# Being Seen and Receiving Care: Essential Medical Health Considerations for LGBTQIA+ People

Presenter:
**Debb Dunn** PA-C, MBA
Trans Health Coordinator
The Center for LGBT Health Equity
of Chase Brexton Health Care

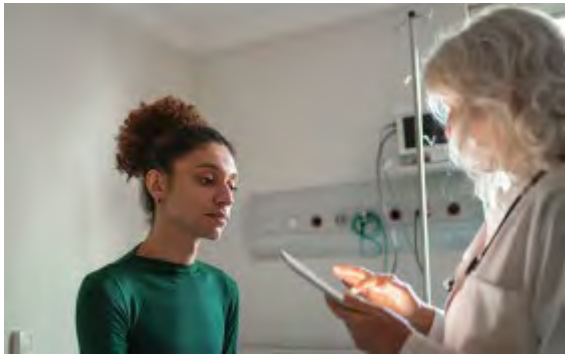
# The Center for LGBTQ Health Equity

What We Do:

## Training & Education

- Workplace Training
- Clinical Training
- Professional Development
- Provider Consultations

## Health Care Services



- LGBTQ Health Navigation
- LGBTQ-informed Primary Care
- LGBTQ Behavioral Health
- Gender Affirming Services
  - Gender JOY (Journeys of Youth)

## Advocacy

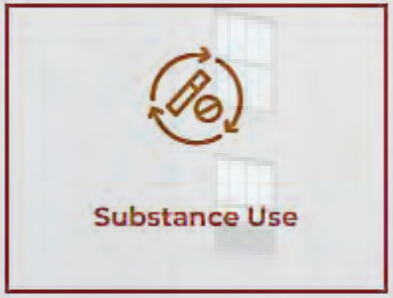
ELDERPRIDE

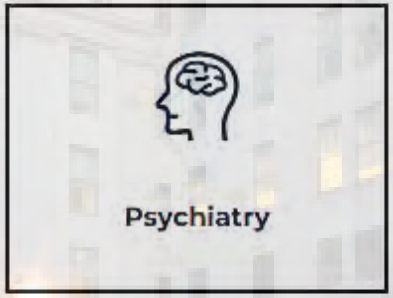
Presented by
The LGBT Health Resource Center
of Chase Brexton Health Care

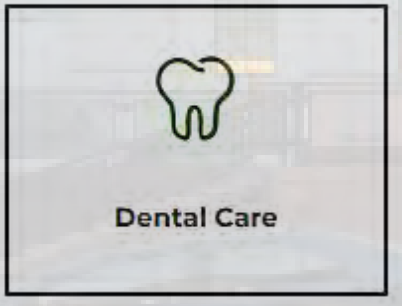
- ElderPride
- Public Policy and Community Engagement
- News and Publications

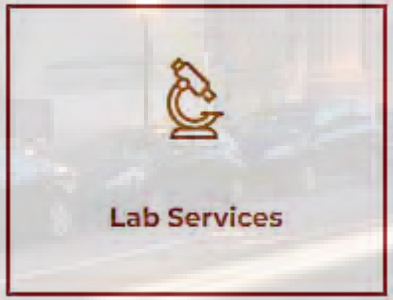
# Chase Brexton Health Care

*Because everyone's health matters.*







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The Center for LGBTQ Health Equity

A Chase Brexton Health Care Center of Excellence

# Presenter: Debb Dunn

**Trans Health Coordinator**
Family Practice Physician Assistant

Physician Assistant (PA-C): Howard University
MBA: Johns Hopkins University
Gender Affirming Care: WPATH (World Professional Association for Transgender Health) certification courses completed

- Provides primary medical care, staff leadership, and coordination of care for about 5000 gender expansive patients at Chase Brexton
- Helped develop the Gender JOY (Journeys of Youth) program, a multidisciplinary care team model for gender diverse youth
- Served on a national team of experts to write medical transition best practice guidelines for gender expansive adults and adolescents
- Dynamic trainer, frequently requested speaker, organizational and government consultant, subject matter expert on Gender Affirming Care and HIV Care
- Named 2018 Physician Assistant of the year by MAPA (Maryland Academy of Physician Assistants)
- Physician Assistant Advisory Board for the Maryland Board of Physicians.- present
- LGBTQIA + Maryland Commission - Present

# Learning Objectives

1. Identify reversible and irreversible medical interventions for gender diverse children and adolescents.
2. Describe the ethical issues faced in providing medical care for gender diverse children and adolescents.
3. Recognize fallacies and misconceptions that interfere with evidence-based care.

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# Terminology/Definitions

Image source: *Tr… …gy: Top tips for inclu…*

# What Being Black Has Taught Me About Being Nonbinary

"I mean, technically my gender is not binary, but that doesn't make for a very good term to lay an identity on."

