GLMA’s 33rd Annual Conference

Reaching New Heights in LGBT Health (e)Quality

September 24-26, 2015
Portland, OR
GLMA would like to thank the following sponsors of the 33rd Annual Conference:

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The Pride Study

Your Story. Your Health.
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About GLMA

GLMA: Health Professionals Advancing LGBT Equality, which was founded in 1981, is the world's oldest and largest association of lesbian, gay, bisexual and transgender (LGBT) healthcare professionals and their allies.

GLMA’s mission is to ensure equality in healthcare for LGBT individuals and healthcare providers. GLMA achieves its goals by using the expertise of its members in professional education, public policy work, patient education and referrals and the promotion of research. GLMA represents the interests of thousands of LGBT healthcare professionals as well as millions of LGBT patients across the country.

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* Health Professional in Training Representative  
**GLMA Delegate to the AMA  
***GLMA Alternate Delegate to the AMA

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*Membership & Development Associate*

Shalini Batra  
*Annual Conference Manager*

Janelle Jobe  
*Annual Conference Team*

Barry Black, II, MA  
*Annual Conference Team*

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Washington, DC 20036  
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www.glma.org
GLMA’s 33rd Annual Conference

Conference Program

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Thank you to our Peer-Review and Portland Host Committees!

GLMA would like to thank our Peer Review and Portland Host Committees and the many volunteers who have worked hard to make the 33rd Annual Conference a success! We are grateful for their service and commitment to helping GLMA achieve our mission of equality through this important educational programming.

Portland Host Committee
Paula Amato, MD
Stephen Baugh, MD
Greg Blaschke, MD
Mary Clare Bohnett
Michael Booker
Christopher Evans
Tara Foley
Marc Kurtzman
Brendan McColgan
Dayna Morrison
Stephanie A. Naas
Molly Rabinowitz
Stacey Rice
Jennifer Shay
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Tyler TerMeer, MS

Peer-Review Committee
Amir Ahuja, MD
Rebecca Allison, MD
Paula Amato, MD
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Whitney Burton, MPH, MSW
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Laura Erickson-Schroth, MD
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Michael Franklin
Travis Gayles, PhD, MD
Darci Graves, MA, MA, MPP
Jamal Hailey, MA
Laura C Hein, PhD, RN, NP
Ken S Ho, MD
Lynn E Hunt, MD, FAAP
Brian Hurley, MD, MBA
Jesse Joad, MD, MS

Special thanks to our Conference Photographer!
Syed A Naseeruddin, MD, FAAFP

Michael Johnson, RN
Steven P Kurtz, PhD
Pamela Levesque, RN
Stuart D Martin, Jr, DDS
L’Oreal McCollum, LSW, MEd
Renee McLaughlin, MD*
Dane Menkin, MSN, CRNP, AAHIVM
Henry Ng, MD, MPH
Andrew Pettoll, MD, MS*
Emmet Phipps, RN, BSN
Michael W. Plankney, PhD
Tonia Poteat, PA, PhD
Asa Radix, MD, MPH
Cody H. Reece, BSN, RN
Sarah Sanders, RN
Shane Snowdon, MA
Carl Streed, Jr, MD
Caitlin Stover, RN
Amy Wilson-Stronks, MPP, CPHQ

Join the Peer-Review Committee!

Do you have a research background? Are you interested in contributing to the development of GLMA’s Annual Conference programming? GLMA’s Peer-Review Committee is comprised of leaders in LGBT health, representing many health professions. Please contact us at annualconference@glma.org to learn more!

Disclosure of Relevant Financial Relationships with Commercial Interests

John A Davis, PhD, MD
Consultant: Motive Medical Intelligence

Renee McLaughlin, MD
Employee: Cigna

Andrew Pettoll, MD, MS
Research Grant/PI: Gilead
September 2015

Greetings,

It is with great pleasure that I welcome the 33rd GLMA Annual Conference on LGBT health to the great State of Oregon and congratulate you on the important work of addressing the unique health needs of the LGBT community.

In Oregon, we are proud to be leaders, fostering innovation in the healthcare industry, and making important progress toward equality for all Oregonians. As a member of the Oregon Senate, I was honored to play a leading role in the passage of the Oregon Equality Act and the Oregon Family Fairness Act. As Governor, I signed into law Oregon’s Youth Mental Health Protection Act, ending the dangerous and discredited practice of conversion therapy.

When it comes to improving people’s lives, the work is far from over in Oregon or across the country. Ensuring equality in healthcare for all is essential to this movement. We must continue to work together until every Oregonian and every American lives with dignity.

Sincerely,

Kate Brown
Governor

KI/B/C/6b
Office of Mayor Charlie Hales
City of Portland

August 20, 2015

Welcome!

It is my pleasure to welcome you to the City of Portland for GLMA’s 33rd Annual Conference. I congratulate GLMA: Health Professionals Advancing LGBT Equality for the work that you are doing to address the unique healthcare needs of the LGBT community.

GLMA had many destinations from which to choose, and we are thrilled that our city was chosen. I hope that our guests, in addition to exploring new ways to be successful as a community, will also take some time to explore the Portland metropolitan region. As Portlanders, we pride ourselves in being welcoming and inclusive, and are extremely proud of what our city has to offer both residents and visitors. It is a place of outstanding natural beauty, fascinating and unique culture, a national destination for northwest-inspired culinary experiences, and strong commercial activities accessible by our nationally renowned transportation system. Your group may be interested in taking the streetcar down to the Oregon Health & Science University complex!

I hope you have the pleasure of experiencing the city’s beauty firsthand. No matter what activities you choose to pursue during your stay, you’ll find the people of Portland ready to help make your visit as enjoyable as possible. Best wishes for a successful conference and a wonderful visit to our fine city!

Sincerely,

Charlie Hales
Mayor

1221 SW Fourth Avenue, Suite 340  •  Portland, Oregon  97204
MayorCharlieHales@PortlandOregon.gov
Presidents Welcome

Dear Friends and Colleagues,

#Blacklivesmatter  #Loveislove  #translivesmatter  #MarriageEquality

Through the last year, these hashtags have headlined tweets, social media and the local and national news. These issues are more than social media. These are at the heart of intersectional issues we all face as LGBT people and those who advocate on their behalf in healthcare and all other domains. As members of the GLMA community, I urge you to recognize that this is a call to action for all of our LGBT patients, clients, colleagues, friends and allies to come together and be a part of the movement to improve the lives everyone who experiences discrimination and stigma.

This year has been a monumental year for LGBT rights and healthcare. We witnessed the Supreme Court of the United States uphold both the Affordable Care Act as well as Marriage Equality in landmark decisions. As a result of these decisions, greater numbers of LGBT people than ever before can and will continue to access health services all over the country. This highlights the need for developing and growing our health infrastructure to address both the clinical and cultural competencies needed to care for those patients and clients.

Where better to develop those skills than at our Annual Conference!

You will find this year’s conference offers a variety of workshops and plenaries to share important updates in LGBT healthcare as well as cutting-edge research. As my colleagues who chair GLMA’s Education Committee will point out on the next page, we’ve placed special emphasis this year on bisexual health and technology issues and concerns in providing LGBT health. And of course, there are many opportunities to see familiar faces and make new acquaintances at the various breakfasts, lunches and mentorship events throughout the conference.

I hope you enjoy your time in Portland at GLMA’s 33rd Annual Conference.

Very Warmly Yours,

Henry Ng, MD MPH
GLMA President
Education Committee Welcome

Dear Friends and Colleagues,

Welcome to GLMA’s 33rd Annual Conference! This year’s conference theme is Reaching New Heights in LGBT Health (e)Quality. With new innovations and clinical best practices over the past year, this year’s annual conference will explore opportunities to improve quality and patient/client outcomes and advance LGBT health and access to care through technology. In addition to exploring the ways technology is helping to advance LGBT health quality and equality, this year’s conference will also place special emphasis on exploring the health concerns of the bisexual community.

We have key leaders across multiple professional disciplines presenting on topics including electronic medical records and data collection, multi-and inter-disciplinary practice, behavioral and social influencers on LGBT health, specific presentations on healthcare as it relates to gender identity and expression, bisexual health, HIV, health professions curriculum, end-of-life care, public health and global health considerations for LGBT people…just to name a few.

We are also honored to be joined by leaders in the field to discuss Preventive Care for LGBT Individuals, Health Professional Associations and LGBT Health, Bisexual Health: Research, and Clinical Care & Policy Considerations. These topics will explore cutting edge best practices and progress to address LGBT health disparities.

The third GLMA Nursing Summit takes place on Thursday September 24th. This year’s summit will feature the exciting work of the GLMA Nursing Section, which is dedicated to strengthening nursing’s presence in GLMA and providing an LGBTQ identity within the nursing profession.

This year we will once again be hosting the GLMA Health Professionals in Training (HPIT) Mentorship Breakfast. We learned that mentors and mentees do not only define themselves by their professional degree and tenure, but that many participants identified as both mentor and mentee, perhaps for cross-purpose.

This year’s conference will end with the Annual Achievement Awards Gala, which will take place at the historic Treasury Ballroom.

Thank you for attending, and thank you to everyone who helped to make this Annual Conference possible—our Education Committee, Peer Reviewers, Host Committee and our committed staff.

Sincerely,

Kristen Eckstrand, MD, PhD
Vice President for Education

Tonia Poteat, PhD, PA-C, MPH
Education Committee Co-Chair
General Conference Information

GLMA’s Annual Conference is the premier, interdisciplinary LGBT health conference and the world’s largest scientific gathering devoted to LGBT health issues and concerns.

GLMA’s Annual Conference educates practitioners and students—from across the health professions—about the unique health needs of LGBT individuals and families. The conference is a forum for discussion and exploration of how best to address these needs as well as the needs of LGBT health professionals and health profession students. GLMA’s Annual Conference also reports on research into the health needs of LGBT people.

This year’s conference—*Reaching New Heights in LGBT Health (e) Quality*—will highlight opportunities to improve quality and patient/client outcomes and advance LGBT health and access to care through technology and we will also place a special emphasis on exploring the health concerns of the bisexual community.

In addition, this year’s conference sessions include topics that address:

- Best Practices for Preventive Care for LGBT People
- The Role of Health Professional Associations in Improving LGBT Health
- Policy, Research and Clinical Care Considerations for Bisexual Health

**Social Networking at the #GLMA2015 Conference**

Don’t just attend sessions…tweet about them! We hope you’ll engage your social networks while at the 33rd Annual Conference. Share what you’re learning with your friends and followers who couldn’t be here, and share photos from our special events while you’re at it!

**Join us on Facebook, Twitter and Instagram!**

Tag your photos, tweets and post with #GLMA2015!

**Search GLMA on Facebook and follow @GLMA_LGBTHealth on Twitter!**

Add #GLMA2015 to your photos on Instagram!
General Information, cont.

MEETING DISCLAIMER
The scientific views, statements and activity represent those of the authors and speakers during the Annual Conference do not necessarily represent the views of GLMA.

POLICY ON PLANNER & PRESENTER DISCLOSURE
It is GLMA policy for planners and presenters to disclose real or apparent conflicts of interest for themselves and/or their spouses/partners, during the 12 months prior to their involvement in the GLMA Annual Conference planning process or presentation of accredited content, related to the topics of this educational activity. Presenters must also disclose if presentations include unlabeled/unapproved uses of drugs or devices. GLMA does not endorse any products or services referred to during the presentations.

WELCOMING & SAFE SPACE
The GLMA Annual Conference is a welcoming environment and safe space for all conference participants, staff and guests. GLMA is committed to offering education in a manner that fosters and reflects an inclusive culture, free from bias and sensitive to the richness that diversity offers. Our education programming is designed to be respectful of all forms of diversity, promote human dignity and does not discriminate on the basis of age, race, ethnicity, national origin, sexual orientation, gender, gender identity, gender expression, ability, religion, professional affiliation or any other personal characteristic.

Please protect the safety of our learning environment by engaging in respectful dialogue and exchange of ideas that promotes our shared goal of improving the health and well-being of LGBT people. If you have any questions or concerns, please contact a GLMA staff member or email us at annualconference@glma.org

NAME BADGES
Your name badge is required for admittance to all conference functions, including receptions. Please wear it when you arrive at any GLMA event. For your safety, please remember to remove your name badge when leaving the conference hotel.

Please Note: Some attendees have registered for specific days only. Therefore, name badges may be color coded for specific days.

NO SMOKING POLICY
For the health and well-being of all participants, all conference events and spaces are designated nonsmoking.

RESTROOMS
Gender-free restrooms are located on the Plaza Level near Broadway rooms.

LACTATION LOUNGE
A lactation lounge is available for nursing parents in Boardroom West, located on the 3rd floor. For more information, please inquire at the Conference Registration Desk.

SUNRISE YOGA
This year’s Annual Conference will include free morning group yoga led by GLMA Board Member Adam Crosland. Please meet in Cabinet Room on the 3rd floor at 6:30am on Friday morning.

MORNING RUN/WALK
Meet in the lobby at 6:30am on Friday & Saturday mornings for a group run exploring Portland’s downtown area and Waterfront Park.
Conference Goal & Educational Objectives

The mission of GLMA’s Annual Conference is to educate healthcare providers and health profession students about the unique health needs of LGBT patients and the unique challenges faced by LGBT healthcare providers and health profession students. GLMA’s CME/CE programming also aims to encourage and report on research into the health needs of LGBT people.

Professional competencies addressed during sessions include one or more of the following:
1. **Healthcare Knowledge.** An understanding of the epidemiology, pathophysiology, diagnosis, management, and prevention of disease.
2. **Interpersonal and Communication Skills.** Are important to effective information exchange with patients, patient family members, members of the healthcare team, and the healthcare system.
3. **Patient Care.** The ability to provide healthcare that is compassionate, appropriate, safe, and effective for the treatment of health problems and the promotion of health across the life span.
4. **Professionalism.** A commitment to personal development, individual accountability, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements in healthcare.
5. **Practice-based Learning and Improvement.** Ongoing dedication to assess, evaluate, and improve patient care practices.
6. **System-based Practice.** Encompasses the societal, organizational, political, and economic environments in which healthcare is delivered.

Learning Objectives

At the conclusion of the conference, participants will be able to:
- Identify resources and avenues for healthcare access for the LGBT population;
- Describe recent research and advances in healthcare delivery specific to the LGBT patient population;
- Incorporate strategies for advocating for LGBT healthcare into their practice.

Disclosure of Relevant Financial Relationships with Commercial Interests of Speakers

*Individuals with disclosures are indicated with an asterisk in conference program.

<table>
<thead>
<tr>
<th>Name</th>
<th>Financial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonathan Applebaum, MD</td>
<td><strong>Honoraria:</strong> Merck</td>
</tr>
<tr>
<td>Kim Bergman, PhD</td>
<td><strong>Ownership Interest:</strong> HIV Assisted Reproductive Technology Program, Growing Generations</td>
</tr>
<tr>
<td>John Davis, PhD, MD</td>
<td><strong>Consultant:</strong> Motive Medical Intelligence</td>
</tr>
<tr>
<td>Rob Garofalo, MD, MPH</td>
<td><strong>Honoraria:</strong> Bristol-Meyers Squibb</td>
</tr>
<tr>
<td>Bradford Kolb, MD</td>
<td><strong>Owner:</strong> HIV Assisted Reproductive Technology Program, HRC Fertility</td>
</tr>
<tr>
<td>Jeffrey Kwong, DNP, MPH</td>
<td><strong>Honoraria-Advisory Panel:</strong> Gilead</td>
</tr>
<tr>
<td>Shail Maingi, MD</td>
<td><strong>Research Grant/PI:</strong> Novartis; Research Grant/PI: InCyte</td>
</tr>
<tr>
<td>Gal Mayer, MD, MS</td>
<td><strong>Employer:</strong> Gilead</td>
</tr>
<tr>
<td>Harry Reyes Nieva</td>
<td><strong>Research Grant:</strong> Astellas</td>
</tr>
<tr>
<td>Andrew Petroll, MD</td>
<td><strong>Research Grant/PI:</strong> Gilead</td>
</tr>
<tr>
<td>Tanya Zucconi, MBA</td>
<td><strong>Employer:</strong> SRG Technology, TopCare</td>
</tr>
</tbody>
</table>

All other GLMA 33rd Annual Conference speakers and staff have declared they (including partners or spouses) do not have any financial relationships with relevant commercial interests. Please contact us at annualconference@glma.org with questions, concerns or grievances.
General Information

Continuing Education Information

Evaluations
Evaluations are to be completed online post-conference and required for anyone claiming CME/CE credits. Please use the Evaluation & CME/CE Tracking Form to track your attendance and evaluation of educational sessions during GLMA’s Annual Conference. These forms can be found in your conference bag. Do NOT return this form; it is for your use only.

A link to the online evaluation will be emailed to you at the conclusion of the Annual Conference. After completing the evaluation, you will be eligible for your CME/CE certificate. Certificates will be emailed to participants once conference evaluations are completed and the administrative fee is paid. In order to cover GLMA’s administrative costs, there is a $30 charge for issuance of CME and CE certificates. If you have any questions about this process, please find a GLMA staff member at the Conference Registration Desk or email us at annualconference@glma.org.

Continuing Education (CE) Credits

Continuing Medical Education (CME) Credits
GLMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. GLMA designates this live activity for a maximum of 19.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

An application for CME credit has been filed with the American Academy of Family Physicians (AAFP). Determination of credit from AAFP is pending.

Continuing Nursing Education (CNE) Credits
GLMA is approved by the California Board of Registered Nursing, Provider Number 16038, to provide nursing continuing education credits. The 33rd Annual Conference is approved for 19.25 contact hours.

In order to cover GLMA’s administrative costs, there will be a $30 charge for issuance of CME and CE certificates. Anyone claiming CME/CE will be required to complete an online evaluation of the Annual Conference, which will be provided to you via email at the conclusion of the conference.

The Accreditation Council for Continuing Medical Education (ACCME) recently certified GLMA has fulfilled the requirements for Accreditation with Commendation.

GLMA is proud to be recognized by the ACCME as a "learning organization and change agent" for the providers and patients we serve.
Conference Registration is located in the Plaza Foyer
# Special Events Calendar

We hope you will take time to relax, network and enjoy yourself at our numerous social and special events! Of special note are two of GLMA’s most anticipated events of the year: The Lesbian Health Fund Reception & GLMA’s Annual Achievement Awards Gala.

<table>
<thead>
<tr>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td><strong>Welcome Reception</strong></td>
<td><strong>Sunrise Yoga</strong></td>
<td><strong>Morning Run/Walk</strong></td>
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<tr>
<td>6:00 – 7:30pm</td>
<td>6:30 – 7:00am</td>
<td>6:30am</td>
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<tr>
<td>Exhibit Hall</td>
<td>Cabinet Room</td>
<td>Meet in Lobby</td>
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<tr>
<td>Plaza Foyer</td>
<td></td>
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<tr>
<td>Join fellow conference and Nursing Summit attendees and GLMA board members, and staff for a Welcome Reception with our exhibitors.</td>
<td>Morning Run/Walk</td>
<td>Student Mentorship Breakfast</td>
</tr>
<tr>
<td><strong>Welcome Reception sponsored by Compassion &amp; Choices</strong></td>
<td>6:30am</td>
<td>7:15 – 8:15am</td>
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<tr>
<td></td>
<td>Meet in Lobby</td>
<td>Forum Room</td>
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<td></td>
<td>LHF Advisory Committee Meet and Greet</td>
<td>GLMA Membership Luncheon</td>
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<tr>
<td></td>
<td>7:00 – 8:00am</td>
<td>12:45 – 2:00pm</td>
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<tr>
<td></td>
<td>Broadway IV</td>
<td>Pavilion Ballroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GLMA Members &amp; Registered Guests of Members Only</td>
</tr>
<tr>
<td><strong>Lesbian Health Fund Reception &amp; Fundraiser</strong></td>
<td><strong>LHF Reception sponsored by Cigna and Olivia</strong></td>
<td>Annual Achievement Awards Gala</td>
</tr>
<tr>
<td>6:15 – 8:00pm</td>
<td></td>
<td>7:00 – 10:00pm</td>
</tr>
<tr>
<td>Skyline I and II</td>
<td></td>
<td>Treasury Ballroom</td>
</tr>
<tr>
<td><strong>LHF Reception sponsored by Cigna and Olivia</strong></td>
<td></td>
<td>326 SW Broadway</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Portland, OR 97205</td>
</tr>
<tr>
<td></td>
<td><a href="#">Gala Sponsor: Compassion &amp; Choices</a></td>
<td></td>
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</tbody>
</table>

*Alcohol-free space is available in Boardroom East during all onsite receptions.

**Student Mentorship Breakfast**
Saturday, September 26, 2015
7:15am – 8:15am

Students, trainees, and early career health professionals are invited to a Student Mentorship Breakfast with experienced leaders from a variety of fields. Attendees will have a chance to participate in small group discussions over breakfast (*available in Plaza Foyer*) about their career goals and get advice from LGBT health leaders, with the goal of creating connections and providing inspiration. GLMA Board Members Adam Crosland, MD and James Lehman, MPH will lead the discussion.
Mingle.  
Engage. 
Network. 

GLMA 33rd Annual Conference’s 

Welcome Reception 

Join your fellow Annual Conference attendees and GLMA Board Members on Thursday evening for a Welcome Reception.

Supported by: 
compassion 
& choices 
Care and Choice at the End of Life 

Thursday, September 24, 2015 
6 - 7:30pm 
Plaza Foyer 

Together, we can change the landscape of health equality 

Lesbian Health Fund Reception & Fundraiser 

Join us and emcee Ken Haller, past GLMA president, for this fun-filled event to support the Lesbian Health Fund and promote critical research & funding to address health issues faced by lesbians and other sexual minority women. The event features a silent and live auction, including Olivia Caribbean Escape Cruise, and the hilarious comedian Sapna Kumar. Don’t miss it!

Sponsored by: 

Cigna 

olivia 

Friday, September 25, 2015 - 6:15 - 8:00pm - Skyline I and II (23rd floor)
GLMA ACHIEVEMENT AWARDS GALA

A ROARING TWENTIES AFFAIR

Step into the Roaring Twenties at this year’s prestigious GLMA Achievement Awards Gala, a night to celebrate the very best achievements in LGBT health equality. This year’s Gala will take place at the Treasury Ballroom, a historic and architecturally rich space located in downtown Portland.

DATE: SATURDAY, SEPTEMBER 26, 2015
TIME: 7:00PM - 10:30PM
LOCATION: THE TREASURY BALLROOM
336 S W OREGON, PORTLAND, OR

FEATURING FUN & FABULOUS PERFORMER POISON WATERS!

GALA TICKETS AVAILABLE AT REGISTRATION DESK FOR PURCHASE AND DONATIONS

Picture flapper dresses, boas, fedoras, and pearls. Enjoy an elegant dinner, be entertained by the talented Poison Waters, meet and mingle with leaders in the LGBT health community.

GLMA ACHIEVEMENT AWARD RECIPIENTS

GLMA congratulates the 2015 achievement award recipients for their extraordinary contributions to LGBT health equality and civil rights.

DANII ABKINI, MSW
KELLAN BAKER, MPH, MA
THE FREEDOM INSTITUTE

JANAI N.A. BAILEY, MA
TRANS BODIES, TRANS SELVES

EQUALITY CLINIC OF AUGUSTA, INC.

Gala Sponsor
# Schedule-at-a-Glance

## Thursday, September 24, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00am – 7:00pm</td>
<td>Registration is Open</td>
</tr>
<tr>
<td>11:00am – 4:30pm</td>
<td>Nursing Summit</td>
</tr>
<tr>
<td>1:30pm</td>
<td>GLMA Annual Conference Begins</td>
</tr>
<tr>
<td>1:30pm – 3:00pm</td>
<td>Skills Building I</td>
</tr>
<tr>
<td>3:15pm – 4:30pm</td>
<td>Concurrent Session 1</td>
</tr>
<tr>
<td>4:00pm – 7:30pm</td>
<td>Exhibitor Hall Open</td>
</tr>
<tr>
<td>4:45pm – 6:00pm</td>
<td>Plenary I</td>
</tr>
<tr>
<td>6:00pm – 7:30pm</td>
<td>Welcome Reception</td>
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</tbody>
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## Friday, September 25, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00am – 5:00pm</td>
<td>Registration is Open</td>
</tr>
<tr>
<td>7:00am – 5:00pm</td>
<td>Exhibit Hall Open</td>
</tr>
<tr>
<td>7:00am – 8:00am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8:00am – 9:30am</td>
<td>Plenary II</td>
</tr>
<tr>
<td>9:45am – 10:45am</td>
<td>Concurrent Session 2</td>
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<tr>
<td>10:45am – 11:15am</td>
<td>Poster Session I</td>
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<tr>
<td>11:15am – 12:15pm</td>
<td>Concurrent Session 3</td>
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<tr>
<td>12:45pm – 2:00pm</td>
<td>Lunch Plenary III</td>
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</tbody>
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_**Lunches available for purchase in hotel cafe or feel free to bring your own lunch**_

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>2:15pm – 3:15pm</td>
<td>Concurrent Session 4</td>
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<tr>
<td>3:15pm – 3:45pm</td>
<td>Poster Session II</td>
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<tr>
<td>3:45pm – 4:45pm</td>
<td>Concurrent Session 5</td>
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<tr>
<td>5:00pm – 6:15pm</td>
<td>Plenary IV — <em>Kimberly Clermont Memorial Lecture on Lesbian Health</em></td>
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<tr>
<td>6:15pm – 8:00pm</td>
<td>Lesbian Health Fund Reception &amp; Fundraiser</td>
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## Saturday, September 26, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30am – 12:30pm; 2:15pm – 4:00pm</td>
<td>Registration is Open</td>
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<tr>
<td>7:30am – 8:30am</td>
<td>Breakfast</td>
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<tr>
<td>7:30am – 3:00pm</td>
<td>Exhibit Hall Open</td>
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<tr>
<td>8:30am – 9:45am</td>
<td>Plenary V — <em>Stanley Biber Memorial Lecture on Transgender Health</em></td>
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<tr>
<td>10:00am – 11:00am</td>
<td>Concurrent Session 6</td>
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<tr>
<td>11:00am – 11:30am</td>
<td>Poster Session III</td>
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<tr>
<td>11:30am – 12:30pm</td>
<td>Concurrent Session 7</td>
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<tr>
<td>12:45pm – 2:00pm</td>
<td>Membership Luncheon <em>(for members only; please RSVP)</em></td>
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<tr>
<td>2:15pm – 3:15pm</td>
<td>Concurrent Session 8</td>
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<tr>
<td>3:30pm – 5:00pm</td>
<td>Skills-Building Session II</td>
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<tr>
<td>7:00pm – 10:00pm</td>
<td>GLMA Achievement Awards Gala at Treasury Ballroom <em>(ticketed event)</em></td>
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Conference Schedule

Thursday, September 24

11:00am - 7:00pm
Registration is Open

11:00am - 4:30pm
Nursing Summit
(For Nursing Summit registrants only)

GLMA is proud to bring together LGBT and ally nurses and nurse supporters for the Annual Nursing Summit!

The goal of the GLMA Nursing Summit is to bring together LGBT and ally nurses and nurse supporters to further the GLMA Nursing Section Action Plan to improve critical LGBT issues in the nursing profession. The summit will provide a forum for mentorship, support, and networking for attendees in the areas of research, education and training, policy, climate, and patient care.

By the end of the Nursing Summit, participants will be able to:

- Describe the development of the GLMA Nursing Summit and Section, including foundational accomplishments in nursing related to LGBT health.
- Analyze and build on the progress made by GLMA Nursing Section workgroups (e.g., education and training, patient/clinical care, policy, research, and climate) over the past year.
- Apply new skills to facilitate workgroup outcomes.

1:30 - 3:00pm
Skills Building I

Removing Barriers for LB Women of Size Using Cultural Competency & Motivational Interviewing
Natalie Ingraham, MPH
Dawn Harbatkin, MD

This workshop presents an adapted, joint curriculum combining Lyon-Martin Health Services’ “WHAM Staff Training” and The Mautner Project’s “Tools to initiate a discussion about healthy weight with your lesbian and bisexual clients” trainings. Since studies show higher rates of overweight and obesity among lesbian/bisexual (LB) women and that both LB populations and women of size face many barriers to accessing care, it is important that healthcare providers be able to create safe and welcoming spaces and provide culturally competent care to the lesbian/bisexual patients of size. This one hour training covers both sexual orientation, gender identity and body size culturally competent care for this community. Body size cultural competency will be explored more in depth with the presumption that the GLMA audience’s knowledge of LGBT cultural competency issues is already in place. The joint curriculum contrasts the Health at Every Size™ perspective and “healthy weight” perspective to educate providers on creating a safe and respectful environment for patients of all sizes.

By the end of this session, you will be able to:

- Demonstrate knowledge of best practices for providing culturally competent care to LB women.
- Discuss how Health at Every Size™ or “Healthy Weight” models can be utilized to along with motivational interviewing to help patients make positive health behavior changes.
- List the ways to make clinic space safe and welcoming for LB patients and patients of size.
Reforming Transgender Healthcare Delivery Through the Informed Consent Model

Asa Radix, MD, MPH
Madeline Deutsch, MD

A new care paradigm in provision of transgender health services, the Informed Consent Model (ICM), has been described by WPATH as “consistent with the guidelines presented in the standards of care Version 7”. The ICM model is based on harm reduction, patient autonomy and informed decision making and allows a streamlined process to medical transition within a primary care framework. This process has now been widely embraced by a number of US community health centers that provide transgender health programs. This model may be particularly appropriate in non-western cultures in the Global South and in Asia where gender identity may inhabit differing constructs and the concept of psychotherapy may be unfamiliar, unavailable or even alienating. This workshop will explore models for the initiation and provision of cross-sex hormones in the care of transgender patients from non-western cultures with a particular focus on intersections with HIV and general primary care. Such practices are relevant not only in countries of origin but also when working with immigrant populations within Europe. The presenters will draw on their experiences both from the USA, where they work within an informed consent framework, as well as experience supporting the development of care programs in Africa, Latin America and the Caribbean. The latter includes a current project sponsored by the United States Agency for International Development (USAID) focused on improving transgender care in Barbados, Jamaica and the Dominican Republic. The workshop will provide a step-by-step process for implementation of the informed consent model.

By the end of this session, you will be able to:

• Identify the barriers to accessing transgender health services in the USA and in international settings.
• Describe the key components of the Informed Consent Model for provision of cross-sex hormone therapy.
• Describe the known health outcomes associated with the informed consent model of care.

Embracing Pleasure, Eliminating Shame: Sexual Wellness from a Sex-Positive Framework

Kate Bishop
Jamal Hailey, MA

Sex positive approaches regard sexuality as a healthy, natural, joyful part of life. Health education from this perspective emphasizes pleasure, self-exploration, connection and intimacy rather than fear and shame through comprehensive instruction and frank discussion affirming of all consensual sexual activity. A sex-positive approach may be especially engaging to LGBTQ people as a counterpoint to cultural bias that so often shames non-hetero sexual expression. As an STI/HIV prevention strategy, pleasure-affirming education naturally compliments harm reduction techniques that aim to meet patients where they are and support their own goals in decreasing high-risk behavior. Though clinicians and other health workers strive to be open to all forms of consensual sexual expression, the shadow of cultural shame around sexuality is impossible to avoid completely. Too often providers may be unaware of how their personal preferences, practices and politics may impact the sexual wellness counseling they provide. This workshop will introduce sex positive philosophies, lead participants through exploring their personal “yucks” to identify and eliminate bias, tie this approach to harm reduction interventions and build a toolbox of techniques to incorporate sex positive philosophies in sexual history interviews, HIV/STI screening, health education sessions, outreach events and routine clinical care.

By the end of this session, you will be able to:

• Identify the merits of sex-positive approaches to health education with patients and community members.
• Investigate their reflexive responses to specific sexual behaviors in an effort to remain open and supportive while addressing patient sexual health concerns.
• Describe how sex positive principles complement a harm reduction perspective to increase efficacy of HIV/STI prevention messages, outreach efforts and interventions.

3:00 - 3:15pm
Transition Break

3:15-4:30pm
Concurrent I

Clinical Update: Innovative Technologies to Treat Substance Use Disorders

Brian Hurley, MD, MBA
Faye Chao, MD

Lesbian, gay and bisexual people in the United States have higher rates of substance use disorders, compared with
general population median rates. Substance use treatment is generally underutilized and particularly so by people who do not identify as heterosexual. Further the lack of systematic population-based studies leaves substance related incidence, etiology and treatment needs of transgender and gender nonconforming Americans largely unknown, although convenience samples suggest that transgender Americans have large unmet substance use disorder treatment needs. There are recent technological advances in the treatment of substance use disorders that create opportunities to narrow the gap between treatment need and delivery. Computer and smartphone assisted assessments, behavioral therapies, recovery support systems and prevention interventions have all shown promise in the treatment of people with substance use disorders. Telehealth technologies also widen the reach of treatment to people and places isolated from treatment resources. When developed with fidelity to both evidence based treatment principles and multimedia learning principles, research suggests that these interventions can enhance substance use and behavioral health outcomes. This session will serve as a clinical update on the management of substance use disorders in LGBT populations, with a particular role on the use of new technologies in treatment. Updated treatment algorithms will be introduced, specifically including treatment options made recently available. The session will begin with didactic material, followed by additional time for discussion on how clinicians can apply these principles in their clinical settings.

By the end of this session, you will be able to:

- Articulate the known substance related incidence, etiology and treatment needs of LGBT Americans.
- Formulate a strategy to conduct an assessment and formulate the components of a treatment plan for substance use disorders that involves the use of recently developed technologies in treatment.
- Discuss the opportunities for application of telehealth technologies in the treatment of patients with a substance use disorder.

**Engaging HIV-positive Transgender Women of Color in the Bay Area**

Tiffany Woods
Kate Franza, MSW, CADC-II

Transgender women of color (TWOC) experience high rates of HIV infection, unemployment, housing discrimination and stigma. In response to this crisis, the Health Resources and Services Administration’s (HRSA) Special Projects of National Significance (SPNS) funded a five year multisite initiative designed to implement and evaluate innovative interventions that engage and retain TWOC in quality HIV care. In the bay area of San Francisco, several models of linking and retaining HIV+ TWOC are being tested. The San Francisco Department of Public Health, partnered with the Asian & Pacific Islander Wellness Center will present the Trans Access model of providing primary care in a community setting coupled with case management and peer navigation. Tri-City Health Center will present TransVision’s Brandy Martell Project model of providing primary care, wrap around services, and using critical race praxis to inform the implementation of a legal clinic and healthy living workshops to build community and skills. Process data and preliminary findings from the each project will also be presented.

**National Cancer Care: Best & Promising Practices for the LGBT Community**

Diane Breussow, PA-C, DFAAPA
Asa Radix, MD, MPH
Sean O’Mahony,MB, BCH, BAO
Shal Maingi, MD*

A growing body of evidence indicates the disproportionate affects of cancer within LGBT communities. In 2014, the CDC provided grant funding to HealthLink in partnership with the National LGBT Cancer Network for the purpose of convening a working group of subject matter experts to identify best and promising practices across focus areas within the cancer care continuum for the LGBT communities as well as the public health correlate. These focus areas include: 1) health promotion and cancer prevention, 2) cancer screening, 3) cancer diagnosis, 4) cancer treatment, 5) survivorship, 6) palliative and end-of-life care and 7) public health. Buchting Consulting facilitated using a knowledge brokerage strategy to link the breadth of stakeholders, maximize their engagement and ultimately increase evidence-informed decision-making. This included a rigorous review of the available literature as well as repeated opportunities for clinical and community feedback. The output from this process is the first national publication on best and promising practices across the cancer continuum for LGBT communities, publicly released earlier this month. Four of the working group participants will be presenting insights.

