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The paper “Transforming a system: Improving patient-centered care for sexual and gender minority veterans,” co-authored by Michael Kauth, Ph.D., appeared in *LGBT Health* in June 2016. Kauth is the director of the Veterans Health Administration’s Lesbian, Gay, Bisexual and Transgender Health Program; a researcher in the Center for Innovations in Quality, Effectiveness and Safety at the Michael E. DeBakey Veterans Affairs Medical Center; and a professor of psychiatry and behavioral sciences at Baylor College of Medicine.

Citation: Maragh-Bass, A.C., M. Torain, R. Adler, et al. 2017. “Risks, Benefits, and Importance of Collecting Sexual Orientation and Gender Identity Data in Healthcare Settings: A Multi-Method Analysis of Patient and Provider Perspectives.” *LGBT Health* 4(2): 141-152. <http://online.liebertpub.com/doi/pdfplus/10.1089/lgbt.2016.0107>.

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HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Sexual orientation and gender identity are personal issues. Do I really need to ask patients about this?

“Yes. Sexual orientation and gender identity are social determinants of health, much like natal sex, age, ethnicity and education,” says Michael Kauth, Ph.D., director of the Veterans Health Administration’s LGBT Health Program. “Pervasive social stigma toward lesbian, gay, bisexual and transgender (LGBT) people contributes to unhealthy behaviors by LGBT people and to poor quality care by providers who often lack training in this area.”

As a group, LGBT people experience higher rates of depression, suicidal ideation, anxiety, heavy drinking, smoking, cardiovascular disease and interpersonal violence than non-LGBT people. And LGBT veterans evidence health risks similar to or greater than LGBT civilians and non-LGBT veterans. For example, lesbian veterans are more likely to have experienced sexual assault in childhood and in the military compared to heterosexual female veterans. Also, transgender veterans have a 20 times greater risk of suicidal behavior than non-transgender (cisgender) veterans, who themselves have a much higher risk of suicide than civilians. However, a recent study found that 80 percent of physicians did not ask patients about their sexuality or gender identity for fear of offending the patient, although few (10 percent) patients said this would bother them. Patients generally are comfortable answering very personal questions regarding their health care, but providers often do not know how to ask these questions or what to do with the information they get.

The Department of Veterans Affairs (VA) has taken a multi-level approach to addressing

LGBT veterans health inequities by promoting a strong patient nondiscrimination policy, issuing health care policies on LGB and transgender care and training providers. The VA has more than 300,000 clinical providers who treat 8.9 million veterans annually at 1,233 health care facilities. The number of LGBT veterans who receive VA health care is unknown because the VA does not yet track this information. However, if the estimated 1 million LGBT veterans in the U.S. were receiving treatment from the VA at rates similar to non-LGBT veterans, we could expect around 400,000 LGBT veterans in the VA health care system. To meet the needs of this population, the VA has provided training on how to ask about sexual orientation and gender identity. Thousands of VA staff have viewed five online trainings on this topic and on the next steps in providing appropriate health care for LGBT veterans. In addition, the VA has trained 75 interdisciplinary teams of nearly 600 providers in transgender care and provided more than 800 e-consultations to transgender patients. The VA also established an LGBT veteran care coordinator at every medical center to provide education, address clinical care gaps and create a welcoming environment. Unpublished national data shows that more LGBT veterans receiving care from the VA feel comfortable disclosing their sexual orientation or transgender status compared to reports from five years ago. While this data is encouraging, more needs to be done. Whether in the VA or private health care sector, equitable care for LGBT patients begins by asking about sexual orientation and gender identity.

HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University's Baker Institute for Public Policy, in collaboration with **Laura Petersen, M.D., MPH**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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