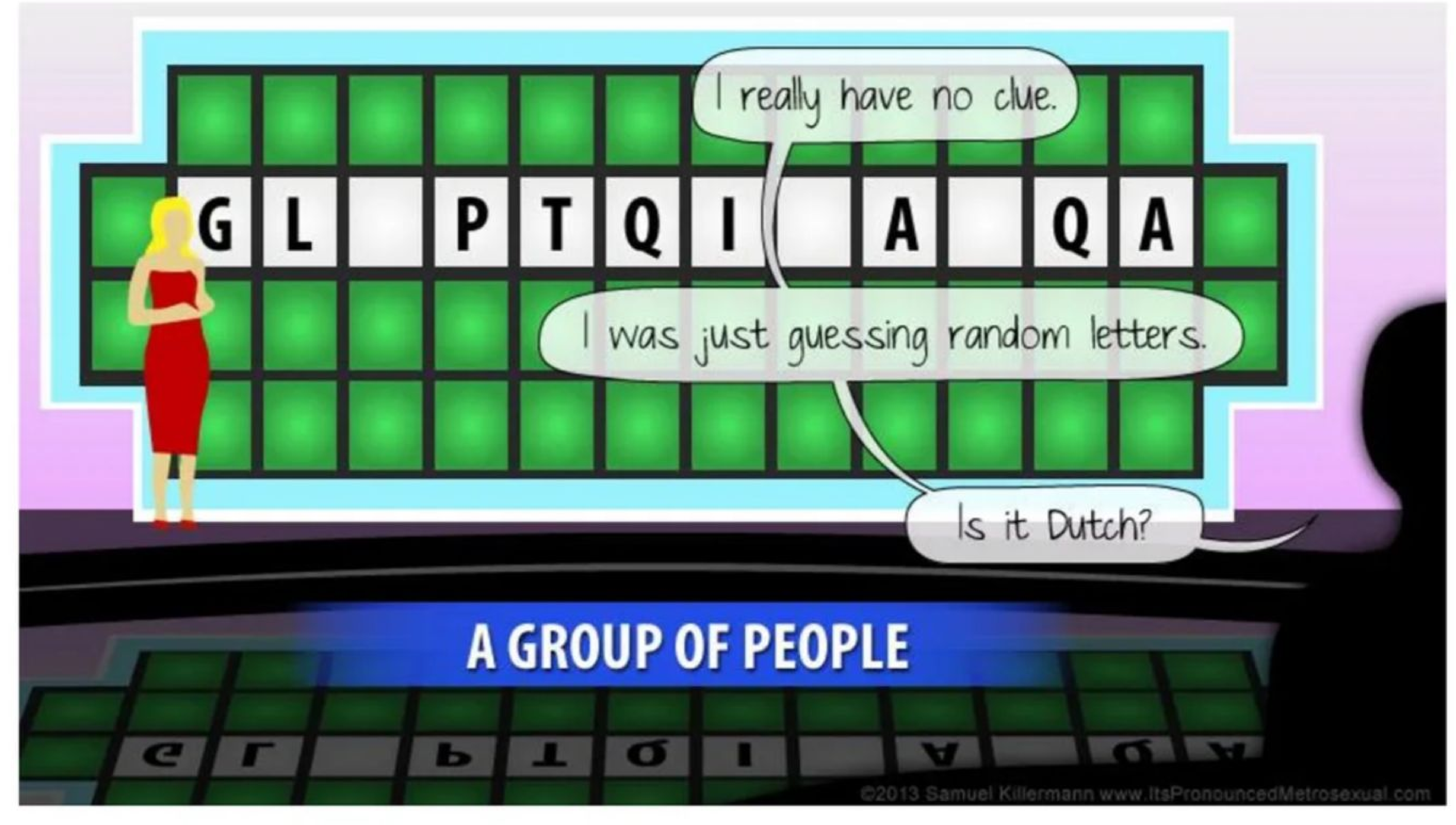
INCLUSIVE REPRODUCTIVE HEALTH FOR GENDER DIVERSE PATIENTS

A. JENNA BECKHAM, MD, MSPH, FACOG

OBJECTIVES

- **Increase Awareness**: Educate attendees about Title X services and their importance in providing comprehensive reproductive health care to gender diverse patients
- **Highlight Inclusivity**: Emphasize the need for inclusive and affirming care practices within Title X services to ensure gender diverse patients feel respected and understood
- **Identify Barriers**: Discuss common barriers gender diverse patients face when accessing reproductive health services and how Title X clinics can help overcome these challenges
- **Promote Best Practices**: Share best practices and strategies for healthcare providers to create a welcoming and supportive environment for gender diverse patients
- **Encourage Advocacy**: Inspire attendees to advocate for the rights and health of gender diverse patients within the healthcare system



DEFINITIONS

LGBTQ+ is an initialism that means:

L	G	B	T	Q
Lesbian	Gay	Bisexual	Transgender	Queer or Questioning

People often use LGBTQ+ to mean all of the communities included in the "LGBTTTQQIAA":

Lesbian
Gay
Bisexual
Transgender
Transsexual
2/Two-Spirit
Queer
Questioning
Intersex
Asexual
Ally