By the end of this session, you will be able to:

- Describe the unique barriers to quality care and outcomes that LGBT individuals face across the cancer care continuum.
- Summarize the recently published best and promising practices for cancer care in LGBT communities.
- Discuss the implications and uses of these best and promising practices for cancer care in LGBT communities.
Controversy and Cutting Edge in Assisted Reproductive Technology Helping HIV+ and Serodiscordant Couples Become Parents
Kim Bergman, PhD*
Bradford Kolb, MD*

While ART practitioners now routinely offer services to patients with advanced cancer, lesbians and gay men, transgendered people, single men or women, women well past menopause and celebrities who choose not to carry their own babies, helping HIV+ men and serodiscordant couples have their own biological children is one of the last taboos for the ART practitioner. And yet advances in treatment have made HIV a long-term manageable disease creating a growing pool of HIV+ men who see themselves as healthy fathers who can raise children. Advances in science and medical technology coupled with growing public acceptance and legal recognition of same sex marriage and decreased discrimination and stigma for HIV+ individuals are all generating more role models and opportunities for HIV+ men to think about having children. The literature continues to show that HIV+ men with undetectable viral loads are essentially non-infectious. Through Gestational Surrogacy men who are HIV+ and serodiscordant couples can now safely have their own biological children. Despite all of these legal, social and medical advances many practitioners continue to have concerns about serving this population. By exploring the history, science, medical procedures, psychological issues, legal status and ethics of helping HIV+ and serodiscordant couples have their own biological children through third party ART this course will increase the cultural competency of psychologists, lawyers and medical doctors working with this newest population of prospective parents.

By the end of this session, you will be able to:
- Demonstrate an increased sensitivity to the psychological issues faced by the HIV+ parents and their children as well as the psychological issues of gestational surrogates carrying for HIV+ men.
- Describe how the HIV virus affects reproductive risk and how to provide safe and ethically sound treatment options those who are HIV positive.
- Discuss the historical, cultural and political drivers in the field of ART using sperm from HIV+ donors and explain the ethical and legal ramifications and special factors that need attending to when working with HIV+ and serodiscordant couples.

Interprofessional Collaboration in the Assessment of Institutional Climate
Kristine Diaz, PsyD
Jonathan Applebaum, MD*
Laura Erickson-Schroth, MD
John Davis, PhD, MD*
Mitchell Lunn, MD

The Association of American Medical Colleges’ guidelines for treating people from diverse sexual orientations and gender identities recognizes the negative impact of institutional climate at medical schools on LGBT students, which may compromise the ability to improve medical education promoting equitable, quality care. With an increasing need for data from medical schools to better understand opportunities to improve climate for LGBT individuals, Campus Pride - a nationally recognized organization in the assessment of LGBT-Friendly university policies, programs and practices - is launching the Campus Pride Medical School Index (CP-MSI). Using emerging technology through an online measurement tool, CP-MSI seeks to assist medical schools in creating an inclusive climate. CP-MSI sets a benchmark in standards of practice in LGBT and ally inclusive policies and programs to improve the experience in academic medicine for all individuals regardless of sexual orientation and gender identity. This workshop seeks participant collaboration in the development and implementation of the CP-MSI using small group and large group formats.

By the end of this session, you will be able to:
- Recognize the need for improving LGBT climate in academic medicine.
- Describe the role of CP-MSI in addressing LGBT climate in academic medicine.
- Identify strategies for the implementation of the CP-MSI in academic medicine, particularly at their institution.

Oral Research Session
Descriptions can be found on page 42.

Moderator: Gal Mayer, MD, MS*

Experience of Discrimination Mediate the Relationship Between Race and Suicide Attempt History Amongst Transgender People
Wren Gould

Lifetime Prevalence of Suicide Attempts Among Sexual Minority Adults: A Systematic Review and Meta-analysis
Travis Hottes, MSc

Patient Perspectives on Methods for SOGI Data Collection in the Emergency Department
Danielle German, PhD, MPH
Thursday, September 24, cont.

4:30 - 4:45pm
Transition Break

4:45 - 6:00pm  
Pavilion
Plenary I:  
Preventive Care for LGBT Individuals  
See Plenary Book for details.

6:00 - 7:30pm  
Plaza Foyer
Welcome Reception  
Mix, mingle and network with fellow GLMA Annual Conference Attendees!

GLMA would like to thank Compassion & Choices for their generous sponsorship of the Welcome Reception.
Friday, September 25

6:30 – 7:00am
Sunrise Yoga

6:30 – 7:00am
Morning Run/Walk *(meet in the lobby)*

7:00 – 8:00am
Breakfast

7:00 – 8:00am
LHF Advisory Committee Meet & Greet

8:00 – 9:30am
Plenary II:
The Role of Health Professional Associations in Promoting LGBT Health
See Plenary Book for details.

9:30 – 9:45am
Transition Break

9:45 – 10:45am
Concurrent II

An EPIC Idea: Making the EHR More Inclusive of Sexual Gender Minorities
Katie Imborek, MD
Shelby Wilcox, BSN
Nicole Nisly, MD

It is well known that members of the LGBTQ population experience disproportionate health disparities. Additionally, the Institute of Medicine has concluded that there are significant research gaps pertaining to this patient population. With this in mind, it is being considered that the Center for Medicaid and Medicare Services Meaningful Use Stage 3 requirements include the collection of patient data regarding sexual orientation and gender identity. This workshop details how one academic medical center modified the Electronic Health Record EPIC to better serve their LGBTQ patients. Data was collected using the EPIC Welcome platform, a patient-entered functionality to maximize clinical efficiency and patient privacy. Data collection regarding assigned sex at birth, gender identity, preferred name, pronouns of reference, sexual partners and transgender specific procedures was piloted first at the institution’s LGBTQ Health Clinic.

By the end of this session, you will be able to:
- Describe the practical application of a two-step gender identity question in an Electronic Health Record system.
- Identify potential challenges to collecting sexual orientation and gender identity (SOGI) data in EHR systems- both from an IT build perspective as well as from an end-user perspective.
- Visualize the clinical workflow of an inclusive and culturally responsive EHR.

Trans Providers, Trans Patients
Laura Erickson-Schroth, MD
Nathan Levitt, RN, MA, BSN
Asa Radix, MD, MPH
Zil G. Goldstein, FNP-BC

This moderated panel discussion will feature trans providers from a variety of fields discussing their experiences working with trans patients. Topics will include advantages and challenges of working within a community with which you identify, navigating disclosure, common transference and countertransference issues, being a public face while also seeing individual patients and the effects of privilege and power on health provider-patient relationships.

By the end of this session, you will be able to:
- Identify advantages and challenges of trans providers treating trans patients.
- Name some of the common dynamics that develop between trans healthcare providers and trans patients.
- Discuss the effects of power and privilege on relationships between trans providers and trans patients.

Improving Health Professions Training on Transgender Healthcare Through a Student-Run Inter-professional LGBTQ Free Clinic
Nathan Mickinac
Thi Tran
Justin Neisler
Alexis Rossi

In 2010, Lambda Legal revealed that transgender patients experience higher rates of discrimination in healthcare services when compared to lesbian, gay, bisexual and heterosexual peers. Unfortunately, the 2011 Stanford JAMA article emphasized the lack of formal training for healthcare professionals needed to help close the gap in healthcare access for transgender patients. In this workshop, students will present how they created an opportunity for an interprofessional approach to transgender healthcare within a student-run free clinic model. Founded, operated and staffed
by students, the Equality Clinic is a free, LGBTQ-focused clinic in Augusta, Georgia. The mission of the clinic is to provide welcoming and competent care to an overlooked, underserved population while empowering students, residents, faculty and staff of multiple health professions with the educational foundation needed to provide this care. This service-based learning experience not only helps meet the immediate healthcare needs of the local transgender community, but also fills the gap between educational curricula and clinical practice by providing an opportunity for healthcare providers to learn within a clinical environment. The workshop will briefly cover the history and context within which the clinic was founded, focusing on the unique challenges of establishing and maintaining a successful LGBTQ free-clinic in the Southeast. Harnessing this opportunity for collaboration, the audience will also be engaged in a larger conversation about reducing disparities in transgender healthcare through training future providers, providing continuing education for those already in practice and ultimately developing a workforce that can provide culturally competent care for transgender patients.

By the end of this session, you will be able to:

- Describe the establishment, maintenance and evolution of a student-run LGBTQ free clinic.
- Analyze the benefits of incorporating transgender healthcare into the training of health professionals through a service-based experience.
- Demonstrate how lessons learned from the Equality Clinic’s formation and operation can be applied in other institutions.

Using Text and Email Messages to Improve HIV Testing and Medication Adherence
Dano Beck, MSW

Background: Health routines play a significant role in the health outcomes of people living with and at risk for HIV. For people with ongoing risk behaviors, regular HIV testing allows those who acquire HIV to benefit from early diagnosis and treatment. For people living with HIV, medication adherence is key to achieving viral suppression. Methods: To support regular HIV testing and medication adherence, the Oregon Health Authority and YTH (youth+tech+health) launched Oregon Reminders, a mobile health service offering text, email and voice reminders to take medications daily, to refill prescriptions monthly and to test for HIV and other STIs every 3 to 6 months. Anyone can enroll by visiting www.OregonReminders.org. Users were invited to complete an online survey assessing changes in testing behaviors and medication adherence. Results: Through December 2014, Oregon Reminders had 1,086 users receiving HIV/STI test reminders, 292 users receiving medication reminders and 121 users receiving prescription refill reminders. Of survey respondents receiving HIV/STI test reminders (N=61), the majority (57%) indicated that Oregon Reminders helps them remember to test for HIV/STIs and more than a quarter (29%) reported testing for HIV more frequently since signing up. Of respondents receiving HIV medication or prescription refill reminders (N=49), nearly three-fourths reported that Oregon Reminders helps them remember to take their medication (74%) and that they have missed a dose of their medication less frequently since signing up (72%).

Conclusion: Survey findings suggest text and email reminders can help users maintain or improve HIV testing behaviors and medication adherence.

By the end of this session, you will be able to:

- Identify free online tools to support the health of patients living with HIV or at high risk for HIV infection.
- Describe behavior change outcomes among people receiving text or email reminders to test for HIV and other STIs every three to six months.
- Describe behavior change outcomes among people receiving daily HIV medication adherence reminders by text or email.

Overcoming the Challenges Presented by Religious Objectors to LGBTQ Healthcare
Shawn Crincoli, JD

In June 2014, the United States Supreme Court ruled in Burwell v. Hobby Lobby Stores, Inc. in favor of closely held corporations seeking religious exemptions from their obligations under the Affordable Care Act (“ACA”) to provide their employees’ healthcare coverage for certain types of contraception. This decision, along with several cases, signifies the clash in American jurisprudence and society between civil rights, healthcare law and the exercise of religion. Though the Hobby Lobby facts applied to the ability of religious objectors to prevail in the context of women’s preventive healthcare, its underlying reasoning may apply more broadly to allow organizations or individuals to rely on religious beliefs to discriminate and deny care to LGBTQ people. This workshop will: (1) provide an overview of the recent changes in law & policy that influence the rights of religious objectors in the context of healthcare; (2) foster an expansive conversation about the different types of objectors who may exist, including patients’ employers, faith-based healthcare providers and individual healthcare practitioners; (3) consider the scope of religious objections in the context of LGBTQ healthcare; and (4) develop strategies for...
Friday, September 25, cont.

optimizing LGBTQ health in the face of potentially successful legal challenges by religious objectors.

By the end of this session, you will be able to:
- Identify which types of religious objectors are likely to complicate, harm or block the delivery of care to LGBTQ people and in what specific contexts.
- Differentiate between potentially meritorious and spurious claims that may arise from religious objectors who seek to block care or treatment being provided sexual or gender minorities.
- List individual-based and system-based strategies for how healthcare professionals can ensure that LGBTQ people receive appropriate care despite religious objectors.

10:45 – 11:15am
Poster Session I

Descriptions can be found on page 49.

Perceptions and Utilization for Sexual Health Services at Planned Parenthood of New York City of Transgender New Yorkers
Lauren Porsch, MPH

Prevention of Sexually Transmitted Infections for Women Who Have Sex with Women
Hiromi Fujii

Documentation of SOGI Data in Electronic Health Records During Emergency Department Encounters: Patient and Provider Perspectives
Ryan Shields

Inclusion of Transgender Perspectives in Development of a Patient-reported Assessment of Sexual Risk Behavior
Cristina Gutierrez, BA

Health Equity and British Columbia’s GetCheckedOnline Program: How Can We Make an Online Testing Service for Sexually Transmitted Infections that Works for Everyone?
Travis Hottes, MSc

The Equal Curriculum Project: Development of a Student-driven LGBT Health Guide for Students and Educators
James Lehman, MPH

Electronic Resources to Find Sex Partners in South Carolina
Laura Hein, PhD, RN

11:15am - 12:15pm
Concurrent Session III

Improving LGBT Services at Your Organization: Rush University Medical Center’s Journey
Christopher Nolan
Tanya Friese, DNP, RN
Matthew Vail, MA, LCSW
Niranjan Karnik, MD, PhD

Rush University Medical Center is a nationally recognized academic health system in Chicago and has earned recognition from the Human Rights Campaign as a “Leader in LGBT Healthcare Equality” annually since the survey’s inception in 2009. While this is an important accomplishment, the organization strives to do more. In June 2014, Rush’s Diversity Leadership Council formally adopted the LGBT Health Committee with the goal of bringing the best LGBT practices in the industry to Rush. The leadership committee consists of medical center leadership, university faculty, staff and students. In order to determine Rush’s larger approach to improving LGBT services at Rush, the committee utilized a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis methodology and has successfully engaged all levels of leadership. After completing the assessment, the initial efforts are directed towards 5 key LGBT initiatives: improved access to care/services; development of patient resources; electronic medical record enhancements/corrections; transgender inclusive health plan; and development of education/training for Rush employees and students. Rush would like to share its process - including how to utilize a SWOT methodology, engage all levels of an organization and use an interprofessional approach - to bring about sustainable change. Rush is excited to share its story with attendees and to enhance their toolkits to bring about change in their respective organizations.
By the end of this session, you will be able to:

- Describe how to engage all levels of an academic health system in the promotion of best practices related to competent LGBT healthcare.
- Demonstrate the need for an interprofessional approach to achieve sustainable change in policies, practice and culture as it relates to LGBT health.
- Replicate Rush’s institutional process—including a SWOT analysis—for promoting professionalism and competency in LGBT practice.

**Insider/Outsider: Research Ethics/Methods for Studying One’s Own Community**

Michele Eliason, PhD
Caitlin Stover, PhD, PHCNS-BC, CNE

Using theories of intersectionality, feminist research methods and community-based participatory research, this presentation explores sticky issues and ethical dilemmas related to disclosures and assumptions that occur when one is an insider to the community being studied. But one is never only an insider and the differences within LGBT communities are as great, or greater, than differences between LGBT and heterosexual communities. Personal identities related to race/ethnicity, social class, (dis)ability, sex/gender and sexual orientation, among others, are always intersecting in the work we do. This discussion-oriented session examines whether we need a specifically LGBT or queer methodology for studying our communities and explores how researcher bias may affect the selection of research questions, how we frame literature review, who and how we recruit participants, what methods/instruments/procedures we select and how we interpret and disseminate the findings. I will use my experiences with one federally-funded research project of older lesbian and bisexual women to frame some of the challenges in what I call “in and out-sider” research, including blurring lines between researcher and community members, having assumptions about the community, dealing with assumptions from community members about me, how identities intersect in different situations and how much disclosure about one’s own politics is necessary or desirable.

By the end of this session, you will be able to:

- Examine one’s own biases about research methods.
- Discuss how insider/outsider status affects research with LGBT communities.
- Compare the value of current theoretical frameworks to find ones that might be most useful for LGBT/queer research methods.
Friday, September 25, cont.

Recent Developments in Federal Efforts to Advance LGBT Health and Well-Being
Elliot Kennedy, Esq.
AJ Pearlman

The past couple of years have been an exciting time at the Department of Health and Human Services (HSS) with respect to meaningful progress in advancing LGBT health and well-being. Through efforts in the area of non-discrimination, systemic support of cultural competency and increased support for targeted programs, policy, research and data collection that meet the needs of LGBT communities, HHS is striving to ensure that LGBT communities can lead healthy and fulfilling lives. Join representatives from HHS to learn about new obligations and opportunities for providers, including a discussion of the first voluntary resolution agreement under Section 1557, as well the recent FAQ clarifying the availability of preventive services under the ACA to transgender people. We hope you will also consider this an opportunity to discuss outstanding issues that you think we should address.

By the end of this session, you will be able to:
- Understand new obligations and opportunities for providers in serving LGBT patients.
- Describe the four primary strategies that HHS uses in advancing LGBT health and well-being.
- Discuss the ways in which these new policies and programs can help reduce LGBT health disparities.

Co-Creating The PRIDE Study: A Longitudinal Health Study of Sexual and Gender Minorities
Juno Obedin-Maliver, MD, MPH
Mitchell Lunn, MD

“[T]he relative lack of population-based data presents the greatest challenge to describing the health status and health-related needs of [lesbian, gay, bisexual and transgender (LGBT)] people.” With those words, the Institute of Medicine underscored the absence of health-related data as the root cause of many health and healthcare inequities experienced by sexual and gender minorities (SGM). Despite the IOM’s call to action, major health risk factors and resiliencies influencing SGM health remain unknown. The creation and retention of a longitudinal cohort has the power to greatly influence LGBTQ health by collecting health data unique to these populations. The PRIDE (Population Research in Identity and Disparities for Equality) Study is the first national longitudinal cohort study of SGM health. Workshop attendees will be presented with The PRIDE Study model and its unique features for participant recruitment, retention and management. We also describe techniques used to engage LGBTQ community members, clinicians and researcher stakeholders in all stages of The PRIDE Study. Attendees will be grouped by area of interest/expertise, health topic areas (e.g., lesbian health and ageing, transgender reproductive health) or thematic concentrations (e.g., minority stress/stigma, substance use). Small groups will discuss current, important health-related topics and formulate research questions. Discussion products will contribute to The PRIDE Study and help drive large-scale national data collection about LGBTQ health. In this way, GLMA conference participants will help create a community participant-powered research network with The PRIDE Study team to improve LGBTQ health nationally.

By the end of this session, you will be able to:
- Discuss the rationale, benefits and challenges of an LGBTQ-focused longitudinal cohort health study.
- Describe methods to increase study participant retention in The PRIDE Study.
- Elicit workshop participant priorities for LGBTQ-focused health questions appropriate for a longitudinal cohort health study.

Oral Research Session
Descriptions can be found on page 43.

Moderator: Desi Bailey, MD

Indoor Tanning among Lesbian, Gay, and Bisexual Individuals
Howa Yeung, MD

Identifying Health Concerns in Urban LGBT Youth
Peter Kuhn

The Elder Interprofessional Collaborative Care Program: Initial Findings
Jeffrey Kwong, DNP, MPH*

12:30 – 12:45pm
Transition Break

12:45 – 2:00pm
Lunch Plenary III: Bisexual Health: Research, Clinical Care & Policy Considerations
See Plenary Book for details.

*Lunches will be available for purchase in hotel café or feel free to bring your own lunch! If you pre-purchased a boxed lunch, present your ticket to banquet staff in the Pavilion Ballroom.
Friday, September 25, cont.

2:00 – 2:15pm
Transition Break

2:15 – 3:15pm
Concurrent IV

Bisexual Health: The Largest Sexual Minority Group, The Poorest Health, and What We Can Do About It
Amy Andre, MA, MBA

From the Williams Institute to the Pew Research Center, study after study shows that there are as many self-identified bisexual people as there are gays and lesbians combined. Bisexual people tend to have poorer physical and mental health than gays and lesbians, as well as unique healthcare needs. Considering the size of the population and scope of the problem, bisexual health is a topic whose time has come. LGBT community organizations and others are taking notice. In this workshop, we will delve into the statistics – and stories – that have captured national attention. For example, the CDC reports higher rates of drinking, smoking, psychological distress, risk factors for heart disease, poverty, and intimate partner violence among bisexual people compared to people of other orientations. Healthy People 2020 and other sources report higher rates of stigma, discrimination, and suicidality. In recent years, the National LGBTQ Task Force published Bisexual Health: An Introduction, and the Human Rights Campaign published Supporting and Caring for Our Bisexual Youth. Both organizations noted a need to focus on concerns like biphobia, bi invisibility, and discrimination faced by bisexual people, all of which have an impact on health. There are models for improving bisexual health, and many organizations and healthcare providers are exploring additional ways to address the issue. We will cover best practices and discuss next steps.

By the end of this session, you will be able to:

- Identify the top health issues facing bisexual people, as well as why there is a disparity in health between bisexual people and lesbians and gays.
- Describe the efforts of within the public health sector and LGBT community organizations to research and improve bisexual health.

The Role of Pharmacists in LGBTQ Health
Cecilia Plaza, PharmD, PhD
Jennifer Matthews, PhD
Tari Hanneman

Pharmacists are one of the most accessible healthcare providers and often can serve as the first point of contact for patients with the healthcare system. This session will explore the role of that pharmacist on the healthcare team related to LGBTQ health. The new Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes will be discussed as well as current efforts within pharmacy education in LGBTQ health education. The speakers will also address barriers to LGBTQ education and practice along with potential solutions.

By the end of this session, you will be able to:

- Describe the role of the pharmacist on the healthcare team related to LGBTQ health.
- Describe the CAPE Educational Outcomes related to cultural sensitivity and the impact on pharmacy education.
- Discuss barriers and potential solutions to LGBT health in pharmacy education and practice.

Advocacy and Implementation: Gathering SOGI Demographics in the Clinical Setting
Harry Reyes Nieva*
Kerstin Palm, MA, OTR/L, CHT
Tanya Zucconi, MBA*

The US Department of Health and Human Services, Institute of Medicine and Joint Commission all support gathering health data on LGBT populations to improve patient care, facilitate necessary research and reduce LGBT health disparities. In a recent national study, the Fenway Institute and Center for American Progress demonstrated that gathering information on sexual orientation and gender identity (SO/GI) is acceptable to patients and feasible. Despite the potential to improve care and advance much needed health-related research, few institutions currently include sexual orientation and gender identity among the core set of demographics they routinely collect in the clinical setting. During
development and rollout of a new electronic health record (EHR), members of the LGBT employee resource groups of a large, academically-affiliated health system created a successful task force to advocate for gathering SO/GI demographics across their institutions and formed a working group to develop and implement a data collection framework for their health system. This session will summarize national policy and key recommendations regarding the collection of SO/GI information in the clinical setting, provide a case study of the advocacy and implementation efforts of LGBT employee resource groups involved in championing the inclusion of SO/GI demographics in their EHR and develop strategies for employees interested in forming similar initiatives at their respective institutions.

By the end of this session, you will be able to:
- Describe how national policy and key stakeholders demonstrate support for collection of sexual orientation and gender identity demographics by healthcare providers to improve patient care, facilitate necessary research and reduce disparities.
- List strategies to advocate for the inclusion of sexual orientation and gender identity among the core set of demographics routinely collected in the clinical setting.
- Discuss implementation concerns, issues and solutions regarding the collection of sexual orientation and gender identity demographics in the electronic health record.

Rigid or Flexible? Will the Real WPATH Standards Please Stand Up?
Andre Wilson
Jamison Green, PhD
Jennifer Hastings, MD

The WPATH Standards of Care for the Health of Transgender, Transsexual and Gender Nonconforming People V. 7 (SOC) remains misunderstood by many, including providers of services, insurance carriers, advocates and individuals seeking care. The SOC strongly supports self-determination for gender diversity and gender-nonconforming people. Yet, too often the SOC are inflexibly implemented or reduced into rigid one-size-fits-all rules. Using specific examples of frequent misconceptions, this workshop will provide a guide to flexible use of the SOC to support individualized approaches to treatment. We’ll highlight specific texts to demonstrate how the SOC can be utilized to empower consumers and providers to advocate on behalf of clients, themselves and the community. The SOC champions the right of health professionals to provide effective care for TGNC people and also champions TGNC people’s right to appropriate treatment. We need to know how to use it. Issues and questions to be explored include: using the SOC as an informed consent process; access to surgeries for gender-nonconforming people; access to hormones or surgery for teenagers; medical transition without social transition; “Gatekeeping” concerns; unnecessary obstacles to treatment; Are there strict “rules” for surgeries or hormones? What exactly are the letters for? What is the difference between my insurance company guideline and the SOC? Does it really say [fill in the blank] in the SOC?

By the end of this session, you will be able to:
- Engage the flexibility of the WPATH SOC v.7 in their practice.
- Discuss and dispel common myths about the WPATH Standards of Care.
- Assess insurance carrier guidelines and explain key similarities/differences with respect to the WPATH SOC.

Oral Research Session
Descriptions can be found on page 44.

Moderator: Shail Maingi, MD*

Evaluation of Provider-led Health Program for Lesbian and Bisexual Women over 40 in the San Francisco Bay Area
Natalie Ingraham, MPH

Sexual Healthcare among Young Adult Sexual Minority Women: Will Increasing Disclosure Eliminate Health Disparities?
Emily Youatt, MPH

Rates and Predictors of Obesity among African American Sexual Minority Women
Phoenix Matthews, PhD

3:15 – 3:45pm
Poster Session II
Descriptions can be found on page 53.

Spirituality, Life Regard, Optimism and Stress: Correlates of Psychological Quality of Life
Devin Fathi

Gay and Bisexual Men’s Disclosure of Same Sex Sexual Behaviors to Primary Care Provider
Olivier Ferlatte

Self-Esteem in a LGBT Population: Correlates of Life Orientation, Depression and Internalized Homophobia
Alex Moozhayil
Friday, September 25, cont.

Development of an OSCE to Assess Preclinical Medical Students’ Ability to Competently Care for LGBT Patients
Edward Kim

Making the “Invisible” Visible: An Innovative Data Collection Method for LGBT Related Research
Caitlin Stover, PhD, PHCNS-BC, CNE

Blue, Pink or Yellow pants (or No Pants At All)? Thinking About Representation and Diversity When Developing Clinical Materials that are More Sensitive to the Needs of Historically Underserved Client Populations
Travis Hottes, MSc

Taking Our Temperatures: School of Nursing LGBTQ Climate Study
Madelyne Greene

Addressing the Unique Demographics and Healthcare Needs of the San Antonio Gay Men Population through Free, LGBTQI-Competent Educational Healthcare Settings
Fadi Al-Asadi, BS

“Express Testing” in an STI/HIV Testing Clinic: Implementation Data of a Streamlined Testing Service
Patrick O’Byrne

A Review of Cardiovascular Disease in LGB Adults
Billy Caceres

Changing Medical Minds: Analysis of Shifting Trends in Attitudes, Knowledge and Beliefs in Pre-Clinical Medical Students Regarding LGBT People and Healthcare
Andrew Jones, MA

Defining the Healthcare Experience of Adolescents and Young Adults: An Exploration into How Sexual Orientation Influences Health Equity Today
Margaret Capobianco, BS

3:45 – 4:45pm
Concurrent V

The Invisible Patient: Finding a Path to Effective, Informed, Respectful Healthcare for the LGBTQ Population in a Rural Community
Kent Seldal
Andrew Petroll, MD, MS*

A multidisciplinary, multi-organization coalition presented The Invisible Patient, a seminar on the medical care of LGBTQ patients in our rural community that was attended by medical professionals, students, clergy, interested public, members of the LGBTQ community and their family and friends. Our journey through developing and sponsoring a well-attended, multidisciplinary workshop on the healthcare needs of LGBTQ patients began a year earlier, with a disrespectful audience of medical assistant students at a diversity presentation. That experience was the catalyst for an event that pulled together people from diverse viewpoints around the common cause of effective, informed, respectful healthcare for the LGBTQ community. In this workshop we will guide you through our process – getting past the initial hesitations, forming the planning team, shaping a vision, incorporating an advisory group of stakeholders, defining our goals, deciding on the speakers, publicizing the event and working out the presentation and interactive portions of the workshop. We will discuss how a team with disparate views was able to find shared values and work together toward a common goal. We will also discuss how we were able to bring an audience with genuinely divergent views into meaningful conversation. We’ll share our mistakes with you as well as our successes and take a look at some responses from participants in the workshop six months down the road. And we’ll invite you to be involved in exploring which parts of our experience might be replicated in your own communities.

By the end of this session, you will be able to:

• Articulate the obstacles to talking about LGBTQ healthcare as a specific topic in a rural community setting.
• Articulate three strategies for incorporating diverse sections of the community in dialogue about LGBTQ healthcare issues.
• Identify opportunities to replicate the conversation in their own communities.

LGBT Curricular Coverage in Health Professions Programs
Kenneth Hillenburg, DDS, MS
Mindy Lull, PhD
Jennifer Matthews, PhD
Amit Sachdeo, BDS, MS, DMSc

Preparing future healthcare providers to address the healthcare needs of patients from LGBT backgrounds is crucial for assuring that these patients receive excellent care. It is equally important for LGBT health care students, faculty, and staff to thrive in educational environments. To determine LGBT curriculum in health professions schools (pharmacy and dental) an anonymous, electronic survey from Obedin-Maliver et. al (JAMA;2011) was distributed. Surveys were completed by 33.8% of pharmacy programs and 42.6% of dental programs. A third study looked at US dental schools to determine the existing resources available to LGBT students. Data collected indicated 8% of pharmacy, 57% of dental, and 87% of medical programs had LGBT-specific content in the required preclinical curriculum and when it was included, the vast majority of programs reported that the time
spent on these topics was between 0-10 hours. When coverage was provided, it was lacking in scope and depth. Of the dental programs, 62 protected against discrimination based on sexual orientation, 29 offered protection based on gender identity/gender expression with 7 schools having this information easily accessible on their websites, 10 had a dental school-specific LGBT student group and 27 schools had a University-wide group. These data suggest more coverage of LGBT content is needed in pharmacy and dental school curricula.

Improved LGBT non-discrimination protection is needed at U.S. dental schools, especially regarding gender identity and expression. There also needs to be better support for LGBT students, faculty and staff at U.S. dental schools.

By the end of this session, you will be able to:

- Describe the overall content of dental and pharmacy school curricula with regard to LGBTQA subject matter and perceived barriers to inclusion of these topics.
- Describe the existing resources available to LGBT students in the 65 dental schools in the United States, including the availability of a student organization and non-discrimination policies.
- Discuss the implications of this research for healthcare of LGBTQA patients.

**If You Build It, They Will Come: Accessing and Utilizing HHS LGBTI Data and Information Products**

Chris Hafer, PhD
Kimberly Proctor
Chipper Dean, PhD
Paul Guerrino

While federal agencies have extensive data on many of their beneficiaries, identifying people who are gay, lesbian, bisexual, transgender and intersex has been particularly challenging if not impossible. Our ability to conduct insightful and meaningful analyses within this group has been significantly hampered by our inability to identify and systematically study individuals who are members of this vulnerable subpopulation. Recognizing this conundrum, the Institute of Medicine has identified a need for more and better data and information focused on sexual and gender minorities. Responding to this call agencies within with US Department of Health and Human Services have a number of efforts currently underway for identifying individuals who are sexual and gender minorities. This work has yielded a plethora of scientific tools, services, information, data sets and innovative methodologies to enable and expedite researchers in their research pursuits. In this workshop we will discuss three of these efforts in detail: identifying transgender and intersex Medicare beneficiaries using claims data, investigating the behavioral health of same-sex couples in the National Survey on Drug Use and Health (NSDUH) and collecting Sexual Orientation and Gender Identity on the Medicare Current Beneficiary Survey (MCBS) and how researchers may access research resources associated with each.

By the end of this session, you will be able to:

- Locate useful data, information products and analytic resources that facilitate their LGBTI research and identify points of contact within HHS for LBGTI-related inquiries.
- Demonstrate how external researchers gain access to certain LGBTI-related HHS data.
- Disseminate this information to colleagues, students and other interested parties.

**Contemporary Context of LGBT Family Building: What Providers Need to Know**

Greg Blaschke, MD, MPH
J Mori Johnson, MA
Terrance Hines, MD
Dorothy Sippo, MD
Andy Miller

Over the past few years, the concept of LGBT family building has changed drastically. In the past, the idea of having a family for many people, including LGBT, single and older adults, was not even a consideration. Today, there are an increasing number of same sex couples and single people who would like to have families. The cultural and legal climate has shifted and is allowing many couples and single people to build thriving families. This session will update attendees on the current context of family building and the role of healthcare team members in guiding patients through the processes of adoption, surrogacy and fostering. Additionally, data will be shared on the improved health outcomes for LGBT people with children versus those without children. The LGBT Advisory Committee to the AMA is also interested in gathering your input into what our planned web based curriculum should include. Participants will be asked to provide input to our plans for a Family Building 101 webinar series and additional sessions beyond fertility and adoption. The AMA is interested in partnering with others to virtually convene educational resources for the medical community regarding family building. After the general overview, two physician parents will share their unique
family building journeys. Everyone is invited and welcome to attend and contribute to this inclusive conversation.

By the end of this session, you will be able to:

- Identify at least one change that expanded LGBT family building options.
- Summarize your role in contemporary family building options.
- Provide input into efforts to convene family building resources.

Improving Transgender Patient Care by Creating Engaging Experiences for Health Professions Learners
Richard Greene, MD
Chelsea Fullerton, MEd
Nathan Levitt, RN, MA, BSN

Transgender people face many barriers within healthcare, including discrimination, ignorance and fear. A lack of informed practitioners as well as a paucity of research and education, often limit or prevent access to both urgent and preventative care for transgender patient populations. Additionally, because many health professions training programs group the “T” with the “LGB” without providing a comprehensive understanding of transgender-specific needs and resources, many learners entering the health professions are ill equipped to serve transgender patients in an inclusive and competent manner. Though many educators in the health professions understand the need to include transgender-specific content in their curriculum, resources for teaching this content are still sparse. In this session, we will provide a brief, foundational overview of transgender identities and experiences, as well as basics of transgender healthcare. We will explore ways to improve transgender health education in health professions schools by reviewing several methods for teaching transgender health content to health professions learners as well as their corresponding strengths and weaknesses.

By the end of this session, you will be able to:

- Describe the healthcare needs of distinct transgender communities as well as barriers that these transgender patient populations face when accessing care.
- List methods for teaching transgender health content to health professions learners as well as their corresponding strengths and weaknesses.
- Create a “flipped classroom” transgender patient scenario applicable to learners in the health professions as well as strategies for implementation at their own institutions.

Oral Research Session

Moderator: Scott Nass, MD, MPA

Associations Between Anti-Bisexual Prejudice and Physical Health Among Bisexual Adults
Sabra Katz-Wise, PhD

Gender Inclusive Forms? Nurses’ Confusion about Trans* Terminology
Rebecca Carabez, PhD, RN

Nurses Knowledge of Bisexual Health
Rebecca Carabez, PhD, RN

4:45 – 5:00pm
Transition Break

5:00 – 6:15pm
Plenary IV – Kimberly Clermont Memorial Lecture on Lesbian Health
See Plenary Book for details.

6:15 – 8:00pm
Lesbian Health Fund Reception & Auction

The mission of the Lesbian Health Fund (LHF) is to improve the health of lesbians and other sexual minority women (SMW) and their families through research.

Join us for this exciting event to raise money for LHF and celebrate LHF’s accomplishments over the past 20 years!

LHF would like to thank Cigna and Olivia for their generous sponsorship of the Lesbian Health Fund Reception.
Saturday, September 26

6:30 – 7:00am
Morning Run/Walk (meet in the lobby)

7:15 – 8:15am
Student Mentorship Breakfast

7:30 – 8:30am
Breakfast

8:30 – 9:45am
Plenary V – Stanley Biber Memorial Lecture on Transgender Health
See Plenary Book for details.

9:45 – 10:00am
Transition Break

10:00 – 11:00am
Concurrent VI

Clinical Practice & End-of-life Choice: Oregon and Beyond
Matt Whitaker
Howard Grossman, MD

In 1997, Oregon enacted the Death with Dignity Act which allows terminally-ill, mentally competent Oregonians to end their lives through the voluntary self-administration of lethal medication, expressly prescribed by a physician for that purpose. Since its enactment 752 terminally-ill Oregonians have utilized this option. Four other states have now authorized the practice of aid-in-dying and in many other states legislation is being introduced to provide patients the same choice. As baby boomers begin to retire, the generation is widely considered to have the largest number of older openly LGBT people in US history. Aging can be particularly difficult for members of the LGBT community due to estranged family situations, being single or not having dependents and unequal treatment under the law. It is critical then that LGBT patients have a legal framework to discuss all healthcare options, including end-of-life issues and choices, with their physicians and healthcare providers. Dr. Grossman will provide information on the clinical competencies involved in all end-of-life choices with particular emphasis on aid-in-dying, the implementation of the law in Oregon, the ethical ramifications of authorized aid-in-dying and models for normalizing and integrating end-of-life choice into standard medical care.