ADVOCATE
LEIGH THOMAS MARCH 31 2022 3:31 PM EST

# Intersectionality

But I personally don't like the idea of centering my identity label on what I'm not. It's the same reason I'd never call myself "nonwhite." I want to celebrate myself for who I am:

" Trans, Genderqueer, Black"

*Knowing what it means to be a Black man in America is terrifying. On days when I presented as more masculine, I could feel the way people treated me differently. A middle-aged white woman clutched her purse as we rode up the escalator at a light rail station. I felt the eyes of police and security guards on me in public. I was scared knowing what they do to Black boys like me.*

NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Providing Affirmative Care for Patients with Non-binary Gender Identities

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2022
U.S. TRANS SURVEY

# 92,329

The sample included 92,329 respondents, including 84,170 adults, from all fifty states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the U.S. Virgin Islands, and U.S. military bases overseas. Building upon the success of the prior study, the 2022 USTS is now the largest survey ever conducted to examine the experiences of binary and nonbinary transgender people in the United States.

# Barriers: Legislature, Health Care Providers, Insurance Companies

# Legislature

- Twenty-four states have banned or restricted gender-affirming care for kids. Three hundred bills have been introduced just in the last 15 months to restrict trans folks' ability to get health care. Against this backdrop, researchers released early findings in February from the largest survey ever of transgender Americans.

THE TREVOR PROJECT

# 2023 U.S. National Survey on the Mental Health of LGBTQ Young People

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# Report

- **Nearly 1 in 3 LGBTQ young people said their mental health was poor most of the time or always due to anti-LGBTQ policies and legislation.**
- **Nearly 2 in 3 LGBTQ young people said that hearing about potential state or local laws banning people from discussing LGBTQ people at school made their mental health a lot worse.**
- **41% of LGBTQ young people seriously considered attempting suicide in the past year**

# Access to Care

a. **Despite the prevalence of anxiety, depression, and suicide risk among LGBTQ young people, a majority could not access the mental health care they desired. And among the small percentage of transgender and nonbinary young people who receive gender-affirming medical care, nearly 2 in 3 were worried about losing access to this care.**

b. **56% of LGBTQ young people who wanted mental health care in the past year were not able to get it**

c. **Among transgender and nonbinary young people, 11% reported being on gender-affirming hormones, and 2% reported taking puberty blockers.**

TransHealth Equity Act

# Age and Informed Consent Requirements

- There are no defined age limits for care. Informed consent is required for all aspects of care. When consent involves a minor, parental consent will be required, and the current Maryland Minor Consent Laws will define who can consent for what services and providers' obligations.

# Covered Benefit

- Hormone Therapy
  a. Cross Sex Hormone Therapy (Suppression/Replacement)
  b. Puberty Suppression Therapy

- Gender Affirming Surgeries and Therapies and Post Transition Services –
  - FFS, FMS, Electrolysis, Tracheal Shaving, Voice Feminization or masculization Surgery, BBL (Body Contouring), Fat Transfer, Breast augmentation, Chest Masculization surgery, Vaginoplasty, Labioplasty, metoidioplasty, phalloplasty.
- Reversal & Revision Procedures
- Laboratory Testing
- Behavioral Health Therapy
- Fertility Preservation Services

