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LGBTQIA+

Elevating our Awareness and Comfort as Medical
Providers

OBJECTIVES

- Help to understand language as it pertains now to the LGBTQ+ Community
- Understand the additional risks and apprehensions members of the LGBTQ+ Community face in relation to healthcare
- Help provide a healthy foundation for us as healthcare providers to deliver quality healthcare to all members of our community
- Increase understanding and comfort with transgender health

LET'S START WITH THE LETTERS!

LGBTQQIAAPP2S

- Lesbian
- Gay
- Bisexual
- Transgender (Trans*)
- Questioning
- Queer
- Intersex
- Ally
- Asexual
- Pansexual
- Polysexual
- Two Spirited



GENDER

- Gender refers to **socially constructed** characteristics of women and men – such as norms, roles and relations of and between groups of women and men^[1]. Gender norms, roles and relations vary from society to society and evolve over time. They are often upheld and reproduced in the values, legislation, education systems, religion, media and other institutions of the society in which they exist. When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health. Gender is also hierarchical and often reflects unequal relations of power, producing inequalities that intersect with other social and economic inequalities.

[1] World Health Organization. (2011). [Gender mainstreaming for health managers: a practical approach](#). Geneva : World Health Organisation.

EARNED THEIR PLACE IN THE MERRIAM- WEBSTER DICTIONARY IN 2016

- Cisgender
 - Has been used since at least 1994
 - Describes a person whose gender identity corresponds to the gender assigned at birth
- Genderqueer
 - An individual with a gender identity that does not clearly qualify as male or female
- Mx.
 - A gender neutral honorific

CONCEPTS/DEFINITIONS

- **Gender Identity** – a person's perception of feeling male, female, neither, both, or some combination
- **Gender Expression** – presentation, not always indicative of gender identity
- **Sex** – assigned at birth – typically based on either genitalia or chromosomes
- **Gender non-conformity** – variations from cultural scripts regarding expression or gender role behavior
- **Transgender** – those who do not fall into socially normative gender roles –either with identity or with expression. Used as an adjective, not a noun or a verb
- **Gender dysphoria** – distress that occurs when gender assigned at birth is incongruent with gender identity
- **Sexual orientation** – patterns of physical and emotional arousal to certain gender(s)
- **Sexual behavior** – patterns of play that need to be addressed to assess medical risk

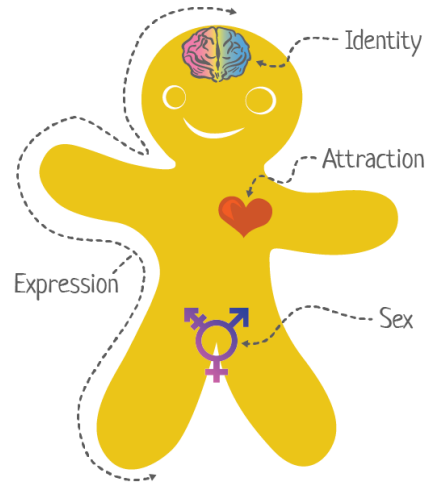
CULTURES HAVE
RECOGNIZED
NON-BINARY
GENDER FOR
CENTURIES



A group of Hijra, circa 1865.

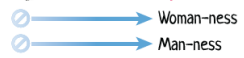


The Genderbread Person v4 by its pronounced METROsexual.com

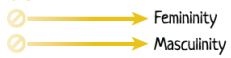


⊖ means a lack of what's on the right side.

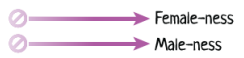
Gender Identity



Gender Expression



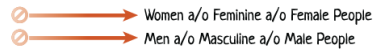
Anatomical Sex



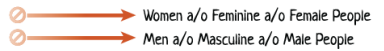
Identity ≠ Expression ≠ Sex
 Gender ≠ Sexual Orientation

Sex Assigned At Birth
 Female Intersex Male

Sexually Attracted to... and/or (a/o)