+ Pansexual
+ Agender
+ Gender Queer
+ Bigender
+ Gender Variant
+ Pangender

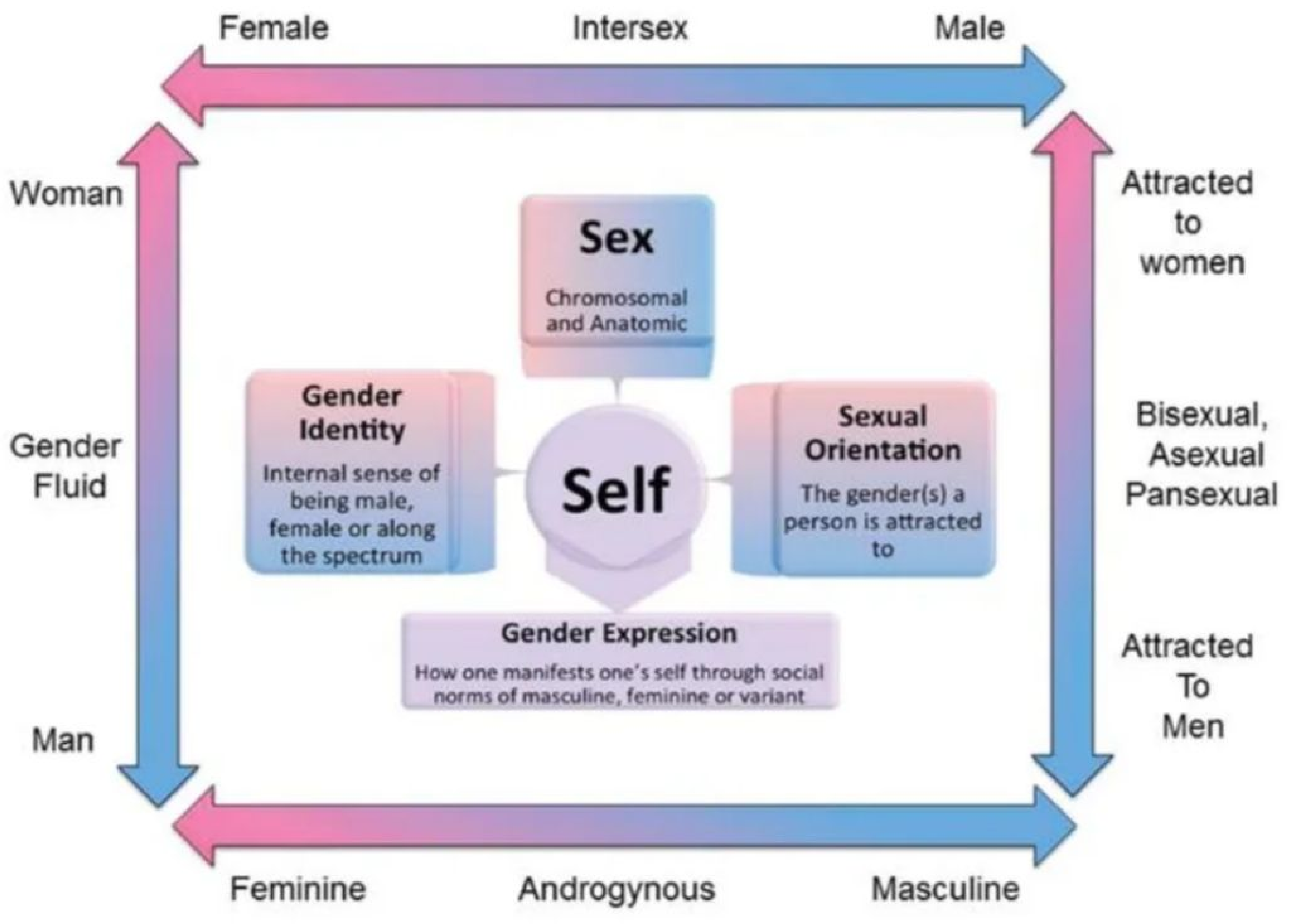


Figure 1. Concepts of Sex and Gender. Reprinted from Concepts of sex and gender. Mayo Clinic. Used with permission of Mayo Foundation for Medical Education and Research, all rights reserved. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/transgender-facts/art-20266812.

Sex Assigned at Birth:

- The classification of a person as male or female as assigned at birth, usually based on the appearance of their external anatomy.

Sexual Orientation:

- A person's physical, romantic, and/or emotional attraction to another person.

Gender Identity:

- A person's **internal**, deeply held sense of their gender. For some people, their gender identity does not fit neatly into one of the binary categories (i.e. male or female).

Gender Expression:

- **External** manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society often identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture.

Transgender:

- A term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

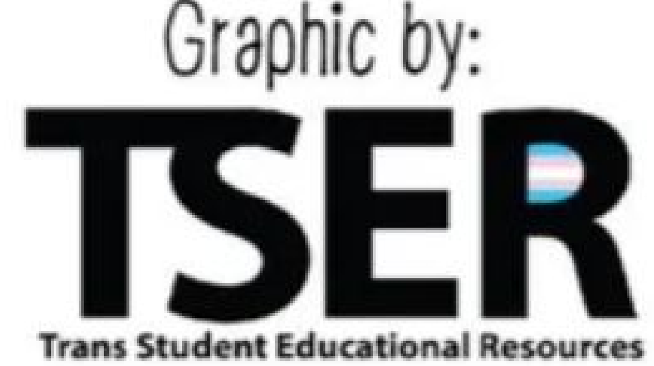
Cisgender:

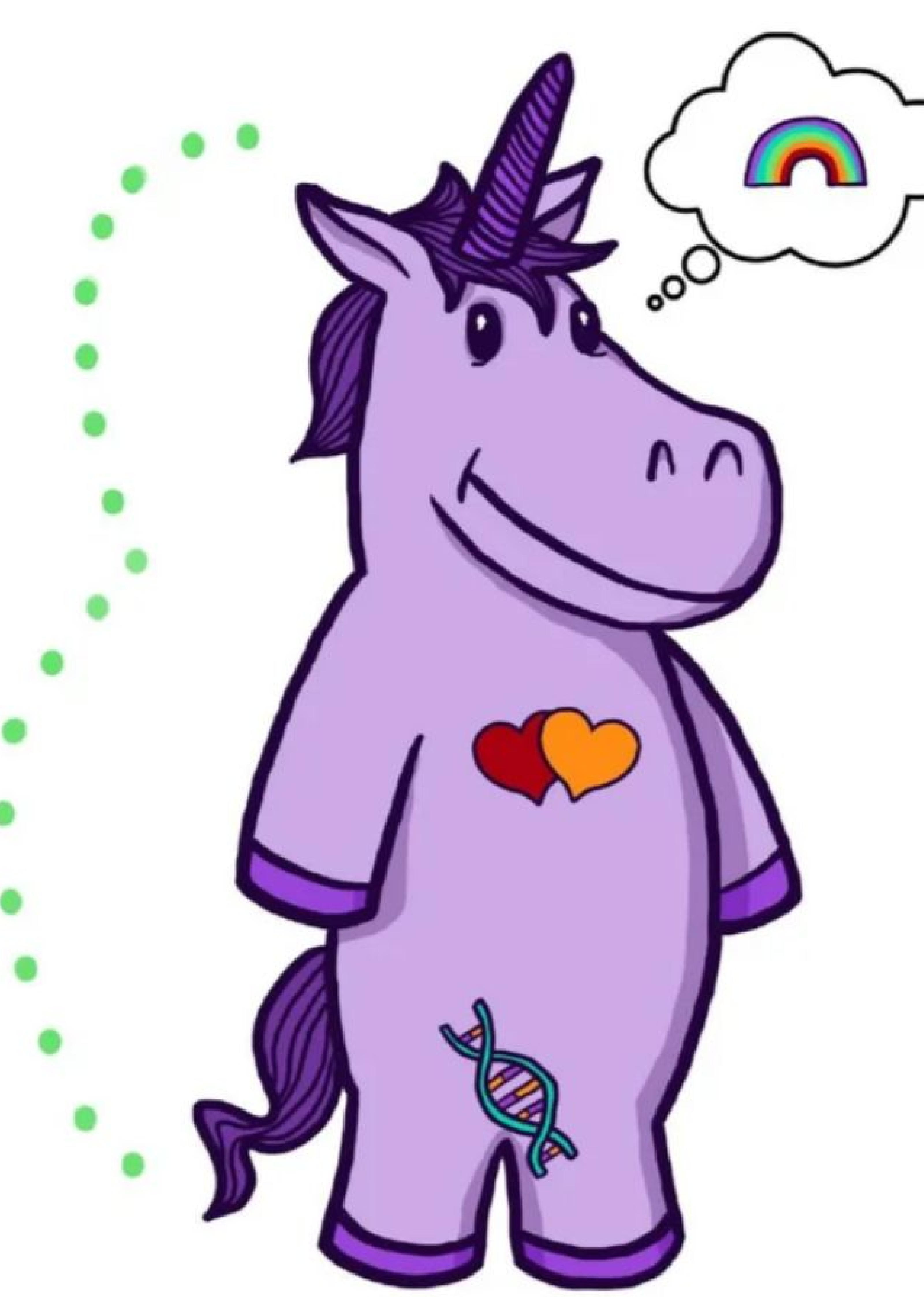
- A term that describes when someone's sex assigned at birth and gender identity correspond in the expected way.

Gender Fluid/Non-Binary/Non-Conforming:

- A term used to describe someone whose gender identity and/or expression is different from conventional expectations of masculinity and femininity.

The Gender Unicorn





Gender Identity

Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

Gender Expression

Feminine
Masculine
Other

Sex Assigned at Birth

Female
Male
Other/Intersex

Physically Attracted to

Women
Men
Other Gender(s)