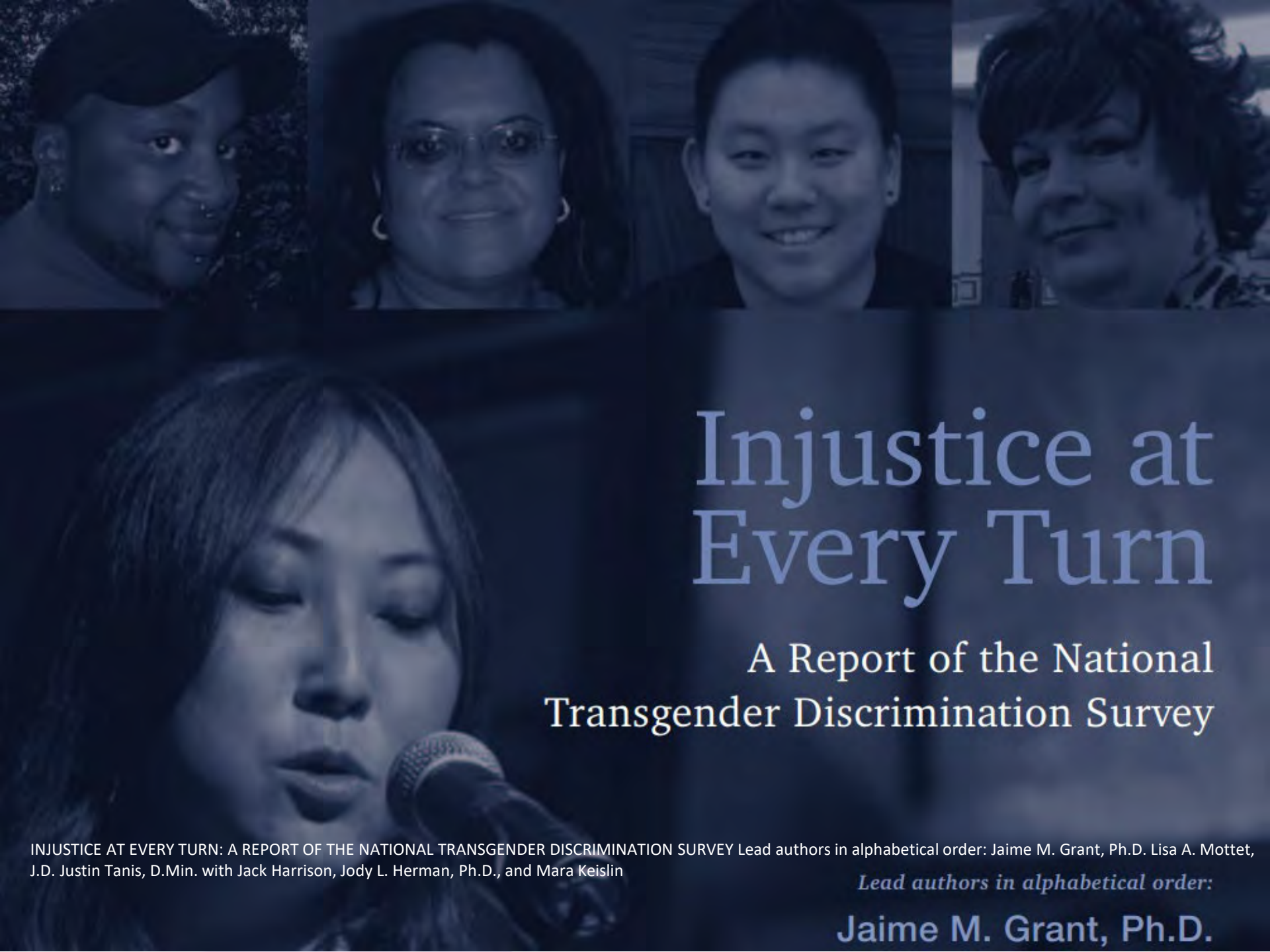
# Documentation of Medical Necessity for GAC

For Adults:

- Documentation of the medical necessity for GAC can be made by either a Mental Healthcare Professional (MHP) or a
- Somatic Healthcare Professional (SHP)/Primary Care Provider (PCP), as defined in COMAR 10.67.05.05A(5), who has competencies in the assessment of transgender and gender diverse people is required to recommend gender affirming medical and surgical treatment. MD, DO,NP, PA

# Comfort with Law Enforcement

- Nearly half (47%) of respondents reported that they would feel “very uncomfortable” asking the police for help if they needed it, and 26% reported feeling “somewhat uncomfortable.” Ten percent (10%) of respondents reported feeling “somewhat comfortable,” 8% felt “very comfortable,” and 10% felt “neutral” about asking the police for help when they needed it




INJUSTICE AT EVERY TURN: A REPORT OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY Lead authors in alphabetical order: Jaime M. Grant, Ph.D. Lisa A. Mottet, J.D. Justin Tanis, D.Min. with Jack Harrison, Jody L. Herman, Ph.D., and Mara Keislin

# What the Survey of Prison Inmates tells us about trans people in state prison: Prison Policy Initiative: by Tiana Herring and Emily Widra, March 31, 2022

*The LGBTQ+ population is overrepresented at every stage of the criminal legal system: 46% of Black Trans women have a history of incarceration.*

**Nearly 5,000 transgender people are incarcerated in state prisons, but we know very little about their lives before prison or their experiences during incarceration**

*Survey of Prison Inmates, 2016* data, released in late 2020, which provides a glimpse into this overrepresented but understudied population.

- Most of the trans people surveyed were people of color, lesbian, gay, or bisexual (LGB), and relatively young.
- The trans people surveyed reported experiencing a variety of adverse experiences before turning 18, such as homelessness, foster care placements, arrest, and incarceration in juvenile facilities.
- Many of the trans people surveyed participated in job training and educational programming, likely to make up for missed opportunities before incarceration (such as educational exclusion and higher risk for unemployment).