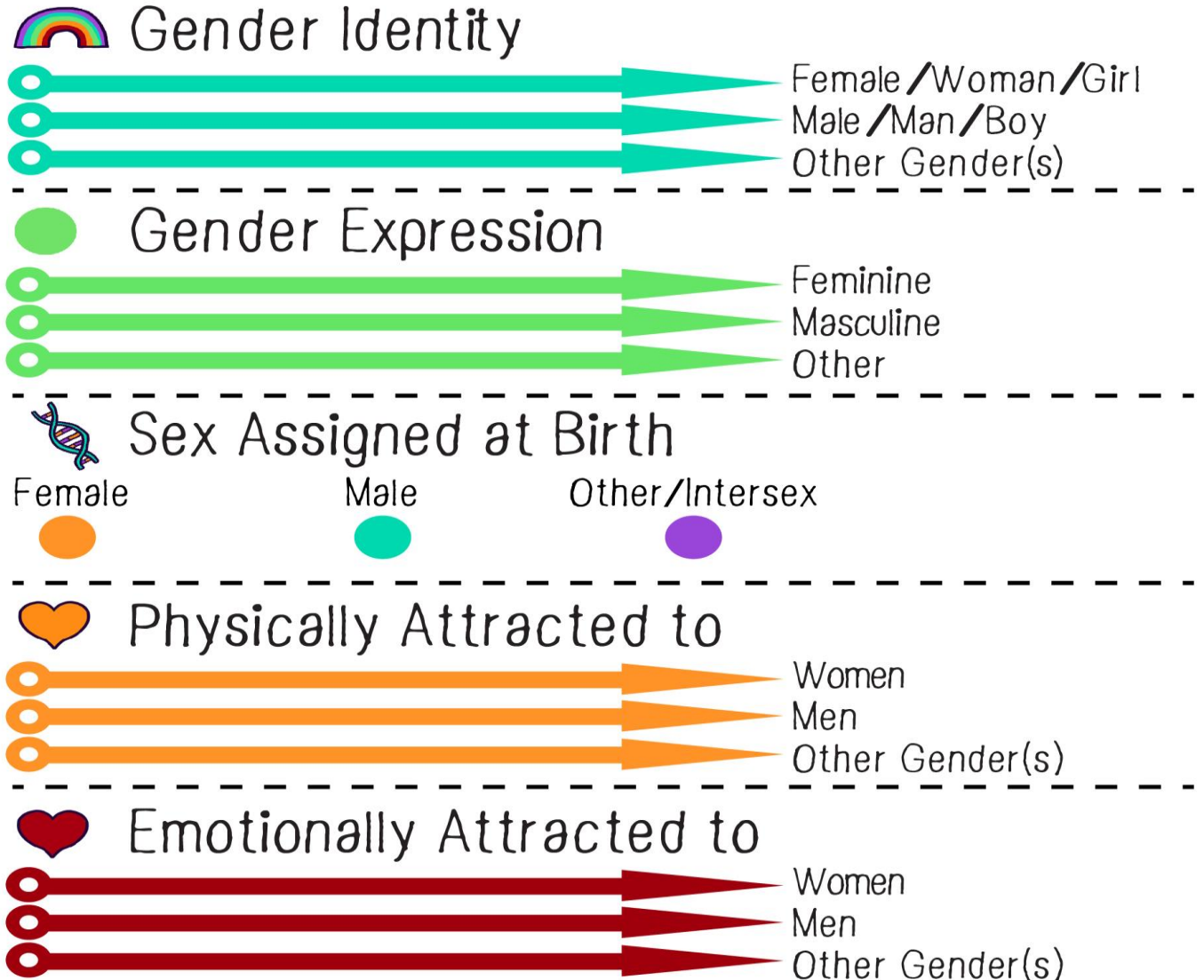
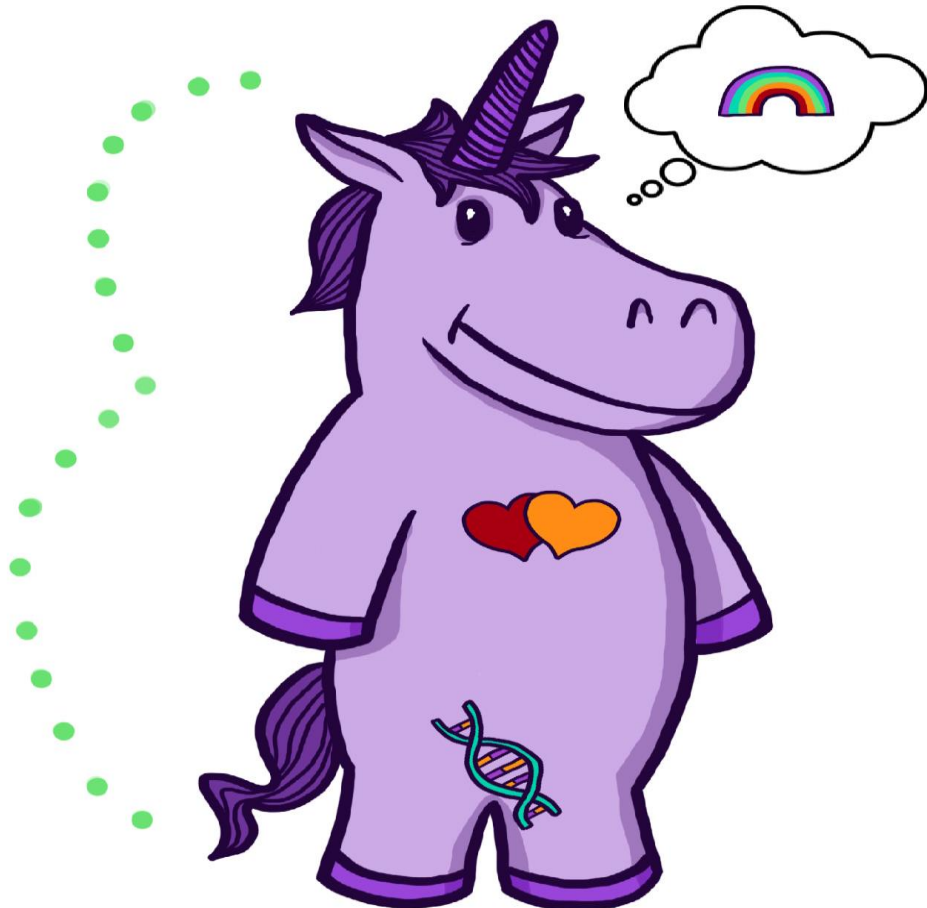