By the end of this session, you will be able to:
• Describe the clinical competencies necessary for participating in physician aid-in-dying and the requirements of aid-in-dying laws.
• Address barriers to implementation and special needs to LGBT families in their own practices and introduce care models in newly authorized states.
• Discuss how physician aid-in-dying interfaces with palliative care.

Improving Quality of LGBT Health: Developing Discipline-Specific Strategies with Interprofessional Support
Sarah Fogel, PhD, RN
Laura Hein, PhD, RN
Peggy Chin, PhD, RN

GLMA began as a physician organization to advance LGBT health through leadership in policy at the national level. GLMA has been welcoming interprofessional collaboration for several years. As nurses have become members of GLMA, the Nursing Section was developed and worked into GLMA’s structure to facilitate development and implementation of specific actions that will advance LGBT health issues within nursing practice, research, education and organizational policy; strengthen and support involvement of nurses within GLMA; and provide an organizational home for LGBT nurses. This workshop will highlight necessary organizational change, interprofessional practice and learning needs and a framework of collaboration that all combine to advance the mission of GLMA. This workshop will also provide practitioners, educators, researchers, students and leaders in other professions and disciplines within healthcare encouragement to explore the potential of developing sections to meet their specific needs and to advance their contributions to GLMA as a whole. We will explain the leadership structure within the section and how objectives are determined that facilitate and accommodate continued growth of the section. Examples of how the GLMA Nursing Section is working with larger nursing organizations and other disciplines to advance policy and education and to promote health equality for LGBT people will be used throughout the workshop to provide ideas for other disciplines to explore.
Saturday, September 26, cont.

By the end of this session, you will be able to:
- Describe the changes in GLMA bylaws and structure that accommodate sections.
- Explain the steps involved in establishing a section within GLMA.
- Describe how larger specialty organizations would benefit from section collaboration regarding LGBT healthcare.

Improving Our Ability to Affect Health Equity: The Cascade AIDS Project Experience
Tyler A. TerMeer, MS

CAP’s work in health equity has been evolving for many years, but became more concrete during our strategic planning process in 2014 when CAP added the elimination of HIV-related health disparities to our mission and established health equity as one of our strategic imperatives. We acknowledge the central role that health equity must play in our goal to eliminate new HIV infections and support people living with HIV. Like many other health issues, HIV disproportionately impacts communities experiencing oppressions – infection rates are highest among people of color, people living in poverty, transgender individuals, and gay and bisexual men. Given these disparities, it is evident that CAP cannot attempt to address HIV without also addressing health disparities and their root causes. One of our first steps towards achieving this imperative was to create an agency Health Equity Plan to guide our work for the next few years. A team of individuals from across the organization came together to define what health equity means to CAP, and to set the foundation for the work that lies ahead. This document is meant to be the beginning of an ongoing process, and is a living plan that should be reviewed and revised regularly as we learn more about the work we must do in order to achieve health equity.

By the end of this session, you will be able to:
- Explain the relevance of targeting sexual minority older women for behavior change interventions
- Identify five behaviors that improved through participation in model healthy weight programs
- Discuss the issue of focusing on healthy behavior changes versus achieving a healthy weight

Connecting Through Caring: A Journey Towards LGBTQ Inclusivity
Amy Penkin, LCWS
Riikka Salonen, MA

Oregon Health & Science University (OHSU) has been named a national leader in LGBTQ healthcare equality by the HRC for four consecutive years. OHSU has intentionally used the Healthcare Equality Index as a roadmap to promote equitable health care for the LGBTQ community. Participants have an opportunity to learn about OHSU’s efforts to integrate LGBTQ-affirming care and workforce engagement initiatives as strategies within its Diversity Action Plan. Developing cultural sensitivity and LGBTQ-awareness of OHSU members is essential for
Saturday, September 26, cont.

making a difference within the organizational climate and patient care experience. Special outreach efforts have been made to increase the recruitment of LGBTQ employees, students and volunteers. This presentation will highlight OHSU’s Transgender Health Program (THP) as a case study of its efforts. According to the 2011 National Transgender Discrimination Survey many transgender individuals postponed care due to discrimination, refused healthcare altogether, and reported having to teach their medical providers about transgender care. The THP mission includes activities such as (1) community engagement to ensure programs and services align with community need, (2) system-wide education to increase awareness and responsiveness (3) the development of clinical protocols to support best practices, (4) the establishment of a trans-inclusive medical record, (5) the review, revision, and development of policies to support inclusion, (6) patient navigation and care coordination services including accompaniment for medical visits. During this interactive session participants will have opportunities to share their experiences and tools in creating successful organizational initiatives that increase cultural inclusion of LGBTQ patients and employees.

Oral Research Session

Descriptions can be found on page 46.

Moderator: Becky Allison, MD

Healthcare Utilization Among Transgender Adults: A Community Sample
Vanessa Cox

Testosterone Treatment and MMPI-2 Improvement in Transgender Men: A Prospective Controlled Study
Colt Keo-Meier, PhD

VHA’s Nationwide E-consultation Program for Transgender Veteran Interdisciplinary Care
Jillian Shipherd, PhD

11:00 – 11:30am
Poster Session III

Descriptions can be found on page 57.

VHA’s Tele-consultation Model for Training Clinical Teams in Transgender Care
Michael Kauth, PhD

Sexual Fluidity in Transgender Men
Colt Keo-Meier, PhD

Incidence of Chlamydia Trachomatis Infection Among Lesbian and Bisexual Women at a Network of Federally Qualified Health Centers in New York City
Natalie Hinchcliff, MD

Life Regard, HIV Stigma, and Mindfulness: Correlates of Depression in an HIV Sample
Tosha Griggs

Report of a Survey of Palliative Medicine Clinicians’ Experience of Workplace Discrimination Related to SOGI, Professional Development Needs and Priorities for Improved Palliative Care for Sexual Minority Patients and Their Families
Sean O’Mahony, MB, BCh, BAO

A Population-Based Investigation of Salivary Cortisol Patterns and Perceived Stress Among Sexual Minority Individuals
Jennifer Jabson, PhD, MPH

Bisexual Research Collaborative on Health (BiRCH)
Judith Bradford, PhD

LGBT Elder Population Health Awareness: Building Connections and Connections to Improve Health, Safety, and Well-being
Tony Nguyen

The Impact of Stigma on Gay Fathers and Their Children in Two States
Rachel Newman

11:30am – 12:30pm
Concurrent VII

Improving Quality of Care in LGBTIQI Reproductive, Birth and Lactation Support
Kathi Barber, BS, CLEC

The LGBTIQI population experiences unique, reproductive, pregnancy, postpartum and lactation needs. Due to the heteronormative standard of childbirth and lactation—from a lack of targeted literature and images—LGBTIQI families face discrimination, unconscious bias and poor quality of care. The need to address these challenges is long overdue. Best-practices for supporting LGBTIQI families in pregnancy, birth and lactation is severely needed to improve birth outcomes and the parenting experience. This workshop will present an overview of the distinct issues—from conception to lactation—facing LGBTIQI families and discuss best practices in providing culturally sensitive and competent care to LGBTIQI families.
Saturday, September 26, cont.

By the end of this session, you will be able to:
- Discuss reproductive and breast (chest) feeding health disparities.
- Describe the emerging language of reproductive and breast (chest) feeding health.
- Learn skills to improve childbirth and breast (chest) feeding support for clients.

Implementing Routine Intimate Partner Violence Screening at an LGBT Health Center

Catherine Basham
Jennifer Potter, MD
Cara Presley-Kimball, LICSW

Domestic violence or intimate partner violence (IPV) is a significant social and health concern, resulting in 5.8 billion dollars in medical costs annually. The US Preventive Services Task Force recommends IPV screening for women of childbearing age and screening interventions tested among women show that those who talk to their health provider about partner violence are four times more likely to use an intervention. Research shows that people who identify as lesbian, gay, bisexual or transgender (LGBT) experience IPV at rates similar to or higher than heterosexual women; therefore, some also recommend routine screening in these populations. This workshop will identify unique features of intimate partner violence among LGBT-identified people and describe barriers to accessing support services. A universal IPV screening intervention that has been successfully implemented at a LGBT-focused community health center will be described. This systems-based screening strategy includes: 1) staff training; 2) administration of a gender-neutral screening survey; 3) implementation of electronic health record reminders and forms to promote effective documentation/tracking; and 4) creation of a referral process to reliably connect patients to violence recovery and prevention services.

By the end of this session, you will be able to:
- Identify unique features of intimate partner violence among LGBT-identified people and describe barriers to accessing support services
- Describe the role of primary care providers in screening and how to respond appropriately when a patient’s screen is positive
- Analyze and propose solutions to provider and systems barriers to implementing routine screening into current practice.

The Binding Health Project: Effects of Chest Binding on Health

Sarah Peitzmeier
Kimberlyn Acevedo
Ivy Gardner

In response to the lack of medical information on the physical and mental health impacts of chest binding, the Binding Health Project (BHP) designed an online survey intended for female-assigned-at-birth (FAAB) and intersex adults who bind. Using outreach to trans community organizations and social media as the primary tool for distribution, we received over 2,000 responses from 38 different countries. Self-reported health impacts on binding ranged from strongly positive (eg, mental health benefits, improved posture) to strongly negative (e.g. musculoskeletal problems, infection and respiratory issues). At this workshop we will present results demonstrating how frequency, intensity and method of binding are associated with physical and mental health impacts. We will also describe how participants engaged with their healthcare providers around binding and what barriers they faced. Information on binding and its potential health impact can be used by attendees to help their clients/patients who bind to do so safely and in ways that improve their well-being while minimizing negative physical effects. Attendees will have space to discuss with colleagues the implications of the findings for their own practice. By sharing our findings with queer and trans* communities and their allies, we hope to empower people who bind to make informed decisions based on research, rather than anecdotal evidence, in a way to best promote their physical and mental well-being.

By the end of this session, you will be able to:
- Discuss binding practices among FAAB and intersex individuals and the effects of binding on physical and mental health.
- Discuss the findings and their implications for service provision to FAAB and intersex individuals
- Apply frameworks for assessing the impact of binding on their clients/patients and concrete recommendations for reducing potential harms of binding on health and maximizing the potential benefits.

Healthcare Providers’ Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men

Janice Sabin, PhD, MSW

Existing research on health care providers’ attitudes towards lesbian, gay and other sexual minority patients has focused on providers’ explicit attitudes: those that
individuals report and consciously endorse. Little research has been published about health care providers' implicit attitudes towards members of sexual minority groups. We explored the scope of sexual prejudice among medical doctors, nurses, mental health providers, other treatment providers, and people who work outside the health professions. We used results from the Project Implicit, Sexuality Implicit Association Test, with results for more than 200,000 participants between May 2006 and December 2012. We found that moderate to strong implicit preferences for straight people over lesbian and gay people are widespread among heterosexual providers. Lesbian and gay health providers expressed implicit and explicit preferences for lesbian and gay people over straight people. Bisexual providers were found to have mixed preferences, mental health providers held the weakest implicit bias for heterosexual people over lesbian and gay people and nurses held the strongest implicit bias for heterosexual people over lesbian and gay people. Future research should examine the association of providers' implicit and explicit attitudes toward sexual minority patients with quality of care and health outcomes. For health care organizations that aim to serve sexual minority populations, data suggest an opportunity to examine methods likely to mitigate implicit biases, such as eliminating discretion from decision-making, use of clinical guidelines, awareness of personal bias as self caution, organizational policies that promote objective decision making, and inclusion of counterstereotypic experiences in educational programs.

By the end of this session, you will be able to:
- Describe the science of implicit bias and research on implicit bias in healthcare.
- Recognize situations in which implicit or unconscious bias may affect clinical care.
- Identify strategies to minimize the influence of unconscious bias on interactions with patients.

Oral Research Session
Descriptions can be found on page 47.

**Moderator:** Jeremy Toler, MD

*Knowledge, Experience, Attitudes and Barriers to HIV Pre-Exposure Prophylaxis Provision among US Primary Care Providers and HIV Providers*
Andrew Petroll, MD*

*HIV Pre-Exposure Prophylaxis in Transgender Women: A Subgroup Analysis*
Madeline Deutsch, MD

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**Saturday, September 26, cont.**

**Communication About HIV in the Black Gay Community: Factors That Influence Willingness to Ask Partner to Wear a Condom, Ask a Partner's HIV Status and Disclose One's Own Status**
Deion Hawkins, MA

**12:30 – 12:45pm**
Transition Break

**12:45 – 2:00pm**
GLMA Membership Luncheon

Open to GLMA members and their registered guests.

Join GLMA Board of Directors and staff to celebrate GLMA's achievements over the past year. The luncheon is our opportunity to thank you and share how your support has made a difference. Please join us!

*Non-members, lunch on your own.*

**2:00 – 2:15pm**
Transition Break

**2:15 – 3:15pm**
Concurrent VIII

**QscOUTs: An Innovative Behavioral Health Intervention to Improve Adolescent Health Outcomes**
Carla Goad, MFT, MA

LGBTQ youth often experience health disparities (eg, increased rates for depression, suicidality and substance use). This session will focus on discussing the QscOUT intervention model, process for training facilitators/mentors, implementation considerations in school and community settings (eg, churches, Queer Youth Resource Centers, etc.), participant recruitment and data from implementation of the 8 week brief model. QscOUTs is a community developed intervention funded through the Contra Costa County, California Mental Health Services Act (MHSA) Innovations programs to reduce these disparities. Framed with an understanding of the lifespan model of sexual orientation development (D’Augelli) and Fassinger’s model of gay and lesbian identity development, described as the process of self-acceptance, coming out and identification with a LGBTQ community, QscOUT groups provide the structured framework for youth to explore and develop their identity. Utilizing the Tribes group facilitation model,
resiliency research principles and Family Acceptance Project (Ryan) findings. QscOUT youth are exposed to experiential, fun activities along the “rainbow pride path” to safely develop their LGBTQ (or ally) social identity, to build relationships with LGBTQ peers (and allies) and to access a supportive LGBTQ mentor. Co-facilitated by youth development mentors and mental health clinicians, QscOUT participants are demonstrating positive results from this promising practice.

By the end of this session, you will be able to:
- Identify health disparities for LGBT adolescents.
- Discuss promising practices for decreasing suicidality, depression and substance use in LGBTQ adolescents.
- Describe a process for implementing a promising community developed intervention.

A Model for Developing and Delivering LGBT Curricula in Undergraduate Medical Education
Barbara Warren, PsyD

LGBT persons still face challenges when accessing and receiving healthcare, beginning with finding a provider who is knowledgeable about LGBT health. Despite national recommendations for training and education to remediate disparities there still is too little LGBT-specific curricula in medical trainee education. To address these gaps in undergraduate medical education (UME), the Icahn School of Medicine at Mount Sinai implemented a unique educational initiative to develop LGBT curricula content and practice experiences in all four years of UME that was developed and implemented as a collaboration between Icahn faculty, the Office for Diversity and Inclusion at Mount Sinai and led by the LGBTQI People in Medicine, which is the LGBTQ student association at Icahn. This panel will describe: the process of collaboration between student, faculty and ODI staff where students took leadership responsibility; the curricula content including approaches to faculty development; approaches to delivering the curricula; and outcomes and lessons learned from delivery and evaluation.

By the end of this session, you will be able to:
- Describe a model for collaborative student and faculty development and implementation of LGBT content in undergraduate medical education.
- Acquire and utilize information and resources on UME curricula content and approaches in LGBT clinical and cultural competency education at the undergraduate level including use of case studies, videos and discussion groups.
- Identify effective approaches to LGBT UME curricula enhancement and expansion.

Use of a National Online Survey to Strengthen LGBT Care in Hospitals
Tari Hanneman
Timothy Rodden

How are the nation’s hospitals responding to intensifying calls to provide truly LGBT patient-centered care? Are they embracing new legal, regulatory and accreditation requirements to provide equitable, knowledgeable, sensitive, welcoming care? The workshop presenters will provide perspectives on these questions and discuss how to influence LGBT patient-centered care in hospitals from both the inside and outside. Workshop presenter Tari Hanneman, who oversees HRC’s national online LGBT Healthcare Equality Index (HEI), will provide an overview on what hospitals are doing (and not doing) in the LGBT realm. What policies and practices affecting LGBT patients and employees have hospitals been swiftest to implement? Which do they find more challenging? How is the availability of on-demand, online LGBT cultural competency training changing the landscape? What strategies and resources have proved most effective in encouraging facilities to provide competent care?

Workshop presenter Timothy Rodden, Director of Pastoral Services for Christiana Care Health System, will discuss how he has used the HEI to effect change within a hospital system as well throughout the state of Delaware. The presenters will facilitate a group discussion about how health professionals, researchers, advocates, students, patients and others can collaborate to increase LGBT equity and inclusion at local hospitals.

By the end of this session, you will be able to:
- Identify and leverage the key factors that lead hospitals to improve their policies and practices vis-à-vis LGBT patients and employees.
- Describe and advocate for the best practices currently recommended to hospitals in the LGBT realm.
- Deploy strategies for influencing hospitals to attend to LGBT concerns.

Advanced Hormone Management
Madeline Deutsch, MD
Angela Carter, ND

This session will include a more in-depth discussion of gender affirming hormone management, including
Saturday, September 26, cont.

difficult cases and coexisting medical conditions, and will include both allopathic and naturopathic perspectives.

By the end of this session, you will be able to:
- Manage hormone therapy on an individualized basis.
- Identify coexisting medical conditions which require special considerations in gender affirming hormone care.
- Understand the role and scope of naturopathic physicians in gender affirming care.

Oral Research Session

Descriptions can be found on page 48.

**Moderator:** Jesse Joad, MD, MS

*Sexuality-Related Bullying Victimization Among Bisexual Adolescents Ages 12-18*
Adam Eickmeyer

*Experiencias de la Mujer: Latina Sexual Minority Women’s Experiences of Physical and Sexual Violence*
Phoenix Matthews, PhD

*Data from Lesbians Who Have Abused an Intimate Female Partner*
Carrol Smith, PhD, RN

3:15 – 3:30pm

Transition Break

3:30 – 5:00pm

Skills Building II

**Transforming Existing LBGT Educational Material into Scholarship: AAMC LBGT & DSD Patient Care Collection**
Sara Hunt Sullivan
Rita Lee, MD

The Association of American Medical Colleges (AAMC) has recently launched an initiative to improve medical education and care for LGBT and differences of sex development (DSD) patients. Part of the initiative is to collect educational materials via MedEdPORTAL (www.mededportal.org), which is a free, global online service that consists of Publications, iCollaborative and the CE Directory. In this interactive workshop, attendees will engage with the editor of MedEdPORTAL, the associate editor of the LGBT collection and a published author to participate in hands-on exercises designed to help participants turn their educational materials into peer-reviewed publications that can be used for educational scholarship and promotion. Participants will learn about the entire submission to publication process and the criteria used to evaluate the scholarly value of their materials. This session will alternate between brief didactic presentations (an overview of MedEdPORTAL, copyright and patient privacy criteria, peer review criteria and definition of educational scholarship) and small group problem-solving exercises in which participants apply these criteria to representative submission examples. After walking through the entire process from submission to publication, participants will leave with the tools to publish, cite and demonstrate the scholarly impact of their educational work.

By the end of this session, you will be able to:
- Describe the differences between the MedEdPORTAL services (Publications, iCollaborative, CE Directory).
- Delineate the steps to submit an educational resource for publication in MedEdPORTAL Publications, including analyzing peer review criteria.
- Cite and demonstrate the impact of MedEdPORTAL Publications as an example of educational scholarship.

**PrEP and Prevention Sustainability: A Health Systems Integration Approach for Providers**
Edwin Corbin-Gutierrez, MA
Amy Killelea, JD

Multiple factors promise to make Pre-exposure Prophylaxis (PrEP) a game-changer in HIV prevention efforts, including a dramatic increase in the number of individuals that have access to healthcare coverage, coverage of preventive services and flexibility granted by the Centers for Medicaid and Medicare for state programs to include non-clinical staff, such as community health workers, in the provision of preventive services. In this workshop, we will use findings on systems-level sustainability assessments conducted with over 43 state health departments by the National Alliance of State and Territorial AIDS Directors (NASTAD) to address the need for revenue generation strategies for HIV prevention programs in clinical and non-clinical settings, including PrEP initiatives. Specifically, the workshop will discuss three key advocacy recommendations for close collaboration between healthcare providers and state health departments to ensure that PrEP programs serving highly vulnerable populations remain sustainable. (1) Advocacy with managed care organizations to set outcome measures that incentivize HIV prevention services, including PrEP...
Saturday, September 26, cont.

and publicizing PrEP models of revenue-generation for providers, including pharmacy rebate partnerships and managed care incentive agreements. (2) Leveraging health department infrastructure, such as Ryan White expertise to create PrEP Drug Assistance Programs (PrEPDAP) and developing a purchasing consortium to purchase medications and other supplies needed for PrEP. (3) Advocate for billing and third party reimbursement through the creation of an ICD-10 code for PrEP that would provide a uniform mechanism to conduct national evaluation on the intervention.

By the end of this session, you will be able to:

- Strategize opportunities for advocacy and partnership between healthcare providers and state health departments regarding PrEP financing and sustainability.
- Discuss the opportunities for the delivery of prevention services that Medicaid expansion and other healthcare reform provisions afford providers.
- Identify local, state and national resources, including technical assistance, to build sustainable PrEP and other prevention programs.

Trans* Insurance? Coding, Guidelines & Getting Coverage
Andrew Wilson
Jamison Green, PhD

Many major employers and colleges have negotiated health benefits plans for employees, students and dependents that cover clinically indicated treatments related to transgender (aka trans*) transition. Despite this progress, many trans* people encounter difficulties using the newly inclusive plans. In addition, most health insurance plans in the US still contain “transgender exclusions” denying coverage and health providers often seek workarounds to ensure access to medically necessary services. An overview will map progress towards inclusion will give providers and advocates a snapshot of best practices and indispensable advocacy tools such as the Human Rights Campaign (HRC) Equality Indexes (MEI, CEI) and data showing low costs. Comparing progress towards trans*-inclusive benefits in the healthcare industry with other professional sectors, we’ll consider the role healthcare providers can play in eliminating exclusions in their own sector. We’ll discuss the continuing barriers to access reported by healthcare providers and patients alike in both in inclusive plans and those with exclusions, such as challenges in prior authorization and claims processing, limited provider networks and outdated insurer medical guidelines. We’ll provide information on documentation, procedure and diagnosis codes so providers can minimize denials and succeed with billing and appeals and discuss strategies for direct advocacy with third party reimbursement systems. We’ll conclude with questions and ask participants to share their own experiences and challenges.

By the end of this session, you will be able to:

- Explain three common issues related to prior authorization, billing or claims processing for services with trans* patients and how these can be addressed.
- Discuss the role of insurance carrier medical guidelines as potential barriers and/or facilitators in accessing trans* transition-related & other healthcare.
- Describe recent progress in achieving trans*-inclusive health plans, including features common to model coverage and the most important mechanisms for achieving change.

6pm – 7pm
GLMA Major Donor & VIP Reception
*Invitation Only

7pm - 10pm
GLMA’s Annual Achievement Awards Gala
Treasury Ballroom
326 SW Broadway
Portland, OR 97205

*Ticketed

Gala Sponsor:
Compassion & Choices

Reminder: Complete your Conference Evaluation

Evaluations are to be completed online post-conference and required for anyone claiming CME/CE credits. A link to the online evaluation will be emailed to you at the conclusion of the Annual Conference. After completing the evaluation, you will be eligible for your CME/CE certificate.
Experience of Discrimination Mediate the Relationship Between Race and Suicide Attempt History Amongst Transgender People

Wren Gould

Background: Transgender people are at a high risk for suicide. A nation-wide sample of transgender people of color suggests that transgender people of color may be at higher risk for suicide than white transgender people. However, few studies have explored explanations for these race-based differences. The current study aims to overcome these limitations by hypothesizing that indicators of discrimination mediate race-based differences in suicide attempt history within transgender communities. Method: The current study is a secondary analysis of the National Transgender Discrimination Survey data (n=5,661). It hypothesizes that indicators of discrimination (i.e., becoming homeless due to being transgender, engaging in underground economy, experiences of violence due to being transgender) mediate race-based differences in suicide attempt history. The study assesses relationships between race (X), suicide attempt history (Y) and indicators of discrimination (M) and uses a Sobel's test to demonstrate mediation between race and suicide attempt history. Results: Various indices of discrimination mediated the relationship between race and suicide attempt history. Over-all, participation in underground economy and becoming homeless due to being transgender were stable mediators of suicide attempt history that predicted higher rates of suicide attempt amongst Black, Latino, Native American and Mixed Race respondents in comparison to White respondents. Discussion: Indicators of discrimination significantly mediated rates of suicide attempt for various transgender communities of color. Further research is needed to explore moderators of this relationship and unique pathways by which experiences of discrimination contribute to risk in the lives of transgender people of color.

Lifetime Prevalence of Suicide Attempts Among Sexual Minority Adults: A Systematic Review and Meta-analysis

Travis Hottes, MSc

Background: While epidemiologic studies demonstrate that sexual minorities of all ages are more likely than heterosexuals to attempt suicide, research on this topic has largely focused on youth. To better understand the burden of suicide attempts among sexual minority adults, irrespective of age. The current study aims to overcome these limitations by hypothesizing that indicators of discrimination mediate race-based differences in suicide attempt history within transgender communities. Method: The current study is a secondary analysis of the National Transgender Discrimination Survey data (n=5,661). It hypothesizes that indicators of discrimination (i.e., becoming homeless due to being transgender, engaging in underground economy, experiences of violence due to being transgender) mediate race-based differences in suicide attempt history. The study assesses relationships between race (X), suicide attempt history (Y) and indicators of discrimination (M) and uses a Sobel's test to demonstrate mediation between race and suicide attempt history. Results: Various indices of discrimination mediated the relationship between race and suicide attempt history. Over-all, participation in underground economy and becoming homeless due to being transgender were stable mediators of suicide attempt history that predicted higher rates of suicide attempt amongst Black, Latino, Native American and Mixed Race respondents in comparison to White respondents. Discussion: Indicators of discrimination significantly mediated rates of suicide attempt for various transgender communities of color. Further research is needed to explore moderators of this relationship and unique pathways by which experiences of discrimination contribute to risk in the lives of transgender people of color.

GLMA’s 33rd Annual Conference

Oral Research Presentation Descriptions

September 24th at 3:15 - 4:30pm

Experience of Discrimination Mediate the Relationship Between Race and Suicide Attempt History Amongst Transgender People

Wren Gould

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Patient Perspectives on Methods for SOGI Data Collection in the Emergency Department

Danielle German, PhD, MPH

Introduction: It is not possible to examine potential LGBT health disparities in emergency care without information about sexual orientation and gender identity (SO/GI) among emergency department (ED) patients. Policy recommendations are to increase SO/GI data sources, but patient perspectives on collection during emergency care are unknown. Methods: Semi-structured interviews conducted 2014-2015 with a diverse purposive sample of heterosexual, lesbian, gay, bisexual and transgender patients (n=52, not mutually exclusive) as part of the EQUALITY study. Interviews were recorded, transcribed and analyzed by multiple coders. Results: Overall, LGBT and non-LGBT patients appreciated the need for SO/GI collection and were willing to share SO/GI if asked in the ED. Patient comfort and willingness regarding SO/GI data collection varied by method and hinged upon privacy and discrimination protections, interpersonal and environmental cues to safety and perceptions of medical versus population health relevance. They preferred form-based methods and systematic disclosure to nurses or registrars over physician disclosure and urged attention to protections and flow of SO/GI information throughout the encounter. GI information was widely perceived as medically relevant and pertinent to patient comfort and appropriate care as early as registration. Opportunities to identify preferred pronouns and significant others were also recommended. Conclusions: These data highlight operational and institutional aspects of SO/GI data collection in EDs and specific contexts of data collection and utilization throughout ED encounters. Ensuring cultural competency, environmental cues to safety and appropriate use and protections of information will be key considerations as institutions respond to policy recommendations for SO/GI data collection.
Identifying Health Concerns in Urban LGBT Youth
Peter Kuhn

Background: LGBT youth experience numerous psychosocial challenges (e.g., discrimination, homelessness) and health disparities (e.g., substance abuse, suicide). While these problems have been consistently identified by previous research, the self-identified health concerns of LGBT youth have received less attention. Addressing these concerns might better engage youth in healthcare. This project sought to elicit the health-related concerns and priorities of urban LGBT youth. Methods: We conducted five focus groups with youth ages 13-24 at the Milwaukee LGBT Community Center in 2015. Each session addressed a different health topic chosen by youth at a prior meeting. Focus groups were recorded and analyzed to identify common themes. Results: 25 youth participated in the focus groups (4-12 per session); 23 were African-American. Participants identified physical health, health maintenance, sexual health, stress and mental health and healthcare system navigation as priority topics for sessions. Major concerns that were elicited include: 1) healthy dietary choices limited by financial constraints and inconvenience; 2) an internalized fear of HIV infection and distrust in their sexual partners; 3) both positive (e.g., disengaging) and negative (e.g., smoking, drinking, sex) coping mechanisms to deal with life stressors; 4) the prevalence of depression, suicide and violence in their community. Discussion: Frequently cited health disparities of LGBT youth represented only part of the concerns commonly identified by participants in our sample. Designing programs to address issues most important to youth—healthy eating, fears of HIV, healthy coping mechanisms and violence—may provide opportunities to engage them in health promotion activities and healthcare.

The Elder Interprofessional Collaborative Care Program: Initial Findings
Jeffrey Kwong, DNP, MPH

Background: Older LGBT adults face considerable health disparities resulting in higher prevalence of isolation, depression, tobacco use and less frequent use of preventive health services. Reluctance in accessing care due to concerns of disclosing sexuality or gender identity results in older LGBT persons not receiving necessary primary and preventive care. Methods: The Elder LGBT Intergroup Collaborative Care Program (e-line) is a nurse-led interprofessional demonstration project with the goal of improving the health of LGBT older adults. Columbia University, in conjunction with SAGE (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders), has created a program to address the health needs of this population. E-line’s team-based model includes nurse practitioners, social workers, rehabilitation specialists, mental health providers and a patient navigator. E-line offers wellness workshops, home-based care coordination, mental health and primary care to meet the needs of the community across the aging continuum. Additionally, health professional students from Columbia University work with e-line team members in order to gain experience and skills in both LGBT health as well as interprofessional teamwork. Ongoing training is offered to staff and students via a web-based learning portal. Findings: This novel program has been well received by older LGBT participants. Demand for services is high. Staff and students have improved their ability to provide LGBT competent care. Conclusion: Implementing a team-based model of care is feasible. There remains an ongoing need for culturally competent health services targeted to the unique issues of LGBT elders.
Oral Research Presentation Descriptions
September 25th at 2:15 - 3:15pm

Evaluation of Provider-led Health Program for Lesbian and Bisexual Women over 40 in the San Francisco Bay Area
Natalie Ingraham, MPH

Background: Lesbian and bisexual (LB) women have higher body weight than their heterosexual counterparts and the healthcare system lacks culturally sensitive interventions. Previous research has identified unique population characteristics that may make traditional weight loss approaches and weight-based health indicators less effective for LB women. The Women’s Health and Mindfulness (WHAM) program is a 12 week provider-led health program designed for overweight or obese lesbian and bisexual women over age 40, including transgender women. Methods: Participants in the WHAM program completed a survey of health and well-being and blood test before and after program completion in a stepwise randomization design. The analysis of intervention effects used a standard intent-to-treat approach that compared differences between groups (immediate vs. delayed start control. Results: Participants (n=80) had an average age of 53 and were racially diverse (56% White, 24% Latina, 11% Multiracial/Other, 8% Black and 1% Asian). We found slight increases in mindfulness and mindful eating, improved daily water and vegetable intake. We also found modest differences in minutes of walking and combined minutes of moderate or vigorous activity per week. While we found no significant differences in hemoglobin A1c, we did see slight, significant differences in total cholesterol and LDL. Discussion: Overall, there were a number of positive trends among the WHAM intervention group compared with the delayed start group. WHAM is also promising as one of the first community-based participatory research interventions designed specifically for lesbian and bisexual women over 40, an understudied and underserved population in health intervention research.

Sexual Healthcare among Young Adult Sexual Minority Women: Will Increasing Disclosure Eliminate Health Disparities?
Emily Youatt, MPH

Background: Young adult sexual minority women (YSMW) are at elevated risk for negative reproductive health outcomes, yet are less likely than heterosexual women to utilize preventive health services. Although “coming out” to doctors is routinely emphasized as a strategy to reduce these disparities, less is known about how psychosocial differences influence YSMW’s experiences discussing or receiving recommendations about sexual healthcare from providers. Methods: Data were drawn from the Michigan Smoking and Sexuality Survey (N=286, ages 21-24). We assessed the influence of YSMW’s sociodemographic characteristics, sexual behaviors and coming out to their doctor on discussion of gynecological health and family planning and recommendations for Papanicolau (Pap) testing and HPV vaccination. Results: Coming out to one’s doctor was associated with greater likelihood of gynecological health discussions (OR=2.67). Hispanic (OR=0.31) and African American YSMW (OR=0.38) were less likely to have received a Pap testing recommendation. YSMW out to their provider (OR=2.25) had higher odds of Pap testing recommendation. Lifetime number of male sexual partners was associated with greater likelihood of discussion and recommendation of all sexual health services (OR=2.25 – 7.75). Conclusions: Discussion and recommendation of sexual health services vary across YSMW’s sociodemographic characteristics. Coming out may improve dialogue about sexual health between YSMW and doctors, but disclosure alone will not eliminate disparities in sexual healthcare. Specifically, racial/ethnic minority YSMW may receive fewer recommendations for sexual health services than white YSMW. These findings suggest recognition of racial/ethnic health disparities and strategies to improve health equity beyond increased disclosure are warranted.

Rates and Predictors of Obesity among African American Sexual Minority Women
Phoenix Matthews, PhD

Purpose: The purpose of this study is to examine rates and risk factors for obesity in a community sample of African American sexual minority women (SWM). Methods: Data were collected using self-administered, paper-and-pencil survey questionnaires (N = 226). Results: Participants were primarily middle-aged (M = 39.5 years), well-educated (54.1% with a college education), insured (80.7%) with a median income range from $30,000-39,999. The mean BMI of the sample was 31.7 (SD=8.0). Based on BMI, over half of the participants were identified as obese (53.9%) and 25.6% were overweight. Multiple risk factors for obesity including infrequent exercise (≤ 3 times per week, 56.3%) and dietary risk behaviors including low levels of fruit/vegetable consumption (≤ 1 serving daily = 39.7%) and frequent consumption of red meat (≥ 3 times per week = 24.1%). Psychosocial factors with implications for weight gain were also reported including “eating in response to stress” (51.4%). Rates showed that higher rates of depression was a significant predictor of coping with stress by eating (OR=1.10, 95% CI= 1.05-1.17). Conclusions: Similar to other African American women, African American SWM report high rates of obesity, weight related health problems and health and dietary behaviors that increase risk for weight related health disparities.
**GLMA’s 33rd Annual Conference**

**Oral Research Presentation Descriptions**

**September 25th at 3:45 - 4:45pm**

**Associations Between Anti-Bisexual Prejudice and Physical Health Among Bisexual Adults**
Sabra Katz-Wise, PhD

Background: Minority Stress Theory proposes that sexual minorities experience prejudice and discrimination related to their stigmatized identity, which negatively affects health. Bisexuals may experience additional prejudice related to bisexuality (anti-bisexual prejudice). Few studies have examined how minority stress affects sexual minority health among bisexuals specifically. This research tested associations between anti-bisexual prejudice and physical health among bisexual adults.