Photo: Shutterstock

# Experiences while in prison

- **Race and ethnicity.** trans people of color have especially high lifetime rates of incarceration.
- **Sexual orientation.** More than half of the incarcerated trans respondents identified as lesbian, gay, bisexual, or something else other than straight. By contrast, 96% of the entire state prison population identifies as straight, according to the Bureau of Justice Statistics' analysis of the same data. Most transgender people in state prisons don't identify as straight.
- Evidence suggests that lesbian, gay, bisexual, and trans youth — and especially trans youth of color — are at especially high risk for contact with the criminal legal system compared to the general U.S. population.
-

# Special inmate populations: Inmates with a non-heterosexual orientation

- Across subgroups, inmate-on-inmate victimization rates were higher for non-heterosexual inmates than heterosexual inmates
- Inmates with the highest rates of sexual victimization are those who reported their sexual orientation as gay, lesbian, bisexual, or other.
- Rates of sexual victimization by other inmates against non-heterosexual inmates were at least 10 times greater than that of heterosexual inmates when the victim was also male, black, Hispanic, or had less than a high school education.
- These differences were smaller, but still large, among non-heterosexual female inmates (2.5 times larger), whites (more than 6 times larger), and high school graduates (8 times larger).
- Among non-heterosexual prison and jail inmates, rates of staff sexual misconduct were the highest for inmates ages 18 to 24 (6.7%), blacks (6.2%), and males (6.1%). National Inmate Survey, 2011

# Report Identifies Emerging Best Practices In The Management Of LGBTI People In Correctional Settings

November 20, 2019

# Best practices and key recommendations identified in the report include:

- Continuing to follow the recommendations for housing outlined in Prison Rape Elimination Act (PREA) standards, which states that housing decisions for transgender and intersex inmates should be made on a case-by-case basis that "seriously consider[s]" the inmates' own wishes regarding where they feel the safest.

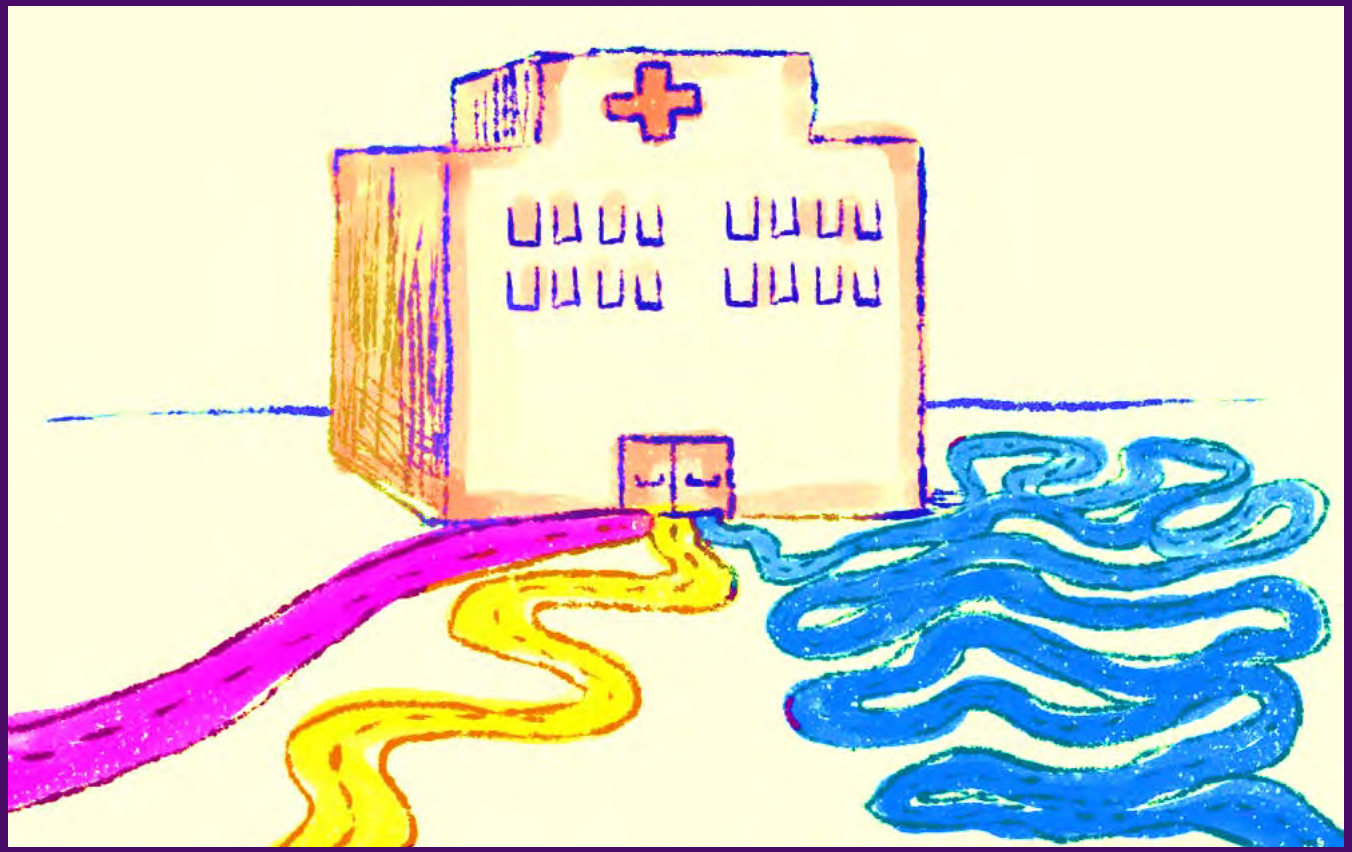
- PREA standards require corrections professionals to collect sexual orientation and gender identity information at intake and use it on a need to know basis to protect LGBTI inmates against sexual assault and physical violence.

