

July 2, 2015

Indian Health Service  
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Attention: LGBT Feedback

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Submitted via email to [lisa.neel@ihs.gov](mailto:lisa.neel@ihs.gov)

**Public Comment on the Indian Health Service's Request for Information on the Health Needs of the American Indian/Alaska Native LGBT Community**

Submitted online at

<https://www.federalregister.gov/articles/2015/06/05/2015-13774/notice-of-request-for-information>

Dear Ms. Neel and other colleagues,

The Fenway Institute at Fenway Health commends the Indian Health Service for seeking to gain a better understanding of the needs of AI/AN LGBT individuals in order to implement health policy and health care delivery changes to improve the health of the AI/AN LGBT community. The Fenway Institute is an interdisciplinary center for research, training, education, and policy development focused on LGBT health and HIV prevention and care. We offer the following insights regarding your Request for Information dated June 5, 2015.

**Are there effective models and best practices surrounding the health care of the LGBT community that should be considered for replication? Please include rationale for their use in the IHS service population.**

*The National LGBT Health Education Center* offers educational programs and resources in LGBT cultural competency and technical assistance to health centers, hospitals, health departments, and providers across the United States. The goal is to help health care providers optimize access to high-quality, culturally responsive, and cost-effective health care focused on the unique health needs of LGBT people. The Center's model promotes research through sexual orientation and gender identity data collection, training, and organizational change. Since its creation with Health Resources and Services

Administration (HRSA) funding in 2011, the Center's webinars<sup>1</sup> have addressed youth and aging issues, sexual health, transgender migrant workers, and collecting sexual orientation and gender identity data in clinical settings. Issue briefs<sup>2</sup> have addressed cervical cancer screening among lesbian and bisexual women, promoting affirming care for transgender patients, sexual transmission of hepatitis C among HIV-positive gay and bisexual men, and other topics.

The use of these trainings and educational materials could benefit the IHS in its attempt to provide the best quality health care for the AI/AN LGBT population. While none of the training is currently specifically focused on the AI/AN population, it would still provide a valuable foundation to work with in providing quality care for LGBT and Two-Spirit patients in general. Working with Two-Spirit health experts, the National LGBT Health Education Center could also create trainings and learning tools specifically for health care providers serving AI/AN LGBT populations. More information about the National LGBT Health Education Center is available at <http://www.lgbthealtheducation.org/>

Models and best practices for treating LGBT patients are also presented in ***The Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health*** (2015, second edition). First published in 2008 by the American College of Physicians, *The Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health* is a medical reference textbook for providers treating LGBT patients. The guide uses a life continuum perspective to address issues of identity development over the life course and how this affects health risk behaviors, access to care, and health outcomes. Chapters examine mental health, substance use, violence and trauma, parenting, same-sex couple and partner recognition policies, youth issues, elder issues, medical and surgical management of transgender patients, and clinical approaches to disorders of sex development.<sup>3</sup> The second edition of *The Fenway Guide* also addresses intersectionality and implications for clinical care, principles for taking a culturally competent physical exam, and sexual health and HIV prevention.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has taken a number of steps to enhance LGBT cultural competency among mental health and substance use treatment providers. SAMHSA's Center for Substance Abuse Treatment includes an Addiction Technology

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<sup>1</sup> Fenway Institute. n.d. "On-Demand Webinars." Boston, MA: Fenway Institute. <http://www.lgbthealtheducation.org/training/on-demand-webinars/>.

<sup>2</sup> Fenway Institute. n.d. "Publications." Boston, MA: Fenway Institute. <http://www.lgbthealtheducation.org/publications/top/>.

<sup>3</sup> Makadon H., K.H. Mayer, J. Potter, H. Goldhammer (Eds.). 2015. *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*. Philadelphia: American College of Physicians.

