

Improving Vaccination Rates among Sexual & Gender Minoritized Youth by Addressing Barriers to Medical Care

*J. Dennis Fortenberry MD MS
he/him/his*



Riley Hospital for Children
Indiana University Health



SCHOOL OF MEDICINE
INDIANA UNIVERSITY

Goals of this talk

link identities of sexual and gender minoritized youth with health-promoting care and vaccinations

- Discuss language relevant to care for sexual and gender minoritized youth
- Review vaccine-related health disparities among sexual and gender minoritized youth (SGMY)
- Describe health care experiences of SGMY in context of health disparities
- Summarize clinical competencies associated with effective care for SGMY

A word about a words

minority/minoritized/othering/discrimination/minority stress/structural violence

- *Minority* describes a numerical proportion that cannot summarize alienation, discrimination, stigma, and attributions of inferiority
- *Minoritized* reflects the social-psychological process of *Othering*
 - Separation, isolation, devaluation of people/groups – justifying discrimination or persecution
- *Discrimination* reinforces systemic differentials in distribution of social goods and resources
- Arbitrary inequity translates to neurocognitive and physiologic trauma responses of *minority stress*
- *Structural violence* enforces social and behavioral systems that produce, justify, and sustain health inequities

More words about a words

Sexual Orientation

attractions/behavior/identities

- Sexual attractions – gender of people to whom one is sexually interested
- Sexual behaviors – gender of partners chosen for sexual interaction
 - Women having sex with women (WSW)
 - Men having sex with men (MSW)
 - Men having sex with men and women (MSMW)
 - Women having sex with women and men (WSWM)
- Sexual identity – correspondence of internal sense of self with social sexual identity categories
 - gay, lesbian, bisexual, plurisexual, demisexual, asexual are examples

Sexual identity labels and identity development

- Initially used during early adolescence
 - Identity labels discovered through social exchange
 - Labels initially used for self-understanding of sense of difference often not linked to sexuality
 - First same-sex attractions average age 11-13 years
- Labels often consistent from early adolescence but may be variable
 - Explicit use of “straight” identity is unusual until late adolescence / early adulthood
 - Use of traditional labels but emergence of many terms such as pansexual, demisexual, sexually fluid
 - Self-identification ages 15-17 years
- Identity disclosure to others
 - “Coming out” typically not a single event
 - Disclosure to parents typically 5-6 years after self-identification
 - Ages of social and family disclosure decreasing
 - Identity label and sexual behavior often incongruent

Gender identity labels and identity development

transgender/cisgender/nonbinary/queer

- Transgender
- Cisgender
- Nonbinary
- Queer/genderqueer
- Agender

Sexual identity labels and romantic attractions

Table IV. Romantic attractions by behavior among sexually active youth (n = 1538)

	Girls (n = 808)			Sexual partners	Boys (n = 730)		
	Recent same-sex partners only (n = 162)	Recent different-sex partners only (n = 572)	Recent partners of both sexes (n = 74)		Recent same-sex partners only (n = 416)	Recent different-sex partners only (n = 297)	Recent partners of both sexes (n = 17)
Same-sex romantic attraction only (n = 83)	88.8	6.0	5.2	Same-sex romantic attraction only (n = 286)	98.7	.61	.68
Different-sex romantic attraction only (n = 342)	.38	99.1	.56	Different-sex romantic attraction only (n = 286)	1.9	97.5	.56
Dual-sex romantic attraction (n = 381)	17.5	62.9	19.6	Dual-sex romantic attraction (n = 157)	78.2	12.4	9.4
Never had a romantic attraction (n = 2)	100	0	0	Never had a romantic attraction (n = 1)	0	100	0

Sexual identity labels and sexual behavior

Table III. Sexual identity by sexual behavior (most recent sexual partners) among sexually active youth* (n = 1538)

Sexual identities	Girls (n = 808)			Sexual identities	Boys (n = 730)		
	Recent same-gender partners only (n = 162)	Recent different gender partners only (n = 572)	Recent partners of both genders (n = 74)		Recent same-gender partners only (n = 416)	Recent different gender partners only (n = 297)	Recent partners of both genders (n = 17)
Gay (n = 37)	63.8	35.2	1.0	Gay (n = 407)	96.9	1.1	2.0
Lesbian (n = 180)	68.3	13.1	18.7	Lesbian (n = 1)	0	100	0
Bisexual (n = 283)	15.2	63.8	20.9	Bisexual (n = 61)	69.6	20.2	10.2
Questioning (n = 93)	32.2	54.8	12.9	Questioning (n = 29)	74.1	10.1	15.8
Queer (n = 58)	48.8	45.6	5.6	Queer (n = 67)	95.1	1.0	3.9
Other (n = 37)	26.0	39.9	34.1	Other (n = 23)	83.5	14.9	1.6
Not sure (n = 25)	32.5	59.4	8.1	Not sure (n = 7)	78.8	21.2	0
Straight/heterosexual (n = 401)	3.9	94	2.1	Straight/heterosexual (n = 296)	6.5	92.7	.79