# Con't

- LGBTI people have unique health risks and concerns that health care providers in correctional facilities should be equipped to address and treat in a competent and nondiscriminatory manner, therefore Facilities must ensure that LGBTI inmates have access to medical personnel who are knowledgeable about the health needs of LGBTI individuals.

- Sometimes intersex and transgender prisoners are subjected to voyeuristic strip searches by corrections staff. This is abuse and it is explicitly prohibited in the PREA standards. Gender nonconforming prisoners have the right to specify whether they want a male or female corrections officer to search them

- TFIP-33_Best-Practices-for-LGBTI-Incarcerated-People-Brief_web.pdf (fenwayhealth.org)

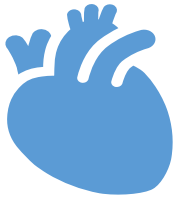


# Health Disparities

# Introduction:

Primary care topics among TG/NB patients extend beyond exogenous sex steroids. They include cardiovascular health, cancer screenings, prevention of HIV, bone health, VTE, lipids, Type II Diabetes, and hypertension. These co-morbities contribute to disparities and worsening mortality rates as compared to non-TG/NB people.

# Preventive Care in Transmasculine Individuals



## Cardiovascular

No increased risk of cardiovascular or cerebrovascular events in several short and medium-term follow up studies

In Asscheman's 2011 series, only 1 MI in FTM at age 72 after 42 years of testosterone tx.

Trans men seem to have an increase in obesity, poor lipid profile, elevated blood pressure, potential increase in smoking rates.

## Diabetes:

Slightly higher prevalence of Diabetes type 2 than control population

Associated with obesity vs  attributable to Testosterone levels in Transmales.  .

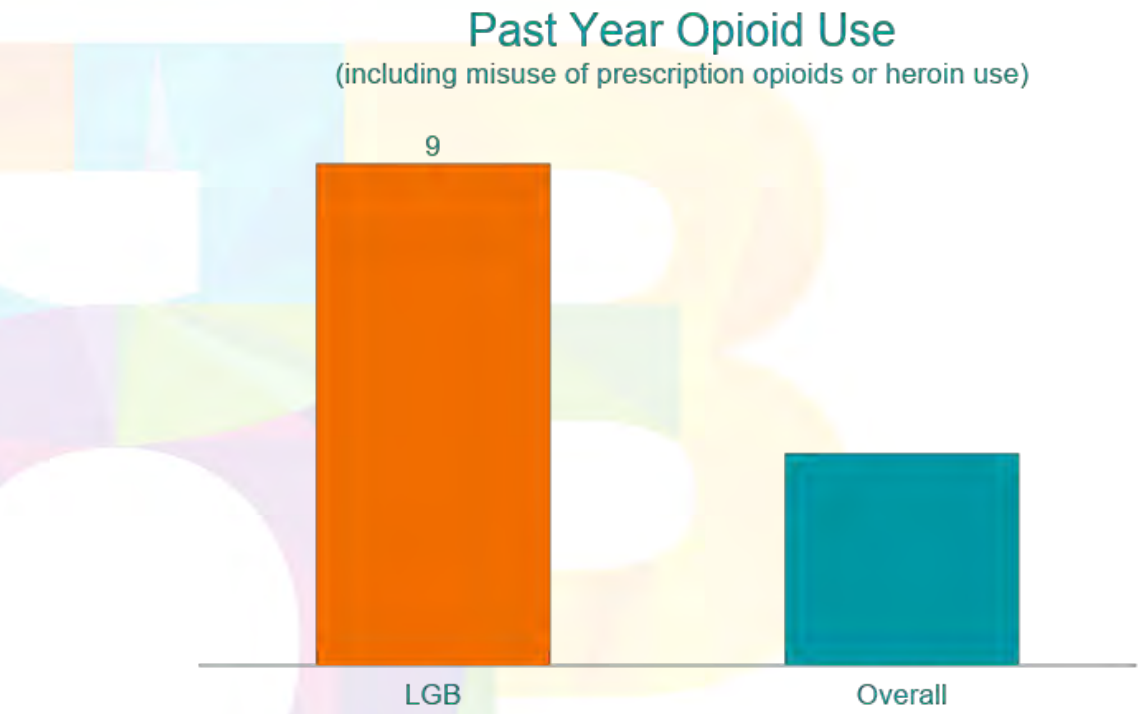
# Health Risk: Minority Stress.