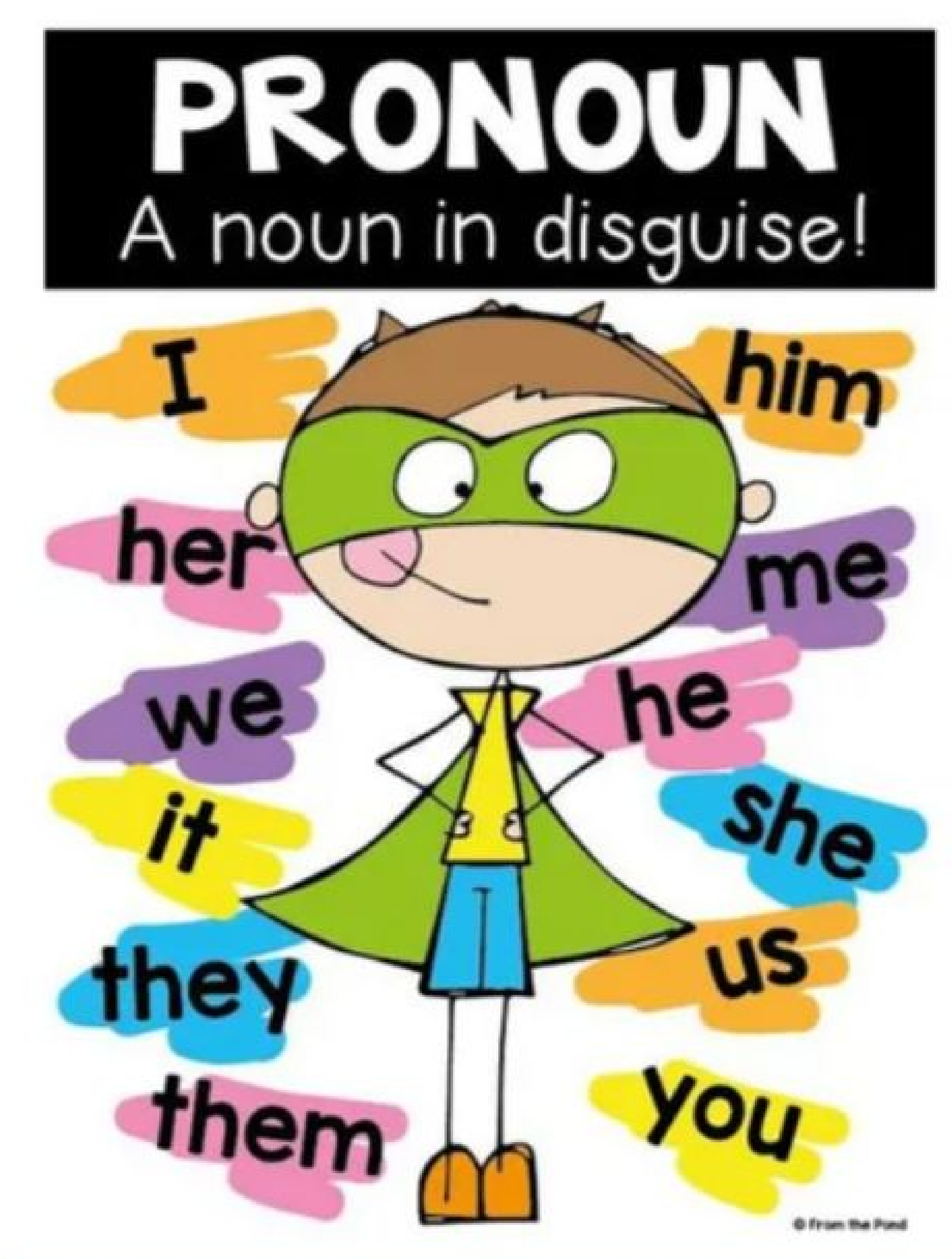
Emotionally Attracted to

Women
Men
Other Gender(s)

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

Design by Landyn Pan and Anna Moore

- **Pronoun:** A word that is used instead of a noun or noun phrase. Pronouns refer to either a noun that has already been mentioned or to a noun that does not need to be named specifically.



What are some terms related to LGBTQ+ patients that should be avoided?

transgendered
transsexual
cross-dresser
cross dresser
gender-confused
their deadname
homosexual
queer
it

9

What are some terms related to LGBTQ+ patients that are preferred?

they

them

questioning

ze/hir

they/them

the language they prefer

7

Preferred Terms for Select Population Groups & Communities

KEY POINTS

Word choices in communication can make all the difference for inclusivity. CDC has compiled preferred terms you or your organization can use when creating health communication materials that engage people from different types of populations and communities.

Instead of this:

- Homosexual
- Using MSM (men who have sex with men) as shorthand for sexual orientation to describe men who self-identify as gay or bisexual, individually or collectively
- Transgenders/transgendered/transsexual
- Biologically male/female
- Genetically male/female
- Hermaphrodite
- Gendered pronouns:
    - Her or she
    - He/she
    - His or her
    - His/her
- Sexual preference, which is used to suggest someone's sexual identity is a choice and therefore could be changed by choice

Try this:

- LGBTQ (or LGBTQIA or LGBTQ+ or LGBTQIA2)
- Lesbian, gay, or bisexual (when referring to self-identified sexual orientation)
- MSM (men who have sex with men)
- Queer
- Pansexual
- Asexual
- Transgender
- Assigned male/female at birth
- Designated male/female at birth
- Gender non-conforming
- Two-spirit
- Non-binary
- Genderqueer
- Gender diverse
- People/person with intersex traits
- Pronouns:
    - Singular they or their
    - He/she/they

Preferred Terms for Select Population Groups & Communities

Notes:

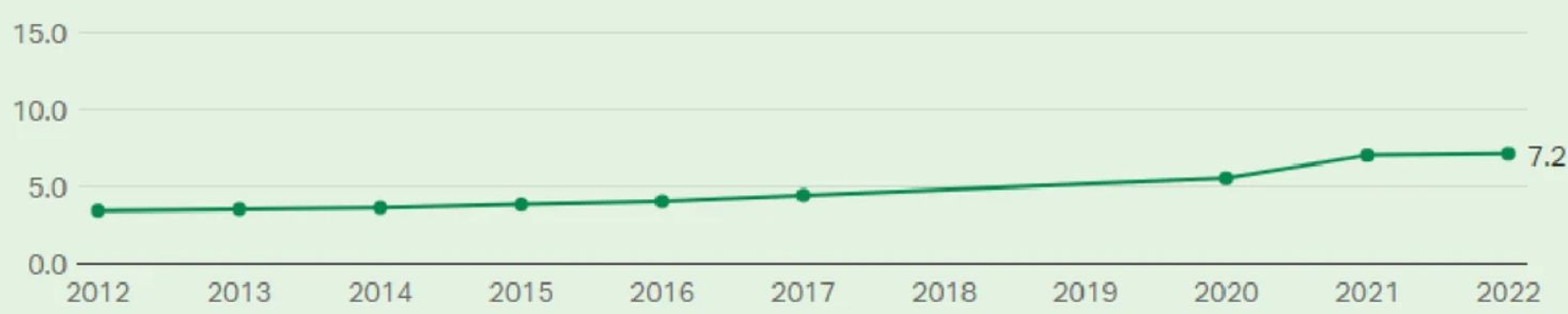
- Use LGBTQ community (and not, for example, gay community) to reflect the diversity of the community unless a specific sub-group is meant to be referenced.
- Consider using the terms "sexual orientation," "gender identity", and "gender expression".
- Use gender-neutral language whenever possible (for example, avoid "actress" and consider "actor" instead for both male and female actors).
- Considering using terms that are inclusive of all gender identities (for example parents-to-be; expectant parents).
- Be aware that not every family is the same, and that some children are not being raised by their biological parents. Build flexibility into communications and surveys to allow full participation.

DEMOGRAPHICS AND HEALTH OUTCOMES

Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual, 2012-2022

Which of the following do you consider yourself to be? You can select as many as apply. Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender

— % Identify as LGBT



Respondents who volunteer another identity (e.g., queer, same-gender-loving; pansexual) are recorded as "Other LGBT" by interviewers. These responses are included in the LGBT estimate.
Data were not collected in 2018 and 2019.
2012-2013 wording: Do you, personally, identify as lesbian, gay, bisexual or transgender?