Asexual youth and

A distinct sexual identity but not exclusive of other identities: about 75% identify as gender nonbinary or gender queer

Out to...	% (N= 711)
Everyone	14
No one	2
On-line/off-line friends	80/69
Parents	43
Classmates	49
Teachers / other school personnel	22
Health care providers	17

Health care experiences of gender diverse people

- 25% have issues with insurance
- 33% report at least one negative experience with a health care provider in the past year
 - Verbal harassment
 - Refusal of treatment
 - Needing to teach the health care provider about transgender issues
- 23% did not seek needed care because of fear of mistreatment as a transgender person
- 33% did not seek needed care because of cost

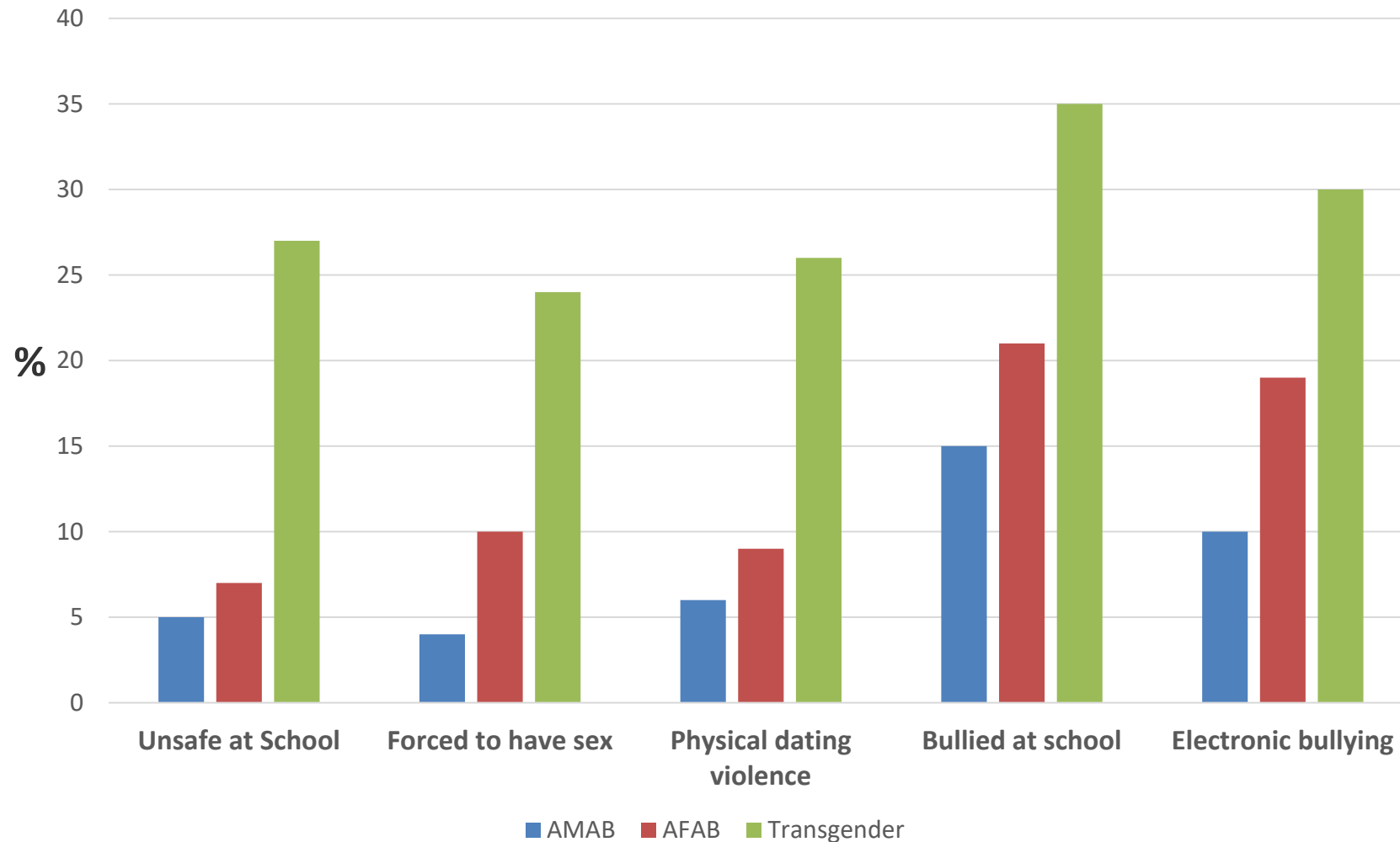