Consideration:

a. The role of minority stress and chronic health conditions
b. Role of lifestyle factors in TG/NB groups: tobacco, drug use, sedentary, living in poverty, joblessness, homelessness (SDH)

# Substance Use Disorder

# Substance Use Rates By LGB Adults Are Higher Than Those Reported By Heterosexual Adults




*Source: NSDUH 2018*

Image Credit: Zackary Drucker for *The Gender Spectrum Collection*

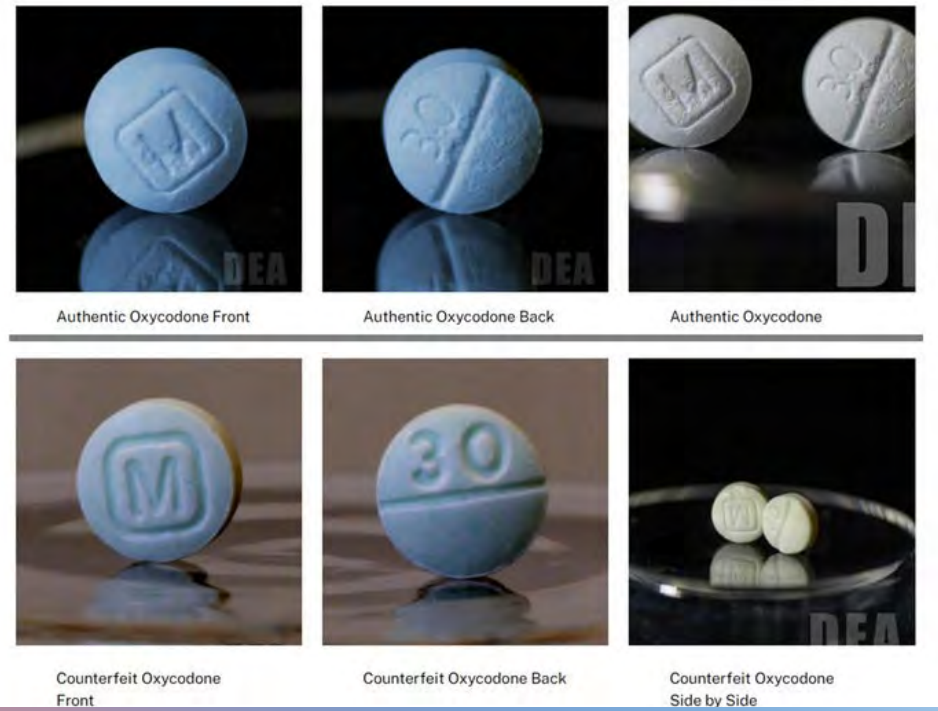
# Alex, Genderqueer, Pansexual, age 23

**"My gender and sexuality are so intertwined that, like, it's kind of the same thing. When I was younger, I didn't see how I internally felt [would] ever be able to be a possibility as a lifestyle, especially coming from a [religious] conservative background.**

**My way of handling feelings of rejection and guilt was to self-medicate. And then, it just gets out of hand—and then somehow you're not very in control of it anymore.**

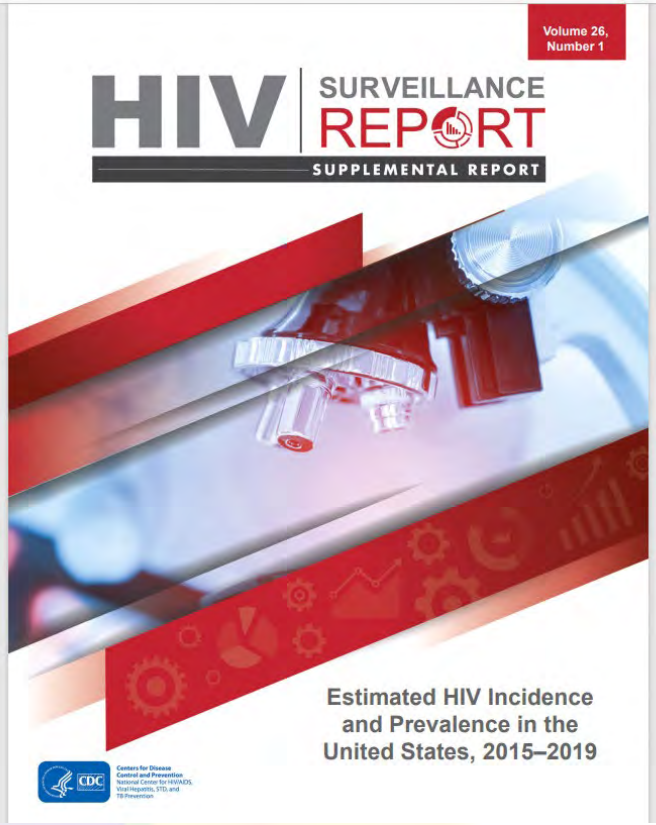
**…emotions are brought up by accepting the fact that your gender identity isn't going to change no matter how much you want it to. Because of that, I would fall back into use."**

