gender

Aim 1

HEALTH FOR EVERY VETERAN
A VETERANS AFFAIRS RESEARCH STUDY

Identify disparities in

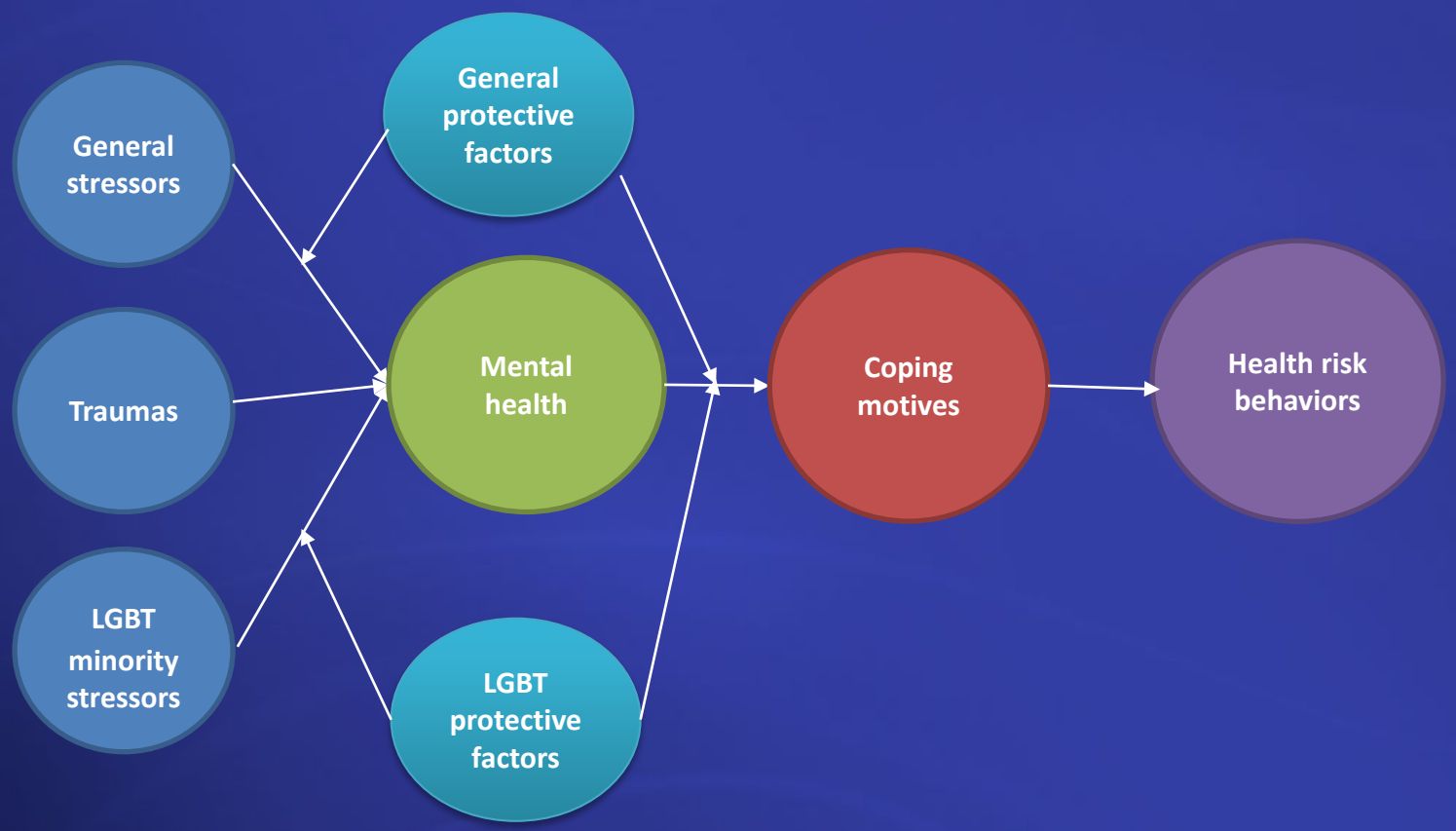
mental health (*depression, PTSD, anxiety, suicide ideation/attempts*) and