Romantically Attracted to...



The Gender Unicorn

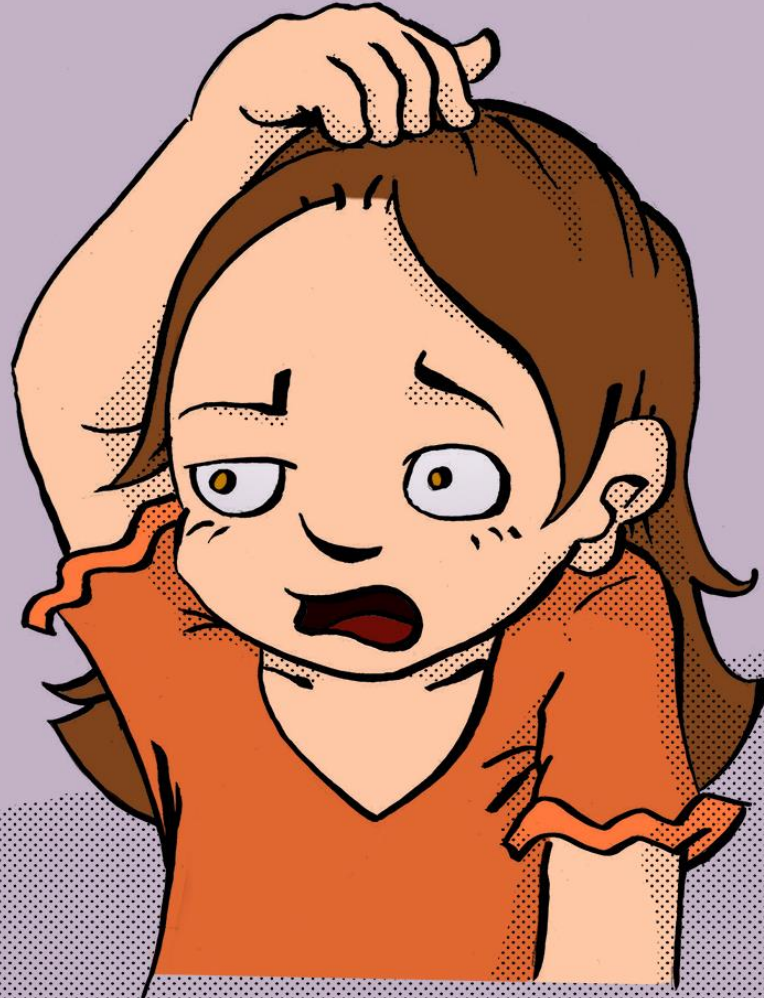
Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

WHAT DO YOU MEAN,
"I HAVE BOY'S PARTS"?