Methods: Participants were an online sample of 610 (73 men, 465 women, 71 transgender/non-binary) adults, age 18-66 years. The sample was 80.3% white and 42.8% low income (annual income≤$9,999). Inclusion criteria were: age 18 years or older and bisexual-identified or reporting attractions to multiple genders. Participants completed an online survey. Linear regression analyses were conducted first with anti-bisexual prejudice as the predictor and physical health (SF-36 overall scale score; 4 specific dimensions) as the outcome and then adding heterosexist harassment as a predictor. Models controlled for age, gender, education, income and race/ethnicity.

Results: Greater anti-bisexual prejudice significantly predicted poorer overall physical health ($\beta=-0.21$) and poorer physical functioning ($\beta=-0.08$), role limitation due to physical health ($\beta=-0.13$), pain ($\beta=-0.20$) and general health ($\beta=-0.26$). All associations, except physical functioning and role limitation, remained significant when heterosexist harassment was added to the models. Conclusion: Anti-bisexual prejudice negatively affects physical health of bisexual adults above and beyond heterosexist harassment. Healthcare providers should be aware that poor health among bisexual patients may be related to bisexual-specific minority stress. Addressing anti-bisexual prejudice is necessary to improve the health and well-being of bisexual individuals.

**Gender Inclusive Forms? Nurses' Confusion about Trans* Terminology**
Rebecca Carabez, PhD, RN

Purpose and Aims: To determine whether nurses are familiar with gender inclusive forms and whether their agencies have them. Background: Approximately 9 million Americans identify as lesbian, gay, bisexual and transgender (LGBT), with about 950,000 (estimates of 0.2%-0.5% of adult population) identifying as trans* (a term that encompasses the entire spectrum, including transgender, transsexual, trans man, trans woman and other terms). In 2011, the Institute of Medicine identified transgender adults as an understudied population in critical need of health research. Method: Structured interviews with 268 registered nurses in the San Francisco Bay Area queried about the use of gender inclusive forms (capable of identifying trans* patients) at their agencies. Results: Only 5% reported use of gender inclusive forms and the study demonstrated the need for education/training of registered nurses in gender identity and sexual orientation terminology as 44% had no idea whether forms were inclusive, 37% did not understand what a gender inclusive form was and 14% confused gender with sexual orientation. Implications: The lack of understanding of concepts and terminology may affect basic care of LGBT patients especially those who identify as transgender. Recommendations in understanding common gender identity keywords and utilizing gender inclusive forms are discussed.

**Nurses Knowledge of Bisexual Health**
Rebecca Carabez, PhD, RN

Purpose: The study was designed to determine practicing nurses’ knowledge of the needs of bi-sexual patients. Design: Structured interviews were conducted with 268 key informant nurses recruited from a wide variety of healthcare settings in the San Francisco Bay Area. Methods: This study focused on the responses to one item in a 16 item interview, “Describe healthcare issues that are particular to bisexual patients.” Findings: Preliminary analysis identified four themes related to bisexual health. Two themes relate to invisibility and confusion about bisexuality: nurses stated that they had never cared for a bisexual patient (32%) and confused bisexual with transgender (25%). The two health issues identified most often were sexually transmitted infections, HIV and rectal abscesses (32%) and mental health and substance abuse (15%). Conclusion: Responses showed lack of knowledge of the concept of bisexuality in general as well as healthcare needs of bisexual patients. Nursing curricula need to address these critical needs to prepare the nursing workforce to provide quality care.
Oral Research Presentation Descriptions

September 26th at 10:00 - 11:00 am

Healthcare Utilization Among Transgender Adults: A Community Sample
Vanessa Cox

Background: The IOM Report on LGBT Health and Healthy People 2020 report on health disparities of the transgender population and call for more health-related research targeting the needs of transgender individuals. Access to competent care has been noted as a struggle for transgender individuals. Describing frequencies of preventive care accessed by transgender people is essential to increasing access to care and reducing health disparities. Methods: Participants were recruited from the 2014 Creating Change Conference in Houston, TX and online through March 2014. Eligible trans respondents were at least 18 years old, consented to the survey. We assessed use of transgender-related hormones and time in years since last: physical exam, influenza vaccine, well-person exam, STI screening, HIV screening and breast cancer screening. Results: Eighty transgender identified participants completed the survey. Key findings included: Half the sample identified with a non-binary gender identity; on average, trans men reported receiving a well-person exam every 4 years, if at all; non-binary identified trans individuals had most recently been screened for HIV (2.1; trans men 4.5; trans women 3.2 years respectively). Discussion: Transgender individuals represent diverse gender identities and have difficulties accessing affirmative healthcare. Increasing health education on non-binary gender identities can serve to better address the needs of a lesser known part of the transgender community. Efforts should continue to be made to educate providers and patients on appropriate medical care for transgender people including focusing on screening organs present and behaviors reported by these patients.

Testosterone Treatment and MMPI-2 Improvement in Transgender Men: A Prospective Controlled Study
Colt Keo-Meier, PhD

Objective: Most transgender men desire to receive testosterone treatment in order to masculinize their bodies. In this study, we aimed to investigate the short-term effects of testosterone treatment on psychological functioning in transgender men. This is the first controlled prospective follow-up study to examine such effects. Method: We examined a sample of transgender men (n = 48) and cisgender male (n = 53) and female (n = 62) matched controls (mean age = 26.6 years; 74% White). We asked participants to complete the Minnesota Multiphasic Personality Inventory to assess psychological functioning at baseline and at the acute post-treatment follow-up (3 months after testosterone initiation). Results: Statistically significant changes in MMPI-2 scale scores were found at 3-month follow-up after initiating testosterone treatment relative to baseline for transgender men compared with female controls: reductions in Hypochondria, Depression, Hysteria and Paranoia; and increases in Masculinity-Femininity scores. Gender × Time interaction effects were found for Hysteria and Paranoia relative to female controls and for Hypochondria, Depression, Hysteria, Psychopathic Deviate, Paranoia, Psychasthenia and Schizophrenia compared with male controls. In addition, the proportion of transgender men presenting with co-occurring psychopathology significantly decreased from baseline compared with 3-month follow-up. Conclusions: Findings suggest that testosterone treatment resulted in increased levels of psychological functioning on multiple domains in transgender men relative to cisgender controls. No iatrogenic effects of testosterone were found. These findings suggest a direct positive effect of 3 months of testosterone treatment on psychological functioning in transgender men.

VHA’s Nationwide E-consultation Program for Transgender Veteran Interdisciplinary Care
Jillian Shipherd, PhD

Since 2011, when the Veterans Health Administration (VHA) issued a policy mandating clinical services to transgender Veterans, there has been growing clinical demand for services at VHA facilities. In an effort to assist VHA clinicians in providing quality care, an interdisciplinary e-consultation program was launched in early in 2014 at three facilities where teams of specialty consultants were located. As a next step, expansion occurred to all facilities in each of these three geographic regions by the spring 2014. Catchment areas were expanded by the fall of 2014, with nationwide expansion recently completed. Through this system, every VHA provider has access to expert teams of providers who respond to questions about various aspects of transgender care. It is possible to provide patient-specific responses to questions about care, as the expert consultants are able to review lab results, clinical notes, etc., but the Veteran can continue to be seen locally by providers known to them. Veteran-specific responses to the consults are returned within one week via the electronic medical record. To date, 145 consults have been submitted with an average response time is 4.7 days (range of team average response times 2.2-6.7 days). The primary questions for consultation have been about medications, including cross-sex hormone therapy (N = 66); primary care medical comorbidity and screening questions (N = 44); mental health evaluations for cross sex hormones and/or gender confirming surgeries (N = 23); and questions about psychotherapy (N = 12). These data and next steps for the program will be discussed.
Knowledge, Experience, Attitudes and Barriers to HIV Pre-Exposure Prophylaxis Provision among US Primary Care Providers and HIV Providers
Andrew Petroll, MD

Background: Assessing primary care (PCPs) and HIV providers’ (HIVPs) knowledge, experience, attitudes, and barriers to HIV pre-exposure prophylaxis (PrEP) provision is critical to the scale-up of this HIV prevention tool. Methods: We conducted an online survey of 171 PCPs and 210 HIVPs recruited from the 10 US cities with the highest HIV prevalence. Results: 86% of participants had heard of PrEP, including 74% of PCPs and 98% of HIVPs (p<0.01). More HIVPs (83%) than PCPs (36%) had read the CDC PrEP guidelines (p<0.01) and had discussed PrEP with ≥1 patient (89% vs.40%; p<0.01). Overall, providers reported high, but varying levels of comfort with 8 procedural aspects of providing PrEP (e.g., discussing sexual orientation/activities), though PCPs had lower levels of comfort than HIVPs (p<0.01 on 7 items). Providers supported PrEP in general, but were divided on the issues of risk compensation, viral resistance, PrEP adherence and the utility of condoms vs. PrEP. Overall, 48% had prescribed PrEP (21% of PCPs; 67% of HIVPs), among whom, HIVPs had prescribed PrEP to more patients than PCPs (mean= 22 vs. 3 patients). 89% of HIVPs and 57% of PCPs currently prescribing PrEP were willing to have patients referred to them for PrEP. Conclusions: PrEP familiarity and experience is higher among HIVPs than PCPs. Though current PrEP prescribers report capacity to see additional patients, PrEP availability could also be improved through interventions that address both knowledge and comfort with the procedures required to provide PrEP.

HIV Pre-Exposure Prophylaxis in Transgender Women: A Subgroup Analysis
Madeline Deutsch, MD

Background: Oral emtricitabine-tenofovir disoproxil fumarate (FTC/TDF) pre-exposure prophylaxis (PrEP) is used to prevent the sexual acquisition of HIV, with the use of >= 4 pills/week associated with a 90% risk reduction. Transgender women bear a disproportionate burden of HIV acquisition and have unique characteristics that may relate to PrEP use, effectiveness, and safety. Methods: The iPrEx trial was an RCT of oral FTC/TDF PrEP versus placebo among MSM and transgender women (TGW), followed by an open label extension (OLE). Drug concentrations were measured by liquid chromatography and tandem mass spectroscopy. Results: In the RCT intention to treat analysis, PrEP was not effective in reducing the risk of HIV infection in TGW (11 seroconversions in the intervention group vs 10 in the control group). However, in a nested case-cohort, as-treated analysis, none of the TGW who seroconverted had detectable drug level at detection of infection, compared to 21% of HIV-negative controls. TGW were less likely to have detectable drug levels at all times as compared to MSM (p=0.04, OR=0.39). In the OLE, all TGW who seroconverted had study drug levels indicating fewer than 2 pills/week. Compared to MSM, TGW were less likely to have any drug detected on periodic monitoring (p=0.03, OR = 0.41) or to have levels indicating use of >= 4 pills/week (p<0.01, OR 0.1). Conclusion: Lack of PrEP effectiveness in TGW appears to be linked to low rates of drug exposure. Transgender-specific PrEP programs should be developed in increase uptake and adherence.

Communication About HIV in the Black Gay Community: Factors That Influence Willingness to Ask Partner to Wear a Condom, Ask a Partner’s HIV Status and Disclose One’s Own Status
Deion Hawkins, MA

The Center For Disease Control (2013) reported an unparalleled 50 percent increase in HIV infections in young Black MSM from 2003 to 2009. Furthermore, a groundbreaking project, known as The Brothers Study, found that one in four Black men who self-identify as gay will be HIV positive by age 25. Colloquially, it is believed that Black gay men are more promiscuous than their White counterparts, but multiple studies debunk this myth. Dense, homogenous sexual networks are believed to be a major contributing factor for transmission; if so, communication within these networks about HIV status and condom use is essential to fighting this epidemic. Yet there is a dearth of research on how Black gay men communicate about condom use and HIV status. This study explored how perceived risk, HIV knowledge, perceived trust, desire for a masculine partner and perceived mate value influenced three important HIV risk-reducing communication behaviors: willingness to ask a partner to wear a condom, willingness to ask a partner’s HIV status and willingness to disclose one’s own HIV status. This study explored how perceived risk, HIV knowledge, perceived trust, desire for a masculine partner and perceived mate value influenced three important HIV risk-reducing communication behaviors: willingness to ask a partner to wear a condom, willingness to ask a partner’s HIV status and willingness to disclose one’s own HIV status. An online survey was used to collect data from 58 participants. Correlational analysis revealed mixed support for hypothesized relationships. Results of this study demonstrate that some psychological and social factors were related to these men’s willingness to ask their partner’s HIV status and reveal their own HIV status. None of the variables of interest had a strong relationship with requesting condom use. Implications for health communication and public health outreach campaigns are discussed.
Sexuality-Related Bullying Victimization Among Bisexual Adolescents Ages 12-18
Adam Eickmeyer

Background: Empirical evidences suggest that youth experiencing homophobic bullying are at an elevated risk of poor mental health outcomes such as depression, anxiety and suicidality. Within LGB populations, researchers have found that bisexual individuals may face a myriad of social challenges and have fewer opportunities to access health promotive resources than their lesbian and gay counterparts. In order to inform the development of effective interventions, we are conducting a literature review that examines the correlates and antecedents of sexuality-related bullying among bisexual adolescents in the US. We will focus on the shared and unique experiences of bisexual youth and highlight opportunities for interventions within the healthcare setting. Methods: Using online databases such as PubMed, Web of Science, Embase, Scopus, PsycINFO and LGBT Life Full Text, we are conducting a systematic review of quantitative and mixed methods studies focused on the psychosocial and physical health of sexuality-related bullying victims, published within the last ten years and focusing on sexuality-related bullying experienced by adolescents ages 12-18 in the US. Results: Research findings indicate that bisexual adolescents may experience bullying differently than gay and lesbian adolescents. We will present findings from our review to highlight how experiences in bullying (e.g. physical, verbal and sexual) vary based on sexual and gender identities. Furthermore, we will highlight implications for assessment, prevention and intervention for healthcare providers. Conclusions: Prevention and intervention strategies that effectively address sexuality-related bullying victimization are suggested. Additionally, recommendations for bullying prevention and interventions targeting bisexual adolescents will also be discussed.

Experiencias de la Mujer: Latina Sexual Minority Women's Experiences of Physical and Sexual Violence
Phoenix Matthews, PhD

Background: Violence against women is a major public health concern. Sexual minority women (SMW: lesbian, bisexual and non-heterosexual) are at known risk for victimization; however, little is known about experiences of violence among SMW of color. The purpose of this study was to examine rates of self-reported physical and sexual violence experiences, age of occurrence and actions taken in response to violence (notifying the police and/or seeking treatment) among a diverse sample of Latina SMW. Methods: Data were collected via a cross-sectional, community profile survey of Latina SMW (N=280) living in a large Midwestern city. Results: The mean age of the sample was 33.43 years (SD=10.44). Study participants identified as lesbian (62.2%), bisexual (11.3%) and other non-heterosexual identities (26.5%). The majority of study participants have experienced at least one type of violence in their lifetime (10.4% sexual violence, 19.9% physical violence and 46.6% both types). Overall, rates of reporting the violence to the police (15.6%) or receiving treatment (18.0%), or both types of responses (15.0%), were low. Younger age at victimization was a risk factor for non-reporting or help-seeking in response to violence. Women experiencing re-victimization (before and after age 18) had the highest levels of actions taken in response to violence (61.5%). Conclusions: Victimization experiences were common in this sample of Latina SMW. However, rates of notifying the police and/or receiving treatment were low, especially for experiences before 18. Results have important implications for the provision of education, outreach and social service resources for this vulnerable population of women.

Data from Lesbians Who Have Abused an Intimate Female Partner
Carrol Smith, PhD, RN

Background: Lesbian Intimate Partner Violence (IPV) is an enigmatic phenomenon for researchers to study and service providers to address. The evidence base for developing services is limited with most research focused on survivors. There has been little attention directed toward understanding the experiences of abusers which creates disparities in services. Gathering data from lesbians who have been abusive will provide useful insights for shaping prevention and support programs. Methods: Four self-identified lesbian abusers responded to advertisements in “Lesbian Connection” magazine and agreed to participate in the study. Participants completed an Event History Calendar, recording significant life events from childhood through adulthood prior to participating in an audio-recorded, semi-structured telephone interview. The calendar provided contextual information about the women’s lives and the interviews elicited women’s perceptions of the nature and course of their abusive relationship(s) and their recommendations for developing violence prevention programs. Results: Qualitative analysis revealed participants were both emotionally and physically abusive of their partners. They viewed their abuse as the outcome of their partner’s disrespectful behavior or poor communication skills. Although they did not report having specific ideas about what might have prevented their abusive behavior, they recommended the development of programs targeting young lesbians and suggested that programs include content on parenting, non-violence, managing finances, building self-worth and recognizing early warning signs of abuse. Conclusion: These data provide a starting point for the development of much needed violence prevention programs. This research was funded by the Lesbian Health Fund.
Perceptions and Utilization for Sexual Health Services at Planned Parenthood of New York City of Transgender New Yorkers
Lauren Porsch, MPH

Background: Transgender individuals experience barriers to healthcare, including discrimination in care provision and lack of knowledge about transgender health. We assessed NYC transgender individuals’ sexual and reproductive health (SRH) needs, access to services and attitudes about Planned Parenthood of NYC (PPNYC). Methods: We conducted an anonymous internet-based survey of transgender individuals residing in NYC from September – December 2014. Results: Data was analyzed from 123 surveys. Although 73% (75/103) of respondents avoided or delayed healthcare in the past year, most respondents adhered to medically indicated SRH screenings. In the last year, 61% (46/76) and 64% (48/75) were tested for HIV and other STIs, respectively. In the last 3 years, 78% (41/52) received clinical breast/chest examinations and 82% (42/51) of eligible individuals received Pap tests. Respondents most often received care at LGBT specialty clinics [33% (37/113)] or private doctors’ offices [31% (35/113)]. Only 22% (25/116) had ever been to a Planned Parenthood. On a four-point scale, respondents rated the following factors as most influential on whether they would seek care at PPNYC: assurance that staff received trans-sensitivity training (mean 3.7), the existence of gender identity non-discrimination policies (mean 3.6) and the availability of transgender-specific services, such as hormone therapy (mean 3.6). Discussion: Although the majority of transgender individuals in our sample received recommended SRH screenings, they didn’t often seek care from mainstream SRH providers. Healthcare organizations interested in better serving the transgender community should ensure a high level of training around trans-sensitivity and explore providing transgender specific services.

Prevention of Sexually Transmitted Infections for Women Who Have Sex with Women
Hiromi Fujii

The purpose of this study is to explore the key issues of STIs prevention for lesbian and bisexual women in Japan through description of their sexual behavior and STIs. An original questionnaire form was distributed at women-only event venues at Osaka, Sapporo and Kyoto. The same questionnaire form was sent out to various organizations that offer lesbian support. Of the total of 104 respondents, aged 19 to 55 years, 101 women reported having sexual experience. A variety of sexual behaviors were reported by respondents who had had sexual experience with women. Frequently cited were: 84 (91.3 %) “perform sex on partner using hands/fingers”, 80 (87.0 %) “partner performs sex using hands/fingers on respondent”, 74 (80.4 %) “perform oral sex on partner” and 70 (76.9 %) “partner performs oral sex on me”, respectively. Out of 104 respondents 14.4% (15) had a past history of STI. Measures to prevent of STIs cited included activities as brushing teeth before having sex, avoiding contact with body fluids and use of condoms or latex film barriers. Health education related to STIs among women who have sex with women (WSW) was reported to be minimal. Lesbian or bisexual women are unsatisfied with the quality of health information for WSW’s sex and prevention of STIs. This study represents a first step in describing sexual behavior, STIs and demonstrating need for health education in this vulnerable population.

Documentation of SOGI Data in Electronic Health Records During Emergency Department Encounters: Patient and Provider Perspectives
Ryan Shields

Background: The Institute of Medicine and The Joint Commission have both recently recommended the documentation of sexual orientation (SO) and gender identity (GI) in healthcare settings. While some healthcare facilities now document these data, patient and provider preferences remain unexplored regarding the best methods for documentation and use of SO and GI in emergency department (ED) settings. Methods: Semi-structured interviews were conducted with a diverse purposive sample of heterosexual, lesbian, gay, bisexual, queer, cisgender and transgender patients (n=53) and ED nurses, physicians and registrars (n=38). All interviews were audio recorded, de-identified, transcribed and subsequently coded and analyzed using constant comparative methods. Results: Both provider and patient participants appreciated how storage of SO and GI in an electronic health record (EHR) could allow for proper recognition of a patient’s name, title, pronouns and family/relationship context throughout the ED encounter. ED providers noted the importance of where in EHRs these data are stored and who has access to and the ability to update these data. Patients expressed concerns about privacy and unintended disclosure to employers, insurance companies, or family. Patients desired a seamless flow of SO and GI data throughout the encounter to avoid “coming out” repeatedly after initial disclosure. Conclusions: More than simply options in a drop-down list, proper documentation of SO and GI requires appropriate flow and use of these data throughout ED encounters. Successful implementation of SO and GI documentation needs to focus on assuring privacy for patients while making data accessible for use by the ED healthcare team.
Inclusion of Transgender Perspectives in Development of a Patient-reported Assessment of Sexual Risk Behavior
Cristina Gutierrez

Background: Transgender-inclusive language is often excluded from patient health questionnaires. PROMIS (Patient Reported Outcome Measurement Information System) uses patient feedback to develop PROs (Patient Reported Outcomes) for use in clinical settings. Items pertaining to sexual behavior are particularly sensitive for transgender and gender non-conforming patients. Methods: 13 transgender patients from Fenway Health and University of Washington were recruited for qualitative concept elicitation interviews about sexual risk. Inclusion criteria were based on sexual activity (≥1 sex partner in the past six months). 31% were FTM and 69% were MTF. 38% were 30-39 years old and 23% were HIV-infected. Concepts were mapped to legacy items used in clinical practice and novel concepts were developed into new items. Two rounds of cognitive interviews were completed to assess item comprehension, relevance and appropriateness for a transgender population. Results: 50% of patients advocated for change in terminology surrounding transgender language, preferring “transgender” over “transgendered”. 100% asked for more concrete definitions of sexual acts. 100% found the option “none of the above” describing gender identity non-inclusive and 25% found genitalia terminology non-inclusive. For example, “front hole” was proposed as a more gender neutral alternative term for “vagina”. Conclusion: The importance of including transgender patients in qualitative surveys is highlighted by this research. Improved transgender-cognizant terminology and language surrounding sexual health were warranted to meet transgender patient relevance in clinical surveys. These interviews provide a framework which permits an already marginalized group to feel more comfortable in a clinical setting when sharing information on a sensitive topic.

Health Equity and British Columbia’s GetCheckedOnline Program: How Can We Make an Online Testing Service for Sexually Transmitted Infections that Works for Everyone?
Travis Hottes, MSc

Background: Internet-based testing platforms for sexually transmitted infections (STI) such as GetCheckedOnline (GCO) are considered to increase testing access, yet this is rarely examined. In developing GCO we wanted to create a platform accessible, sensitive and beneficial to underserved populations affected by STI/HIV. We conducted a health equity impact assessment (HEIA) to examine these questions and inform the development and evaluation of GCO. Methods: The rapid HEIA included screening, scoping and impact assessment stages prior to and six months after GCO launch and assessed the likely harms and benefits of GCO and its potential to exacerbate social inequities in health in British Columbia. We used an intersectional, equity-based lens to evaluate evidence and determine potential impacts of GCO on populations historically underserved or marginalized in this province. Results: Considering the pathways through which GCO may reinforce or circumvent health inequities related to sexual health identified five populations of focus: men who have sex with men, youth, Aboriginal, transgendered, immigrant/socio-culturally diverse and rural/remote populations. Final recommendations identified strategies to mitigate unintended negative and enhance positive impacts (eg, language/images used, use by tech-savvy persons) and avoid unintentionally reinforcing unjust patterns of health distribution (eg, uptake by individuals with adequate testing access) for these populations. Discussion: The HEIA process directed the attention of decision-makers to important ways that GCO could unintentionally exacerbate health inequity, leading to changes in design and a more thorough evaluation of program impacts. Our findings emphasize the importance of considering health equity when implementing new sexual health technologies.

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The Equal Curriculum Project: Development of a Student-Driven LGBT Health Guide for Students and Educators
James Lehman, MPH

Limited high-quality education for health professional trainees contributes to health disparities faced by LGBT people. Curricula reform designed to close these gaps should include competency-based education and educational resources accessible for both learners and educators. Scheduled for e-publication and print-on-demand through Amazon by early 2016, The Equal Curriculum: Student and Educator Guide to LGBT Health (TEC) is a novel student-driven textbook on LGBT health designed specifically for health professions students and educators. This project was first introduced at GLMA in 2013. This presentation will discuss the developmental stages of the text from innovative idea to an interprofessional, comprehensive and widely available e-book. Developed with consideration to the Association of American Medical Colleges (AAMC) Professional Competencies to Improve Healthcare for People Who Are or May Be LGBT, Gender Nonconforming and/or Born With DSD, textbook includes four sections: (1) Foundational Sociological, Health Disparities, Health Research and Medicolegal Concepts for the LGBT Community; (2) Foundational Interdisciplinary Approach to Care for the LGBT Community; (3) Clinical Care of the LGBT Community; and (4) Emerging Topics in LGBT Healthcare. TEC will employ a multimedia “flipped-classroom” approach to competency-based education. This student-initiated and -led project consists of an interdisciplinary team recruited from academic institutions in North America, Canada and Europe. Authors include physicians, nurses, physician assistants, psychologists, public health advocates, lawyers, social workers and, most importantly, health professions students.
Electronic Resources to Find Sex Partners in South Carolina
Laura Hein, PhD, RN

Background: In 2013, a multi-disciplinary team from the Harriet Hancock LGBT Center conducted a survey of self-identified LGBT people in South Carolina. An analysis was conducted on which electronic resources participants reported using to find sexual partners. Methods: Recruitment occurred online and paper-pencil at pride festivals, LGBT events, at bars and through hook-up apps such as Grindr. Results: Complete surveys were obtained from 963 participants. Racial composition was 87% White; 8% Black and 8% other races. Sexual orientation: 45% identified as gay, 27% lesbian; 12% bisexual; 4% queer; 6% straight; 3% same-gender loving/ two spirit. Each county in SC was represented. The specific electronic resource accessed to find sexual partners varied by age and gender. Insufficient women reported using electronic resources to analyze for differences. For men, there was no significant difference between 20’s, 30’s and 40’s age groups on use of the internet, or between people in their 20’s and 30’s on use of dating sites to find sexual partners. Men in their 20’s were more likely to use mobile applications, social media sites and sex sites to find sexual partners. Interestingly, people in their 20’s and 40’s were equally likely to access Craigslist to find sexual partners. Conclusions: Age and gender are important predictors of which electronic resources men use to identify and connect with sexual partners. In this sample, men in their 20’s used electronic resources more than other age groups. Implications for targeting of health interventions through electronic means should be considered.

Barriers to Seeking Emergency Care and Emergency Department Experiences Among Trans and Gender-non-Conforming Patients: A Qualitative Investigation
Elizabeth Samuels, MD, MPH

Background: Transgender, transsexual, gender variant and intersex people (TGI) have decreased access to care and poorer health outcomes compared to their LGB counterparts. Little is known about TGI patient Emergency Department (ED) care experiences. Methods: Over # months in 2014, 4 focus groups were conducted with adult (>18 yo) TGI Rhode Islanders (RI) recruited from the community who had been a patient in the ED in the last 5 years. We developed an interview guide aimed at eliciting ED experiences and barriers to care, using probes to delve into specific topics raised during discussion. Focus group transcripts were reviewed and coded by 2 independent investigators; discrepancies were resolved through discussion. Codes were summarized by major themes and subthemes, with a final thematic framework developed collaboratively by the study team. Results: Among 32 participants, 43% were female-to-male or male-identified, 75% were white. Over 40% noted prior avoidance of the ED, with fear of discrimination a significant barrier. Major themes included lack of privacy, poor provider competency and communication and common experiences of grossly inappropriate, awkward and/or inconsiderate reactions of healthcare providers to revelations of gender identity. Recommendations for improvement focused on provider deficits and infrastructure changes to maintain privacy. Discussion: Efforts to improve TGI ED experiences should focus on provider competency, communication training and ED infrastructure changes to address safety and privacy concerns. Further research with increased inclusion of transwomen and people of color is needed to identify themes that may not have been raised in this preliminary investigation.

Examining Differential Access to Care and Social Stigma Among Transgender People: Findings from the Virginia Transgender Health Initiative Study
Taylor Cruz

Background: The collection of gender identity data in electronic health records (EHRs) is often praised as an effective means of addressing health disparities by identifying patients for specific forms of care. However, social stigma prevents many transgender people from experiencing full access to care. The current study seeks to give a better account of transgender access by identifying different configurations of patient-provider relations and exploring their correlates. Methods: The data analyzed draw from the Virginia Transgender Health Initiative Study, a statewide community-based study conducted in 2005. A total of 322 observations were used. Three levels of access to care (full, partial and limited) were created based on having a regular provider and degree of communication about transgender status and health needs. A multinomial logistic regression sought to explore correlates between levels of access and demographics, social hardship and health-related measures. Results: Respondents were evenly distributed across the three levels. In the full model, age, comfort discussing transgender health issues with an unknown provider and state of transition were associated with different levels of care. Compared to transitioned participants, both participants who reported planning to transition in the future and those not planning to transition were more likely to have partial or limited access than full access. Discussion/Conclusion: Transgender people exhibit considerable diversity in experience and patient-provider relations. Efforts targeted toward addressing health disparities, including data collection for EHRs, must take these considerations into account. Implications of these findings and suggestions for future efforts are discussed.
Poster Research Session I, cont.

Cultural Competency Around Gender Non-Conformity Among Emergency Medicine Residents
Anne Daul, MD, MPH

Background: Provision of sensitive and effective care for gender non-conforming (GNC) patients is a basic cultural competency for emergency physicians and the need for improved emergency care for this population has recently moved to the national spotlight. Yet, currently, most emergency medicine (EM) residents receive little or no instruction in the care and special needs of GNC patients, at either the undergraduate or graduate levels. The objective of this study was to pilot a survey that assesses the experiences, knowledge and attitudes of EM residents as gauge of their cultural competency around gender nonconformity.

Methods: A link to a voluntary, anonymous online survey in Google Forms was sent via email to all 60 Emory University EM residents. In addition to respondent demographics, survey items assessed experience, knowledge and attitudes around GNC people. Descriptive statistics and frequencies were calculated using SPSS. Results: Sixty-five percent (39/60) of residents completed the survey. Only 20% endorsed adequate instruction / exposure around GNC health and 85% indicated a desire for more instruction. Only 60% knew that GNC patients do not have equal access to healthcare. Overall attitudes toward GNC patients were positive with 92% endorsing importance of knowing gender identity in caring for patients. Discussion: The survey results reinforce the desire and need for education of EM residents around GNC patients' needs and care. The results will help shape future educational endeavors and, ultimately, improve quality of emergency care for GNC patients at our institution.
Poster Research Session II — Descriptions
September 25th at 3:15 – 3:45pm

Spirituality, Life Regard, Optimism and Stress: Correlates of Psychological Quality of Life
Devin Fathi

Much research has concerned itself with spirituality, life regard, optimism and stress within HIV+ samples. Yet, we do not completely understand their relationship to mental health in the HIV+ community. Our study explores the association that these would have with mental wellness. We used the Transactional Model of Stress and Coping as a theoretical framework, and hypothesized that mental health (MOS-HIV (α=.91)) would have positive relationships with spirituality (Ironson Woods Spirituality/Religiousness Index (α=.96)), life regard (Life Regard Index Revised (LRI-R) α=.83) and optimism (Extended Life Orientation Test (ELOT) α=.83) and a negative relationship with perceived stress (Perceived Stress Scale (PSS) α=.84-.85). Once IRB approval was obtained, our sample (n=207) from the Dallas/Fort Worth area, provided informed consent and received a $15 incentive. Using a hierarchical regression analysis, we found the model to be significant overall (F(13,193)=18.26, p<.001) accounting for 52% of the variance in mental health. Spirituality, life regard and optimism are positively correlated (β=.13, p<.001, β=.28, p<.001, β=.32, p<.001 respectively) and perceived stress is negatively correlated (β=-1.8, p<.001) with mental health. Our study suggests that clinicians working with HIV+ clients should address spirituality, life regard, optimism and stress in order to facilitate improved mental health in their patients.

Gay and Bisexual Men's Disclosure of Same Sex Sexual Behaviors to Primary Care Provider
Olivier Ferlatte

Background: Gay and bisexual men can be hesitant to reveal their sexuality to their primary healthcare provider (PHCP) for fear of discrimination and/or PCPH lack of knowledge about gay and bisexual health. However, concealing this information can affect the quality of care. Methods: This study examines gay and bisexual men’s disclosure of same-sex sexual behaviors to their PHCP and the extent to which this disclosure affects routine HIV and STI testing. Results: 8493 gay and bisexual men responded to an online survey and half had disclosed their sexuality to their primary care providers (49.9%). There were also large differences within the sample: men were less likely to have disclosed their sexuality if they identified as bisexual (17.8% disclosed); were partnered with a woman (13.5%); were under the age of 30 (41.3%); were Asian (39.6%) or Middle eastern (34.0%); or lived in a suburb (40.7%) or rural community (41.1%). Men who had disclosed their sexuality to their PHCP were more likely to have received an HIV test (67.0% vs 31.6%) and STIs screening (66.6% vs 30.8%) in the past 12 months and more likely to have ever had an HIV test (94.7% vs 58.6%). Discussion: Despite greater acceptance of gay and bisexual people in North American society, this investigation suggests that many gay and bisexual men still face difficulties disclosing their sexuality to their PHCP, which may compromise the quality of the healthcare they receive.

Self-Esteem in a LGBT Population: Correlates of Life Orientation, Depression, and Internalized Homophobia
Alex Moozhayil

Low self-esteem is a negative internal appraisal influencing both mental and physical health. According to the Minority Stress Model, internal appraisals in LGBT people are shaped partly in response to societal stress associated with social stigma (Meyer, 2003). Low self-esteem is associated with risky sexual behaviors, disordered eating and non-adherence to prescription medications. It is also correlated with medical concerns including cardiovascular problems and auto-immune disease (Martens, 2010), as well as obesity and chronic kidney disease (Hosogi, 2012). We hypothesized that depression and internalized homophobia are negatively correlated with self-esteem, optimism is positively correlated with self-esteem and that all three variables account for significant amount of variance in self-esteem. We collected data from a convenience sample of 162 gay, lesbian, bisexual and transgender people using the Revised Life Orientation Test (LOT-R; Sheier & Carver, 1994; Cronbach’s α=.78), the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977; Cronbach’s α=.92), the Internalized Homophobia Scale for men (IHS; Martin & Dean, 1987; Cronbach’s α=.83), the Lesbian Internalized Homophobia Scale for women (LHS; Symanski & Chung, 2008; Cronbach’s α=.93) and the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965; Cronbach’s α=.78). Using a multiple regression analysis, we found that optimism and depression accounted for 53% of the variance in self-esteem [adj. R2=.53, F(12,149)=54.24, p<.001]. These findings suggest that clinical interventions to improve low self-esteem, either by addressing its antecedents or directly through emotionally expressive cognitive therapy (Pack & Condren, 2014), can have positive mental and physical health outcomes associated with general quality of life.
Purpose: Despite a growing awareness of health disparities in the LGBT population, medical students are not adequately trained to competently care for LGBT patients. The objective of this study is to assess the competency of preclinical medical students in addressing the healthcare needs of an LGBT patient. Methods: We designed a pilot OSCE for first-year medical students in which they were asked to take a medical history of a cis-gender female who portrayed a lesbian. Students were asked to gather a detailed history while competently responding to questions regarding sexuality and screen for relevant health concerns. There was no specific preparation for this LGBT-focused OSCE besides what had been taught under the current curriculum. The students completed a 5- and 6-point Likert scale evaluation pertaining to the importance of LGBT education in medical school and the student’s level of preparedness for gathering a pertinent history. Results: 49 volunteer medical students completed the OSCE. Students indicated that LGBT education is an important component of the medical school curriculum (mean score: 5.8; 1=strongly disagree, 6=strongly agree). Additionally, the students felt more prepared to take a history regarding the patient’s alcohol and smoking habits than gathering a history related to the patient’s relationship concerns (mean: 5.22 and 4.47, respectively; 1=strongly disagree, 6=strongly agree). Conclusions: Students recognize the importance of LGBT education but felt less prepared when addressing LGBT-related health concerns in a clinical setting. To deliver comprehensive care to LGBT individuals, medical schools must train students on LGBT-competent care.