Get the data • Download image

GALLUP

Gallup 2022

Impact of Unequal Treatment

- Forty percent (40%) of respondents had thought about moving to another area because they experienced discrimination or unequal treatment where they were living, and 10% of respondents had actually moved to another area because of discrimination.
- Nearly half (47%) of respondents had thought about moving to another state because their state government considered or passed laws that target transgender people for unequal treatment (such as banning access to bathrooms, health care, or sports), and 5% of respondents had actually moved out of state because of such state action.
- The top 10 states from which respondents moved because of state laws targeting transgender people for unequal treatment were (in alphabetical order): Alabama, Arizona, Florida, Georgia, Missouri, North Carolina, Ohio, Tennessee, Texas, and Virginia.

Top 10 States USTS Respondents Reported Leaving
(Presented in alphabetical order)
Alabama
Arizona
Florida
Georgia
Missouri
North Carolina
Ohio
Tennessee
Texas
Virginia

2022 US TRANSGENDER SURVEY

FIGURE 12

More than 1 in 10 LGBTQ Americans faced mistreatment by a doctor or health care provider

Share of LGBTQ Americans who reported mistreatment by doctors or health care providers, by demographic group

Total across survey · Transgender* · People of color**

Type of mistreatment — 0% · 25% · 50% · 75% · 100%

Doctor was visibly uncomfortable because of actual or perceived sexual orientation

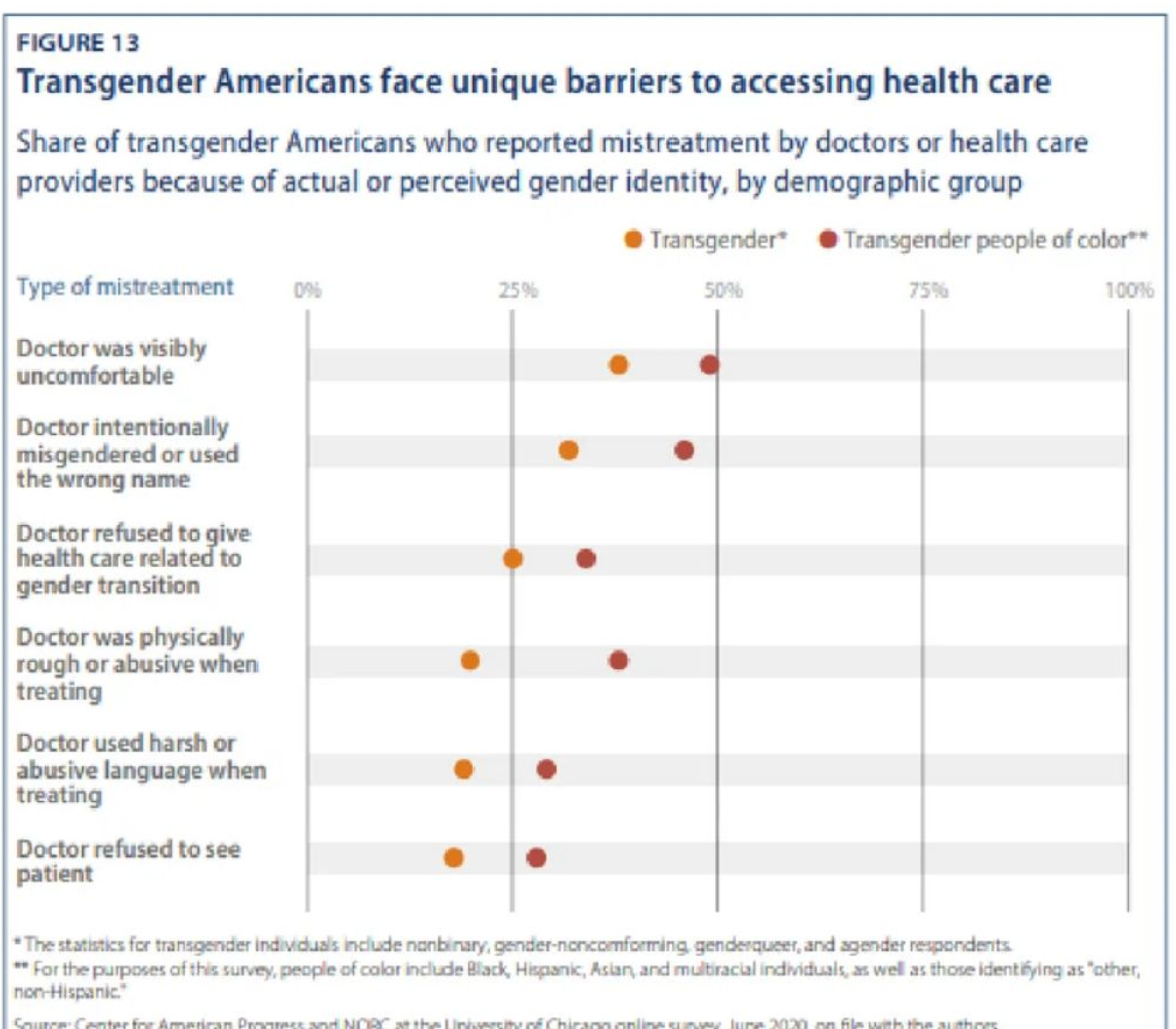
Had to teach a doctor about gay, lesbian, or bisexual people in order to get appropriate care

* The statistics for transgender individuals include nonbinary, gender-noncomforming, genderqueer, and agender respondents.
** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.

Mahowad L, et al. *The State of the LGBTQ Community in 2020*. 2020.