WWW.FACEBOOK.COM/ASSIGNEDMALE

ARE YOU TALKING ABOUT MY PENIS?
BECAUSE IT'S MINE AND I'M A GIRL.
SO IT'S A GIRL'S PENIS.

CISGENDER PRIVILEGE

JUST

- Ability to use public restrooms without fear of verbal abuse, physical intimidation or arrest
- Strangers don't assume they can ask you what your genitals look like and how you have sex
- Strangers call you by the name you provide, and don't ask what your "real name" [birth name] is and then assume that they have a right to call you by that name.
- You can reasonably assume that your ability to acquire a job, rent an apartment, or secure a loan will not be denied on the basis of your gender identity/expression.

A FEW

- Your identity is not considered a mental pathology
- You are not required to undergo an extensive psychological evaluation in order to receive basic medical care.
- If you are murdered (or have any crime committed against you), your gender expression will not be used as a justification for your murder ("gay panic") nor as a reason to coddle the perpetrators.

EXAMPLES

- You can reasonably assume that you will not be denied services at a hospital, bank, or other institution because the staff does not believe the gender marker on your ID card to match your gender identity.
- Having your gender as an option on a form.
- Your validity as a man/woman/human is not based on how much surgery you've had or how well you "pass" as non-transgender.
- You can easily find role models and mentors to emulate who share your identity.

DETRANSITIONING

(STATS AS OF 2021)

- 97% of people who are transgender are happy with their gender affirming interventions
- ~3% experience some form of regret, but may still not detransition
- Main reason (90%) cited for detransitioning is social pressure
 - Lack of home support
 - Problems in the workplace
 - Harassment
 - Discrimination
 - Other reasons cited – exploring a different gender, unrelated health issues, financial complications
- 0.4% of trans folx detransition because they felt the transition was not right for them

HOW DO WE KNOW IT'S NOT A PHASE?