Making the "Invisible" Visible: An Innovative Data Collection Method for LGBT Related Research
Caitlin Stover, PhD, PHCNS-BC, CNE

Research focused on LGBT health disparities frequently includes an exploration into data that are personal and sensitive. Examples include, but are not limited to, sexual activity and use of illegal substances. Community-based and public health research often uses focus groups as a method for collecting these sensitive data. Focus groups provide rich understanding of health related phenomena. However, there are potential challenges that the researcher may encounter when trying to conduct face-to-face focus groups with the LGBT population. The most apparent being the fear of stigma related to their sexual/gender identity or fear of sexual/gender identity disclosure. When the researcher moves the focus group to a synchronous online setting, many of the barriers of traditional face to face groups may be avoided. LGB participants have reported that disclosing their sexual orientation via an online forum was more comfortable than doing so in person. Although there are inherit limitations when using online synchronous focus groups, the ability to collect sensitive data to understand various health disparities in the LGBT population prevails. The purpose of this presentation is to discuss and demonstrate the use of online synchronous focus groups as a feasible data collection method when conducting research with the LGBT population. An exploration into the advantages and disadvantages of this method will be explored.

Blue, Pink or Yellow pants (or No Pants At All)? Thinking About Representation and Diversity When Developing Clinical Materials that are More Sensitive to the Needs of Historically Underserved Client Populations
Travis Hottes, MSc

Background: Self-collecting specimens for sexually transmitted infections (STI) and HIV testing is increasingly common, at home and clinical settings. In British Columbia, self-collection will be recommended for some clients of a new online STI/HIV testing platform (GetCheckedOnline). We set out to develop self-collection materials effective and sensitive to the spectrum of bodies, genders, identities, experiences and sexualities of our client population. Methods: We conducted focus groups to gauge acceptability of self-collection and review existing examples of instruction guides and test kits. Based on participant feedback we developed self-collection materials for oral, anal and vaginal swabs, which were then tested for usability by participants ranging in gender identity, sexuality, age, education and ethnic background. Results: Overall self-collection was acceptable to 10 focus group participants; however, existing examples of kits/guides elicited distaste due to factors considered barriers to use including being overly gendered (pink/blue; girls/boys), complex, busy, wordy, hard to understand and for having intimidating medical diagrams and visuals that depict genders that didn’t necessarily match client gender. Eleven participants testing the final instruction guides and testing kits considered them easy to read and understand, sensitive to various genders and sexual identities and conducive to successful self-collection. Conclusions/Discussion: Clinical materials have implicit biases that ‘turn off’ clients and often breed feelings of distrust and alienation from health systems. Focus groups and usability testing that invite and integrates the honest opinions of ‘vulnerable’ communities is a small step that can make a big difference to many patients.

Additional Authors: Janine Farrell, MPH; Devan Haag, MS; Mark Bondyna, BF-A; Kimberly Thomson, MA; Mark Gilbert, MD, MHSc, FRCPC
Poster Research Session II, cont.

Taking Our Temperatures: School of Nursing LGBTQ Climate Study
Madelyne Greene

Nursing educational institutions are doubly charged with preparing students to care for patients from diverse backgrounds and to recruit, retain and support students who are members of minority groups themselves. This requires a deep commitment to addressing inequities in health and nursing care delivery as well as inequities within health professional education itself. Nursing has long been a leader in recruiting and retaining students and clinicians from racial and ethnic minority groups to address their historical exclusion from large institutions. While many medical schools are beginning to address the invisibility and exclusion of LGBTQI populations, nursing schools lag behind. The University of Pennsylvania School of Nursing Plan for Faculty Eminence through Diversity (2012) identified a need for “faculty role models who actively support LGBTQ and gender variant students and their academic interests,” and emphasized the importance of a climate of inclusion and the specific assessment of faculty and student perceptions of diversity as a measure of that climate (University of Pennsylvania, 2012). In this presentation, data from a Climate Survey performed at the University of Pennsylvania School of Nursing will be presented. Through this research, investigators aimed to: (1) identify areas of need in diversity and equity training specific to LGBTQI populations among faculty, staff and students, (2) examine the intersections of race/ethnicity, age, gender identity and sexual orientation and their effects on reports of climate and inclusivity and (3) identify opportunities for excellence in nursing research and practice related to LGBTQ health.

Addressing the Unique Demographics and Healthcare Needs of the San Antonio Gay Men Population through Free, LGBTQI-Competent Educational Healthcare Settings
Fadi Al-Asadi

Background: In order to better address the healthcare inequities among gay men and per the Institute of Medicine’s recommendation, we constructed a healthcare-focused survey. Materials and Methods: We administered a 44-question anonymous survey to any volunteers ≥ 18 years to take “paper and pencil” or online versions at local LGBTQI venues between May and December 2014. Data analysis was performed using IBM’s SPSS Software. Results: Of the 409 survey respondents, 154 participants self-identified as gay men who have sex with men (MSM). The emerging themes of the study were: 1- High percentage of uninsured and insured yet dissatisfied with services for gay men 2- Depression, Hypercholesterolemia, HIV and Hypertension were among the most cited health issues 3- Low rates of sexual history or sexual orientation discussion with healthcare providers 4- Fear of stigmatization, discrimination, losing respect or awkwardness were reasons a high percentage of respondents were not out to healthcare providers 5- High rates of alcohol abuse 6- Low rates of HIV testing and even lower rates of STI testing 7- Strong preference for a publicly advertised LGBTQI-friendly establishment and healthcare providers 8- Necessity for healthcare guidance and health insurance navigation

Conclusion: The data suggest a strong need for increased awareness among healthcare professionals regarding endemic issues in the San Antonio gay community. The emerging healthcare issues and health provider preferences of the San Antonio gay male community could best be addressed at an LGBTQI-friendly establishment with LGBTQI-competent personnel.

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“Express Testing” in an STI/HIV Testing Clinic: Implementation Data of a Streamlined Testing Service
Patrick O’Byrne

Clinics providing testing for sexually transmitted infections (STIs) have become unable to address service demands. Some persons who attend these clinics either experience long wait times, or cannot be tested due to capacity issues. Current practices in STI clinics are thus no longer able to meet service demands. Accordingly, in Ottawa, Canada, we implemented a streamlined service, entitled “Express Testing”, in an STI/HIV testing clinic with >20,000 patient visits annually since 2010. Specifically, we created a triage pro forma to determine eligibility. Excluded from “Express Testing” were patients who: were symptomatic, were a case or contact of someone diagnosed with an STI, wished to initiate contraception or receive emergency contraception, or had atypical menses or needed pregnancy testing. Patients who accepted “Express Testing” were given a risk assessment form that they completed independently. “Express Testing” started May 22, 2014. Data collection is ongoing until May 21, 2015. Preliminary data from May 22-August 7, 2014, contained a few noteworthy findings. First, 13.4% (n=229) of 1711 patients completed “Express Testing”. Second, among this sample, 15 STIs were identified: 14 cases of chlamydia (13 through urine, 1 through rectal swab) and 1 case of gonorrhea (detected through urine testing). These findings yielded an overall positivity rate of 6.6%; 4.7% and 0.3% for chlamydia and gonorrhea, respectively. Third, “Express Testing” visits were, on average, shorter than non-express visits, which freed up 57 clinical hours and increased clinic capacity. Taken as a whole, these results thus demonstrate the utility of “Express Testing.”
A Review of Cardiovascular Disease in LGB Adults
Billy Caceres

Objectives: The purpose of this review is to evaluate the prevalence and risk factors for cardiovascular disease in lesbian, gay and bisexual adults. Methods: Seven biomedical and social sciences databases were systematically searched for studies (2004-2014) that described health risk behaviors (tobacco use, alcohol use, illicit drug use, diet and physical inactivity) and prevalence of cardiovascular diseases (heart disease, hypertension, hyperlipidemia, obesity, diabetes) in LGB adults. A total of 16 studies, all secondary analyses of population-based data, were identified. Results: Sexual minorities in this sample report high rates of health risk behaviors, compared to heterosexual peers, except for physical inactivity. Among sexual minority men, bisexual men report higher rates of health risk behaviors than gay men. However, sexual minority men have similar rates of cardiovascular disease to heterosexual men. Overall sexual minority women report increased rates of tobacco use, alcohol use, heart disease and obesity compared to heterosexual women. Conclusion: Sexual minority women in these 16 studies had higher rates of cardiovascular disease than heterosexual women. Cardiovascular disease differences are inconclusive among men. In addition, few studies focused on cardiovascular disease prevalence in LGB older adults. Most studies relied on participant self-report. Therefore, there is a need for primary studies that use objective data including cardiovascular biomarkers and medical records.

Changing Medical Minds: Analysis of Shifting Trends in Attitudes, Knowledge and Beliefs in Pre-clinical Medical Students Regarding LGBT+ People and Healthcare
Andrew Jones, MA

Background: Little work has been done to examine the attitudes, knowledgebase and beliefs of medical students about LGBT+ issues; less examining the role and effect of undergraduate medical education on changes in these domains. Methods: This study followed the class of 2016 at the University of Vermont COM through preclinical years to see how students’ attitudes, knowledgebase and beliefs shifted with exposure to preclinical curricula. Subjects were surveyed during orientation and again prior to their clinical rotations. Results were analyzed and significant changes were further examined by a focus group. Results: Results strongly suggest that significant and meaningful changes in subjects’ attitudes, knowledgebase and beliefs occurred during the course of the pre-clinical years, including: 1) an increase in the percentage of subjects who believe that attitudes toward LGBT+ patients and healthcare, knowledge of specific needs of LGBT+ patients and clinical skills used in the care of LGBT+ patients should be taught in medical school; 2) an increase in the percentage of subjects who believe that same sex sexual attraction and behavior can be natural expressions of sexuality in humans; 3) an increase in the percentage of subjects who believe that same sex sexual attraction and behavior are morally acceptable; and others. Discussion: Significant categorical changes came from curricular elements, extracurricular elements and from “peer experts”: classmates who entered medical school with knowledge about LGBT+ issues. Harnessing both educational and human resources can have significant effects on the attitudes, knowledgebase and beliefs of medical students.

Defining the Healthcare Experience of Adolescents and Young Adults: An Exploration into How Sexual Orientation Influences Health Equity Today
Margaret Capobianco

Discrimination and marginalization place lesbian, gay, bisexual, and queer (LGBQ) populations at disproportionate risk for health issues including mental illness, substance abuse, STIs, and cancer. Contributing to this problem is that many physicians do not routinely discuss sexual orientation with patients. The purpose of this study was to identify factors impacting access to healthcare among LGBQU adolescents and young adults. An anonymous, online questionnaire about health beliefs (10-items), healthcare perceptions (22-items), and healthcare experiences (59-items) was distributed to individuals aged 18-25. Among 384 participants, 77% identified as heterosexual, 9% bisexual, 3% gay, 4% lesbian, 3% queer, and 2% unsure. Although no significant differences were seen in lifetime opposite-sex partners across LGBQ and heterosexual groups, gays (p=.044) and lesbians (p=.001) rated contraceptive information significantly less important than heterosexuals. Likert-scale responses were converted to numerical values (1=Strongly Disagree, 5=Strongly Agree). Heterosexuals were significantly less likely to agree with the following statements: sexual orientation will negatively impact care (1.9 vs. 2.6 bisexual, p<.001), I am anxious about discussing orientation (1.8 vs. 3.4 bisexual, 3.4 lesbian, 4.2 queer, all p<.001), and providers will treat me differently (1.5 vs. 2.8 unsure, p=.043; 1.5 vs. 2.9 bisexuals, 3.0 lesbians, 3.1 queer, all p<.001). Of LGBQU adolescents, 21% were asked about orientation by a healthcare provider, while 14% voluntarily disclosed. The largest disparities arose in regard to perceptions of provider reaction, which is exacerbated by healthcare providers’ failure to discuss orientation with patients. Physicians are in a unique position to address disparities by starting conversations about sexuality.
VHA’s Nationwide e-Consultation Program for Transgender Veteran Interdisciplinary Care
Michael Kauth, PhD

Since 2011, when the Veterans Health Administration (VHA) issued a policy mandating clinical services to transgender Veterans, there has been growing clinical demand for services at VHA facilities. In an effort to assist VHA clinicians in providing quality care, an interdisciplinary e-consultation program was launched in early 2014 at three facilities where teams of specialty consultants were located. As a next step, expansion occurred to all facilities in each of these three geographic regions by the spring 2014. Catchment areas were expanded by the fall of 2014, with nationwide expansion recently completed. Through this system, every VHA provider has access to expert teams of providers who respond to questions about various aspects of transgender care. It is possible to provide patient-specific responses to questions about care, as the expert consultants are able to review lab results, clinical notes, etc., but the Veteran can continue to be seen locally by providers known to them. Veteran-specific responses to the consults are returned within one week via the electronic medical record. To date, 145 consults have been submitted with an average response time of 4.7 days (range of team average response times 2.2-6.7 days). The primary questions for consultation have been about medications, including cross-sex hormone therapy (N = 66); primary care medical comorbidity and screening questions (N = 44); mental health evaluations for cross sex hormones and/or gender confirming surgeries (N = 23); and questions about psychotherapy (N = 12). These data and next steps for the program will be discussed.

Sexual Fluidity in Transgender Men
Colt Keo-Meier, PhD

Background. Sexual orientation is composed of sexual identity, sexual attractions and sexual behavior. These concepts rely on unchanging sex/gender realities of both the individual and partner(s) and do not adequately capture the dynamic experiences of transgender individuals, as attractions and labels among many transgender men (TM) have been found to shift before, during and/or after transition. Methods. Study 1 is an international cross sectional online study. Study 2 is a longitudinal study of TM over one year after testosterone initiation and matched cisgender male and female controls. Both studies examined the prevalence of sexual attractions, sexual orientation identities as well as the stability of sexual orientations. Results. Study 1: Participants were 605 self-identified TM. Fifty-two percent reported attractions to both men and women. One-third of the sample reported a shift in sexual attractions, with the majority shifting from attractions to women to both men and women. Study 2: Eight TM and 153 matched cisgender controls participated. One-third of TM reported shifts in sexual attractions. However, 20% of TM reported shifts before starting testosterone and 12.5% shifted more than once. Discussion/Conclusion. The current studies highlight the diversity and fluidity of sexual attractions of TM. In contrast with previous clinical literature, TM are more likely to be attracted to both men and women than women only. The sexual attractions and identity labels of TM are very dynamic, especially in the first year of testosterone use. Results can inform sexual health history taking in TM.

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Incidence of Chlamydia trachomatis Infection Among Lesbian and Bisexual Women at a network of Federally Qualified Health Centers in New York City
Natalie Hinchcliffe, MD

Background: The United States Preventative Task Force (USPSTF) recommends chlamydia screening in all female patients age 15-24, or 25 and older if at increased risk. Sparse data exists regarding transmission between women. Thus, we compared chlamydia rates of female patients categorized by the gender(s) of their partners: women who have sex with women (WSW), women who have sex with men (WSM) and women who have sex with men and women (WSMW)-- to determine if baseline incidence differs, provide population specific education to patients and providers and direct our application of the USPSTF guidelines. Methods: A retrospective chart review was completed of all who received care at a federally qualified health center network in NYC and met the following criteria: (1) sexually active women age 15-24, (2) information on gender of past sexual partners (WSW, WSM, WSMW) and (3) had either positive or negative chlamydia test results in 12 a month period. Results: Of the total 9481 female patients who met the inclusion criteria, WSM= 8821 (93.0 percent), WSW= 263 (2.8 percent) and WSMW= 397 (4.2 percent). The rates of chlamydia positivity were greatest for WSM (4.4%) and WSMW (4.3%). Rates of chlamydia positivity were 1.1% among WSW. Conclusions: In this small sample, the rates of Chlamydia infection were similar in WSM and WSMW. Thus, WSMW should continue to be screened ages 15-24. The lower incidence of chlamydia positivity among WSW was not enough to preclude screening. This data warrants larger epidemiological studies to assess applicability of screening WSW and WSMW.
Poster Research Session III, cont.

Life Regard, HIV Stigma and Mindfulness: Correlates of Depression in an HIV Sample
Tosha Griggs

Background: Depression prevalence in people living with HIV is estimated to be as high as 48% (Rabin, 2008, Lyketsos & Federman, 1995). Serious complications tend to arise when HIV positive individuals are depressed; including increased mortality (Kopinsky, Stoff and Rousch, 2004) and lower medication adherence (Horberg, Silverberg & Hurley, 2008). The current study explores meaning in life, mindfulness and HIV stigma as intervention points for depressive symptoms in an HIV+ sample. Methods: 69 HIV+ men and women were recruited from Dallas/Fort Worth. Participants completed a battery of questionnaires on psychosocial health, including the Life Regard Index - Revised (LRIR; α=.94; Battista & Almond, 1973), HIV Stigma Scale (HSS; α .96; Berger, Ferrans, & Lashley, 2001), The Kentucky Inventory of Mindfulness Skills (KIMS, obtained α=.90; Baer, Smith, & Allen, 2004) and Center for Epidemiological Studies Depression scale (CESD, α=.85; Radloff, 1977). Results and Discussion: Bivariate and hierarchically regression analyses suggest the LRIR mediated the relationship between depression and stigma we used MEDIATE in SPSS (Hayes & Preacher, 2014) using a 1000 samples bootstrapping procedure with a confidence interval of 95%. Both the KIMS (indirect effect =-.15, 95%CI=-.30 to -.04) and HSS (indirect effect =.11, 95%CI=.01 to .20) were significantly associated with the CES-D through the LRIR when controlling for age, gender and household income. These results indicate a full mediation in the relationship between depression and HIV stigma, suggesting meaning in life is crucial to consider when treating depressed HIV+ individuals.

A Population-based Investigation of Salivary Cortisol Patterns and Perceived Stress Among Sexual Minority Individuals
Jennifer Jabson, PhD. MPH

Exposure to minority stress is the prevailing explanation for health and health-related disparities observed among sexual minority individuals. Yet, to date there is a paucity of epidemiological biological evidence to support this framework; very little evidence exists that describes sexual minority individuals biological stress response, or how biological indicators correlate with perceived stress. One approach to inform these gaps involves analyzing population-based health surveillance programs that collected biological indicators of stress response (i.e. salivary cortisol), measures of perceived stress and sexual orientation. This study’s aims were to: 1) Describe and compare cortisol diurnal curve among sexual minority and heterosexual individuals and 2) Describe the associations between salivary cortisol and perceived stress among sexual minority individuals. Salivary cortisol and perceived stress were provided by 108 sexual minority and 3766 heterosexually identified respondents from the Midlife in the United States and Everyday Life Experiences studies respectively. Preliminary findings suggest evidence of blunted cortisol among sexual minority as compared to heterosexual individuals. There is also preliminary evidence that among sexual minority individuals, cortisol rise 30 minutes after waking was associated with reduced number of perceived stressors. These preliminary, biological findings may support the prevailing theory of minority stress as a driver of health disparities among sexual minority individuals. A blunted cortisol response indicates chronically activated biological stress responses that can result in poor health and health disparities. Findings will be used in the future to guide multi-level interventions and policy designed to reduce and eliminate exposure to minority stress among sexual minority individuals.

Report of a Survey of Palliative Medicine Clinicians’ Experience of Workplace Discrimination Related to SOGI, Professional Development Needs and Priorities for Improved Palliative Care for Sexual Minority Patients and their Families
Sean O’Mahony, MB, BCH, BAO

Background: Little has been described in regard to how workplace discrimination impacts clinicians involved in palliative care. Describing the impact of these experiences is essential to facilitate their ability to improve quality of care for sexual minority patients who have advanced illnesses. Methods: The newly LGBT special interest group (SIG) of the American Academy of Hospice and Palliative Medicine (AAHPM) sent an online survey through Survey Monkey to the Ethics and LGBT AAHPM SIGs. Quantitative items addressed SOGI, perceived workplace discrimination and familiarity with resources for LGBT patients. Qualitative items addressed the types of disparities in workplace experience, priority areas for workforce development and for improvement in quality of care for sexual minority patients and their families. Results: The response rate was 33%. Twenty-five (22.5%) of respondents self-identified as LGBT. Key findings included: (1) The Odds ratio for perceived workplace discrimination was 2.86 for sexual minority respondents (p=.02). (2) There were no differences in level of familiarity with resources for sexual minority patients based on SOGI (p=0.7). (3) Respondents emphasized the need for mentorship of sexual minority clinicians and improved access to resources and training for care of LGBT patients. Conclusion: Sexual minority professionals continue to experience discrimination in healthcare environments. There is a need for mentorship and training opportunities for LGBT professionals and increased resources and training for care of sexual minority patients at end-of-life.
Poster Research Session III, cont.

Bisexual Research Collaborative on Health (BiRCH)
Judith Bradford, PhD

Representing over half of the lesbian, gay, and bisexual community in the United States, bisexuals are often understudied or combined with lesbians and gay men in health research. Research separating populations by sexual orientation has largely found that bisexual men and women experience higher rates of depression, suicidality, and interpersonal violence compared to their homosexual and heterosexual counterparts. In a national study, bisexuals were far less likely than gays and lesbians to be out to family members (28% of bisexuals, 77% of gay men, and 72% of lesbians) and less likely to tell parents (40% of bisexuals, 70% of gay men, and 67% of lesbians). Following release of the IOM 2011 report on LGBT Health, the White House convened a September 2013 meeting of bisexual activists and LGBT researchers to discuss these concerns with administration officials and representatives, a significant turning point to have bisexual issues discussed at the federal level. With support from the NIH, a meeting of bisexual community leaders and scientists from across the United States and Canada met at the Fenway Institute in June 2014 to assess current attention to bisexuality research, foster research collaborations, and strengthen growth of the field. A first step was taken by universal voting to create the “Bisexual Research Collaborative on Health (BiRCH)”, focused on linking participants to each other, maintaining and distributing the latest information about bisexuality research and community concerns, and generating resources to further develop awareness of and increased support for improving acceptance of bisexual people and communities.

LGBT Elder Population Health Awareness: Building Collections and Connections to Improve Health, Safety, and Well-being
Tony Nguyen

LGBT individuals encompass all races and ethnicities, religions, and social classes. It is difficult to estimate the number of LGBT individuals and their health needs. [Health People 2020] LGBT elders experience health disparities arising largely from social stigma and institutional discrimination. The following is an overview of the health disparities experienced by the LGBT elder population. Health practitioners, public health, and social workers may have limited or no familiarity with resources for the LGBT elder populations. Examples of LGBT-related online and in-print resources and suggestions for where to find reviews, books, journals, and videos will be provided.

The Impact of Stigma on Gay Fathers and Their Children in Two States
Rachel Newman

The aim of this study was to examine the experience of stigma reported by gay fathers in two states with different protections for LGBT parents, California (CA) and Tennessee (TN). Gay fathers were recruited via parent groups, newsletters, Meetup.com groups, and Facebook advertisements to fill out an anonymous online survey about their experiences as fathers. 47 fathers from CA and 14 fathers from TN participated. In both states, the majority of fathers were white/non-Hispanic, living with a partner, employed full-time, and had obtained a college degree. They had become fathers through previous heterosexual relationships, foster care, adoption, and surrogacy. Fathers reported on their parenting activities and their perceptions of their child(ren)’s wellbeing, both of which were similar to responses from large samples of fathers nationally. Fathers who lived in CA reported being fully “out” in more contexts, experiencing less stigma and having more support from family and social networks in comparison to fathers living in TN. In both states, religious communities were reported to be less supportive than other settings and were most likely to be the context in which stigma was experienced. Additionally, it is of note that marked differences in the social and legal protections in in CA and TN affect the experiences of gay parents.
Kimberlynn Acevedo
Kimberlynn is a recent graduate of the Boston University School of Public Health. A grassroots community organizer turned academic activist, she is interested in the health of marginalized communities, particularly health issues prevalent in queer communities of color and the trans community. She is committed to working with an intersectionality framework and strives to honor the indivisibility of people’s identities in her work. She identifies as a bicultural, queer femme of color and is the daughter of immigrant parents, an ardent feminist, and a survivor of many things including poverty and Catholic school.

Fadi Al-Asadi
Fadi Al-Asadi is a MD candidate at the University of Texas Health Science Center in San Antonio (UTHSCSA) School of Medicine expected to graduate in 2018. He completed his BS in Cell and Molecular Biology at The University of Texas at Austin with High and Special Departmental Honors in 2012. At UT Austin, his research focused on further understanding Huntington’s disease. Upon graduation, he worked on developing a targeted vaccine for Mycoplasma pneumoniae at UTHSCSA before starting medical school in 2014. Currently, he is the Research Chair for the UTHSCSA PRIDE student organization, the current Medical Student Chief of the San Antonio Refugee Health Clinic, and the Academic Coordinator for the UTHSCSA Medical Students For Choice. He currently heads the LGBTQI Student-Run Free Clinic Planning Committee, with the ultimate goal of starting a student-run, faculty-supervised LGBTQI-friendly free clinic that will address the local health inequities of the aforementioned population.

Amy Andre, MA, MBA
The co-author of Bisexual Health: An Introduction, Amy Andre is a writer and scholar who has presented her research on bisexual health to the White House. Prior to that, she served on a federal task force in partnership with the office of the Surgeon General. Amy has been featured as an LGBT and bisexual health expert in media outlets ranging from CNN to PBS and writes for the Huffington Post. She has educated thousands of people at over 100 universities, conferences, and organizations, including Harvard, UCLA, Microsoft, and Stanford Medical School. Recently, she co-authored a report on bisexual youth for the Human Rights Campaign, presenting data from the largest study of its kind on LGBT youth. Amy received a master’s degree in Sexuality Studies, cum laude, and, as a Point Foundation Scholar, earned an MBA from the University of California at Berkeley.

Jonathan Appelbaum, MD
Jonathan Appelbaum is the Laurie L. Dozier, Jr., MD Education Director and Professor of Internal Medicine at Florida State University College of Medicine. Dr. Appelbaum is an internist, geriatrician, and HIV expert, serving on the Board of Directors of the American Academy HIV Medicine and HealthHIV. He has also served on the national steering committee for the Group on Diversity and Inclusion of the AAMC. Dr. Appelbaum has presented on such topics as health issues in the older LGBT patient, HIV and Aging and LGBT curriculum in undergraduate medical education. He served as the co-principle investigator for the HIV and Aging Consensus Project and is the medical editor for the HIV-Age.org site.

Danni Askin
Danni Askin (They/Them) is the Executive Director of Gender Justice League – a trans activist collective based in Seattle, Washington. They are a medical social worker and longtime activist. Their work has spanned teaching the Northwest’s first trans medical school class at the University of Washington to working as the policy director of Basic Rights Oregon. Danni was a founding member of the Coalition for Inclusive Healthcare and was instrumental in unveiling health insurance exclusions in both Washington and Oregon’s private and public health insurance plans including Medicaid in both states. They have also worked extensively on issues related to HIV, Hate Crimes, Immigration, and LGBTQ Youth.

Kellan Baker, MPH, MA
Kellan Baker is a Senior Fellow with the LGBT Research and Communications Project at the Center for American Progress. At CAP, Kellan works on LGBT health issues across the U.S. Department of Health and Human Services and directs the LGBT State Exchanges Project, which partners with LGBT and consumer health advocates in numerous states to ensure that the benefits of the Affordable Care Act reach LGBT communities. Kellan also co-directs the “Do Ask, Do Tell” project supporting LGBT data collection in electronic health records, is a founding Steering Committee member of Our2Enroll, a nationwide initiative that works to connect LGBT people and their families with their new coverage options under the health reform law, and serves on the board of the Equality Federation. He holds a BA with high honors from Swarthmore College and an MPH and MA from George Washington University.

Kathi Barber, CLEC
Kathi Barber is the author of The Black Woman’s Guide to Breastfeeding: The Definitive Guide to Nursing for African American Mothers and Lactation Management: Strategies for Working with African American Moms. The Black Woman’s Guide to Breastfeeding is a “how-to” breastfeeding book that focuses on the specific challenges that Black mothers face. Kathi’s second book, Lactation Management provides guidance to lactation and other professionals who need assistance in effectively working with their African American clients. Kathi is a national speaker on cultural competency and health disparities. She has been a consultant for the U.S. Department of Health and Human Services, Centers for Disease control and a host of other agencies and organizations. Her work has been featured in The Washington Post, Ebony Magazine, USA Today, the Chicago Tribune, on NPR and many other media outlets. She is currently writing her new books on LGBTQI care during the reproductive years.
Kim Bergman, PhD
Kim Bergman, licensed psychologist, is co-owner of Growing Generations, a world renowned surrogacy agency. Specializing in third party assisted reproduction and LGBT parenting since 1988, she is an expert on parenting by choice. She provides psychological services to Parents from around the world assisting them in the complex, extraordinary assisted reproductive process. Dr. Bergman is a member of American Society for Reproductive Medicine, American Fertility Association, American Psychological Association, California and Los Angeles County Psychological Associations, Lesbian and Gay Psychotherapy Association, and Gay and Lesbian Medical Association. Dr. Bergman is a national emeritus board member of Family Equality Council. She writes, teaches, and speaks on ethical family building internationally and has coauthored “Gay Men Who Become Fathers via Surrogacy: The Transition to Parenthood” (Journal of GLBT Family Studies, April 2010). She has multiple studies in process. Dr. Bergman lives with her wife of 32 years and two teenage daughters.

Kate Bishop, MSW
Kate Bishop is a social worker with the STAR TRACK Adolescent HIV program at the University of Maryland Baltimore. STAR TRACK targets queer urban youth at risk for HIV and other STIs using a multi-pronged toolbox of community event outreach, venue-based outreach and HIV testing, health education sessions with youth in community settings, safe space events, and linkage to adolescent specialty care for any youth diagnosed with HIV. In her current role with the program, Bishop provides LGBTQ cultural competency and other professional development trainings for health care providers. She has worked as an advocate for domestic violence survivors, abortion clinic counselor, sexual assault therapist, crisis hotline worker, Certified Resource Specialist, sex educator, HIV linkage to care specialist, and pelvic exam instructor. She holds a Bachelor of Arts in Gender Studies from Hiram College and a Masters in Social Work from Case Western Reserve University.

Greg S. Blaschke, MD, MPH, FAAP
Gregory S. Blaschke is the Division Head of General Pediatrics at Doernbecher Children’s Hospital and a Professor of Pediatrics at the Oregon Health & Sciences University. He attended the Medical College of Wisconsin and completed his residency training at Naval Hospital Oakland. As part of his Navy career, he completed a General Academic Pediatrics Fellowship at Boston Children’s including Developmental and Behavioral Pediatrics training, a MPH from the Harvard School of Public Health. He has been awarded the 2006 American Academy of Pediatrics’ national Education Award and the 2011 Association of Pediatric Program Directors’ Walter W. Tunnesen, JR, MD Award for the Advancement of Pediatric Residency Education and is a former member and chair of the LGBTQA Advisory Committee to the Board of Trustees of the American Medical Association.

Judith Bradford, PhD
Judith Bradford is director of the Center for Population Research in Lesbian, Gay, Bisexual and Transgender (LGBT) Health at The Fenway Institute (TFI), and co-chairs TFI with Kenneth Mayer, MD. Dr. Bradford has participated in LGBT health research since 1984, working with public health programs and community-based organizations to conduct studies on LGBT people and racial minority communities and to translate results into programs to reduce health disparities. She was a member of the recent Institute of Medicine Committee on LGBT Health Issues and Research Gaps and Opportunities.

Diane Bruessow, PA-C, DFAAPA
Diane Bruessow is nationally certified and has over 20 years experience practicing medicine in NY and NJ. Dianes practice (www.healthytransitionsllc.org) is dedicated to the medical aspects of transgender health – with emphasis on adolescent health - and her practice model is unlike any other. In addition to office visits in NJ, she provides house calls across New York City. Her patients are across the lifespan and across the spectrum of genders. She utilizes a shared medical decision-making model and practice patient-centered care that is vital to a healthy transition. Bruessow has served on many national and state-level advisory councils including the National LGBT Cancer Network, and medical boards including recently being elected to a 2nd term serving as a Director-at-Large for the American Academy of Physician Assistants (PA). She is a past president of the LGBT PA Caucus and formerly served on GLMA’s board of directors.

Billy A. Caceres, MSN, RN-BC, AGPCNP-BC
Billy A. Caceres is a 2nd year PhD at NYU College of Nursing, Nurse Clinician at NYU Langone Medical Center. His primary research interests are in the area of gerontology and health disparities, particularly the health lesbian, gay, bisexual, and transgender (LGBT) individuals. Billy has authored several book chapters and peer-reviewed articles on the care of older adults. He is an active member of several organizations including Sigma Theta Tau International,
Gerontological Society of America, NYU Doctoral Student Organization, and Eastern Nursing Research Society. His dissertation focuses on chronic disease in LGB older adults.

Margaret N. Capobianco
Margaret Capobianco is a second year medical student at the University of Central Florida College of Medicine. She received her BS from the University of Miami with majors in Biology and English with a concentration in Women’s Literature and a minor in Chemistry. She volunteers at the UCF student-run health clinic and recently traveled to the Dominican Republic on a medical service trip. As a musician and writer, she is passionate about the intersection of arts and medicine and leads her school’s acapella group. Her research interests include LGBTQ health and she recently started the LGBTQ Medical Students and Allies group at UCF.

Rebecca Carabez, PhD, RN
Rebecca Carabez is an Assistant Professor in the School of Nursing and teaches Leadership, Foundations in Nursing and Community/Public Health Nursing. Dr. Carabez has over twenty years of experience working in public health departments and managed large programs. She created an innovative assignment to educate 119 nursing students about LGBT health issues using a cultural humility lens. Nursing students interviewed 268 registered nurses in the San Francisco Bay Area to learn about specific health care needs of LGBT patients using a scripted interview based on the Health Care Equality Index (HEI).

Peggy L. Chinn, RN, PhD, FAAN
Peggy L. Chinn is Professor Emerita of Nursing at the University of Connecticut. Her BS in nursing is from the University of Hawaii, and Master’s and PhD degrees from the University of Utah. She is the founding Editor of Advances in Nursing Science, which since 1978 has been a premier journal publishing cutting-edge scholarship in nursing. She authors books and journal articles on nursing theory, feminism and nursing, the art of nursing, and nursing education. She is co-founder and web manager of the Nurse Manifest Project, a project (www.nursemannifest.com) to inspire grassroots action by nurses to shape the future of nursing and health care. Her book and web site focused on cooperative group process, Peace and Power, is grounded in critical feminist theory and philosophy and are recognized as models for critical methods and action. She is also co-founder and web manager for LavenderHealth (http://www.lavenderhealth.org).

James G. Connolly
James Connolly is a second-year medical student at Ichabod School of Medicine at Mount Sinai where he serves as co-leader to the LGBTQ People in Medicine student organization. James graduated from Middlebury College in 2013 with a degree in Molecular Biology and Biochemistry. He has since devoted his time to expanding LGBTQ awareness at Mount Sinai medical school and hospital. The LGBTQ group has launched several initiatives aimed at improving the medical school curriculum, developing an advisory network between Mount Sinai attendings, residents, and medical students, and providing a more LGBT-sensitive environment for Mount Sinai patients. Other important leadership roles include SAT tutoring pediatric patients at the Adolescent Health Center and serving as co-leader to MedDocs, a 9-week intensive heart and lung extracurricular program, that provides minority and underserved high school students with the knowledge and confidence they need to pursue a career in medicine or science.