NEGATIVE HEALTHCARE EXPERIENCES



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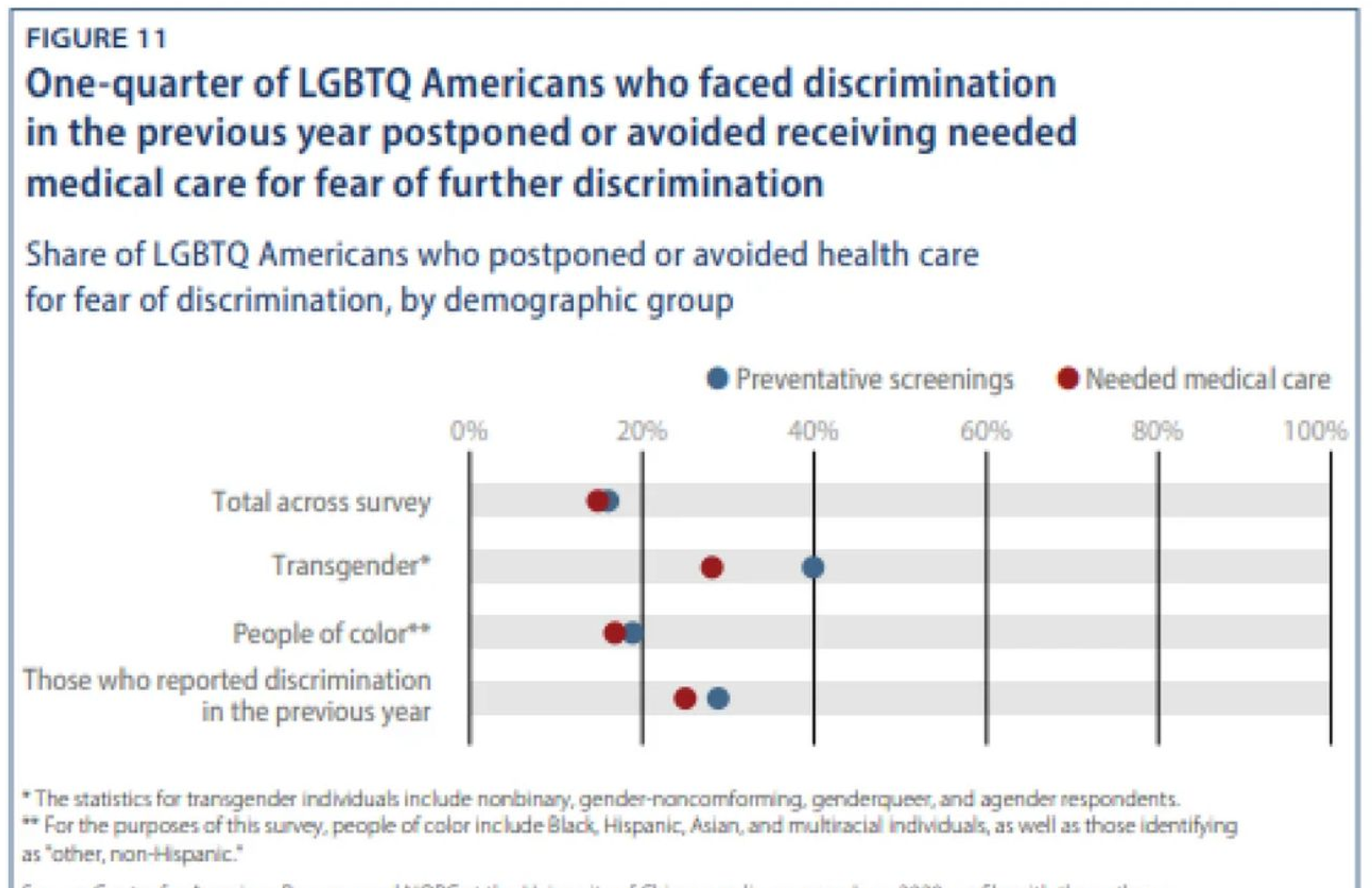
NEGATIVE HEALTHCARE EXPERIENCES



Mahowad L, et al. *The State of the LGBTQ Community in 2020*. 2020.