health risk behaviors (*alcohol misuse, smoking*)

over time and across geographic regions

Aim 2

HEALTH FOR EVERY VETERAN
A VETERANS AFFAIRS RESEARCH STUDY



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

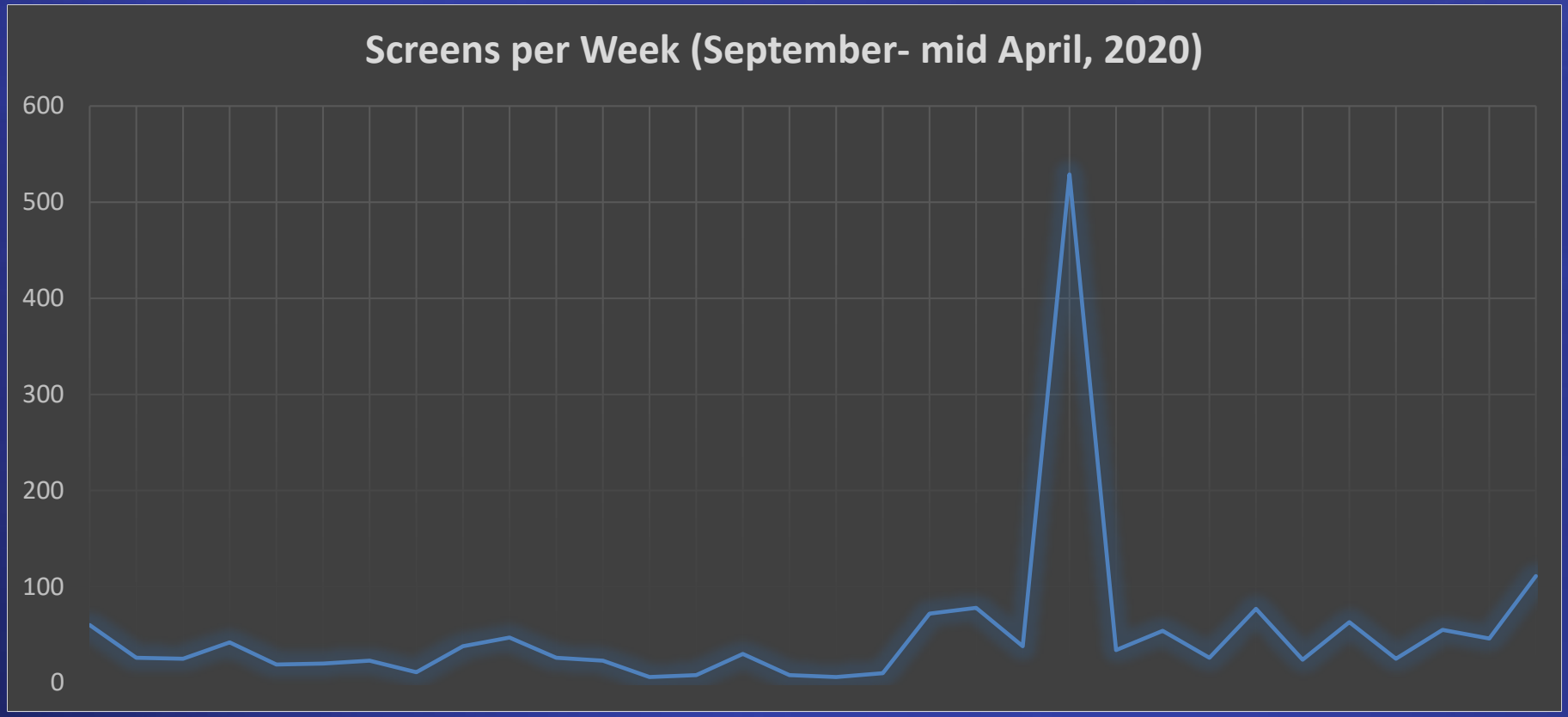
- Community outreach and listserv organizations

- Social media

Online survey study needs LGBT+ Veterans
healthforeveryvet-lgbt.questionpro.com
Veterans from all backgrounds needed for an online study of their health and life experien...