Edwin Corbin-Gutiérrez, MA
Edwin Corbin-Gutiérrez is Manager, Health Equity and Prevention at the National Alliance of State and Territorial AIDS Directors (NASTAD). Edwin joined NASTAD in December 2014 and works across teams to expand and coordinate NASTAD’s Health Equity technical assistance efforts. Before joining NASTAD, Edwin was the Youth Empowerment Director at the Center on Halsted in Chicago, focusing on HIV prevention efforts for young Black and Latino MSM. He also co-chaired the Illinois HIV Planning Group. Edwin was a 2005 Fulbright Fellow to Venezuela; he holds a BA from Emerson College in Boston and an MA from Northwestern University. Edwin presented on HIV resource allocation models at the 2012 International AIDS Conference, the 2013 Annual State of Illinois HIV/STD Conference, and the 2014 Chicago LGBTQ Health and Wellness Conference. His research article “Latino, Immigrant, and Gay: A Qualitative Study about Adaptation and Transitions” appears in the Journal of LGBT Issues in Counseling.

Vanessa Cox, MS
Vanessa Cox is an Epidemiology PhD-candidate at UT School of Public Health in Houston, TX with a MS in Statistics from Texas A&M University. Vanessa’s research interests include chronic diseases and health disparities with an emphasis in LGBTQ populations and is the PI of one IRB approved project: Health Check: A Cross-Sectional Study Examining Patterns of Physical Health, Mental Health, Stress, and Minority Stress within Lesbian, Gay, Bisexual, Transgender and Heterosexual Populations. Vanessa is also collaborating with a UT Health Physician as Co-PI: LGBTQ Providers: Assessment of Lesbian, Gay, Bisexual, and Transgender Competence among Healthcare Providers. She also serves as a Scientific Advisory Board Member for the Greater Houston LGBT Competent Providers Network and works as a Statistician for Corrona LLC, a rheumatology disease registry. She has previously served as Chair for the GLBT Network at MD Anderson Cancer Center.

Shawn Markus Crincoli, JD
Shawn Markus Crincoli is an Associate Professor of Law at the Touro College Jacob D. Fuchsberg Law Center and is currently pursuing a doctorate in human sexuality with a concentration in human sexuality policy leadership at the California Institute of Integral Studies. He has written and lectured on a wide variety of subjects including: transgender health and the law; gender & disability in sport; regulation of the family; Jewish law; LGBTQ cultural competency; and more. He currently serves as the Chair of the Legal Issues committee of the World Professional Association for Transgender Health (WPATH). From 2001-2007, he was a faculty member at the University of Minnesota Law School. After receiving his J.D. with high honors from the University
### GLMA’s 33rd Annual Conference

**Conference Program**

| Clinician-Educator whose clinical practice covers a broad spectrum of Infectious Diseases with an emphasis on immunocompromised hosts, broadly defined to include patients living with HIV, patients who have undergone solid-organ or bone-marrow transplantation, and patients who are maintained on immunosuppressive agents for other reasons. Dr. Davis’ educational interests and activities are diverse, and span the spectrum of medical education, from undergraduate and pre-professional education, including medical education and residency/fellowship training, through to continuing medical education for experienced physicians. He is also interested in clinical/educational aspects of LGBT health, particularly MSM sexual health, and also serves as the LGBT Issues-Based Representative to the Association of American Medical Colleges’ Group on Diversity and Inclusion. |

| Taylor M. Cruz |
| Dr. Taylor Cruz is a doctoral student in the Department of Social and Behavioral Sciences at the University of California, San Francisco. Taylor’s research focuses on stigma and health, particularly as it pertains to access to care for sexual and gender minorities. Taylor has also worked in the field of HIV prevention through San Francisco’s Department of Public Health and the Public Health Institute. Taylor is interested in bringing together insights from medical sociology, public health, and science and technology studies to address social inequality and health disparities, and is supported by the National Science Foundation. |

| Anne M. Daul, MD, MPH |
| Dr. Anne Daul received an MD from the University of Wisconsin School of Medicine in 2006. After finishing Emergency Medicine residency at Carolinas Medical Center, Dr. Daul completed a two-year International EM fellowship at George Washington University where she earned a masters degree in Global Health Policy. During fellowship, Dr. Daul focused on graduate emergency medical education in India – specifically curriculum development and teaching. In 2011, Dr. Daul accepted a position in the Department of Emergency Medicine at Emory where she currently practices medicine at Grady Memorial Hospital. Dr. Daul completed the ACEP Teaching Fellowship – a professional development series for emergency physician educators. Dr. Daul chairs the LGBT subcommittee of the Emergency Medicine Diversity and Inclusion Committee and also serves on the Emory Center for Diversity and Inclusion committee. Dr. Daul is a member of the AAMC Advisory Committee on Sexual Orientation, Gender Identity and Sex Development. |

| Chipper Dean, PhD |
| Dr. David Dean Jr. (Chipper) is a developmental-health psychologist with research interests in the behavioral health of vulnerable populations, particularly adolescents and LGBT folks, and the psychosocial determinants of health risk and protective behavior. Dr. Dean is currently a Behavioral Research Scientist in the Analysis and Services Research Branch (ASRB) of the Division of Evaluation, Analysis, and Quality (DEAQ) in the Center for Behavioral Health Statistics and Quality (CBHSQ) at the Substance Abuse and Mental Health Services Administration (SAMHSA). |

| Madeleine B. Deutsch, MD |
| Madeleine B. Deutsch is the Director of Clinical Services at the UCSF Center of Excellence for Transgender Health. She is an Assistant Clinical Professor in the Department of Family and Community Medicine, and has a transgender and LGB oriented primary care practice at UCSF Women’s Health Primary Care. She is currently a coinvestigator on two studies, one evaluating patient centered approaches to sexual health screening in transgender men, and another studying the linkage and retention in HIV care of HIV + transgender women of color. |

| Kristine M. Diaz, PsyD |
| Kristine M. Diaz is an Assistant Professor in the Department of Biomedical Sciences at Oakland University William Beaumont School of Medicine. Her research focuses on medical education, specifically LGBT health education and Interprofessional education. Dr. Diaz is active in various American Psychological Association (APA) Divisions, such as, Divisions 38 (Health Psychology), 12 (Clinical Psychology), Association of Psychologists in Academic Health Centers (Division 12, Section 8) and Division 44 (Society for the Psychological Study in Lesbian, Gay, Bisexual, Transgender Issues). She is also affiliated with the International Association of Medical Educators (IAMSE), Society of Teachers in Family Medicine (STFM) and Society of Behavioral Medicine (SBM). Dr. Diaz is on the senior editorial team for the soon-to-be published The Equal Curriculum: Student and Educator Guide to LGBT Health and Chair of the Advisory Committee for the Campus Pride Medical School Index. |

| Adam B. Eickmeyer |
| Adam Eickmeyer is an MPH candidate at the University of Michigan, in the Department of Health Behavior and Health Education. He is a research assistant at the Center for Sexuality and Health Disparities (SexLab) as well as in the Division of Pediatric Urology, where he serves a principal investigator on several studies. His passion lies within ameliorating LGBTQ health disparities, particularly through health care provider education. He is also interested in the ways in which medicine, sociology, and history can be used together to study health disparities and inequities. After his MPH, Adam will pursue his MD and PhD through the Medical Scientist Training Program, with the hopes of entering academia as a junior faculty member in a pediatric surgical specialty where he can pursue his research, teaching, and clinical interests. |

| Michele Eliason, PhD |
| Mickey Eliason is currently a professor at San Francisco State University in Public Health/Health Education with a background in nursing and health psychology. She has been studying LGBT health issues for over 25 years, most |

**Faculty Roster**
recently focusing on health of older sexual minority women in a self-serving attempt to improve the conditions for old dykes as she herself ages. She also occasionally does lesbian stand-up comedy.

Laura Erickson-Schroth, MD, MA
Laura Erickson-Schroth is a psychiatrist in New York City specializing in LGBT health. She is the editor of Trans Bodies, Trans Selves, a resource guide written by and for transgender people, and a former board member of GLMA. Laura graduated from Dartmouth Medical School, New York University Psychiatry Residency, and Columbia University Public Psychiatry Fellowship. She is currently a Consult-Liaison Psychiatry Fellow at Mount Sinai.

Devin Fathi
I am an undergraduate senior at the University of North Texas studying Psychology. Here, I am also a part of the Center for Psychosocial Health Research (CPHR) which provided the necessities to complete this study. CPHR concerns itself greatly with the LGBTQ community and HIV/AIDS population. Thus, providing myself fertile soil to produce my study.

Olivier Ferlatte
Olivier Ferlatte has over 10 years of experience in gay men’s health promotion and research. He is currently the Research Education Director at the Community-Based Research Centre for Gay Men’s Health in Vancouver, Canada and a PhD candidate in the Faculty of Health Sciences at Simon Fraser University in Burnaby Canada. Olivier’s research interests include the impacts of homophobia, violence and stigma on the health and lives of sexual minorities as well as the application of intersectionality and syndemic theory to gay men’s health.

Sarah C. Fogel, PhD, RN, FAAN
Sarah Fogel is a Professor of Nursing and the Director of the ASN to MSN Program at Vanderbilt University School of Nursing. Sarah’s research has included: HIV/AIDS Information Outreach Project, funded by the National Library of Medicine (1997); Development and Validation of an Instrument to Measure Providers (1999) and Evaluation of a Predominantly Lesbian Weight Loss Group (2008) both partially funded by GLMA’s Lesbian Health Fund and Vanderbilt University School of Nursing; Mautner Project’s Obesity Program, funded by the District of Columbia Department of Health (2011-13); and Healthy Weight in Lesbian and Bisexual Women: Striving for a Healthy Community, funded via contracts from the United States Department of Health and Human Service’s Office on Women’s Health (2013-14). Sarah is currently a member of the GLMA Board of Directors and VP for LHF.

Tanya Friese, DNP, RN
Tanya Friese is a faculty member in the Rush University College of Nursing and also lectures in the College of Medicine and Health Sciences. She has 6 years of experience teaching public/community health, health promotion, and mental health and over 20 years’ experience working in wellness related activities or direct care with the LGBT population. Tanya Friese’s other areas of expertise include systems leadership and the use of SWOT analysis techniques for strategic planning and to identify gaps in clinical practice to improve the quality and relevance of evidence-based care. She is also the Lead Nurse Planner for Rush University Medical Center’s Interprofessional Continuing Education office, Chair of Education for the Rush LGBT Health Committee and the Educational Coordinator, specializing in LGBT issues, for the Road Home Program, the Center for Veterans and their Families at Rush.

Hiromi Fujii
Dr. Hiromi Fujii Midwife and researcher of lesbian health issues. Fujii lives in Japan, and teaches midwifery and women’s health nursing in Kobe City College of Nursing. Dr. Fujii works at a field of lesbian health for thirty years in Japan.

Chelsea Fullerton, MEd
Chelsea Fullerton is an innovative educator and student affairs practitioner with a passion for empowerment and curriculum development at the intersections of identity and health. She facilitates workshops across the country for medical educators, higher education administrators, and college students; additionally, she works with organizations on both local and national levels to create engaging ways to educate and mobilize communities on LGBTQ awareness, racial justice, and building inclusive campus and organizational climates. In her current work at the Office of Diversity Affairs at NYU School of Medicine, she engages health care professionals and trainees in learning about LGBTQ patient care and advocacy both within and outside the formal classroom, as well as develops and enriches a diverse and visible community of students underrepresented in medicine through leadership development training, mentorship, and advisement.

Ivy Gardner
Ivy Gardner is a 4th year medical student at Boston University School of Medicine. Throughout their medical education, they have worked to educate their fellow medical students about issues relevant to the health care of the LGBTQIA community, including spearheading curriculum reform. They have also done research on the effects of testosterone on the endometrium in transgender men. Ivy identifies as a genderqueer geek and plans to pursue a career in surgery.

Danielle German, PhD, MPH
Dr. Danielle German is on faculty in the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health and Co-Director of the Johns Hopkins Masters of Health Science Program in Social Factors. Her research uses qualitative and quantitative methods to understand and address the social context of health behavior, with particular emphasis on issues related to LGBT health, HIV transmission, drug use and mental health.

Carla Goad, MA, MFT
Carla Goad is a licensed Marriage and Family Therapist and creator of a behavioral health intervention, QsECOUTs - a safe and fun, queer positive group experience. As a mental health provider she holds a master’s degree in Clinical and Sport Psychology and has worked in health care and prevention services for over 28 years with adults and youth in LGBT program development, evaluation, and direct client service.
Zil G. Goldstein, FNP-BC
Zil Garner Goldstein is a nurse practitioner, author and activist working to promote better healthcare in marginalized communities. She is currently practicing at the Peter Krueger Clinic and MSBI Medical Group at W14 Street, as well as serving as the Clinical Director at the Persist Health Project, but has been working within transgender and sex worker communities for the past twelve years. She started her career in healthcare as an informal community health worker, seeking first-aid training and offering health-related support to the people around her. In the intervening years, she has become a published author on topics relating to transgender and sex worker health and a nationally recognized leader in both of these fields.

Wren Gould, MA, MSW
Wren Gould is clinical social worker who specializes in community mental health. They work in San Francisco supporting individuals living with severe mental illness. Their research interests include transgender health, including HIV, suicide, and other risks.

Jamison Green, PhD
Dr. Jamison Green is an author, educator, advocate for trans health, civil rights, and social safety. He led FTM International from 1991-1999, and spearheaded the contemporary effort to remove transgender exclusions from health insurance, setting the stage for the removal of Medicare exclusions and for state implementations of trans-inclusive coverage, continually fighting to remove barriers and improve access to competent health care for all gender-diverse people. He is currently serving as President of WPATH, and is one of the core authors of the Standards of Care, version 7.

Richard E. Greene, MD
Richard E. Greene is an Assistant Professor at NYU School of Medicine and an Internist at Bellevue Hospital. He graduated from George Washington University School of Medicine and completed his residency at NYU. In 2011, he was named “Outpatient Teacher of the Year” for the residency program, where he now serves as an Associate Program Director. He completed a fellowship in Sports Medicine at Pennsylvania Hospital, where he had the privilege of working with the Philadelphia Eagles. At NYU, Richard is the Director of Gender and Health Education, where he assists with or oversees the LGBT health curricula at all levels of training. He serves as the Medical Director at CHIBPS (the Center for Health, Identity, Behavior and Prevention Studies), which studies the sociologic issues facing MSM at various stages of life. He is also the faculty advisor for the LGBTfpm student group at NYU.

Madelyne Z. Greene, RN
Madelyne Z Greene is a Registered Nurse and pre-doctoral student in Nursing Science at the University of Pennsylvania School of Nursing. She received her BSN from the University of Pennsylvania and holds a BA in Women's and Gender Studies from Georgetown University. Madelyne’s work focuses on pregnancy and childbearing among LBTQ populations, and the links between reproductive justice and autonomy and an individual’s overall health trajectory. In addition, she is a co-chair of Nurses PUSH, the LBTQ nursing student group at Penn, which focuses on increasing the visibility of LBTQ nursing professionals and improving nursing curricula around LBTQ health.

Tosha Griggs
Tosha Griggs is a 32 year old full-time undergraduate student at University of North Texas and is majoring in Psychology with a minor in Creative Writing. Also, she is an Army Veteran that spent one year deployed to Baghdad, Iraq. Currently, she is a Research Assistant at the UNT Center for Psychosocial Health Research. A future goal of hers is to earn a Master’s Degree in Counseling. Her past achievements include earning a diploma in Medical Assisting in 2006, and receiving several awards for creative writing which include: Awards Denton Writes 2012 Award First Place in Adult Non-Fiction, Layuna Hicks Award for Literary Excellence in Poetry, Aspiring Poet Contest for NCTC Students Second Place, and Honorable Mention Gerald McDaniel Memorial Short Story Contest for NCTC Students. Last but not least she is a mother of two awesome kids: Chloe who is 5 years old and Dylan whose 1 year.

Howard A. Grossman, MD
Howard Grossman is a board-certified internist with a private practice in Manhattan. He is a general practitioner, but is most widely known as a specialist in HIV medicine. His work with people affected by HIV lead him to become one of the plaintiffs in the landmark suit Vacco v. Quill, et al., which sought to overturn laws preventing terminally-ill patients from obtaining their physicians' help to end their own lives. The case was decided in 1997, with the Supreme Court finding no constitutional guarantee of "the right to die," but leaving the door open for states to experiment with various options.

Paul Guerino
Paul Guerino is the lead survey methodologist on the Medicare Current Beneficiary Survey at the Centers for Medicare and Medicaid Services. He has over ten years of experience working in the management of large-scale, national multimodal surveys. His areas of expertise include study design, survey methods, non-response follow-up, and interviewer training. Paul’s current efforts focus on modernizing the content of the MCBS and streamlining survey operations. Prior to joining CMS, Paul worked on a number of surveys for both the public and private sectors, with content areas including higher education, school crime, and sexual victimization in the correctional setting. He has an M.S. in Survey Methodology from the Joint Program in Survey Methodology at the University of Maryland. Research interests include the integration of paradata into survey management decisions and interviewer effects on survey quality.

Cristina Gutierrez
Cristina Gutierrez is a Senior Research Assistant at The Fenway Institute in Boston, Massachusetts. She holds a Bachelor's degree from Barnard College of Columbia University. She has worked as a clinical research coordinator in the department of pediatric endocrinology at Massachusetts General Hospital and at Children’s Hospital Colorado prior to working at Fenway Health.
Chris Haffer, PhD
Samuel “Chris” Haffer is currently a senior manager in the Office of Minority Health at the U.S. Centers for Medicare and Medicaid Services serving as Director, Data and Policy Analytics Group. He directs and manages major cross-cutting operational activities that relate to identifying and eliminating health disparities in underserved populations. Haffer develops new programs and initiatives, evaluates existing programs, and serves as an expert and the principal source of advice and guidance to the OMH Director on health disparities, data analysis, research and evaluation. His research has focused on racial/ethnic, gender, and socio-economic disparities in health outcomes in the elderly. Haffer is currently exploring the impact of sexual minority status on health in the Medicare population. Chris is a Baltimore native and attended Archbishop Curley High School, Loyola College (BA, Sociology), and UMBC (MPS, Ph.D., Public Policy) where he also served as adjunct associate professor of public policy.

Jamal Hailey, MA
Jamal Hailey is an advocate for marginalized groups, especially youth and LGBTQ communities of color. He currently works with the STAR TRACK Program at the University of Maryland, Baltimore as the Director of Programs. In this role, Jamal oversees administrative, research and programmatic activities, manages community partnerships, and participates in regional and national capacity building initiatives. Jamal’s career has spanned all aspects of HIV community service, most notably through professional roles as a sexual health educator, HIV counselor, outreach worker and case manager. His research interests include sexual identity formation for non-heterosexually identified men, body dysmorphic disorder in urban youth, gender identity formation, and ethnocentricty and its impact on health outcomes. Jamal received a Master of Arts in Psychology as well as a dual Bachelors of Science in Psychology and Sociology with a minor in LGBT Studies from Towson University.

Tari L. Hanneman
Ms. Hanneman is the Associate Director of the Health and Aging Program at the Human Rights Campaign Foundation. In that capacity she oversees the annual LGBT Healthcare Equality Index. Tari has over 20 years of experience in the nonprofit and philanthropic sector, primarily focused in the areas of health and women’s issues. Prior to joining HRC, she served as the initial Director of The Women’s Fund of Winston-Salem where she led all aspects of developing The Fund’s programs and brand in the community. Prior to her move to North Carolina, she served in a number of roles at The California Endowment, one of the nation’s largest health foundations. She has also has worked for elected officials and environmental, reproductive rights, and HIV/AIDS organizations. Tari has a Master’s in Public Administration with an emphasis on Nonprofit Management from the University of Southern California, where she also did her undergraduate work.

Dawn Harbatkin, MD
Dr. Dawn Harbatkin is the Medical Director at Lyon-Martin Health Services and the community partner on the WHAM grant program in partnership with RTI International. She is also a practicing primary care physician at Lyon-Martin.

Jennifer Hastings, MD
Jennifer Hastings, Assistant Clinical Professor, UCSF, Department of Family and Community Medicine is a family practice physician with a passion for creating new and needed services. Jen started the PPMM Transgender Health Care Program in 2003 and has been actively involved in Transgender Health Care Services for PPFA and Planned Parenthood in the community. Jen is a member of the Medical Advisory Board of the UCSF Center of Excellence for Transgender Health, on the Steering Committee for the UCSF Child and Adolescent Gender Center, and intimately involved with Medical Conference Programming for Gender Spectrum. Jen works to increase medical access and understanding about the gender journey.

Deion Scott Hawkins, MA
Deion Hawkins graduated Cum Laude from The Ohio State University in 2012. After completing his Bachelor’s, he attended Marshall University, where he discovered his passion for public health and completed his Master’s Degree in Health Communication. While there, he wrote a thesis regarding sexual and HIV communication in Black MSM. He plans on attending George Mason University in the Fall to pursue his doctorate in health communication. Deion has been lucky enough to present at several conferences, including the 2014 National Communication Association Conference, and is a proud member of the National Black Gay Mens Advocacy Coalition. Currently, Mr. Hawkins is the Director Of Debate at Marshall University where he teaches introductory public speaking and debate courses as well as coaches a nationally ranked debate team. In his spare time, he volunteers at a local testing center where he is a certified HIV counselor.

Suzanne Haynes, PhD
Suzanne Haynes is an epidemiologist with 20 years of experience in Women's health, and lesbian health, at the DHHS Office on Women's Health. Her work has focused on breast cancer risk in lesbians, research in lesbian health, the inclusion of lesbian and bisexual identity questions in women's health studies, and prevention trials for Lesbian and Bisexual women's health. She received numerous honors from her work, including awards from GLMA, the Mautner Project, UCSF, and Fenway. She has been a member and chair of the Lesbian Health Fund since its formative year. She has published over 90 articles in peer reviewed journals.

Laura C. Hein, PhD, RN, FAAN
Dr. Hein is an Associate Professor at the University of South Carolina and a Fellow in the American Academy of Nursing. She is a leading scholar on LGBT health in South Carolina, and is nationally and internationally recognized. She was the initiator and primary author of the only nursing White Paper denouncing reparative therapy, which was adopted as policy by the International Society of Psychiatric-Mental Health Nurses (ISPN). Dr. Hein serves on the Advisory Board of the Harriet Haneck LGBT Center in Columbia, SC and serves on the Board of Directors of GLMA: Health Professionals Advancing LGBT Equality.
Michael L. Hendricks, PhD
Michael L. Hendricks received his PhD in Clinical Psychology from The American University. He maintains a clinical and forensic practice as a partner at the Washington Psychological Center, P.C., in Washington, D.C. His areas of professional interest include suicidology, LGBT issues, and forensic evaluation.

Kenneth L. Hillenburg, DDS, MS
Dr. Hillenburg graduated from the University of Panama School of Dentistry, and received a master's degree in periodontics from the University of Michigan School of Dentistry. He is a Diplomate of the American Board of Periodontology and taught at The University of Detroit Mercy School of Dentistry from 1985 to 2014. He retired from the University of Detroit Mercy in 2014 where he was the faculty advisor for the Alliance for Inclusion, a newly formed student organization for the LGBT community and allies at the University of Detroit Mercy School of Dentistry. He and his husband, Alan Burg, have been together for 32 years and married since 2006. He currently serves as the Immediate Past Chair of the Gay-Straight Alliance Section of the American Dental Education Association and is an Adjunct Clinical Associate Professor at the University of Michigan School of Dentistry.

Natalie Hinchcliffe, DO
Born and raised in one of the most accepting and celebrating communities of difference, Key West, Florida, I assumed the equality and acceptance of all. My education as a Women's Studies major at the University of Florida replaced that assumption with evidence of oppression and discrimination based on sex, gender identity and sexual orientation. As Gay Straight Alliance president in medical school in the Midwest, my eyes were further opened to ongoing discrimination against LGBT students, both on and off campus. Currently, as a second year family medicine resident, I am focusing my training on LGBT health, HIV primary care, and Reproductive Health with abortion care, in an effort to address ongoing inequalities. Out of my knowledge of the limited research on chlamydia incidence among lesbian and bisexual women, as well as the ubiquitous application of USPSTF recommended screening in these populations, was born this project.

Terrance Hines, MD
Dr. Hines is a family physician in Austin, Texas, and is employed by Baylor Scott & White. He received his bachelor's and medical degrees from Texas A&M University, where he is now a clinical assistant professor. He completed residency at John Peter Smith Hospital in Fort Worth. He is a former member of the AMA Advisory Committee on LGBT Issues. He is active in the Texas Academy of Family Physicians where he chairs the Section on Special Constituencies and also serves on the Board of Directors. He and his husband Jarrett enjoy going to the park with their two boys Hudson and Holden and French bulldog Hugo, running, travel, and cooking.

Travis Salway Hottes, MSc
As a social epidemiologist, Travis Salway Hottes is interested in better understanding social inequities in health so that we may improve public health interventions. He is a PhD candidate in epidemiology at the Dalla Lana School of Public Health at the University of Toronto and a board member of the Community-Based Research Centre for Gay Men’s Health, which conducts Sex Now, the largest survey of gay and bisexual men in Canada. Prior to returning to school, Travis worked for six years as an infectious disease epidemiologist at the BC Centre for Disease Control. He has a master's degree in epidemiology from McGill and a bachelor's degree in social work from the University of California at Berkeley.

Sara Hunt Sullivan
Sara Hunt Sullivan is the managing editor of MedEdPORTAL Publications, a free publication venue where educators across the health professions may publish and share works of high quality educational scholarship. Sara joined the MedEdPORTAL team in 2010 as a quality control specialist and most recently served as lead staff editor. Prior to joining MedEdPORTAL, Sara worked at Georgetown University School of Medicine on curricular reform. Sara received her undergraduate degree in philosophy and ethics from Trinity University in Washington, DC, and is working towards a masters in liberal studies and ethics from Georgetown University. She is a member of the American Society for Bioethics and Humanities and the American Society of Law, Medicine, and Ethics. Sara currently resides in Dallas, Texas with her husband, Brandon, and two young daughters, Noa and Rowan.

Brian Hurley, MD, MBA
Brian Hurley is an addiction psychiatrist and Robert Wood Johnson Foundation Clinical Scholar at the David Geffen School of Medicine at the University of California, Los Angeles. He completed fellowship training in addiction psychiatry at New York University's School of Medicine's Bellevue Hospital and NY Harbor VA Healthcare System. He completed general adult psychiatry training at Massachusetts General Hospital and McLean Hospital. He serves on GLMA Board of Directors as GLMA's delegate to the American Medical Association House of Delegates, and the AAMC's Sexual Orientation, Gender Identity, and Sex Development Ad-Hoc Committee on Learning Environment. Brian is also Treasurer of the American Society of Addiction Medicine (ASAM) and serves on ASAM's Executive Committee and Board of Directors. Brian has previously served as National President and Director of Student Programming for the American Medical Student Association. Brian is a former ex-officio member of the American Psychiatric Association's Board of Trustees.

Katie L. Imborek, MD
Katie Imborek completed her medical school education at the University of Iowa Carver College of Medicine and her residency training in Family Medicine at the University of Iowa. As a medical student, she founded MEDIQS (MED Iowa's Queer Students) to promote implementation of LGBTQ health related topics in the curriculum. She is an Assistant Professor for the University of Iowa and the medical director at the UI South East Family Medicine Clinic where she has an outpatient with obstetrics practice. Along with Dr. Nicole Nisly, she developed and continues to co-direct the University of Iowa LGBTQ Clinic. She received the UI
GLMA’s 33rd Annual Conference

Office of Equal Opportunity and Diversity Catalyst Award, given to individuals who have promoted an inclusive campus community, both as a medical student and again as a faculty member. She routinely lectures to medical students, residents, faculty and staff regarding competent and compassionate care for the LGBTQ community.

Natalie Ingraham, MPH
Natalie Ingraham is the WHAM Project Coordinator at Lyon-Martin Health Services. She has an MPH from Indiana University and is currently a PhD candidate in Sociology at UC San Francisco.

Jennifer M. Jabson, PhD, MPH
I am prepared to present the project proposed in this abstract. I have completed advanced masters and doctorate level training in public health with emphasis in sexual minority health disparities. Prior to my current tenure-track appointment at the University of Tennesse I completed a three-year post-doctoral fellowship funded by a competitive award through the American Cancer Society (# PPT-10-111-010CPPB), during which time I studied the psychosocial factors that relate to chronic disease disparities in sexual minority women. I have received intensive advanced formal and applied training in research with sexual minority populations with emphasis in advanced complex statistical analyses, including analyses of cortisol, and primary data collection with difficult to locate populations. I have published multiple papers concerning sexual minority health and disparities in high ranking peer-reviewed journals, and have presented my work at professional organizations nationally.

Laura A. Jacobs, LCSW-R
Laura A. Jacobs is a psychotherapist in the New York City area working with LGBTQ and sexual/gender minority populations. She is a member of the Board of Directors for the Callen-Lorde Community Health Center; a member of the Board of Directors, contributor, and editing team member for Trans Bodies, Trans Selves, and served on the Behavioral Health Committee for the 2013/2014 Philadelphia Trans* Health Conference. She has presented on gender, sexuality, and alternate lifestyles for social work and medical audiences; she has also been featured on Sirius XM Radio, on the websites for the Voice of America, StoryCorps and Nextbook.org, and has spoken at conferences such as GLMA, the Philadelphia Trans* Health Conference, Dangerous Desires: Queer Politics in the New Millennium, and The Floating World. Ms. Jacobs is also registered as a Kink Aware Professional.

Scott Jelinek, MAEd, MPH
Scott Jelinek is a third year medical student at the Icahn School of Medicine at Mount Sinai where he is a co-leader of the LGBTQ People in Medicine group, a Human Rights and Social Justice Scholar, and a public policy fellow with the New York Academy of Medicine. In the evenings, Scott conducts HIV/STI testing in public sex venues with the Men’s Sexual Health Project and does counseling on harm reduction strategies and the use of biomedical interventions of PrEP and PEP. Scott graduated from Boston College in 2010 with a degree in International Studies and Theology. He did field research in Kenya and Mozambique on HIV/AIDS and economic development. After graduating college, Scott was a public school Biology teacher for three years in Denver, Colorado through Teach For America. Scott received his Masters of Arts in Education in Curriculum & Instruction from the University of Colorado Denver.

J. Mori Johnson, MA
J. Mori Johnson is the Director of Sections and Special Groups at the American Medical Association. She oversees the Minority Affairs Section, the International Medical Graduates Section and the AMA Advisory Committee on Lesbian, Gay, Bisexual and Transgender issues. Mori holds a bachelors degree in Communications from Rutgers University and a Masters in Art from DePaul University in Multicultural and Corporate Communications. She has been employed at the AMA since 1996 and resides in Chicago with her husband Robb Gipson and their rescue dog, Rufus.

Andrew D. Jones, MA
Andy Jones will be a 2015 graduate of the University of Vermont College of Medicine, and holds an MA from Bowling Green State University in American Studies and Women’s Studies. He is has been accepted to a residency program in anatomic and clinical pathology at the University of California, Davis.

Niranjan S. Karnik, MD, PhD
Dr. Karnik is Associate Professor in the Child & Adolescent Psychiatry Section and Department of Psychiatry at Rush Medical College and an adjunct faculty member in the Department of Community, Systems and Mental Health Nursing at the Rush College of Nursing. At Rush University, he is also Medical Director of the Road Home Program: Center for Veterans and their Families, and Director of the Rush University Life Course SBIRT Training Program. He concurrently serves as an Associate Faculty Member of the MacLean Center for Clinical Medical Ethics at the University of Chicago. His research focuses on community-based interventions for high-risk youth with psychiatric and substance use disorders.

Sabra L. Katz-Wise, PhD
Sabra L. Katz-Wise is a developmental psychologist working as a Research Scientist in Adolescent/Young Adult Medicine at Boston Children’s Hospital and as an Instructor in Pediatrics at Harvard Medical School. She completed her BS in Psychology at University of Washington and her PhD in Developmental Psychology and Gender and Women's Studies at University of Wisconsin – Madison. Her research investigates sexual orientation and gender identity development, sexual fluidity, and health disparities related to sexual orientation and gender identity in adolescents and young adults. She recently began an NIH-funded study to examine how the family environment affects the health and health risk behaviors of transgender youth.

Michael Kauth, PhD
Michael Kauth is one of two Lesbian, Gay, Bisexual, and Transgender (LGBT) Program Coordinators for Patient Care Services, VA Central Office. He is also the Co-Director and Associate Director for Education for the South Central (VISN 16) Mental Illness Research, Education, and Clinical Center (MIRECC). Dr. Kauth is a clinical psychologist located at the Michael
E. DeBakey VA Medical Center, Houston, TX and is a Professor in the Department of Psychiatry, Baylor College of Medicine. He has published on topics that include health psychology, LGBT health disparities, implementation of educational interventions, and the evolution of human sexual attraction.

Elliot Kennedy, Esq
Elliot Kennedy is the Special Expert for LGBT Affairs in the Department of Health and Human Services at the Substance Abuse and Mental Health Services Administration (SAMHSA). His work focuses on planning and coordinating LGBT policy and programmatic initiatives at SAMHSA, as well as integrating LGBT cultural competency throughout the agency. He also serves as the key executive level official and liaison officer under the direction of the SAMHSA Senior Advisor to the Administrator on LGBT Affairs with the White House, HHS Divisions, and key stakeholders on issues of LGBT policy, program, and regulatory significance. He was previously Government Affairs Counsel at The Trevor Project, where he advocated for laws and regulations that support LGBTQ youth and young adult mental health. Kennedy is also involved in DC transgender outreach and education. Kennedy graduated from American University Washington College of Law, cum laude, after attending the University of Vermont.

Colt Keo-Meier, PhD
Colton Keo-Meier is a psychologist who works as a research coordinator on a national suicide prevention study at Michael E. DeBakey VA Medical Center while he is preparing to apply to medical school to become a family medicine physician. He is a researcher, clinician, and educator specializing in working with gender and sexual minorities and their families, as well as those who are questioning their gender and/or sexuality. His research focuses on the needs of the transgender population, with emphasis on the impact of testosterone on the mental health and sexuality of transgender men. He is also a founder of Gender Infinity, a conference focusing on improving the health and well-being of transgender people in the South. Dr. Keo-Meier received his Ph.D. in Clinical Psychology from the University of Houston, completed pre-doctoral training at Texas Tech University, and a post-doctoral fellowship in LGBT Health at the Houston VA.

Amy Killelea, JD
Amy Killelea is the Associate Director for Health Systems Integration at the National Alliance of State & Territorial AIDS Directors (NASTAD). Amy joined NASTAD in June 2012 and is leading NASTAD's health reform, public and private insurance, and health care financing efforts, including providing resources and technical assistance for state HIV/AIDS programs and developing recommendations to inform state and federal policy. Prior to joining NASTAD, Amy worked as a senior fellow in Harvard Law School's Center for Health Law and Policy Innovation conducting legal and regulatory analysis of federal health care reform, Medicaid, and private insurance. Amy received her B.A. from Smith College and J.D. from Georgetown University Law Center.

Edward M. Kim
Edward Kim is a 2nd year medical student at the Medical College of Wisconsin (MCW) in Milwaukee, Wisconsin. He received his Bachelor of Science degree in Molecular, Cellular, and Developmental Biology at the University of Washington. Mr. Kim has demonstrated a commitment to the LGBTQ community by working for local and national non-profit organizations that empower youth and increase the visibility of health disparities found in the LGBTQ community. He has also served two terms on the National GLBTQ Youth Foundation’s Board of Directors. Mr. Kim currently acts as the President of the LGBT People in Medicine student organization at MCW, where he has been the primary organizer for the school’s 2nd Annual Transgender Health Symposium. Mr. Kim’s goal is to promote change in medical schools across the nation to integrate more LGBT health into their curricula and thus provide future physicians the tools needed to truly provide comprehensive care.

Bradford Kolb, MD
Bradford Kolb received his training at University of California at Irvine, Northwestern University and University of Southern California culminating board certification in both Obstetrics and Gynecology & Reproductive Endocrinology and Infertility. He specializes in the care of complex fertility problems at HRC Fertility, where he serves as Medical Director and Managing Partner. Internationally known and recognized for his expertise in advanced reproductive issues he is one of the largest providers of egg donation and surrogacy in the United States. He is known for helping develop and implement cutting edge technologies in genetic screening of embryos, development of new laboratory technologies and the development of highly efficient treatment options. Dr. Kolb has been at the forefront of bringing equality to those seeking family building options in the LGBTQ community. Cofounder of HART (HIV Assisted Reproductive Technologies), he has helped advance safe, ethical, unbiased options to those who previously had none.