- Consistent
- Insistent
- Persistent



RULES VS PATTERNS



Franklin
Delano
Roosevelt
~1884

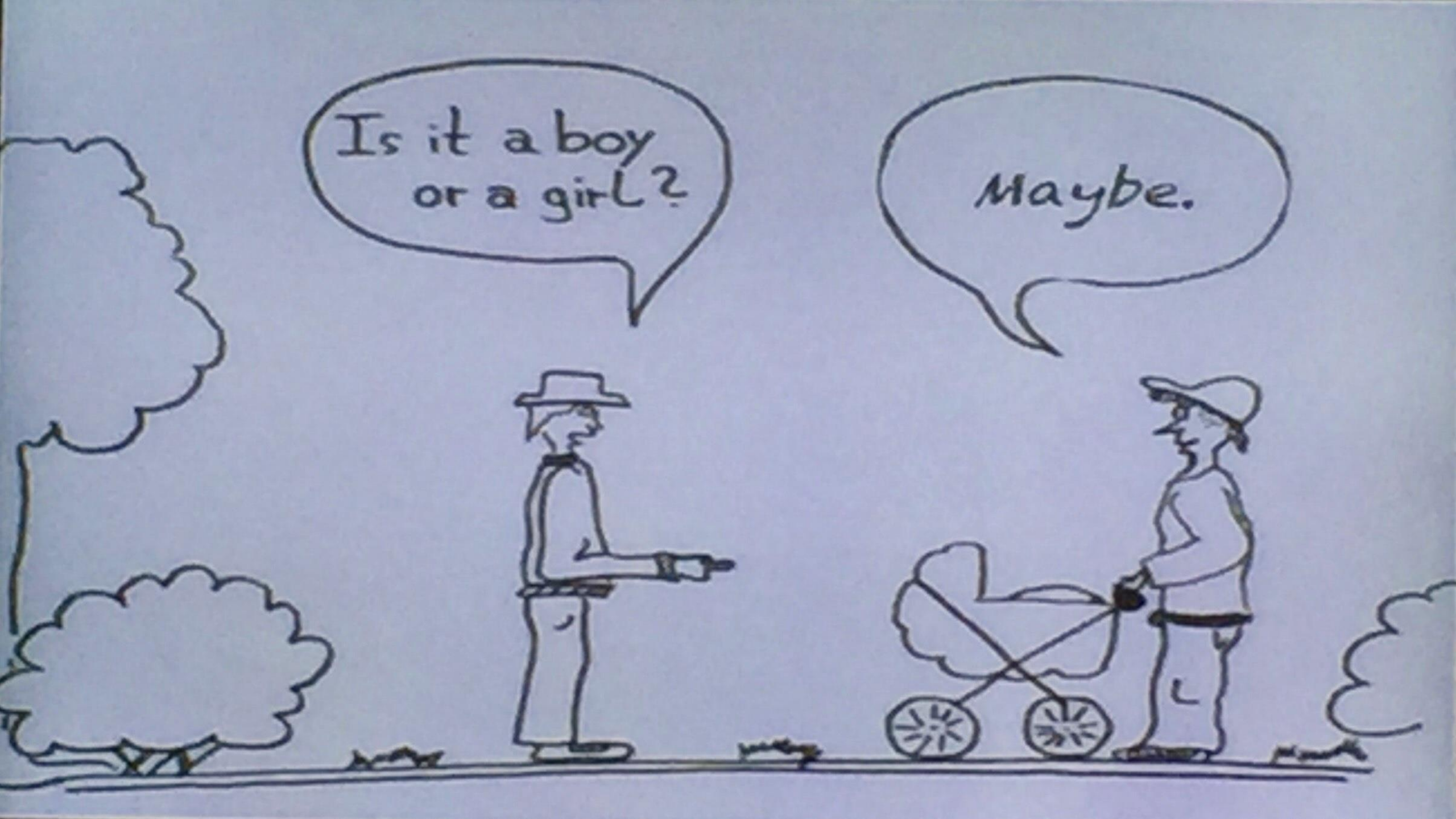


“ THE GENERALLY ACCEPTED RULE IS PINK FOR THE BOYS AND BLUE FOR THE GIRLS. THE REASON IS THAT PINK, BEING A MORE DECIDED AND STRONGER COLOR, IS MORE SUITABLE FOR THE BOY, WHILE BLUE, WHICH IS MORE DELICATE AND DAINTY, IS PRETTIER FOR THE GIRL ”

-trade publication

Earnshaw's Infants Department 1918





Is it a boy
or a girl?

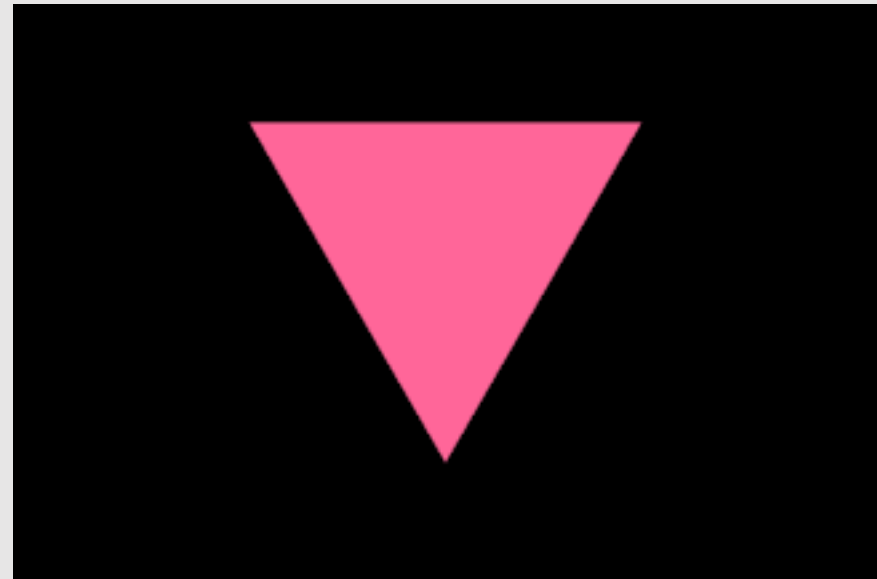
Maybe.

GENDER EXPRESSIONS AND NORMS ARE CONTINUALLY CHANGING AND VARY BASED ON CULTURE AND HISTORY



HISTORY CHANGING...

- The pink triangle was used by Nazis in concentration camps to identify and shame homosexuals
- At the end of the war, when virtually all of the prisoners were released, those wearing pink triangles were often kept imprisoned
- Many now embrace this symbol



FLAGS OF HOPE

- Red = life
- Orange = healing
- Yellow = sunlight
- Green = nature
- Indigo = serenity/harmony
- Violet = spirit



FLAGS! ALL SYMBOLS OF HOPE AND INCLUSIVITY



Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

AVOIDING OUTDATED TERMINOLOGY

Instead of this...