Help advance LGBT Research
healthforeveryvet-lgbt.questionpro.com
Participate in online survey research to help VA better understand the lives of all Vetera...

Lesbian and bisexual women who served
healthforeveryvet-lgbt.questionpro.com
Veterans from all backgrounds needed for an online study of their health and life experien...


Screens per Week (September- mid April, 2020)
600
500
400
300
200
100
0

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

Disparity Findings (Aim 1)	Risk and Protective Factors (Aim 2)	Patient Preferences (Aim 3)	Possible Intervention
Smoking rates consistently elevated for gay men			

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Disparity Findings (Aim 1)	Risk and Protective Factors (Aim 2)	Patient Preferences (Aim 3)	Possible Intervention
Smoking rates consistently elevated for gay men	Military sexual trauma and depression predictors Social support protective	Tailored vs. generic programming	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

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

ICD vs. DSM

Gender identity disorder (GID) study in 2013

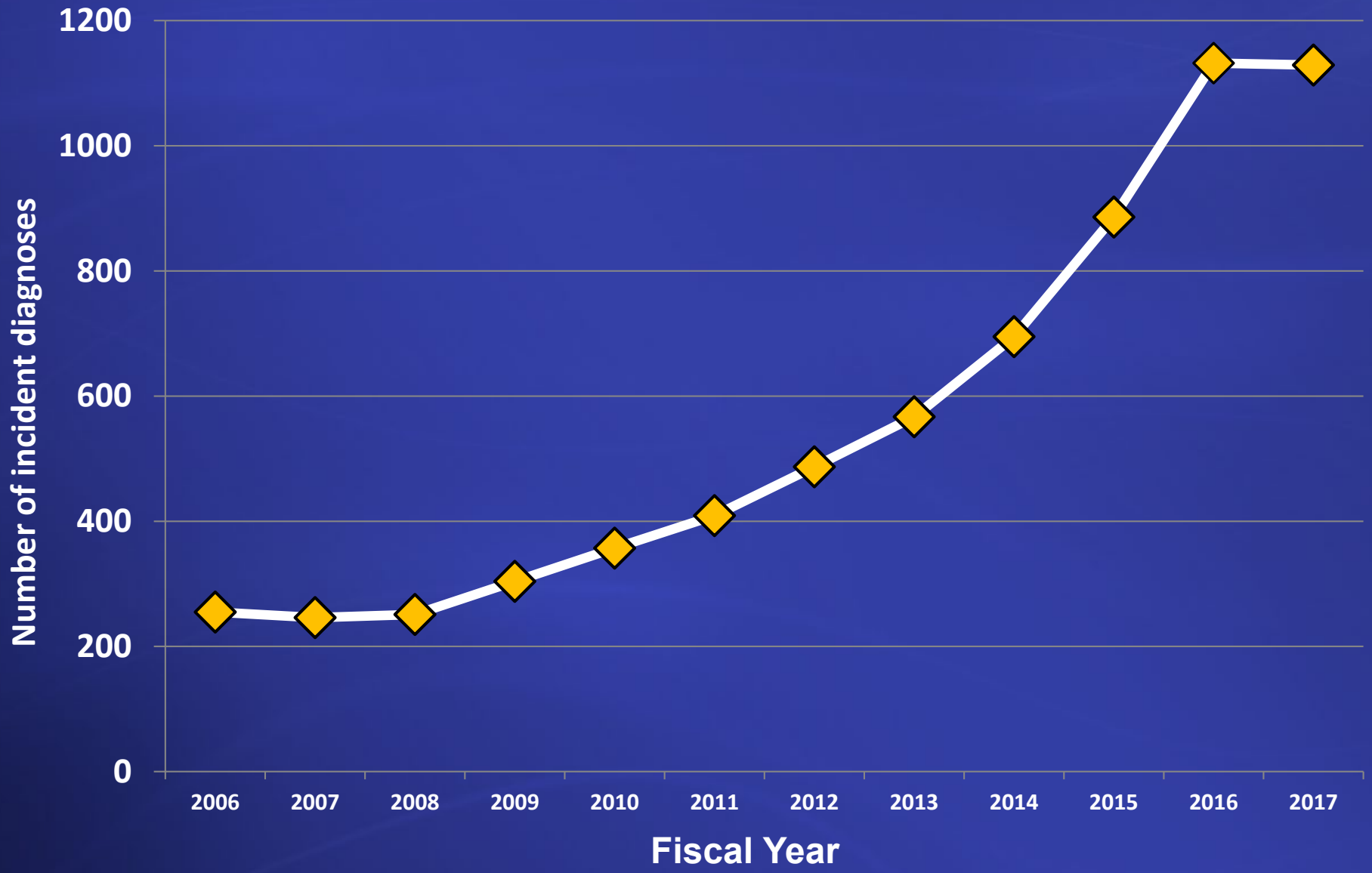
- 302.85 GID in adolescents or adults
- 302.6 GID not otherwise specified