Peter Kuhn
Peter Kuhn is a medical student at the Medical College of Wisconsin (MCW) in Milwaukee, Wisconsin. He completed his BS in Biomedical Sciences at Marquette University in 2012. He has experience in working with youth in educational settings, including working as a human anatomy teaching assistant, volunteering with LGBT youth at Alliance School in Milwaukee, and serving as mentor to high school students in MCW’s Apprenticeship in Medicine Program, a pipeline program for youth from populations underrepresented in medicine.

Jeffrey Kwong, DNP, MPH
I am an Assistant Professor of Nursing at Columbia University and the current Project Director for the Elder LGBT Interprofessional Collaborative Care Program, an interprofessional program.

Rita Lee, MD
Rita Lee is an Associate Professor in the Division of General Internal Medicine, Department of Medicine at the University of Colorado School of Medicine. She received her medical degree at the University of California, Los Angeles and completed Internal Medicine Residency training at the Cleveland Clinic.
Faculty Roster

Foundation. She is the Co-Director for the Leadership in Education Administration Program (LEAP), Associate Director for the School of Medicine's Mentored Scholarly Activity (for Public Health, Community Health, and Epidemiology), Course Director for the Graduate level Leadership and Advocacy elective, and core faculty for the LEADS (Leadership and Advocacy) Track. Dr. Lee has a passion for medical education, leadership development, and advocacy. Her advocacy work has been primarily around lesbian, gay, bisexual, and transgender health equity. She is certified in several leadership development instruments, including the Myers-Briggs Type Inventory (MBTI), Emotional Intelligence (EQi2.0, EQ360, TESI), and Fundamental Interpersonal Relations Orientation (FIRO-B/FIRO-Business).

James Lehman, MPH
James Lehman is an MD Candidate at the University of Wisconsin School of Medicine and Public Health, anticipating graduation in 2016. He is currently on the Board of Directors of GLMA: Health Professionals Advancing LGBT Equality. In state and national medical societies, James has championed recognition of the health significance of civil marriage equality, preparedness of agencies to serve LGBT elders, and conformity birth certificate policies to evolving medical standards of care for transgender persons. He evaluated Wisconsin AIDS/HIV Program's surveillance data systems and designed sexual and gender minority questions for the Survey of the Health of Wisconsin. He has won awards both at the bench and for his work with the community, including the McGovern-Tracy Scholars Award for community service. James's research foci are personal and demographic factors for LGBT-preparedness in medical students, public health systems and services, breastfeeding policy, preventable death, and community-based urban medicine.

Nathan Levitt, RN, MA, BSN
Nathan Levitt works as a Registered Nurse on the Oncology Unit at Maimonides Medical Center in Brooklyn, NY and as a training consultant at Callen-Lorde Community Health Center. Callen-Lorde is a primary health care center dedicated to meeting the health care needs of the lesbian, gay, bisexual and transgender (LGBT) communities and people living with HIV/AIDS. Nathan has worked as a Community Organizer, Program Coordinator, researcher, consultant, trainer, and health educator with international and national organizations for 15 years. He currently trains universities, health centers, medical and nursing schools, hospitals, and community based organizations on LGBT health, with a focus on transgender health. Nathan is currently in a Family Nurse Practitioner Program at SUNY Downstate Medical Center.

Mindy E. Lull, PhD
Dr. Lull is a 2004 graduate of St. John Fisher College, where she received a B.A. in anthropology, with minors in both biology and chemistry. Dr. Lull went on to earn her Ph.D. in Pharmacology from Penn State University College of Medicine in 2009. Following postdoctoral studies at Virginia Commonwealth University, Dr. Lull returned to St. John Fisher College in the summer of 2010 to begin her tenure as Assistant Professor in the Department of Pharmaceutical Sciences at the Wegmans School of Pharmacy.

Mitchell R. Lunn, MD
Mitchell R. Lunn is a long-standing advocate for the LGBT communities and their inclusion in higher education settings, especially medicine. He earned his medical degree from Stanford University before completing internal medicine residency at Brigham and Women's Hospital. He is the co-founder of The Stanford Lesbian, Gay, Bisexual, and Transgender Medical Education Research Group, which helped spur institutional and national discussions about policies, procedures, environments, and curricular content to improve the culture of academic medicine for LGBT people. Currently, Mitch is a Clinical Research Fellow in the Division of Nephrology at the University of California, San Francisco (UCSF), where he is co-director of The PRIDE Study, a national prospective longitudinal cohort study of sexual and gender minorities. He serves on LGBT-related advisory committees and conducts collaborative LGBT research with investigators across the country. Other areas of active interest include the use of emerging research technologies and LGBT institutional climate.

Shail Maingi, MD
Dr. Maingi is a board certified Hematologist, Medical Oncologist and Palliative Care Physician who is involved in medical education, breast cancer research and LGBT health care advocacy. She is a board member on the National LGBT Cancer Network and recently served on a CDC-funded expert panel focused on forming national practice guidelines for LGBT patients and families facing cancer. She was the founding chair of the American Academy of Hospice and Palliative Medicine’s LGBT Special-Interest-Group and continues to work closely with that organization to improve the quality of end-of-life care provided to all people. She recently joined a working group with the American Society of Clinical Oncology (ASCO) addressing the health care disparities faced by LGBT patients and the Board of GLMA where she is working closely with the Lesbian Health Fund (LHF). She is currently affiliated with Montefiore Medical Center in Bronx NY and St. Mary's Cancer Treatment Center in Troy, NY.

Jennifer Mathews, PhD
Dr. Mathews received her PhD in Pharmacology from the University of Rochester School of Medicine and Dentistry. She began her tenure at St. John Fisher College in 2007. Dr. Mathews’ research is focused on the scholarship of teaching and learning. Of particular interest are topics related to cultural competency including barriers to healthcare. Dr. Mathews was recognized by St. John Fisher College (Diversity Innovations Award) and the American Association of Colleges of Pharmacy (Innovations in Teaching Award, Honorable Mention) for a program designed to teach techniques for overcoming communication barriers as well as some of the specific challenges in communicating with Deaf or hard-of-hearing patients. Dr. Mathews has also been asked to speak locally and nationally on the need for transgender healthcare curriculum in pharmacy schools. Dr. Mathews has been voted Teacher and Advisor of the Year twice by the student body of the Wegmans School of Pharmacy.
Phoenix A. Matthews, PhD
Dr. Matthews is internationally known for health disparities research with underserved populations. Dr. Matthews is an Associate Professor and clinical psychologist with more than 20 years of experience in examining determinants of cancer-related health disparities with a focus on African American and LGBT populations. Dr. Matthews’ recent research focuses on the use of community-based and culturally targeted health promotion interventions to reduce risk factors associated with cancer disparities including smoking cessation treatments. Phoenix has served as the PI of 4 federally funded projects and co-investigator for several others. Phoenix currently serves as the Co-PI of an NIH-funded study (R01 DA023935-01A2) to conduct a randomized clinical trial of a culturally targeted and non-targeted smoking cessation intervention for LGBT adult smokers. Phoenix is also the current director of the Recruitment, Retention and Community Engagement Program of the University of Illinois at Chicago Center for Clinical and Translational Science (CCTS).

Jane A. McElroy, PhD
Jane A. McElroy is an Associate Professor in the Family and Community Medicine Department and part of the Epidemiology Group at MU Research Reactor at the University of Missouri-Columbia. She has a decade of experience in epidemiology work including studies using cross-sectional, (breast and endometrial) cancer case-control, and randomized control trial designs. She is co-director on the highly successful Out, Proud and Healthy Project, a serial Missouri Foundation for Health funded project examining health and risk factors such as tobacco use in the SGM (sexual and gender minority) community in Missouri (www.outproudandhealthy.org). She is also the MU principal investigator for Project LOLA, which is an U.S. Office of Women’s Health funded RCT focused on improving the health and fitness of sexual minority women age 40 and over.

Nathan Mickinac
Nathan Mickinac is a first year medical student at the Medical College of Georgia at Georgia Regents University. He graduated from West Virginia University in 2014 with a Bachelor of Science in chemical engineering and a certificate in biomedical engineering. He is currently serving as a student clinic coordinator at the Equality Clinic.

Andy Miller
Andy Miller is President and CEO of Austin-based Any Baby Can, a non-profit that strengthens families so that children can succeed. Miller is the Co-Founder and partner at Miller-Stephens & Associates, a strategic consulting practice for non-profit organizations. He has also held positions with Texas Medical Association and the University of Florida (UF). A graduate of Southwestern University, Andy also has a Master’s degree in Health Science Education from UF and is a Master Certified Heath Education Specialist. He is an award-winning non-profit professional, frequently requested speaker and serves on multiple boards and committees committed to health and social causes, particularly those serving the LGBT community. Andy and his partner Brian reside in Austin, TX with their son, Clark.

Alex Moozhayil
My name is Ale x Moozhayil and I am a research assistant at the University of North Texas. I am a member at the Center for Psychosocial Health Research under Dr. Yosvick, Ph.D. I have been involved in research with CPHR since August 2014. I have always been interested in working with minority communities, so joining CPHR was the best option for myself. I am looking forward to graduate programs in either clinical or counseling psychology. With the knowledge I am gaining at CPHR about research and minority communities, I am confident in my future. At CPHR, our research involves LGBT and HIV/AIDS communities. I also manage our fundraiser for life walk which raises money for HIV/AIDS research.

Justin Neisler
Justin Neisler is currently completing his medical degree at the Medical College of Georgia at Georgia Regents University following undergraduate training at Auburn University. Justin has dedicated his time at MCG to improving the experience of LGBT people on campus and throughout the health system and increasing access to welcoming and competent care for LGBT patients everywhere. Progress over the last four years include a new inter-professional LGBT faculty, staff, and student education, support, and advocacy organization; an annual LGBT health education and awareness week initiative; and the nation’s first student-run LGBT free-clinic. After graduation, Justin hopes to continue to commit himself to improving LGBT health and education and the representation and support of LGBT people in healthcare through residency training and a career in academic medicine.

Rachel Newman
BA Wellesley College English and Art History, MD/MBA candidate Tufts University School of Medicine, class 2016.

Tony Nguyen
Tony Nguyen is the Outreach/Communications Coordinator for the National Network of Libraries of Medicine, Southeastern/Atlantic Region. Tony is responsible for coordinating the national and state exhibiting program, subcontract state and regional exhibiting awards, and subcontract training awards. He exhibits at several health professional, health information professional, and consumer health exhibits. Tony is familiar with NLM and NN/LM products and services, especially PubMed, offering many online and in-person classes updating and revising them based on audience needs. Tony is responsible for providing internet and technology instruction to health care and public health professionals, health information professionals, information professionals, and the public. He also monitors new and emerging technologies for the SE/A region and its members. Tony’s research interest include information seeking behaviors of minority populations and cross-discipline approaches to support the information needs of various population groups.

Nicole Nisly, MD
Dr. Nicole Nisly is Professor and Associate Chair for Diversity for the Department of Internal Medicine at the University of Iowa Hospital and Clinics. Her clinical and academic interests include the Primary Care Home, care of vulnerable populations, cross-cultural healthcare and Integrative
and Complementary Medicine. She served as the University of Iowa Interim Chief Diversity Officer, and in 1998 developed and continues to direct the Complementary and Alternative Medicine Clinic. In partnership with Dr. Imborek, she developed and co-directs the LGBTQ Clinic. Additionally, she developed a healthcare disparities and cultural diversity elective for healthcare students, which includes a rotation providing care for gender non-conforming people in the prison system in Iowa.

Christopher M. Nolan
Christopher Nolan is the Project Manager of Population Health at Rush University Medical Center in Chicago, IL. Christopher is responsible for the oversight of several population health initiatives, including the creation and implementation of the Medical Home Network Accountable Care Organization’s Centralized Complex Care Coordination program, Rush’s involvement with the Centers for Medicare and Medicaid Service’s Bundled Payments for Care Improvement initiative, and Rush’s Community Health Needs Assessment strategy. Christopher was recently appointed Adjunct Faculty in the Department of Health Systems Management at Rush University, where he is creating and directing a course entitled Care Coordination and Population Health. In addition to these responsibilities, Christopher is a member of Rush’s Diversity Leadership Council, where he is the co-founder and co-chair of the LGBT Health Committee. Christopher received his Master of Public Administration in Health Policy and Management from New York University’s Robert F. Wagner Graduate School of Public Service.

Sean O’Mahony
Sean O’Mahony is an academic palliative medicine physician. His clinical interests include end-of-life care, chronic pain management and the palliation of the sequelae of chronic illnesses. He has a Master of Science in Clinical Research and Biostatistics from Columbia University. His research and teaching interests include pain management, end-of-life and palliative care, quality-of-life at the end-of-life and clinical outcomes and effectiveness of palliative care programs, and how to meet the needs of the underserved and minority communities at the end of life. He has implemented demonstration projects in palliative medicine in the Emergency Department, Intensive Care Unit, and in long-term care settings and is co-demonstrating a three year Chicago land educational demonstration program to expand access to palliative care in community settings. He is a past chair for the newly established LGBT special interest group and member of the Diversity Taskforce in the American Academy of Hospice and Palliative Medicine.

Juno Obedin-Maliver, MD, MPH
Juno Obedin-Maliver is a Women’s Health Clinical Research Fellow in a combined program at the San Francisco Veterans Affairs and the University of California San Francisco (UCSF). She went to medical school at Stanford, completed an MPH at UC Berkeley, and clinical residency in Obstetrics and Gynecology at UCSF. Juno’s clinical and academic focus is on promoting the health of women, veterans, and sexual and gender minorities. She is a co-founder of The Stanford Lesbian, Gay, Bisexual and Transgender Medical Education Research Group (LGBT MERG) and co-director of The PRIDE Study, a national prospective longitudinal cohort of sexual and gender minorities. Juno has been active in health policy and helped to legally redefine sexually intimate partner status and remove the Medicare Non-Coverage Determination ruling on “transsexual surgery.” Other areas of active engagement include the gynecological and obstetrical health of transgender men and women and the health of veterans.

Kerstin Palm, MA, OTR/L, CHT
Kerstin Palm is Outpatient Rehabilitation Services Manager at Brigham and Women’s Faulkner Hospital where she oversees Occupational Therapy and Physical Therapy services, staff, and administration. She is a Certified Hand Therapist and Certified Lymphedema Therapist. She also serves as co-chair of the LGBT and Allies Employee Resource Group for Brigham and Women’s Health Care. She received her Bachelor of Science degree in Occupational Therapy from the University of Illinois and her Master of Arts degree in Psychology and Religion from Andover Newton.

Sarah M. Peitzmeier
Sarah Peitzmeier is a doctoral candidate at the Johns Hopkins Bloomberg School of Public Health. Her research interests focus on how structural factors impact the sexual health of marginalized populations. She worked at Fenway Health in 2013 and coordinated the Transprev study, a mixed-methods study of cervical cancer screening among patients on the transmasculine spectrum. She is currently a co-investigator on a PCORI-funded study investigating the acceptability and accuracy of self-swabs for STIs among transmasculine patients, including self-swabs for HPV as a primary cervical cancer screening modality.

Amy Penkin, MSW, LCSW
Amy Penkin is the Program Coordinator for the Transgender Health Program at OHSU. Previously Amy was a Senior Manager in a community behavioral health agency and oversaw programming for children, families, and young adults and began introducing LGBT specific programming. Her 20 year career includes providing direct care and advocacy. She is now focused on policy development, program management and teaching. Amy is dedicated to promoting health equity for the LGBT community and other underserved populations. In addition to working in Portland, she has history as a social worker in the San Francisco Bay Area where she introduced Integrated Behavioral Health programming in an FQHC with specialty focus on the LGBT community. Amy earned her MSW from the Univ. of California, Berkeley and subsequently served as Adjunct Faculty and Field Instructor for Schools of Social work at UC Berkeley, San Francisco State University, Smith College, and Portland State University.

Andrew Petroll, MD, MS
Andrew Petroll is an Associate Professor at the Medical College of Wisconsin (MCW), with a dual appointment in the Department of Medicine – Division of Infectious Diseases and in the Department of Psychiatry and Behavioral Medicine - Center for AIDS Intervention Research. His clinical focus is in the care of patients with HIV and sexually transmitted infections as well as HIV prevention through the use of HIV pre-exposure prophylaxis. His research interests include...
LGBT persons’ access to care and experiences with health care providers and the implementation and evaluation of biomedical HIV prevention methods. Dr. Petroll serves as the volunteer Medical Director of BESTD Clinic, a free clinic in Milwaukee providing care of sexually transmitted infections to gay and bisexual men since 1974. He also is a board member and treasurer of the Milwaukee LGBT Community Center.

Cecilia M. Plaza, PharmD, PhD
Cecilia M. Plaza is currently the Senior Director of Academic Affairs for the American Association of Colleges of Pharmacy (AACP). Her activities in the area of academic affairs focus on curricular and institutional quality improvement, instructional design, and assessment. Dr. Plaza is the head of the Center for the Advancement of Pharmacy Education (CAPE) which is responsible for producing educational outcomes for pharmacy graduates and associated resources. Dr. Plaza received her doctor of pharmacy degree in 2000, her masters in pharmaceutical sciences in 2003, and her doctor of philosophy degree in 2006 from the University of Arizona. Her M.S. and Ph.D. have a concentration in pharmacoeconomics and pharmacometric analysis.

Jennifer Potter, MD
Jennifer Potter is an Associate Professor of Medicine at Harvard Medical School and Director of women’s health programs at Beth Israel Deaconess Medical Center and Fenway Health in Boston. She is a strong proponent of clinical QI efforts implemented in a patient-centered medical home model. In addition to 1) developing a program to improve HPV vaccine rates, her scope of work in the LGBT health arena includes: 2) inquiry into barriers to use of an electronic medical record to track preventive services; 3) predictors of adherence to cervical cancer screening recommendations; 4) identification of a high rate of unsatisfactory Pap tests among people on the transmasculine spectrum; 5) comparative effectiveness of different outreach strategies to enhance cervical cancer screening rates; and 6) feasibility of routine breast cancer risk assessment in a population of LBT patients receiving mammograms.

Cara Presley-Kimball, LICSW
An experienced program manager, supervisor, therapist and trainer, Cara started her social work career working with adults living with HIV and treating high-risk youth in health care settings. Struck by the impact that trauma had on the health and well-being the people she served, Cara went on to provide specialized therapy to child survivors of sexual abuse before becoming clinical director of programs providing home-based therapy to children and families in Rhode Island and Massachusetts. A life-long LGBT advocate, Cara now combines her passion for the LGBT community with her specialization in trauma-specific clinical treatment as the Manager of Fenway Health’s Violence Recovery Program, a role she began in 2012. Cara is a licensed independent clinical social worker with a Bachelor’s degree in social work from Luther College and a Master’s of Social Work degree from the University of Minnesota.

Kimberly I. Proctor
Kimberly Proctor is a research analyst at the Centers for Medicare & Medicaid Services (CMS) in the Office of Minority Health (OMH) Data and Policy Analytics Group. She leads projects related to the collection, analysis, and dissemination of administrative data as it relates to underserved populations, with a particular focus on sexual and gender minorities.

Jack Pula
Jack Pula is psychiatrist in private practice and on the voluntary faculty of Columbia’s Division of Gender and Sexuality LGBT Initiative. He lectures widely on transgender related issues, including approaches to care in psychiatry, psychotherapy, and psychoanalysis.

Asa Radix, MD, MPH
Dr. Radix is the Director of Research and Education at The Callen Lorde Community Health Center in New York. In addition to having a clinical practice (HIV primary care and transgender health), Dr. Radix coordinates electives in LGBT Health for medical and nursing students and holds faculty positions at NYU and Yale. Other contributions include being a consultant for the World Health Organization/PAHO on transgender health issues, board member of the American Conference for Treatment of HIV, and editorial board member for the International Journal of Transgenderism and the PRN Notebook. Dr. Radix is the site-PI/co-investigator for 3 NIH/NIMH studies. Current research interests involve studying the impact of transphobia and homophobia on access to health services.

Harry Reyes Nieva
Harry Reyes Nieva is a Predoctoral Research Fellow at Harvard Medical School and Brigham and Women’s Hospital where his research focuses on eliminating health disparities and leveraging health information technology to improve patient care and safety. He serves as Network Manager of the Brigham and Women’s Primary Care Practice-Based Research Network and co-chair of the LGBT and Allies Employee Resource Group for Brigham and Women’s Health Care. Prior to a career in health services research, he was a Manager in the Strategic Information division of the U.S.
President’s Emergency Plan for AIDS Relief (PEPFAR), which aimed to rapidly expand treatment and care programs for people living with HIV/AIDS in sub-Saharan Africa. He received his Bachelor of Arts degree in Sociology and History from Yale University and studied Population and International Health at the Harvard School of Public Health. He is a Human Rights Commissioner for the city of Cambridge, Massachusetts.

Timothy D. Rodden, MDiv, MA, BCC, FACHE
The Rev. Timothy D. Rodden is a Presbyterian Church (USA) ordained clergy and is Director of Pastoral Services at Christiana Care Health System in Newark, DE. He is also a Parish Associate at First & Central Presbyterian Church in Wilmington, DE. Tim received his Master of Divinity from Union Theological Seminary (NYC) and a Master in Pastoral Counseling from LaSalle University. In addition to being a board certified chaplain with the Board of Chaplaincy Certification of the Association of Professional Chaplains he is board certified in healthcare management as an American College of Healthcare Executives Fellow. Tim is integrally involved in Christiana Care's expanding journey in the area of cultural competency, diversity and inclusion especially relating to LGBTQ needs. Tim lives in Newark with his husband, The Rev. Dr. Randall T. Clayton, and their two German shepherds, Jessie and Max.

Alexis L. Rossi, MA, MEd
Alexis L. Rossi is the Director of Diversity Training and Evaluation in the Office of Student and Multicultural Affairs and an Educational Researcher in the Educational Innovation Institute at the Medical College at Georgia Regents University. She serves as the Equality Clinic advisor and President of the board.

Janice Sabin, PhD, MSW
Dr. Janice A. Sabin is a Research Associate Professor, Department of Biomedical Informatics and Medical Education, University of Washington. Dr. Sabin's area of expertise is racial/ethnic health care disparities with an emphasis on understanding mechanisms and pathways that lead to unequal treatment in health care. Dr. Sabin is one of the earliest investigators in the nation to apply the science of unconscious bias to health care disparities research. Her research includes examining pediatricians’ racial bias/discrimination in treatment decisions for African American and white patients, racial/weight bias among providers in the Indian Health Service, provider attitudes toward lesbian women and gay men, provider bias toward people with mental illnesses, and community based participatory research with African American and American Indian/Alaska Native people to develop culturally appropriate health education materials. She has developed interactive, web-based health disparities education materials for health professionals. Dr. Sabin is affiliated faculty with the University of Washington, School of Medicine (UWSOM), Center for Health Equity, Diversity, and Inclusion, working on employing best practices to increase faculty diversity in the UWSOM.

Amit Sachdeo, BDS, MS, DMSc
Dr. Sachdeo received his Doctorate in Oral Biology and Certificate in Prosthodontics from Harvard University. He is currently an Associate Professor at Tufts University School of Dental Medicine in the department of Prosthodontics. Besides being involved with Prosthodontic teaching, Dr. Sachdeo is also an avid researcher. His work has been published in the Journal of Prosthodontics, Journal of Periodontology, Journal of Dental Education, European Journal of Prosthodontics and Restorative Dentistry, Journal of Dental Research and various other peer-reviewed journals. Dr. Sachdeo has also been the recipient of numerous awards and grants, including the American College of Prosthodontists / P&G Research Fellowship in Complete Denture Prosthodontics, Academy of Prosthodontics Foundation Research Award, American College of Prosthodontists / ESPE Research Fellowship in Geriatric Prosthodontics, Northeastern Gnathological Society’s Granger-Pruden Award, Greater New York Academy of Prosthodontics (GNYAP) Research Award and the American College of Prosthodontists John J Sharry Award for Outstanding Prosthodontic Research.

Riikka Salonen, MA
Riikka Salonen, M.A., a bi-national native of Finland, brings over 20 years of experience as a diversity and inclusion strategist, intercultural facilitator and consultant worldwide. Ms. Salonen leads the diversity and inclusion strategic planning for OHSU Healthcare and sets the agenda for OHSU Healthcare diversity recruitment and outreach initiatives. Ms. Salonen is an experienced instructional designer and facilitator for diversity, inclusion, equity and cultural competence training programs. Ms. Salonen is a member of OHSU Transgender Health Program Committee, OHSU Pride, an LGBTQ employee resource group and advocate of many organization-wide initiatives that improve care and services for LGBTQ patients and employees. Ms. Salonen speaks regularly in national conferences about cultural competence in healthcare and leads workshops about diversity and inclusion strategic planning. She is currently co-authoring a book: Developing Culturally Competent Healthcare Organizations: Strategies and Tools for Making a Difference with Drs. Lee Gardenswartz and Anita Rowe.

Elizabeth A. Samuels, MD, MPH
Elizabeth A. Samuels is a third year Emergency Medicine Resident and public health emergency medicine researcher in the Department of Emergency Medicine at Brown University in Providence, RI. Dr. Samuels' background is in community-based interventions, harm reduction programs, and work with homeless and LGBTQI adolescents as well as recently released prisoners. She recently helped establish the Lifespan Opioid Overdose Prevention Program, which provides ED patients at risk of opioid overdose a take home intranasal naloxone rescue kit, opioid overdose prevention and response education, and consultation with a peer recovery coach. Her study, “Barriers to Seeking Emergency Care and Emergency Department Experiences Among Trans and Gender-non-Conforming Patients: a Qualitative Investigation,” is her first qualitative research project and received financial support through a University Emergency Medicine Foundation Resident Research Grant.
Megan Scott
Megan Scott is a Generic Master of Science in Nursing (GMSN) student at San Francisco State University with a focus on Community Public Health and Pediatrics. In summer 2014, she worked as a Research Assistant with Rebecca Carabez Ph.D. RN, analyzing data from over 1000 pages of transcripts from 268 nurse key informant interviews on LGBT health issues.

Kent Seldal, MDiv, ThB
Kent Seldal retired last year after 23 years as the Director of Pastoral Care at Memorial Medical Center in Ashland, Wisconsin. His interests have included a stint as pastor to the missionaries at the village for the deaf in Jamaica, medical mission teams to Trinidad and post-earthquake Haiti and organizing a Habitat for Humanity project to build a house for an injured firefighter. In Ashland, he has done extended grief recovery work in the community with a special focus on survivors of suicide. He has worked extensively with alcohol and drug recovery and behavioral health disorders. He founded and chaired the hospital bioethics committee. It was in connection with this last responsibility that he became more closely involved with LGBTQ issues, participating in organizing The Invisible Patient, a workshop to promote informed, effective and respectful healthcare to the LGBTQ community.

Ryan Yoshimura Shields
Ryan recently finished his third year of medical school at Johns Hopkins University and is taking a year off from his studies to work on the EQUALITY study. He graduated from Amherst College with a BA in sociology and biology; his previous work has included qualitative research into healthcare policy after civil war, clinic work has included qualitative research into healthcare policy after civil war, clinic

Jillian C. Shipherd, PhD
Jillian C. Shipherd is a Clinical Psychologist at the Women’s Health Sciences Division of the National Center for PTSD at VA Boston Healthcare System and Associate Professor of Psychiatry at Boston University. She is one of two LGBT Program Coordinators for Patient Care Services at VA Central Office. Her area of expertise is the interface of mental and physical health subsequent to trauma, with a focus on gender comparisons. The intersection of these interests brought her to working with transgender veterans over a dozen years ago. As the former Chair of the VA Boston Diversity Committee she created the first local VA policy on transgender care, which served as the foundation for the current national VA Directive on transgender treatment. She is the author of over 50 peer-reviewed publications, many of which are on LGBT issues.

Dorothy Sippo, MD
Dr. Dorothy Sippo is an Assistant Professor of Radiology at Johns Hopkins University School of Medicine. She has combined fellowship training in Breast Imaging and Imaging Informatics and also holds a Master of Public Health degree. Her practice is focused on Breast Imaging, including image interpretation and imaging guided procedures. Her research interests involve the intersection of breast imaging, clinical informatics and public health. Since medical school she has been engaged with efforts to promote LGBT health. She is particularly interested in LGBT family building experiences. This interest developed as she and her wife received infertility care and became parents.

Carol Smith, PhD, RN
I am a faculty person at the University of Illinois at Chicago, College of Nursing. I teach population health and international health courses at the undergraduate and graduate levels. I have been involved in international health work since 2004. I have taught in Thailand, Indonesia, and China. I recently spent one year in Rwanda, East Africa, working with a Clinton Foundation project to improve nursing and medical schools in that country. My research is with lesbian women who have abused their intimate female partners. I am interested in learning and implementing ways to prevent lesbian intimate partner violence as a population health issue. I have also been instrumental in integrating LGBT Health into a revised undergraduate curriculum in my College of Nursing.

Caitlin Stover, PhD, PHCNS-BC, CNE
Caitlin Stover is an Assistant Professor and Chairperson of the Community Department in the College of Nursing at the University of Massachusetts Dartmouth. Dr. Stover received her undergraduate nursing degree from Boston College, her Master's degree in Community/Public Health Nursing from Worcester State University and her PhD in Nursing from the University of Massachusetts Worcester. Dr. Stover educates nurses across all program levels using a social justice approach. Dr. Stover is a proud ally to the LGBT population and was the chair of this year's Nursing Summit.

Elizabeth Stieglitz Tarras, MS
Elizabeth Tarras is a first year medical student at Icahn School of Medicine at Mount Sinai. Elizabeth has a Columbia University degree in English and Comparative Literature. She worked for four years as an Investigator with the New York State Division of Human Rights where she investigated and settled claims of discrimination in employment and housing based on individuals' HIV status, gender, and sexuality. Elizabeth earned a Master of Science in Teaching. Elizabeth then spent three years teaching public high school and middle school English in the Bronx and East Harlem. She founded her school's first Gay-Straight Alliance and developed a new health curriculum for the school that was inclusive of LGBTQ sexual health. At Icahn, Elizabeth has worked as co-author and editor for Mount Sinai Health Systems Transgender Clinical Protocols and Health Services Resource Manual and is a Case Manager with EHHOP's, Mount Sinai's Access to Care Team.

Tyler TerMeer, MS
Tyler TerMeer serves as the Executive Director of Cascade AIDS Project in Portland, OR. TerMeer has also served as the Director of the Ohio AIDS Coalition (OAC) and the Director of Public Policy and Government Relations for AIDS Resource Center Ohio (ARC Ohio); Director of Men’s and Youth Programs at Southwest Center for HIV/AIDS in Phoenix, Arizona; and on the national Board of Trustees for National Association of People with AIDS (NAPWA), National Quality Center (NQC), and Advocates for Youth. TerMeer's work in mobilizing communities to create social change at the local, state and national levels has been...
Thi T. Tran
Thi Tu Anh Tran is a first year medical student at the Medical College of Georgia at Georgia Regents University. She graduated from Emory University in 2011 with a Bachelor of Science in biology and minor in ethics. She is currently serving as a student clinical coordinator at the Equality Clinic.

Matthew Vail, MA, LCSW
Matthew Vail is a Clinical Social Worker in the Department of Health and Aging at Rush University Medical Center. He previously served as Program Coordinator for BRIGHTEN Heart, a randomized controlled trial comparing the BRIGHTEN Program (Bridging Resources of an Interdisciplinary Geriatric Health Team via Electronic Networking) to an educational program for African American and Latino/a older adults with cardiometabolic syndrome. His clinical interests include LGBT aging, primary care and mental health integration, and the interface between policy and mental health practice. He is the Chair of Resources and Visibility for the Rush LGBT Health Committee and a member of the Health and Aging Diversity Committee. Matthew Vail has written and presented on the impact of health care reform on mental health services for older adults. He has also provided clinical training on the subject of LGBT aging and mental health.

Barbara E. Warren, PsyD
Dr. Barbara E. Warren is Director for LGBT Programs and Policies in the Office for Diversity and Inclusion at Mount Sinai Health System in New York City where she is leading the institution’s implementation of the Human Rights Campaign’s and the Joint Commission’s guidelines for LGBT affirmative and culturally competent health care. Previously she served as Distinguished Lecturer and founding Director, Center for LGBT Social Science and Public Policy at Hunter College, City University of New York. For over 21 years, Dr. Warren served on the senior management team of the NYC LGBT Community Center where she was the inaugural Director for the Center’s behavioral health programs and as Director for Planning, Research and Government Relations was responsible for the Center’s local and national health and public policy initiatives. She has over 30 years of experience in the development of behavioral health and public health programs in community based settings.

Jamie Weinand
Jamie Weinand is a current third-year medical student at Boston University School of Medicine and he identifies openly as a FTM transgender person. They are interested in working in primary care and pro bono medicine.

Matt Whitaker
Matt Whitaker, Oregon State Director Matt is a former clinician with extensive experience in health policy and advocacy. He most recently served as Compassion & Choices Oregon Outreach Coordinator before stepping into this new role. In his former position Matt increased community outreach events by 400% in his first quarter and helped establish key relationships with practitioners across the state. Matt is a board certified music therapist with clinical experience in long term acute care and geriatrics and a passion for improving end-of-life care through patient empowerment and education. A Georgia native, Matt is a graduate of the University of Georgia.

Shelby Wilcox, BSN
Shelby Wilcox received her BSN from the University of Iowa in 2004. I practiced as an bedside RN in both the Surgical Intensive Care Unit as well as the Emergency Department at the University of Iowa, Level 1 Trauma Center. After seven years of clinical experience I transitioned to the EPIC Clinical Support role for the hospital. I am responsible for support, optimization and project management of new clinical documentation within EPIC. I currently practice at the Iowa River Landing Clinic, and support all end-users in the system. I am certified in both EpicCare Ambulatory and EPIC Reporting Workbench.

André Wilson
André Wilson is an experienced policy consultant and cultural competency educator, specializing in fostering welcoming and supportive workplace and institutional environments for diverse populations. A Senior Associate with Jamison Green & Associates, André’s unique expertise in transgender-inclusive healthcare and health benefits plans has served corporate and small employers, policymakers, advocacy groups, health professionals, and educational institutions in achieving their goals of inclusion. Based in Ann Arbor, Michigan, André works with clients across the entire country. André serves on the Ann Arbor Human Rights Commission, the Michigan Department of Education Sexual Minority Youth Working Group, and the Michigan Department of Community Health Family Planning Advisory Council. André holds a Master of Science in environment and behavior research.

Tiffany Woods
Tiffany Woods is a wife, mother of three, trainer, film producer, longtime advocate. As the Program Manager for Transgender Services at Tri-City Health Center, Fremont, CA, she insures the trans and gender neutral community has access to affirming healthcare, hormones and HIV prevention and care services. The program she co-created in 2002, TransVision, is nationally recognized in linking trans women of color into HIV services and creates jobs, mentorship for trans women of color. She is a graduate of the CDC/ASPH Institute for HIV Prevention Leadership (2005) in Atlanta, GA where she also served as visiting faculty co-teaching Strategic Planning and Special Populations and was a member of the Fellows Advisory Committee (2010). She served on the Alameda County/Contra Costa HIV Collaborative Planning Council in 2007-2011 and Co-Chaired the Policy, Education, and Review Committee; was a member of the National Advisory Board for the Center of Excellence for Transgender Health, UCSF, CA.
Howa Yeung, MD
Howa Yeung is a resident physician in dermatology at Emory University School of Medicine. He received his BS, summa cum laude, from the Sophie Davis School of Biomedical Education and his MD from the New York University School of Medicine. He completed his internship in internal medicine at Yale-New Haven Hospital. In 2011, he completed an NIH-funded dermatopediology research fellowship at University of Pennsylvania.