Transfer Center, which is currently updating a curriculum on substance use treatment for LGBT people.<sup>4</sup> Titled ***A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals***, the curriculum was first published in 2001 and has been updated several times since.<sup>5</sup> SAMHSA also offers an LGBT training curricula for behavioral health and primary care providers, as well as resources to help families support their LGBT children and to help mental health professionals treat LGBT and questioning youth who are survivors of sexual abuse.<sup>6</sup>

*Family acceptance* of LGBT adolescents has been shown to be a protective factor for physical and mental health outcomes for LGBT young adults. Family acceptance predicts higher levels of self-esteem, social support, and health status. It is also protective against substance use, depression, and suicidal attempts and ideation.<sup>7</sup> The Family Acceptance Project at the University of California–San Francisco is an intervention that uses a research-based culturally grounded approach to promote parental and sibling acceptance of LGBT youth.<sup>8</sup> While the intervention was developed with White and Latino youth and families, in recent years its developer, Caitlin Ryan, has worked closely with conservative Black church leaders and Mormon leaders to develop interventions that work with those populations. This effective intervention could also be adapted for use with AI/AN families.

### **What are the specific measures that could be used to track progress in improving the health of LGBT persons?**

A growing body of research has documented LGBT health disparities in health and disease outcomes<sup>9,10</sup>, risk behaviors and factors<sup>11,12</sup>, rates of insurance

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<sup>4</sup> U.S. Department of Health and Human Services (DHHS). 2015. "Healthy People 2020 Progress Review: Social Determinants of Health and Lesbian, Gay, Bisexual, and Transgender Health." Webinar. Washington, DC: DHHS. Presentation by SAMHSA Administrator Pamela Hyde.

<sup>5</sup> Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT). 2012. *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*. Rockville, MD: CSAT. <http://store.samhsa.gov/shin/content/SMA12-4104/SMA12-4104.pdf>.

<sup>6</sup> U.S. Department of Health and Human Services (DHHS). 2015. "Healthy People 2020 Progress Review: Social Determinants of Health and Lesbian, Gay, Bisexual, and Transgender Health." Webinar. Washington, DC: DHHS. [http://www.cdc.gov/nchs/healthy\\_people/hp2020/hp2020\\_LGBT\\_SDOH\\_progress\\_review.htm](http://www.cdc.gov/nchs/healthy_people/hp2020/hp2020_LGBT_SDOH_progress_review.htm)

<sup>7</sup> Ryan, C., S.T. Russell, D. Huebner et al. 2010. "Family Acceptance in Adolescence and the Health of LGBT Young Adults." *Journal of Child and Adolescent Psychiatric Nursing* 23(4):205–13. doi:10.1111/j.1744-6171.2010.00246.x.

<sup>8</sup> San Francisco State University (SFSU). n.d. "Family Acceptance Project." San Francisco, CA: SFSU. <http://familyproject.sfsu.edu/>.

<sup>9</sup> Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine. 2011. *The*

coverage<sup>13,14</sup>, access to preventive care<sup>15,16</sup>, and access to culturally competent care<sup>17</sup>. Tracking measures of any of these disparity areas would allow IHS to track progress in reducing disparities and improving health of LGBT people. However, in order to track these measures in LGBT people, it is imperative to collect sexual orientation and gender identity (SO/GI) data from patients. It may be appropriate to fund cognitive testing and development of SO/GI questions for AI/AN LGBT people that include a Two-Spirit option. In many American Indian cultures this concept predates the European conquest, and continues to exist in indigenous languages. In Navajo, for example, the term “Nádleehi,” literally “one who constantly transforms,” refers to a masculine person (assigned male sex at birth) with a female nature.<sup>18</sup>

Recording SO/GI data in electronic health records (EHRs) helps providers to provide the best-quality, most relevant care to their LGBT patients, and it also allows for population-level research to be done in order to evaluate the progress being made in improving LGBT health. The data should be used and included in IHS publications and also in a stand-alone report for the Two-Spirit and AI/AN LGBT community so that IHS and the community gains a better understanding of the health and welfare of the Two-Spirit and AI/AN LGBT community. We recommend that IHS use the following questions to collect SO/GI data. These questions and answers are based on research that was conducted in a diverse set of community health centers across the United

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*Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding.* Washington, DC: National Academies Press.

<sup>10</sup> Boehmer, U., D.J. Bowen, and G.R. Bauer. 2007. “Overweight and Obesity in Sexual Minority Women: Evidence from Population-Based Data.” *American Journal of Public Health* 97:1134-40. Doi:10.2105/AJPH.2006.088419.