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

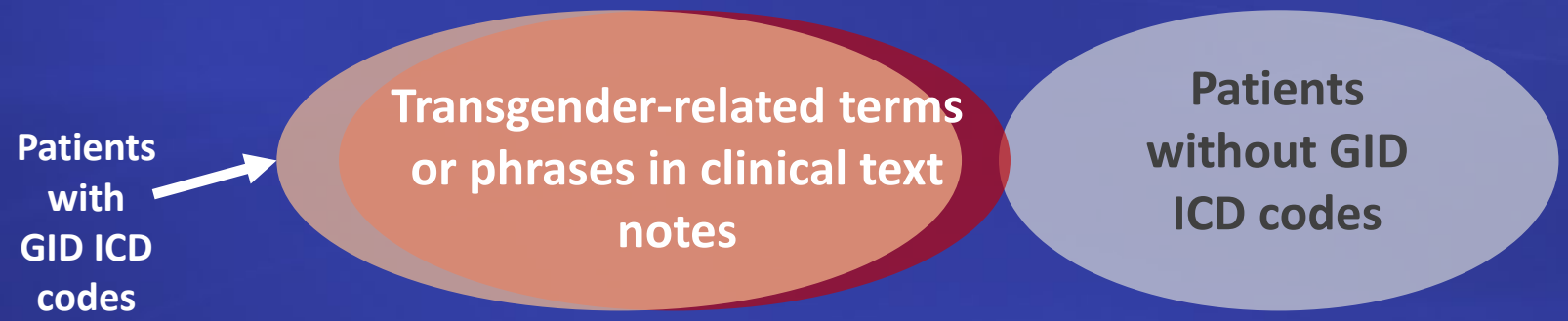
DSM replaced GID with Gender Dysphoria, but ICD has NOT replaced it yet

Blosnich, J.R., Brown, G.R., Shipherd, J.C., Kauth, M., Piegari, R.I., & Bossarte, R.M. (2013). Prevalence of Gender Identity Disorder and suicide risk among transgender veterans utilizing Veterans Health Administration care. American Journal of Public Health, 103(10), e27 e32.

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%)