Felner, J. K., Wisdom, J. P., Williams, T., Katuska, L., Haley, S. J., Jun, H.-J., & Corliss, H. L. (2019, October 23). *Stress, coping, and context: Examining substance use among LGBTQ young adults with probable substance use disorders*. Psychiatric Services.

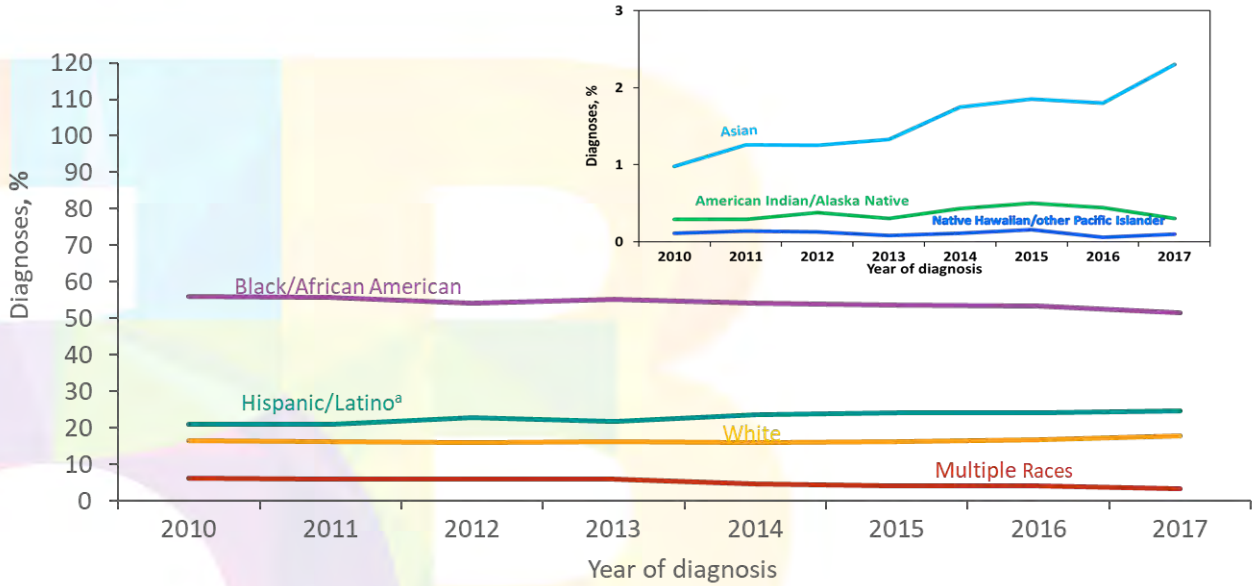



Pink is a drug with double the potency of heroin and a staggering seven times more powerful than morphine. Tragically, many individuals who experiment with Pink face life-threatening consequences, often fatally, after just one use.

**Overdose deaths of 2 teens prompts counterfeit drugs warning in Prince William County**
**By** FOX 5 DC Digital Team
**Published** April 27, 2022 1:09PM
Virginia
FOX 5 DC