“Real” sex, “real” gender, genital sex, biological sex
A transgender
Transgenders
Transgendered
FTM, used to be a woman, born a female
MTF, used to be a man, born a male
Sex Change, The Surgery, Transgendering, pre-op/post-op, Gender reassignment
Hermaphrodite
Sexual preference, homosexual

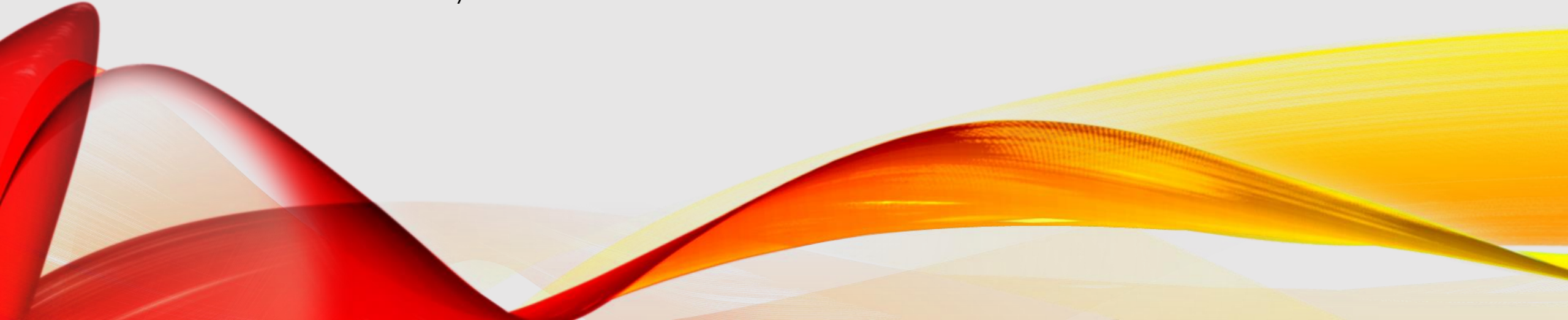
Say this...

Sex assigned at birth
Transgender person or Person who is transgender
Transgender people or People who are Transgender
Transgender
Transgender man, Transman or Trans masculine
Transgender woman, Transwoman or Transfeminine
Medical Transition, Gender affirming surgery
Intersex person or Person who is Intersex
Sexual orientation

“

BEFORE THEIR THIRD BIRTHDAY, MOST CHILDREN ARE EASILY ABLE TO LABEL THEMSELVES AS EITHER A BOY OR A GIRL. BY AGE FOUR, MOST CHILDREN HAVE A STABLE SENSE OF THEIR GENDER IDENTITY. ”

2015 American Academy of Pediatrics



REALIZATION VS. DISCLOSURE

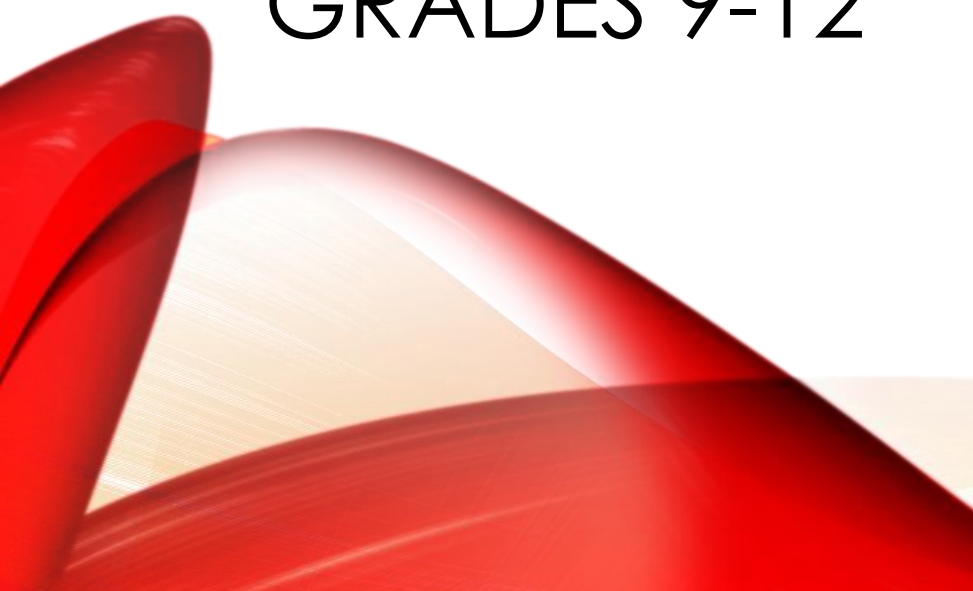
Average age of Self Realization	Average age of Disclosure
7.9	15.5