Mental health of SGMY - United States

What is the connection between identity victimization and vaccinations of SGMY?

	Gender Identity		
	Male N=100 %	Female N=116 %	Trans* N=21 %
Suicide attempt, lifetime (%)	25	37	52
Suicide attempt, past year (%)	1	10	19
Suicide attempt, past 12 months (%)	3	7	10
Hopelessness (mean)	1.6	1.6	2.0
Identity victimization (mean)	0.9	0.6	1.5

Violence victimization and gender identity - 10 U.S. states and 9 large urban school districts, Youth Risk Behavior Surveys, 2017

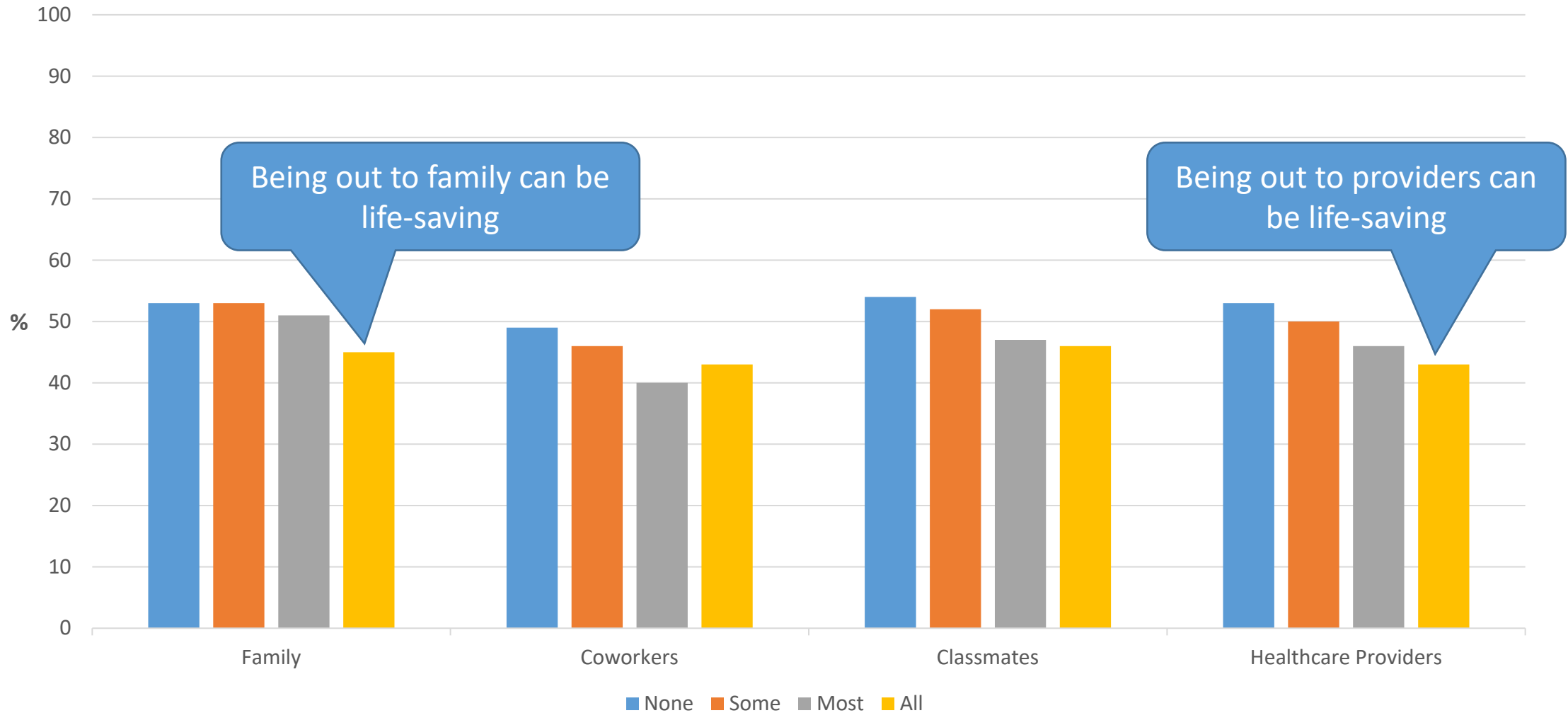
(N=121,648*)



* An additional 5,425 responded "not sure" or "don't know what this question is asking"

Johns et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *MMWR* 2019 68(3):67-71.