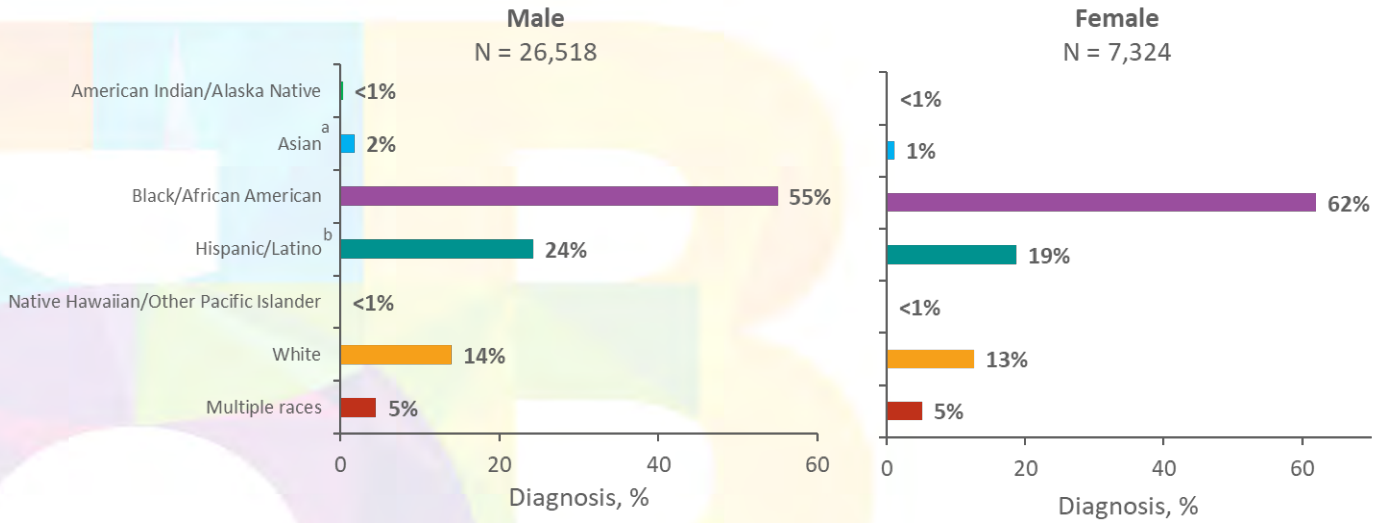

Volume 26, Number 1
HIV SURVEILLANCE REPORT
SUPPLEMENTAL REPORT
Estimated HIV Incidence and Prevalence in the United States, 2015–2019
CDC

## Diagnoses of HIV Infection among Adolescents and Young Adults Aged 13–24 years, by Race/Ethnicity, 2010–2017—United States and 6 Dependent Areas




[a] Hispanics/Latinos can be of any race.

## Adolescents and Young Adults Aged 13–24 Years Living with Diagnosed HIV Infection, by Sex and Race/Ethnicity, Year-end 2017—United States and 6 Dependent Areas




[a] Includes Asian/Pacific Islander legacy cases.
[b] Hispanics/Latinos can be of any race.

# Undiagnosed HIV Infection

- The largest percentage of undiagnosed infection was that among persons aged 13–24 years (44.3%), followed by the percentages among persons aged 25–34 years (28.5%)
- The percentage of persons living with diagnosed HIV infection increased among persons aged 13–24 years but decreased among persons 35–44 years

# National HIV Behavioral Surveillance among Transgender Women (NHBS-Trans)

## Surveillance Special Report

HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women—National HIV Behavioral Surveillance, 7 U.S. Cities, 2019–2020. HIV Surveillance Special Report 27.

# HIV Prevalence Among Transgender Women in 7 US Cities, 2019-2020

## Racial and ethnic disparities exist among transgender women with HIV.

## Among transgender women interviewed, 42% had HIV.

- 62% of Black/African American transgender women had HIV
- 35% of Hispanic/Latina transgender women had HIV
- 17% of White transgender women had HIV

Source: CDC. HIV infection, risk, prevention, and testing behaviors among transgender women–National HIV Behavioral Surveillance–7 U.S. Cities, 2019-2020. *HIV Surveillance Special Report* 2021.

## Socioeconomic factors

**were living at or below the Federal poverty level***

**experienced homelessness in the past 12 months**

**exchanged sex for money or drugs in the past 12 months**

*HHS poverty guidelines: https://www.govinfo.gov/content/pkg/FR-2018-01-18/pdf/2018-00814.pdf

# Ethical issues for medical & mental health

Implicit Bias: Significantly impact the quality-of-care LGBTQ patients receive

- **LGBT Adults Are Twice as Likely as Non-LGBT Adults to Report Negative Experiences With a Health Care Provider During Recent Visits**

# Lack of Cultural Competency

a. Clinicians lack knowledge of specific health issues affecting LGBTQ + populations. They were not taught in their medical schools.
b. Barriers to seeking care because of past experiences of discrimination by health care providers.
c. Misgendering-creates a hostile environment discouraging patients from seeking care
d. Heteronormative assumptions: overlooking relevant information about sexual health and other health disparities.

# References


1.) **Madeline B. Deutsch, MD, MPH**
Editor; *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*

2. Director of Clinical Services; UCSF Center of Excellence for Transgender Health

3 Hormonal therapies and venous thrombosis: Considerations for prevention and management: Corinne LaVasseur MD1 | Suvi Neukam DO1,2 | Thomas Kartika MD3 | Bethany Samuelson Bannow MD1,3,4 | Joseph Shatzel MD1,3 | Thomas G. DeLoughery MD, MACP, FAWM1,3,

4. Pre-expanded Anterolateral Thigh Perforator Flap for Phalloplasty Salvatore D'Arpa, MD, PhD*, Britt Colebunders, MD, Filip Stillaert, MD, Stan Monstrey, MD, PhD