SUICIDE RATES

- General population
 - 0.6% attempted
- Transgender
 - 41% attempted

EMPLOYMENT

- Nearly **one-third (29%)** of respondents were living in poverty, more than 2x the rate of the general U.S. population (**14%**)
- The poverty rate for transgender people of color, including Latinx (**43%**), American Indian (**41%**), multiracial (**40%**), and Black (**38%**) respondents was up to 3x that of the general U.S. population (**14%**)
- Contributing to the high rate of poverty, transgender people experience a **15%** unemployment rate, which is 3x higher than the unemployment rate in the U.S. population at the time of the survey (**5%**)
- Overall, **30%** of respondents who had a job in the past year report being fired, denied a promotion, or experiencing some other form of mistreatment related to their gender identity or expression

A decorative graphic in the bottom-left corner consisting of overlapping, semi-transparent red and orange curved shapes.

IMPACT OF VIOLENCE ON LGBTQ+ YOUTH GRADES 9-12

- 18% of LGBTQ+ youth report being forced to have sex (vs 5% of heterosexual)
- 23% of LGBTQ+ youth report sexual dating violence (vs 9% heterosexual)
- 18% of LGBTQ+ youth report physical dating violence (vs 8% heterosexual)
- 34% of LGBTQ+ youth report being bullied at school (vs 19% heterosexual)
- 40% of LGBTQ+ students seriously considered suicide and 29% reported having attempted suicide in the past year (vs 17%/8%)
- 60% of LGBTQ+ students reported feelings of hopelessness that interfered with their daily activities
- LGBTQ+ reported using several illegal drugs at rates 5x higher than heterosexual peers

WHO CLASSIFICATION

- 2018 – WHO no longer classifies being transgender as a mental illness
- Now defined as a sexual health condition
 - Some argument here as it has nothing to do with sex
- Why keep it in?
 - Used for billing and insurance coverage
 - Used for conducting research on diseases or treatments
- Changed terminology from Transgender to Gender Incongruence

DSM HISTORY

- 1973: Homosexuality ➤ Sexual Orientation Disturbance ➤ Ego-dystonic homosexuality before dropping it altogether in 1987
- 1968: Sexual Deviations ➤ 1980: Psychosexual disorders ➤ 1994 Sexual and Gender Identity Disorders ➤ 2013: Gender Dysphoria

UNDERSTANDING RISKS

- Unplanned pregnancy!
- Increased risk of HIV among Trans women
 - Transactional sex, drug and alcohol abuse, mental health d/o's, incarceration, homelessness, unemployment, lack of familial support, violence, stigma, discrimination, limited health care access, negative health care encounters
 - Less use of PrEP – cost, availability
 - Sex with multiple partners
 - Higher in black/African American transgender women (Herbst et al.)
 - 56% of black/African American, 17% white, 16% Latina
- 2013 meta-analysis showed 22% HIV prevalence among trans women in 5 high-income countries – including US (Baral et al.)
- Many trans women do not know their HIV status (Herbst et al.)
 - 28% of trans women had HIV
 - 12% self reported
- 3.3 million HIV testings done in 2013
 - Highest percentage of newly identified HIV was in transgender persons

WOMEN WHO HAVE SEX WITH WOMEN (WSW)

- Lesbians are more likely to be overweight (AND check in with weight bias!)
- Higher prevalence of BV – routine screening or partner treatment still not recommended
- HPV DNA detected from cervix, vagina, and vulva in 13-30% of WSW
 - HSIL and LSIL detected in paps of WSW who report no previous sex with men
- *C. trachomatis* in WSW is possible. In fact, may be more common than previously thought.
- Also possible for transmission of syphilis and HIV
- WSW (namely adolescents, young women, and women with male and female partners) may be at increased risk of STI's and HIV

WSW

NEEDS TO BE DISCUSSED WITH HCP

- Breast cancer screening
- Depression/Anxiety
- Heart Health
- Gynecologic Cancers
- Fitness
- Tobacco
- Alcohol
- Substance use
- Intimate partner violence
- Sexual Health