Suicidal Thoughts – Past Year by “outness” to others



Multivariable predictors of HIV testing among minoritized 14-17 year old males (n=207)

	Odds Ratio	95% Confidence Interval
Age	1.31	0.88, 1.96
Race/Ethnicity	1.52	0.70, 3.31
Condomless anal sex w/ male	3.36	1.46, 7.71
Sexual identity = 'gay'	0.63	0.29, 1.40
Disclosed to family	1.15	0.53, 2.49
Disclosed to health care provider	5.81	2.54, 13.29

Factors associated with HPV vaccination among high-risk youth

	Likelihood of HPV Vaccine
Transgender male	Decreased
Reporting oral sex	Increased
Having an annual health care visit	Increased
Having another health care visit for vaccination	Increased

Getting other kinds of health care improves HPV vaccination

Presumptive, bundled, routine, same day-same way recommendation

Presumptive

Same Day

Bundled, with
HPV in middle

- Your child will get three vaccines today
- Tdap to prevent pertussis, the first dose of HPV vaccine, which prevents several cancers, and meningococcal vaccine to prevent a serious brain infection.
- I strongly recommend all three.
- What questions do you have?

Strong (and unequivocal)
recommendation

Invite questions

Establishing sexual orientation and gender identities in health settings

A first step in recognition and safety

- How to ask
 - Self-answered registration forms
 - Electronic medical record
 - Direct questions
 - Response to patient narratives
- What to ask
 - Sexual orientation
 - Attractions, behavior, identity
 - Gender identity
 - Sex assigned at birth
 - Current gender identity
 - (ever had a gender identity different than current identity)
- Who to ask
 - Use of social cues discouraged
 - Everyone
- When to ask
 - Routine elements of sexual history
 - Specific diagnostic considerations

Creating trust and confidence for minoritized youth in health care interactions

- **Desire for more communication about sexuality**
 - *“I just think that doctors need to ask more questions . . . like when my doctor didn’t ask me [about sexuality], it just kind of feels like maybe it’s not important.” (24-year-old female, other sexual orientation)*
- **Confidentiality / privacy**
 - *“One thing that did make me feel more comfortable was the fact that he said . . . anything you tell me in the office is completely confidential. I won’t tell your mother if you don’t want me to. It will just be between us.” (20-year-old gay male)*
- **Clinician comfort**
 - *“[The clinician] asked my sexual orientation. She asked if I had engaged in anal sex. And so I said yeah. [She was] extremely comfortable. It rolled right off her tongue. She didn’t stammer or anything. There was nothing that made me feel uncomfortable . . . No change in her voice pattern or inflections in her voice. [She] didn’t look away. She didn’t make me feel uncomfortable at all.” (24 year old gay male)*
- **Inclusive language and environment**
 - *“The whole thing where they say ‘How is your girlfriend?’ or ‘Are you dating any nice girls these days?’, it makes you die a little inside. You feel so terrible . . . Because it automatically feels like you are letting them down . . . when you say you have a boyfriend or when you say something that they are not expecting because it’s kind of like ‘Oh, you are one of those people’. Even if they don’t say that, it’s just almost inferred.” (19 year old gay male)*
 - *“ . . . walking down the hallway and seeing all the Safe Zone signs there really made me feel comfortable and made me feel able to disclose information.” (20-year-old gay male)*
- **Desire for better quality of communication about sexuality**
 - *“[Clinicians] could just explain that there’s no reason to lie . . .that it’s more important about their health, it’s not meant to be judgmental. [They could] say, ‘I just want to help you the best way I can so being honest about who you are [sexual] with is the best way for me to help you.’” (19-year-old gay male)*

Facilitators of sexual orientation disclosure in health care

Brooks et al. Sexual orientation disclosure in health care: a systematic review. *Br J Gen Pract* 2018 DOI: <https://doi.org/10.3399/bjgp18X694841>