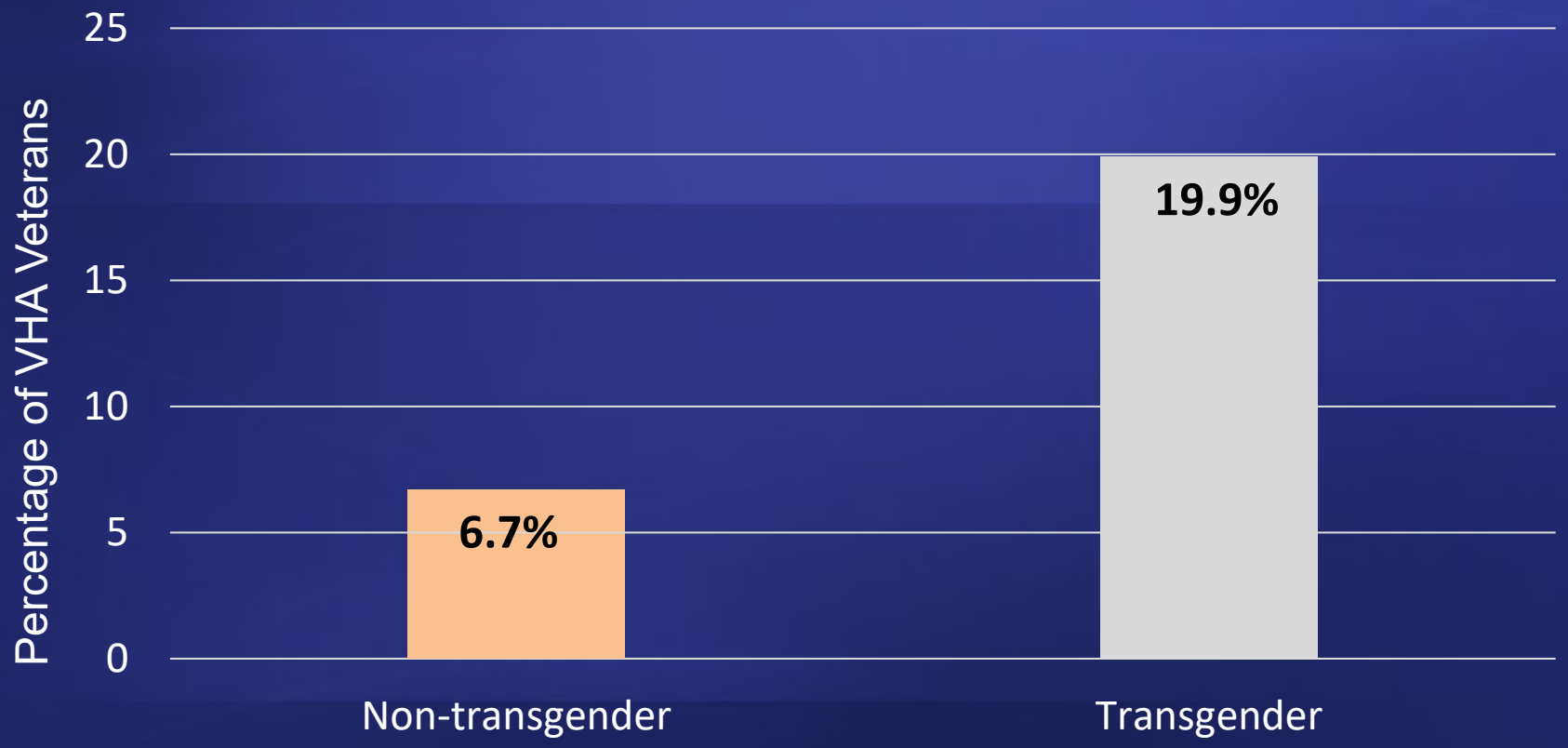
- **EX: "patient is 56 y.o. transgender woman..."**

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"**

Blosnich, J. R., Cashy, J., Gordon, A. J., Shipherd, J. C., Kauth, M. R., Brown, G. R., & Fine, M. J. (2018). Using clinician text notes in electronic medical record data to validate transgender-related diagnosis codes. *Journal of the American Medical Informatics Association*, 25(7), 905-908.

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

Carter SP, Montgomery AE, Henderson ER, Ketterer B, Dichter M, Gordon AJ., et al. Housing Instability Characteristics Among Transgender Veterans Cared for in the Veterans Health Administration, 2013–2016. *Am J Public Health. 2019;109*(10):1413-8.

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

Transgender	Non-transgender
52.1 years	**63.6 years**

Transgender Veterans and Intersectionality

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.

Blosnich JR, Marsiglio MC, Dichter ME, et al. Impact of social determinants of health on medical conditions among transgender veterans. *Am J Prev Med.* 2017;*52*(4):491 498

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: https://dvagov.sharepoint.com/sites/VHApcsclipro/trer/default.aspx
  - LBG: https://dvagov.sharepoint.com/sites/VHALGBEducation/default.aspx
- **Website**
  - https://www.patientcare.va.gov/LGBT/index.asp
- **Email**: VALGBTProgram@va.gov

Questions and Comments