MEN WHO HAVE SEX WITH MEN (MSM)

- Reported rates of bacterial STDs and HIV substantially declined from 1980's to mid 90's
- Since mid 90's we have seen increased rates of early syphilis, gonorrhea, and chlamydia
- Also higher rates of unsafe sexual behaviors
- Possibly seeing an increase in HIV among certain MSM subgroups
 - Racial and ethnic minority groups
 - Nonprescription drug users – methamphetamines and volatile nitrites (“poppers”)

MSM

- Higher rates of HIV and other STDs
 - HIV rates 40 times higher than that of partners of heterosexual men
 - Receptive anal sex is 18 times more risky for HIV infection than receptive vaginal sex
- Tobacco and drug use
- Depression
- Recommended screening tests despite:
 - Fear of losing job
 - Homophobia
 - Heightened concerns about confidentiality
 - Fear of talking about your sexual practices or orientation – important to know anatomical locations of testing

STATS

- >50% of LGBTQ people experience some form of discrimination in healthcare at some point
- 1:5 trans folx have been denied healthcare due to gender identity
- 43% of adults 45-70 yrs don't disclose sexual orientation to their HCP
- ~80% of HCPs say they think it would be inappropriate and uncomfortable to ask about a patient's sexual orientation or gender identity
- When someone experiences discrimination in healthcare once, they are 3X more likely to postpone follow-up care
- In a 2015 study, 79% of 1st yr med students showed implicit bias against gay/lesbian people and 50% showed explicit bias
- 92% of LGBTQ+ people believe that it's important to find affirming HCPs

PREP

- **PrEP** – recommended in combo with safer sex practices
 - Medication for those at higher risk of contracting HIV (priority groups)
 - Sexual behaviors
 - Injection drug use
 - Reduces risk of contracting HIV by 99% when taken as prescribed
 - Among people who inject drugs, reduces risk by >74%
- **FTC/TDF (Truvada)** (emtricitabine (FTC) 200mg + tenofovir disoproxil fumarate (TDF) 300 mg) 1 po qam with or without food (best if same time daily)
 - Approved 2012
 - ≥ 77 lbs
 - HIV negative prior to starting
 - Works within 7 days for receptive anal sex, within 20 days for any other type of sex
 - Rx 3 mo at a time – retest for HIV, STI status, med adherence, CMP (q 3-6 mo)

PREP CONT

- **CAB (Apretude) (available soon)**
 - FTC/TDF and CAB recommended for high risk MSM, TGW, heterosexual folx, and persons who inject drugs
- **FTC/TAF (Descovy) (emtricitabine 200mg/ tenofovir alafenamide 25mg tablets)**
 - For people at risk through sex, except for people assigned female at birth who are at risk of getting HIV from vaginal sex
 - Most common SE = nausea
 - Also diarrhea, HA, fatigue, stomach pain
 - Renal impairment/failure, lactic acidosis, severe hepatomegaly with steatosis

CONSIDER YOUR NEW PATIENT FORMS

HISTORY INTAKE FORM

Patient Name: _____ Date of Birth: _____

Age: _____ Race: _____ Gender: M F _____

MARITAL STATUS (check one): MARRIED SINGLE WIDOWED DIVORCED LEGALLY SEPARATED

Purpose of your visit today _____

Medication List:

Please list all medications you are taking, including nonprescription drugs, vitamins and herbals (use separate sheet if necessary).

Medication name: _____ Dose: _____ How often: _____

OTHER OPTIONS

- Consider a 2 step identity and birth sex questionnaire:
 - What is your gender identity? Check all that apply:
 - Male
 - Female
 - Transgender male/Trans man/FTM
 - Transgender female/Trans woman/MTF
 - Genderqueer /Gender non-conforming/Non-binary
 - Additional category, please specify _____
 - Choose not to disclose
 - What sex were you assigned at birth?
 - Male
 - Female
 - Choose not to disclose
 - Unknown
 - First name used?
 - Your pronouns? _____

SEXUAL ORIENTATION

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Don't know
- Something else, please describe
- Choose not to disclose



Can you see
past the label?





RESOURCES

- WPATH.org
- LGBTHealthEducation.org
- PFLAG.org
- GLMA.org
- AMA.org
- Fenwayhealth.org
- PAOBGYN.org
- whcollective.com
- Local Pride and Trans Centers