<sup>11</sup> Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People.*

<sup>12</sup> Lee, J., G. Griffin, and C. Melvin. 2009. “Tobacco Use among Sexual Minorities in the U.S.A., 1987 to May 2007: A Systematic Review.” *Tobacco Central* 18(4):275-82. Doi:10.1136/tc.2008.028241.

<sup>13</sup> Ponce N., S. Cochran, J. Pizer et al. “The Effects of Unequal Access to health Insurance for Same-Sex Couples in California.” *Health Affairs* 29:1539-48. Doi:10.1377/hlthaff.2009.0583.

<sup>14</sup> Ranji U., A. Beamesderfer, J. Kates et al. 2014. *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.* Menlo Park, CA: Henry J. Kaiser Family Foundation.

<sup>15</sup> Valanis, B.G., D.J. Bowen, T. Bassford et al. 2000. “Sexual Orientation and Health: Comparisons in the Women’s health Initiative Sample.” *Archives of Family medicine* 9:843-53. PMID: 11031391.

<sup>16</sup> Grant, J.M., L.A. Mottet, J. Tanis et al. 2011. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* Washington DC: National Center for Transgender equality and National Gay and lesbian Task Force.

<sup>17</sup> Lambda Legal. 2010. *When Health Care Isn’t Caring: Lambda Legal’s Survey of Discrimination against LGBT People and People with HIV.* New York: Lambda Legal.

<sup>18</sup> PBS. *Two Spirits.* Independent Lens documentary film. 2011. <http://www.pbs.org/independentlens/two-spirits/film.html>

States with a patient population that was diverse in terms of gender, sexual orientation, location, and race/ethnicity.<sup>19</sup>

1. Do you think of yourself as:
  - A. Lesbian, gay, or homosexual
  - B. Straight or heterosexual
  - C. Bisexual
  - D. Something else, please describe: \_\_\_\_\_
  - E. Don't know
2. What is your current gender identity? (Check all that apply.)
  - Male
  - Female
  - Transgender male/Trans man/Female-to-male
  - Transgender female/Trans woman/Male-to-female
  - Genderqueer, neither exclusively male nor female
  - Additional gender category, please specify:  
\_\_\_\_\_
  - Decline to answer
3. What sex were you assigned at birth on your original birth certificate? (Check one.)
  - Male
  - Female
  - Decline to answer

Knowledge of a patient's sexual orientation or gender identity can be an important part of treatment. For example, transgender women who were assigned male sex at birth should be offered a prostate exam as appropriate. Gay and bisexual men and transgender women should be regularly tested for HIV, syphilis, and other STIs. If providers do not know that their patient is gay or transgender, they do not know to do these screenings.

### **How can IHS better engage with stakeholders around the implementation of improvements?**

We recommend that IHS conduct focus groups with AI/AN LGBT and Two-Spirit people in order to gain a better understanding of their experiences with health care quality and access, and also just with struggles that they encounter in everyday life in general. Many American Indians/Alaskan Natives end up leaving their families and communities and moving to cities in part because it is so difficult for them to identify as Two-Spirit or LGBT within their reservation

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<sup>19</sup> Cahill, S., R. Singal, C. Grasso et al. 2014. "Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers." *PLOS One* 9(9). doi:10.1371/journal.pone.0107104.

and/or rural communities. In addition to conducting focus groups with AI/AN LGBT people themselves, we would recommend speaking with families, especially parents of AI/AN LGBT youth. We also recommend that IHS consult with Two-Spirit groups and organizations across in the country. There are currently 18 such groups; Ms. Neel has their contact information in the Two-Spirit Resource Directory.

IHS should consider partnering with Two-Spirit organizations to promote culturally competent care for LGBT AI/AN patients. One possible model for collaboration is the Mississippi Collaborative for Inclusive Health Care. This is a collaboration between the Mississippi Department of Health, the Mississippi Primary Care Association, The National LGBT Health Education Center at the Fenway Institute, My Brother's Keeper, and the University of Mississippi Medical Center to train health clinic workers across Mississippi in how to provide culturally competent, nondiscriminatory, and affirming care to LGBT patients, especially Black gay men and transgender women.