Emily J. Youatt, MPH
Emily J. Youatt is a Doctoral Candidate in Health Behavior and Health Education at the University of Michigan School of Public Health. She holds a BA in Women’s Studies from the University of Kentucky and a Master of Public Health degree from the University of Michigan. Her research focuses on patient provider communication around sexual orientation, sexuality-related health disparities, and the abortion care workforce.

Tanya Zucconi, MBA
Tanya Zucconi Senior Project Manager for Clinical Performance Reporting, joined the Brigham and Women’s Physicians Organization (BWPO) Medical Management Team in 2012, with 20+ years of data analysis and management experience in public policy and healthcare. She also serves as co-chair of the LGBT and Allies Employee Resource Group for Brigham and Women’s Health Care (BWHC). Her current focus is on developing and leading the Analysis & Reporting Team, monitoring population health technology developments in industry, managing the BWPO strategy for implementing and executing the Enterprise Data Warehouse, and implementing population health and business intelligence/analytics technology for use at BWHC by primary care and specialty providers. Prior to joining the Medical Management Team, Tanya spent four years at the BWHC Center for Clinical Excellence, where she supported analytic needs of the Emergency Department, Ambulatory Services, and Surgical Services in addition to serving as primary educator on the Balanced Scorecard.

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Do you have LGBT health-related research? Are you involved in innovative LGBT health programming at your institution or in your practice?

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Student Scholarship & Financial Aid Recipients

GLMA is grateful to our student scholarship and financial aid recipients who provide invaluable service hours to make the GLMA Annual Conference a tremendous success.

GLMA is proud to provide scholarships to students and trainees from across the health professions. Scholarships would not be possible without the generous support of our members and conference registrants who have made donations to the GLMA Scholarship Fund.

Thank you to those who contributed to ensure these students and trainees are able to attend GLMA's 33rd Annual Conference! Donations for scholarships can be made at the Conference Registration Desk on the Plaza Foyer.

Student Scholarship Recipients

Ahmad Abu-Mohammad, LebMASH Break the Silence Recipient
Ahmad Abu-Mohammad is currently a second year medical student at the American University of Beirut in Lebanon. After completing his BA in Sociology and Anthropology, he became interested in investigating the cultural barriers to the access of health within the LGBT community. He is also interested in mental health.

Smitty Amabilis (Buckler)
Smitty is a clinical researcher who focuses on HIV and trans health. They are currently a Phlebotomist/HIV/STI Tester at Gay City and an Outreach Specialist at Seattle HIV Vaccine Trials at Fred Hutchinson Cancer Research Center in Seattle Washington. Smitty is in the process of applying to UW after recently completed BS from Portland State University. They were scholarshipped into the Principles of HIV course at UW in July 2015. They are a contributing editor to The Equal Curriculum, the first LGBTQI focus medical education textbook. Smitty is a certified Street Medic with CPR and First Aid as well as a forty hour certification in Interpersonal Violence Advocacy and certifications through HIPPA, NIH and Fred Hutch for Protecting Human Research Participants.

Nathan Anderson
Nathan Anderson is a third-year medical student in the MD program at Oregon Health & Science University. He received his undergraduate education from Bennington College and earned a dual BA in molecular biology doing research in academic and industry labs before applying to medical school in 2013. After he finishes his medical training he hopes to open a cardiac intensive care unit (CICU) at Children's Hospital in New Orleans. She has a background with adult medical surgical telemetry and emergency department units. This will be Kelly's first conference as a professional nurse. She would also like to connect with medical professionals from around the country: perhaps some from Louisiana and other southern states. Attending the conference could be the start of a Southern Nurses’ LGBT Issues Network. She is excited to hear about new research and priorities on LGBT health care issues.

Ishan Asokan
Ishan Asokan is currently a 2015-2016 NIH Medical Research Scholars Program Fellow and rising fourth year medical student at the Vanderbilt University School of Medicine, where he plans to apply for a residency in Plastic Surgery. He received his BA in Biology from the University of Pennsylvania in 2010 (magna cum laude) and completed his M.Sc. in Global Health Science at the University of Oxford, U.K. in 2012. Ishan has participated in global LGBTQ projects in India, Kenya and Jordan and plans to commit his career to translational research, advocacy, and surgery overseas.

Alisha Berry
Alisha Berry is a first year medical student at Oregon Health and Science University. Prior to medical school she worked as a study coordinator at the Oregon Clinical and Translational Research Center overseeing a registry that investigated genetically triggered aortic aneurysms in a variety of disorders, her main cohort being Turner Syndrome. She attends the Turner Syndrome conference each year and hopes to continue work with that population as she pursues a specialty in pediatric endocrinology. Her main interest, however, is providing affirming care to transgender children and youth. As a pediatric endocrinologist she plans to have a clinical practice with a focus on trans health as well as conduct research on long term health outcomes of trans folk, starting in childhood. She has been a member of the Trans Health Program Committee at Oregon Health and Science University since 2013 and plans to continue this work as a student.
Mandy “Kylie” Blume
Mandy “Kylie” Blume is just completing her Master’s in Biological Anthropology and is now applying to medical school with the goal of becoming an LGBT physician leader. She is passionate about promoting LGBT healthcare equality, especially for the transgender community, by improving LGBT medical education and encouraging LGBT cultural sensitivity. Kylie has fostered interests in academic medicine through her continued internship with Gender Health Center’s student-run Transgender Hormone Clinic and as a Senior Academic Fellow with the UC Davis Pre-Medical Surgical Internship Program. She is also on the UC Davis 2016 Improving OUTcomes Conference planning committee and is using her position to advocate for LGBT medical education coverage. Kylie is also involved in research; she is currently involved with a study examining social predictors for transgender youth health outcomes, as well as implementing her own project evaluating how blood chemistry ranges may differ between transgender and cisgender patients.

Miguel Carreon
Miguel Carreon is currently a registered nurse going to OHSU full-time enrolled in the family nurse practitioner program, with the end goal of receiving a doctorate in nursing practice. Miguel’s interest in the GLMA conference is both of professional and personal nature, being a gay man in the healthcare field. He hopes to soon be able to use his career to provide personalized care for members of our community. Through this conference, he also hopes to learn about the current gains taking place in relation to equality for this community, as well as what the next steps are and how he can be a part of this in the future.

Alex Geiger
Alex Geiger is a second year medical student at the University of Arizona College of Medicine – Phoenix, where he serves as a leader for multiple student organizations, including LGBTQ in Medicine, a group that seeks to support LGBTQ medical students and educate all students on how care and advocate for LGBTQ patients. In addition, his Scholarly Project (a four-year research project required at his school) examines the impact of EHRs on providers’ ability to accurately document and facilitate care for transgender patients. While he has not made a final decision about a specialty, Alex has a strong interest in Family Medicine, particularly in underserved communities. When Alex isn’t studying or engaged in community outreach, he enjoys spending time with his family, including his husband Tray and their two cats.

Tosha Griggs
Tosha Griggs is a junior at the University of North Texas. She is pursuing a B.S. in Psychology. However her long term goal is to get a Masters in Psychology. She is a research assistant at the Center for Psychosocial Health Research, an Army Veteran, and a mother of two.

Boyd Hammond
Boyd Hammond is a Physician Assistant student at the University of Colorado Anschutz. His interest in LGBT health started when he served as a prevention intern at Northern Colorado AIDS Project. He was involved with providing free HIV and HCV testing to high-risk patients, as well as outreach and education. He also served as a peer mentor to LGBT college students, helping to increase retention rates among this community. He is now volunteering at a non-profit organization providing sexual health education and resources for the LGBT community of Northern Colorado. He is passionate about providing healthcare to underserved and marginalized communities. After graduation he hopes practice in HIV primary care, LGBT health, and work with other communities facing health disparities.

Deion Scott Hawkins – Deion Hawkins graduated Cum Laude from The Ohio State University in 2012. After completing his Bachelor’s, he attended Marshall University, where he discovered his passion for public health and completed his Master’s Degree in Health Communication. While there, he wrote a thesis regarding sexual and HIV communication in Black MSM. He plans on attending George Mason University in the Fall to pursue his doctorate in health communication. Deion has been lucky enough to present at several conferences, including the 2014 National Communication Association Conference, and is a proud member of the National Black Gay Mens Advocacy Coalition. Currently, Mr. Hawkins is the Director Of Debate at Marshall University where he teaches introductory public speaking and debate courses as well as coaches a nationally ranked debate team. In his spare time, he volunteers at a local testing center where he is a certified HIV counselor.

Travis Salway Hottes
As a social epidemiologist, Travis Salway Hottes is interested in better understanding social inequities in health so that we may improve public health interventions. He is a PhD candidate in epidemiology at the Dalla Lana School of Public Health at the University of Toronto and a board member of the Community-Based Research Centre for Gay Men’s Health, which conducts Sex Now, the largest survey of gay and bisexual men in Canada. Prior to returning to school, Travis worked for six years as an infectious disease epidemiologist at the BC Centre for Disease Control. He has a master’s degree in epidemiology from McGill and a bachelor’s degree in social work from the University of California at Berkeley.
Kate Jackman
Kate Jackman is a PhD candidate at the Columbia University School of Nursing and a psychiatric nurse practitioner who specializes in working with children and adolescents. Kate’s clinical experience with youth in psychiatric settings includes an in-patient crisis unit, an out-patient clinic and a private practice. Now entering the third year of the PhD program in Nursing, Kate’s dissertation research will be on the topic of non-suicidal self-injury among transgender adolescents and young adults. Taking a functional approach to non-suicidal self-injury, the project will explore the relationship between minority stress processes and functions of non-suicidal self-injury. Kate is the co-founder of the LGBTQI Health Research Interest Group of the Eastern Nursing Research Society. Kate is also a Jonas Nurse Leader Scholar, 2014-2016. Kate’s long-term research interests focus on the mental health of sexual and gender minority youth with the goal of decreasing mental health disparities and promoting resilience.

Lori-Ann Lima
Lori-Ann is Family Nurse Practitioner student at Oregon Health and Science University School of Nursing. In Portland, she has worked as an outreach RN case manager for Medicaid and uninsured patients and as an on-call RN at an HIV-residential care facility (Our House of Portland). She looks forward to her future practice providing queer and trans-friendly primary care in a community-based clinic serving a diverse community.

Harveshp D Mogal
Dr. Mogal received his medical diploma from the University of Mumbai, India. He then completed a residency in General Surgery in Saint Louis and is now completing a fellowship in Surgical Oncology in North Carolina. He seeks to pursue a career in academic surgical oncology with a special focus on breast cancer, gastrointestinal and hepatobiliary cancers and patients with disseminated peritoneal malignancy. He is an avid supporter of LGBT rights and wishes to use his spare time volunteering for social and medical issues affecting LGBT people.

Margot Presley - Oregon Health and Science University

Hytham Rashid
As a first year medical student at NSUCOM, Hytham Rashid would like to meet and learn from queer healthcare providers who are practicing in Southern Florida. Ultimately, he hopes to bridge his passions as a bioengineer with his communities as an openly gay, Palestinian Muslim in America. Hytham want to utilize technology to innovate educational resources to increase the accessibility of mental healthcare and HIV prevention for fellow queer youth of color, as this community is disproportionately affected. He especially looks forward to continuing his work with alQaws for sexual and gender diversity in Palestinian society through a lens of trauma-informed care, someday hopefully becoming a positive role model for future generations.

Megan Brianna Scott RN, PHN
Megan is a graduate student in the nursing department at San Francisco State University. I will be graduating in December, 2015, with a Master of Science in Nursing (MSN), as well as a Bachelor of Science in Nursing (BSN) degree with a minor in Health Education. My final project for my master’s degree is focused on exploring nurses’ knowledge and understanding of advance directives for lesbian, gay, bisexual, and transgender (LGBT) patients. I have a passion for working in various public health settings and I am committed to serving and meeting the diverse needs of all individuals in the community. I volunteer as a Registered Nurse at Clinic by the Bay, a volunteer-run free health clinic for the medically underserved located in San Francisco, CA. In my free time, I enjoy cooking, dancing, going to museums, attending sporting events, and walking on the beach.

Ryan Shields
Ryan Shields is currently a fourth year student at Johns Hopkins University School of Medicine. He spent the last year researching patient-centered methods of collecting both sexual orientation and gender identity in emergency rooms as part of the EQUALITY study. Ryan also leads the School of Medicine LGBT Curriculum Team at Johns Hopkins which has helped to longitudinally integrate sexual and gender minority health into the medical school curriculum. He is currently applying into Ob/Gyn residency programs.

Markelle Smith
Markelle is a third year dental student at the University of Alabama at Birmingham (UAB). He also received his Bachelors of Arts in Spanish from UAB prior to beginning dental school. In his free time, Markelle enjoys traveling, practicing yoga, eating out with friends and playing with his dog, Zaden.

Carl G. Streed Jr, MD
Carl G. Streed Jr, M.D. earned his medical degree from the Johns Hopkins University School of Medicine. While at Hopkins, he advocated for the inclusion of LGBT health in the curricula of the Schools of Medicine, Nursing, and Public Health, increased the visibility and value of the LGBT community through community advocacy, and achieved transgender equity in health insurance coverage. Nationally, Dr. Streed served as the American Medical Student Association LGBT Policy Coordinator & Liaison, advised the American Medical Association Board of Trustees as a member of the LGBT Advisory Committee, and served on the board of GLMA. Dr. Streed’s efforts to improve the health and well-being of LGBT individuals and communities have earned him the Johns Hopkins Diversity Leadership Award, the AMSA
James Slayton National Award for Leadership Excellence, AMA Foundation Excellence in Medicine Award, the Erickson-Zoellers Point Foundation Scholarship as well as recognition by the White House.

Elizabeth Tarras
Elizabeth Tarras is a second year medical student at the Icahn School of Medicine at Mount Sinai. At Mount Sinai, Elizabeth is a leader of the LBGTQ People in Medicine Group. With other members of the group, Elizabeth has helped to spearhead the medical school’s adoption of a preferred name policy for students, the creation of the hospital’s first gender-neutral bathroom, and curriculum reform to integrate LBGTQ health. Elizabeth also works as co-author and editor for Mount Sinai Health System’s LBGT Health Services Resource Manual and leads an elective course for medical students entitled, Sex and Health. Prior to medical school, Elizabeth spent three years as a high school English teacher and plans to continue working with adolescents as a future physician.

Maya Torain
Maya Torain is a research assistant at the Center for Surgery and Public Health at Brigham and Women’s Hospital, Harvard Medical School and Harvard T.H. Chan School of Public Health. Her primary interests lie in health care disparities research and outcomes. Maya serves as a research assistant for the Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity (EQUALITY) Study, a PCORI-funded project aiming to determine the most patient-centered method to collect SO/GI information in the emergency department. Prior to joining the EQUALITY team, Maya served as a research assistant for the Program for Obesity, Weight and Eating Research (POWER) lab at the Yale School of Medicine, with a focus on health disparities and adolescent obesity. Maya is a Baltimore-native and a recent graduate of Yale University.

Thi Tu Anh Tran
Born as a Vietnamese refugee in Thailand, Thi immigrated to the United States with my family as an infant. Growing up, Thi remember depending on government aid programs for basic needs. She attended Emory University on full financial aid and graduated with a degree in biology and ethics. After graduation, Thi wanted to show her appreciation for the aid she had received throughout life by giving back and paying forward. Thus, she spent a year volunteering with AmeriCorps National Civilian Community Corps. During that year, she not only learned about community service, but also learned to accept herself. As a second year medical student at Georgia Regents University in Augusta, GA, Thi continues to embrace her background as an immigrant, experiences as an underserved minority and self as queer female by serving the LGBT community as a student clinic coordinator at the Equality Clinic, a free LGBT clinic.

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The American Medical Association is the premier national organization dedicated to empowering the nation’s physicians to continually provide safer, higher quality, and more efficient care for patients and communities. For more than 165 years the AMA has been unwavering in its commitment to using its unique position and knowledge to shape a healthier future for America. www.ama-assn.org

Association of American Medical Colleges
The Association of American Medical Colleges (AAMC) represents all 144 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, and 115,000 resident physicians. The AAMC supports our member institutions sexual and gender minority health efforts through our Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development (Axis). Axis serves as a resource to support the efforts of academic medicine and the biomedical sciences to promote the health of people who are lesbian, gay, bisexual, transgender, gender nonconforming, and/or born with differences of sex development.

Boston Scientific
Boston Scientific transforms lives through innovative medical solutions that improve the health of patients around the world. As a global medical technology leader for more than 35 years, we advance science for life by providing a broad range of high performance solutions that address unmet patient needs and reduce the cost of healthcare. For more information, visit www.bostonscientific.com and connect on Twitter and Facebook.

Brattleboro Retreat
The Brattleboro Retreat is a not-for-profit mental health & addictions treatment center located in southern Vermont providing a full continuum of services and programs. Nationally recognized as a leader in the field, the Retreat offers inpatient and outpatient programs for children, adolescents and adults; specialized LGBT Adult Inpatient Program as well as a young adult inpatient program; partial hospitalization and intensive outpatient services for adults; and residential and school programs for children & adolescents.

Exhibit Hall

Visit our fabulous exhibitors during:

- Breakfasts
- Coffee & Lunch Breaks
- Receptions

Have them stamp your Exhibitor Passport and be entered into a drawing to win a free 2016 conference registration.
CDC/HDAP
Center for Disease Control & Prevention’s (CDC) HIV mission is to prevent HIV infection and reduce the incidence of HIV-related illness and death, in collaboration with community, state, national and international partners.

Cigna
Cigna Corporation and its subsidiaries serve millions of people worldwide through medical, dental, behavioral health, pharmacy, vision, life, accident and disability benefit plans and insurance and Medicare supplemental. Known as a health and related benefits company, our involvement with customers of all kinds goes deeper than handling insurance claims. While many businesses self-insure their health plans, employers look to us for the expertise, services and tools that help improve the health and well-being of their employees. Customers seek our guidance in making informed healthcare decisions. Partners seek our direct marketing expertise to enrich their loyalty programs and services to their customers. Individuals outside the US rely on our insurance products and services to enhance their financial security. Cigna has sales capability in 30 countries and jurisdictions, with approximately 80 million customer relationships throughout the world. To learn more about Cigna, visit www.cigna.com.

Compassion & Choices
Compassion & Choices is the leading nonprofit organization committed to helping everyone have the best death possible. We offer free counseling, planning resources, referrals and guidance, and across the nation we work to protect and expand options at the end of life. For over thirty years we have reduced people’s suffering and given them some control in their final days – even when injury or illness takes their voice. We are experts in what it takes to die well. We are thrilled to be at the GLMA conference. We will be talking with GLMA members about how we can make your lives easier when it comes to end of life choice and some of our initiatives including the various Death with Dignity Acts.

Department of Veterans Affairs (VA)
The Department of Veterans Affairs (VA) was established as an independent agency under the President on July 21, 1930, and was elevated to Cabinet level on March 15, 1989. The Department’s mission is to serve America’s Veterans and their families with dignity and compassion, and to be their principal advocate in ensuring that they receive medical care, benefits, social support and lasting memorials promoting the health, welfare and dignity of all Veterans in recognition of their service to this Nation. VA is the second largest Federal department and has over 312,000 employees. Among the many professions represented in the vast VA workforce are physicians, nurses, counselors, statisticians, architects, computer specialists and attorneys. As advocates for Veterans and their families, the VA community is committed to providing the very best services with an attitude of caring and courtesy.

FDA/CDER
The FDA’s Center for Drug Evaluation and Research (CDER) makes sure that safe and effective drugs are available to improve the health of the American people. CDER ensures that prescription and over-the-counter drugs, both brand name and generic, work correctly and that the health benefits outweigh known risks.

Human Rights Campaign Foundation
The Human Rights Campaign Foundation improves the lives of lesbian, gay, bisexual and transgender (LGBT) people by working to increase understanding and encourage the adoption of LGBT -inclusive policies and practices. The Foundation’s Health & Aging program (HAP) administers the annual Healthcare Equality Index (HEI), which educates healthcare facilities nationwide about best practices in LGBT care and shows LGBT patients which facilities have publicly committed to equity and inclusion. HAP also engages in wide-ranging efforts to promote awareness of LGBT health and aging concerns and has a significant focus on reducing HIV and AIDS among gay and bisexual men and transgender women.
Kaiser Permanente Northern California
Kaiser Permanente Northern California currently has 17 residency and fellowship programs. We provide academic training within a world-class health care organization for a large patient population. Our programs foster residents' professional and personal development in an integrated, scholarly and supportive, managed-care environment. We follow patients longitudinally through all aspects of the continuum of care, giving trainees exposure to principles of population management, evidence-based medicine, quality improvement and team-based acute and chronic care.

LGBT Health
LGBT Health (www.liebertpub.com/lgbt) is the only peer-reviewed journal providing an authoritative, international forum in all areas pertinent to the health of and healthcare services for sexual and gender minority populations. The Journal facilitates and supports the efforts of researchers, clinicians, academics, and policymakers to work toward improved health status and healthcare delivery for all segments of the LGBT community and other sexual or gender minorities. In order to meet the urgent need for expanded research and education, LGBT Health will be increasing in frequency to six issues per year in 2016.

National Library of Medicine
The National Library of Medicine (NLM - http://nlm.nih.gov), provides free, authoritative information for healthcare professionals, patients and families. Through a regional network of resource libraries (NNLM - http://nnlm.gov), we provide access to information, training on information resources and access to a network of health information resource centers. Stop by our booth to learn more about PubMed/MEDLINE, MedlinePlus (consumer health information) and other NLM resources designed to support health and well-being among diverse communities.

Physicians for Reproductive Health
Physicians for Reproductive Health works to improve access to comprehensive reproductive health care, including contraception and abortion, especially to meet the healthcare needs of economically disadvantaged patients. We bring the physician's distinctive voice to debates over reproductive healthcare. We provide leadership and tools so that physicians can speak up and take action. We use scientific expertise and our patients' real-life experiences to influence legislation, medical practice and public opinion. We advocate for reproductive health as a core part of all medical curricula. We train doctors to educate their colleagues and other health professionals on best practices in reproductive and sexual health care. www.prh.org; facebook.com/reprodocs; twitter.com/reprodocs

The PRIDE Study
The PRIDE Study is an online, national, prospective, longitudinal, general health study of sexual and gender minorities, including members of the LGBT communities. Designed for and by LGBT community members, The PRIDE Study will study how being a sexual or gender minority and other influences affect physical, mental, and social health. Participants will complete annual health questionnaires (only 30 minutes per year) and participate in topic-specific studies that will vary from year to year. Based at the University of California, San Francisco, The PRIDE Study aims to follow participants for decades. Please visit www.pridestudy.org or contact pridestudy@ucsf.edu for more information.
### GLMA Presidents

<table>
<thead>
<tr>
<th>Year Range</th>
<th>President(s)</th>
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<th>President(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-Present</td>
<td>Henry Ng, MD, MPH</td>
<td>1999-2000</td>
<td>Donald I. Abrams, MD</td>
</tr>
<tr>
<td>2011-2013</td>
<td>Desiray Bailey, MD</td>
<td>1998-1999</td>
<td>Kathy Oriel, MD</td>
</tr>
<tr>
<td>2009-2011</td>
<td>Rebecca Allison, MD</td>
<td>1997-1998</td>
<td>Michael Horberg, MD</td>
</tr>
<tr>
<td>2007-2009</td>
<td>Jason Schneider, MD</td>
<td>1996-1997</td>
<td>Jocelyn White, MD</td>
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<tr>
<td>2003-2004</td>
<td>Kenneth A Haller, Jr., MD</td>
<td>1993-1994</td>
<td>Kate O’Hanlan, MD</td>
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<tr>
<td>2002-2003</td>
<td>Christopher E Harris, MD</td>
<td>1992-1993</td>
<td>Larry Prater, MD</td>
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<tr>
<td>1989-1990</td>
<td>Audrey Mertz, MD</td>
<td>1988-1989</td>
<td>Elizabeth Harrison, MD</td>
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<tr>
<td>1987-1988</td>
<td>Peter Hawley, MD</td>
<td>1986-1987</td>
<td>David Ostrow, MD, PhD</td>
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<td>1985-1986</td>
<td>Alvin Novick, MD</td>
<td>1984-1985</td>
<td>Brett Cassens, MD</td>
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<tr>
<td>1983-1984</td>
<td>Neil Schram, MD</td>
<td>1982-1983</td>
<td>Denny McShane, MD</td>
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<td>Year</td>
<td>Location</td>
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<tr>
<td>2014</td>
<td>Baltimore, Maryland</td>
<td>2002</td>
<td>Toronto, Ontario</td>
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<td>2012</td>
<td>San Francisco, California</td>
<td>2000</td>
<td>Vancouver, British Columbia</td>
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<tr>
<td>2011</td>
<td>Atlanta, Georgia</td>
<td>1999</td>
<td>San Diego, California</td>
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<tr>
<td>2007</td>
<td>San Juan, Puerto Rico</td>
<td>1995</td>
<td>Los Angeles, California</td>
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<td>2005</td>
<td>Montreal, Quebec</td>
<td>1993</td>
<td>Portland, Oregon</td>
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<tr>
<td>2004</td>
<td>Palm Springs, California</td>
<td>1992</td>
<td>San Francisco, California</td>
</tr>
<tr>
<td>2003</td>
<td>Miami, Florida</td>
<td>1991</td>
<td>Provincetown, Massachusetts</td>
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Thank You to GLMA’s 2015 Major Donors

**Visionaries for LGBT Health ($5,000 and above)**

Rebecca Allison, MD
Desi Bailey, MD
Brad Deal, MD
M. Azzam Mehssen, MD
Henry Ng, MD, MPH
Robert Winn, MD
Joel Ang, MD
Anonymous
Julio Aponte, MD
Lemuel Arnold, MD
Jonathon R Baker, PA-C
Rami Baz, MD
Ronnie Benoit, MD
Anthony Bernens, MD
Greg Blaschke, MD, MPH
Diane Bruessow, PA-C
Robert Bush Jr., MD
Edwin M. Craft, DrPH, LCPC
John Davis, MD, PhD
Omar Fattal, MD
Joseph Flynn, MD
Stephen Forssell, PhD
Wayne Franklin, MD, MPH
George Gay, MD &
Brian Soper
Richard Greene, MD
Andrew Hamp, MD
Van Hardison, PhD
Dennis Hargis
Christopher Harris, MD

**Leaders for LGBT Health ($1,000-$2,499)**

Bo Headlam, MD
Kenneth Hillenburg, MD
Dennis Holmes, MD
Gregory A Holzhei, DO
Brad Jacobson, MD
Jesse Joa, MD, MS
Carolos Jusino-Berrios, MD
Ranjit Kadam, MD
Kevin Kapila, MD
John Knudsen, MD
Diane Krause, MD, PhD
Ronald Kennedy, MD
Steven Kurtz, PhD
Chuck Lynn, MD
Shail Maingi, MD
Stewart Martin, MD
Stuart Martin Jr., DDS
Scott Nass, MD, MPA
Toby Meltzer, MD
Michael Neft, DNP
Jeremy Nelson, MPAS, PA-C
Samuel Pang, MD
Andrew Pettoll, MD
Tony S Quang, MD, JD
Asa Radix, MD, MPH
Tom Robb
Rodman Rogers, MD
Robert Saqueton, MD, FACP
Chris Souders, MD
Peter Shearer, MD
Carl Streed, Jr. MD
Douglas Van Auken, MD
Michael Warren, MD
Marcus Williams, MD

**Lesbian Health Fund Major Donors ($1,000+)**

Anonymous
Desi Bailey, MD
Caroline Becker, MD
Marlene Begelman, MD
Greg Blaschke, MD, MPH
Caroline Breeding
Diane Bruessow, RPA-C
Jennifer Chaffin, MD
Helen Cooksey, MD &
Susan Love, MD
Dianette Gartrell, MD &
Diane Mosbacher, MD
Lynn Hunt, MD
Horizons Foundation
Diane Krause, MD, PhD &
Liz Hellwig
Ellen Leng, MD
Lisa Levheim
Dawn Marie Wadle, MD
Renee McLaughlin, MD
Henry Ng, MD, MPH
Asa Radix, MD, MPH
Jason Schneider, MD
Schoenstadt Family Foundation
Margaux Shaffer
Jeanette Shimkus, DO, MPH
Harlee Strauss, PhD
Sheri Task, MD
Lisa Weissmann, MD
Robert Winn, MD &
Christine Winn
Kathleen White, DO

Look for our Major Donor pins, worn proudly to showcase generous support of GLMA’s mission for LGBT health equality!

Visit www.glma.org/donate or email members@glma.org
GLMA is the professional home for lesbian, gay, bisexual and transgender (LGBT) health professionals and their allies.

GLMA’s multidisciplinary membership includes professionals, trainees and students from all health professions.

GLMA’s mission is to ensure equality in healthcare for LGBT individuals and healthcare professionals.

LGBT healthcare equality is our goal.
Policy, advocacy & education are our strategies.
Professional membership is our core strength.

Join today and receive these member benefits!

<table>
<thead>
<tr>
<th>Extensive Network of LGBT Health Professionals</th>
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<tr>
<td>Network and collaborate with thousands of health professionals and allies committed to LGBT health equality.</td>
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<tr>
<th>Enhanced Provider Directory Listing</th>
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<tr>
<td>Members receive priority placement in search results and a detailed member listing about you and your practice in GLMA’s Provider Directory.</td>
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<tr>
<th>Member Discounts</th>
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<tbody>
<tr>
<td>• Registration for—and other special benefits during—GLMA’s Annual Conference</td>
</tr>
<tr>
<td>• Subscriptions to the new LGBT Health Journal</td>
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</table>
The Fenway Institute is an interdisciplinary center for research, training, education, and policy development, focusing on national and international health issues. Our mission is to ensure access to quality, culturally competent medical and mental health care for traditionally underserved communities, including lesbian, gay, bisexual and transgender (LGBT) people and those affected by HIV/AIDS.

The Fenway Institute is home to
The National Center for LGBT Health Education
The LGBT Aging Project
The Center For Population Research in LGBT Health
The National Center for Innovation in HIV Care

Learn more about these programs and much more at www.thefenwayinstitute.org.
Proud to support others who support others.

MetroHealth is proud to support the GMLA’s 33rd Annual Conference and their mission to ensure equality in health care for LGBT individuals and health care professionals.

At Skylight Financial Group, we understand the unique financial needs of the LGBT community and can help you build financial strategies to ensure your loved ones are protected.

Skylight Financial Group is a proud partner of GLMA.

www.skylightfinancialgroup.com

Supporting Best Practices in LGBT health care ... American College of Physicians

Policy to Eliminate Health Disparities for LGBT Persons (ACP)

The American College of Physicians has a long-standing commitment to improving the health of all Americans and opposes any form of discrimination in the delivery of health care services. The College is dedicated to eliminating disparities in the quality of or access to health care and is committed to working toward fully understanding the unique needs of the LGBT community and eliminating health disparities for LGBT persons.

Read the full Policy Paper at www.acponline.org/policypapers

NEW from ACP!

Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health

Written by leading experts in the field, this new 2nd edition is already considered the premier resource for LGBT health care, comprehensively reflecting the clinical and social changes since the first edition.

To order: call 800-523-1546 (M-F, 9 a.m.-5 p.m. ET) or visit www.acponline.org/fenway.

To save 20%, please refer to Promo Code GLMA15 upon checkout.
Get Involved with GLMA

GLMA members are invited to get involved with GLMA by participating in a committee! Put your professional expertise to use by contributing to the significant and impactful work accomplished by GLMA’s committees. GLMA committees harness the collective power of YOU to accomplish our mission to achieve LGBT health equality! Join the committee that is right for you!

**Education Committee**
- Develops webinar and Annual Conference programming and national guidelines for LGBT cultural competence curriculum
- Identifies additional opportunities for professional education that supports GLMA’s mission to improve LGBT health and well-being

**Contact:** educationcommittee@glma.org

**External Affairs Committee**
- Develops relationships and alliances with other health organizations
- Strengthens GLMA’s connections to existing and new LGBT health organizations

**Contact:** externalaffairscommittee@glma.org

**Health Professional in Training Committee**
- Identifies and organizes around the needs of health professional students and those in training programs at all levels and across all disciplines
- Addresses curricular reform, networking and mentorship and programming at national conferences and symposia

**Contact:** hptcommittee@glma.org

**Membership & Development Committee**
- Develops GLMA’s overall fundraising and membership recruitment strategy, including for Major Donors
- Seeks membership from healthcare professionals in all fields and through contacts with other professional associations

**Contact:** membershipcommittee@glma.org

**Policy & Government Affairs Committee**
- Works with the GLMA staff and Board of Directors to develop public policy and advocacy initiatives
- Participates in the planning and implementation of legislative, regulatory and/or administrative advocacy

**Contact:** policycommittee@glma.org

**Finance Committee**
- Reviews and monitors GLMA’s current financial picture
- Makes recommendations to ensure the organization’s financial stability and growth

**Contact:** financecommittee@glma.org

**Lesbian Health Fund Advisory Committee**

The mission of the Lesbian Health Fund is to improve the health of lesbians and other sexual minority women (SMW) and their families by providing funding to lesbian health research.

- Develops and implements fundraising opportunities through events, corporate solicitation and donor cultivation
- Peer reviews and selects research studies to which to provide grants for critically needed research into the health of lesbians and other sexual minority women

**Contact:** lhfairadvisoryboard@glma.org

We hope you will consider supporting GLMA with your skills, expertise and energy by joining a committee! Visit [www.glma.org/committees](http://www.glma.org/committees) for more information about GLMA committees.
Callen-Lorde Community Health Center is grateful to GLMA for its role in bringing together LGBTQ health care professionals and making the world a better place for our communities!

We’re pleased that our Chief Medical Officer and Senior Director of Research & Education are representing us at the conference this year. GO PETER AND ASA!

We’re always looking for great talent at Callen-Lorde. We’re currently searching for a CHIEF MENTAL HEALTH OFFICER and a SENIOR DIRECTOR OF INNOVATION, INFORMATION AND QUALITY and many other positions to support our growing organization. For more information, please visit callen-lorde.org.
GLMA Expresses Special Thanks to Legacy Fund Members

For more information about the Legacy Fund, please visit www.glma.org/legacyfund. If you have included GLMA in your estate plans and would like to be recognized as a member of the Legacy Fund, please contact info@glma.org.

www.glma.org/legacyfund

Save the Date

Women in Medicine Conference

August 3-7, 2016
Chicago, IL

Women in Medicine (WIM) is an organization started in 1984 as a medical education retreat for lesbian physicians, other sexual minority female physicians, medical students, their partners and their children. It is one of the longest standing LGBTQ medical organizations in the United States. Our annual retreat and conference provides CME credits for physicians. The conference also includes non-medical topics of interest to both physicians and their partners.

For more information, please visit www.WomenInMedicine.org or www.uvm.edu/medicine/cme or call 802-656-2292
PhRMA is proud to be a sponsor of the
GLMA’s Annual Conference

IT’S ALL OF US...

Against heart disease, diabetes, Alzheimer’s, cancer,
multiple sclerosis, HIV/AIDS, Parkinson’s, and more.

We’re doctors, biopharmaceutical companies, government
researchers, academics, scientists, parents, and kids.

And we’re working together.

PhRMA
RESEARCH = PROGRESS = HOPE

FromHopeToCures.org
The GLMA Nursing Section is the first-ever GLMA Section!

GLMA Sections support active involvement of a member group in fulfilling GLMA’s mission, with a focus on specific goals and activities that pertain to the interests of section members.

Visit our website to learn more about Sections!

To learn more about the GLMA Nursing Section, including how to join, please visit www.glma.org/nursingsection

Notes
You Serve the LGBT Community, but How Do They Find You?

GLMA’s online Provider Directory connects the LGBT community with culturally competent healthcare providers who are sensitive to their needs and whom they can trust—like you.

Members receive enhanced profile listings.

There is NO COST to be listed.

GLMA’s online Provider Directory is multidisciplinary, diverse and inclusive of all healthcare providers.

Join Today!

www.glma.org/referrals
(202) 600-8037
GO IT TOGETHER

We can lead, walk side by side or have your back. What matters most is that someone’s there. Cigna is proud to support GLMA and its efforts to advance LGBT equality across the health care spectrum for patients and providers. Together, we’re making our world a healthier place to live.

Cigna.

Together, all the way.