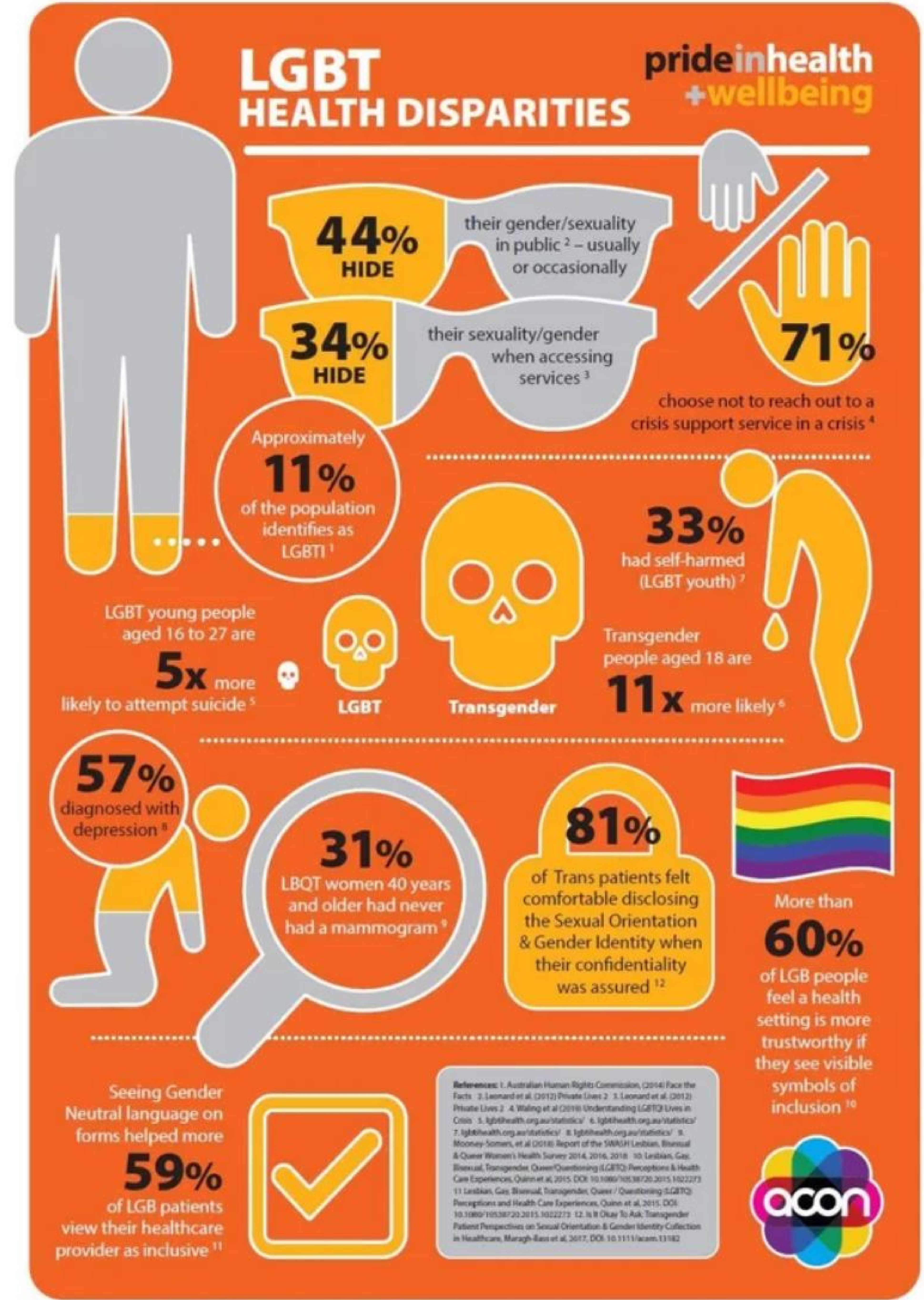
NEGATIVE HEALTHCARE EXPERIENCES

General Health and Experiences with Health Care Providers

- Approximately two-thirds of respondents reported that their health status was "good" (36%), "very good" (24%), or "excellent" (6%). One-quarter (25%) rated their health status as "fair," and 9% said it was "poor."
- More than one-quarter of respondents (28%) did not see a doctor when they needed to in the last 12 months due to cost.
- Nearly one-quarter of respondents (24%) did not see a doctor when they needed to in the last 12 months due to fear of mistreatment.
- Forty-four percent (44%) of respondents experienced serious psychological distress in the last 30 days (based on the Kessler 6 Psychological Distress Scale).
- Seventy-nine percent (79%) of respondents saw a doctor or health care provider within the last 12 months, and 9% saw a provider between 1 and 2 years ago.
- Of those who saw a health care provider within the last 12 months, nearly one-half (48%) reported having at least one negative experience because they were transgender, such as being refused health care, being misgendered, having a provider use harsh or abusive language when treating them, or having a provider be physically rough or abusive when treating them.

2022 US TRANSGENDER SURVEY

HEALTH DISPARITIES



- STIs
- Alcohol and drug use/abuse
- Mental health
- Eating disorders/obesity
- Breast and cervical cancer

REPRODUCTIVE HEALTHCARE (AND OTHER HELPFUL INFORMATION)

Some information is for context/awareness and not necessarily care that is within the scope of Title X clinics

MASCULINIZING HORMONES

- Testosterone – injection or transdermal

- Absolute contraindications
  - Pregnancy
  - Unstable coronary artery disease
  - Untreated polycythemia with a Hct ≥ 55

- Oncology consultation if history of breast cancer or other estrogen dependent cancers

PHYSICAL EFFECTS HORMONE THERAPY

TABLE 1A: EFFECTS AND EXPECTED TIME COURSE OF MASCULINIZING HORMONES [A]

Effect	Expected onset[B]	Expected maximum effect[B]
Skin oiliness/acne	1–6 months	1–2 years
Facial/body hair growth	3–6 months	3–5 years
Scalp hair loss	>12 months[C]	Variable
Increased muscle mass/strength	6–12 months	2–5 years[D]
Body fat redistribution	3–6 months	2–5 years
Cessation of menses	2–6 months	n/a
Clitoral enlargement	3–6 months	1–2 years
Vaginal atrophy	3–6 months	1–2 years
Deepened voice	3–12 months	1–2 years

[A] Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.
[B] Estimates represent published and unpublished clinical observations.
[C] Highly dependent on age and inheritance; may be minimal.
[D] Significantly dependent on amount of exercise.

FEMINIZING HORMONES

- Options for treatment
  - Estrogen – oral , transdermal, injection
  - Antiandrogens (spironolactone, 5-alpha reductase inhibitors)
  - GnRH agonists

- Contraindications to estrogen
  - Previous venous thrombotic events related to an underlying hypercoagulable condition
  - History of estrogen-sensitive neoplasm
  - End-stage chronic liver disease

PHYSICAL EFFECTS HORMONE THERAPY

TABLE 1B: EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES [A]

Effect	Expected onset[B]	Expected maximum effect[B]
Body fat redistribution	3–6 months	2–5 years
Decreased muscle mass/ strength	3–6 months	1–2 years[C]
Softening of skin/decreased oiliness	3–6 months	Unknown
Decreased libido	1–3 months	1–2 years
Decreased spontaneous erections	1–3 months	3–6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3–6 months	2–3 years
Decreased testicular volume	3–6 months	2–3 years
Decreased sperm production	Variable	Variable
Thinning and slowed growth of body and facial hair	6–12 months	> 3 years[D]
Male pattern baldness	No regrowth, loss stops 1–3 months	1–2 years

[A] Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.
[B] Estimates represent published and unpublished clinical observations.
[C] Significantly dependent on amount of exercise.
[D] Complete removal of male facial and body hair requires electrolysis, laser treatment, or both.