IHS should also support the highly effective Two-Spirit gatherings and convenings that occur throughout the country. These gatherings are often the only safe and affirming space for Two-Spirit or AI/AN LGBT people to go to find community. These gatherings have proven themselves to be a great resource in providing health and wellness trainings and education. By supporting these gatherings, IHS will have a better understanding of the Two-Spirit or AI/AN LGBT community and have an opportunity to engage with important and influential stakeholders within the Two-Spirit community who hold or attend these gatherings.

#### **Are there gaps or disparities in existing IHS services offered to LGBT persons?**

Has the IHS engaged in any sort of evaluation of LGBT/Two-Spirit cultural competency of its health care providers? LGBT/Two-Spirit cultural competency is necessary for LGBT/Two-Spirit patients to receive the best quality of care. It is possible that there are gaps in existing IHS services offered to LGBT and Two-Spirit people because of a lack of culturally competent care. For example, the language "Sex-change operations" should be removed from the list of IHS's "Experimental and other Excluded Services" both because the term is considered by many in the transgender community to be offensive, and also because these procedures are not purely cosmetic for the transgender population. The term "gender reassignment surgery" is generally preferred. Additionally, by not including gender reassignment surgery and hormone therapy on the "Medical Priority Level II" list instead of the exclusion list, a significant gap in services exist for AI/AN LGBT or Two-Spirit people who need access to these medical procedures.

Furthermore, there is a significant gap in published data for AI/AN LGBT or Two-Spirit people by the IHS. Unfortunately, in the *Trends in Indian Health 2014 Edition* released by the IHS, there is no mention of LGBT or Two-Spirit people in the entire report. This may be because SO/GI data is not being collected. In order to even begin assessing disparities in services offered to LGBT people, it is first necessary to begin collecting data on LGBT people. We encourage the IHS to start analyzing trends in LGBT and Two-Spirit American Indian health throughout the IHS system.

Meanwhile, there are trainings that have been proven effective with audiences across the country. The National LGBT Health Education Center, a HRSA-funded training and technical assistance center that works with health centers, hospitals, private practices, and state and local health departments across the U.S., could work with the IHS and Two-Spirit organizations such as the East Coast Two-Spirit Society to evaluate the status of the IHS health center system in terms of the ability of Two-Spirit and LGBT Native Americans to access culturally competent and affirming care. Additionally, SAMHSA's Tribal Training Technical Assistance Center (Tribal TAC) has provided technical assistance on ways to improve the delivery of service to Two-Spirit individuals. HIS could partner with Tribal TAC to build upon the existing infrastructure and experience.

**What additional information should the agency consider while developing plans to improve health care for the LGBT community?**

Some Two-Spirit activists have developed a concept of “culture as treatment” and “culture as prevention.” This involves reconnecting to or rediscovering culture—including indigenous ritual and language—and determining that the practice of this culture can have beneficial effects in promoting resiliency and reducing the health disparities that AI/AN LGBT people face. More research in this area would be warranted. Also, as IHS begins to develop and implement new health policy and health care delivery changes to improve Two-Spirit health, we would recommend implementing a system wide marketing campaign to announce that IHS is a welcoming, affirmative, and supportive environment for LGBT and Two-Spirit people. Brochures and other informative and educational materials should be provided regarding new health programs tailored or targeted to the AI/AN LGBT and Two-Spirit community. The Mississippi Collaborative for Inclusive Health Care and the National LGBT Health Education Center have examples of brochures and posters that can send a message that a health center is a safe and affirming place for LGBT patients.

Thank you for the opportunity to offer comment. The Fenway Institute commends the IHS in its efforts to gain a better understanding about the

unique health care needs of the AI/AN LGBT and Two-Spirit populations. We hope that our suggestions will be helpful in advancing the well-being and reducing the health disparities that AI/AN LGBT and Two-Spirit people face. Should you have any questions or require more information on any of the suggestions made here, please contact Sean Cahill, PhD, Director of Health Policy Research, at [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org) or Tim Wang, MPH, LGBT Health Policy Analyst, at [twang@fenwayhealth.org](mailto:twang@fenwayhealth.org).

Sincerely,

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