Facilitators

- **Moment of disclosure**
 - Communication skills of provider(s)
 - Direct questions
 - Inclusive language
 - Open body language
 - Written disclosure
 - Confronting heteronormative assumptions
 - Relevance to care
- **Perceived outcomes of disclosure**
 - Confidentiality
 - Documentation in medical record
 - Accepting provider response
- **Health care professional factors**
 - Perceived acceptance of identity diversity
 - Relationship with patient
 - Gender
 - Knowledge of LGBTQ+ issues
- **Environmental factors**
 - Affirming visual cues
 - Accepting community

Barriers

- **Moment of disclosure**
 - Communication skills of provider(s)
 - Response to direct questions
 - Non-inclusive language
 - Closed body language
 - Written disclosure
 - Closed body language
 - Not relevant to care
- **Perceived outcomes of disclosure**
 - Loss of confidentiality
 - Documentation in medical record
 - Rejecting provider response
 - Embarrassment
 - Discrimination
- **Health care professional barriers**
 - Perceived rejection of identity diversity
 - Relationship with patient
 - Ill-informed about LGBTQ+ issues
- **Environmental factors**
 - Religious icons
 - Unsupportive community

Understanding of sexual orientation questions in health settings

Do you think of yourself as:

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else, please describe _____
- Don't know

Understanding of gender identity questions in health care settings

What is your current gender identity:

- Male
- Female
- Female-to-Male (FtM)/Transgender Male/Trans Man
- Male-to-Female (MtF)/Transgender Female/Trans Woman
- Gender queer, neither exclusively male nor female
- Additional gender category/(or other), please specify _____
- Decline to answer

What sex were you assigned at birth on your original birth certificate?

- Male
- Female
- Decline to answer

Sexual and Gender Identity in Youth n=17,112

Sexual Identity	%					
	Cisgender Boy n=4079	Cisgender Girl n=7396	Transgender Boy n=1404	Transgender Girl n=185	Transmasculine (nonbinary) Boy n=3573	Transfeminine (nonbinary) Girl n=475
Gay/lesbian	71	31	18	18	22	46
Bisexual	25	48	28	30	23	22
Heterosexual	0	0	11	17	2	4
Pansexual	2	10	24	20	27	14
Queer	0.7	3	6	4	10	5
Asexual	0.7	4	6	4	9	3
Questioning	0.7	3	4	4	3	3
Something else	0.5	2	3	3	4	3

The front door to vaccination: Affirming care for SGMY

- Strengths-based perspective
 - Addressing sources of resilience and support
- Trauma responsive practices
 - “what has happened to you” rather than “what’s wrong with you”
- Shared values in interactions
 - Signaling openness to diverse identities
 - Language
- Professionalism
 - Commitment to professional competence
 - Acquisition and maintenance of knowledge and skills needed for quality care.
 - Commitment to improving access to care
 - Tasks providers with reducing barriers to equitable care within the healthcare systems

Goals of a trauma-responsive practice model

- Increase psychological and physical safety
- Increase client and community perception of practice's trustworthiness and transparency
- Practice client-practitioner collaboration as a standard of care
- Support client empowerment, voice, choice, and self-care
- Develop cultural competence, cultural humility, and cultural safety frameworks to respond to the intersectionality of identities

The minority strengths model

- **Social support** – Emotional, informational, companionship assistance, tangible or intangible
- **Community consciousness** - Connection, affiliation, and identification with a community
- **Identity pride** – acceptance, immersion, and satisfaction in one’s identity
- **Self-esteem** – Overall value placed on one’s assessment of identity
- **Resilience** – Equilibrium in response to stress, dysfunctions, adversity, or trauma
- **Positive mental health** – optimal function allowing coping with daily life events, recognize personal capacities, and engagement in family and social networks
- **Health-promoting behaviors** – actions to increase or sustain wellness

Consider the relationship of vaccinations and wellness

Trauma-responsive practice

Acknowledge privilege, personal styles, experiences and boundaries

- Assess personal biases both explicit and implicit
- Revisit personal experiences – positive and negative
- Know trauma history and triggers
- Expand literacy of microaggressions

Summary

linking identities of sexual and gender minoritized youth with vaccinations

- Recognizing young people's identity, coming out and safety
- Supporting identity fluidity
- Connection the intersections of young people's identity experiences and vaccination uptake
- Working within institutional policies and systemic barriers to include sexual and gender minoritized youth