HORMONE THERAPY RISKS

TABLE 2: RISKS ASSOCIATED WITH HORMONE THERAPY. BOLDED ITEMS ARE CLINICALLY SIGNIFICANT

Risk Level	**Feminizing hormones**	**Masculinizing hormones**
Likely increased risk	**Venous thromboembolic disease**[A] Gallstones Elevated liver enzymes Weight gain **Hypertriglyceridemia**	**Polycythemia** Weight gain Acne Androgenic alopecia (balding) Sleep apnea
Likely increased risk with presence of additional risk factors[B]	Cardiovascular disease	
Possible increased risk	**Hypertension** Hyperprolactinemia or prolactinoma	Elevated liver enzymes **Hyperlipidemia**
Possible increased risk with presence of additional risk factors[B]	**Type 2 diabetes**[A]	**Destabilization of certain psychiatric disorders**[C] **Cardiovascular disease** **Hypertension** **Type 2 diabetes**
No increased risk or inconclusive	**Breast cancer**	Loss of bone density **Breast cancer** **Cervical cancer** **Ovarian cancer** **Uterine cancer**

[*] **Note:** Risk is greater with oral estrogen administration than with transdermal estrogen administration.

[A] Risk is greater with oral estrogen administration than with transdermal estrogen administration.

[B] Additional risk factors include age.

[C] Includes bipolar, schizoaffective, and other disorders that may include manic or psychotic symptoms. This adverse event appears to be associated with higher doses or supraphysiologic blood levels of testosterone.

OTHER MEDICAL CARE

- Sexual Health
- Contraception
- STI screening/testing
- Abnormal bleeding
- Genital atrophy
- Primary/preventive care
  - Cervical cancer
  - Breast/chest screening/awareness
  - Cardiovascular disease
  - Bone health

CASE EXAMPLE

A 27-year-old woman presents for an annual examination; no complaints

No chronic medical problems

Takes a multivitamin

Works for an NGO; no smoking; one glass wine daily

CASE EXAMPLE

Sexual history:

- *Provider:* "Are you sexually active?"
- *Patient:* "Yes."
- *Provider:* "Do you use contraception?"
- *Patient:* "No."
- *Provider:* "Are you interested in getting pregnant?"
- *Patient:* "No."
- *Provider:* "I would strongly recommend some form of contraception, like birth control pills or an IUD. What do you think?"
- *Patient* (exasperated): "I'm lesbian, and my partner is a woman. It's really not necessary."

Which of the following is NOT one of the 5 P's of Sexual History?

Option	Responses
❌ Partners	0
❌ Practices	1
❌ Protection	1
✔️ Pentration	5
❌ Past History	0

✋ 7

THE 5 P'S OF SEXUAL HISTORY

1. Partners
2. Practices
3. Protection from STIs
4. Past history of STIs
5. Pregnancy intention

THE 5 P'S OF SEXUAL HISTORY

1. Partners
2. Practices – What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?
3. Protection from STIs – If you use prevention tools, what methods do you use?
4. Past history of STIs
5. Pregnancy intention

QUESTIONS TO AVOID

QUESTIONS	DOWNSIDES
Are you sexually active?	No timeframe, vague
Do you have a girlfriend, husband, etc?	Assumes heterosexuality
Do you have sex with men, women, or both?	What about trans and/or non-binary people?
Do you use protection?	Protection is more than condoms – PrEP, OCPs, etc.
You haven't had other partners, right?	Conveys a judgement and leads to a "correct" answer
Have you had insertive/receptive anal intercourse?	Patients may not understand these terms

FIGURE 1

Suggested sexual health language[1,34,79]

Use (less gendered language) [1]	*Instead of (gendered language)*
People who menstruate, people who are pregnant	Female, women; pregnant women
People who produce sperm	Male, men
Not trans, non-trans, cisgender	Biologically male/female
Assigned male at birth	Biologically male
Assigned female at birth	Biologically female
Sexual or genital (gen) health	Women's/gynecological healthcare
External genitals, external pelvic area	Vulva, clitoris
Outer parts	Penis, testicles
Genital opening, frontal opening, internal canal	Vagina
Outer folds	Labia, lips
Internal reproductive organs	Female reproductive organs
Internal organs	Uterus, ovaries
Internal gland	Prostate
Chest	Breasts [2]
Chest or breastfeeding [2]	Breastfeeding
Absorbent product	Pad/tampon
Internal condom	Female condom
Uterine bleeding	Period/menstruation
Parent or gestational parent	Mother
Hypothalamic pituitary gonadal – ovarian axis	Female gonadal steroid axis
Hypothalamic pituitary gonadal – testicular axis	Male gonadal steroid axis

SEXUAL HISTORY

A 24 yo transmale patient presents for wellness visit. He has been on T for 2 years and has no periods. He is sexually active with a cis male partner. He does not desire pregnancy but read on Reddit that he can't get pregnant since he doesn't have periods. True or false?

Answer	Votes
❌ True	1
✔️ False	9

✋ 10

After counseling, he would like to pursue contraception to ensure he avoids pregnancy. He has no medical problems. Which of the following methods can he use (select all that apply)?

Option	Responses
✅ combined pills	5
✅ progesterone IUD	6
✅ copper IUD	9
✅ progesterone only pills	7

✋ 12

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	Invasive/pelvic procedure	Contains estrogen	Contains progesterone	Risk for spotting/bleeding	Reduces/ceases bleeding	Effect on cramping	Chest/breast tenderness	Privacy/ concealability	Requires frequent dosing [1]	Clinician needed to discontinue	Efficacy (perfect/typical)
Combined Oral Contraceptives	N	Y	Y	low	If continuous	↓	+ at start	moderate	N	N	99/91
Progesterone Only Contraceptive Pill	N	Y	Y	low	Y	↓		moderate	N	N	99/91
Patch	N	Y	Y	low	If continuous	↓	+ at start	moderate	Y	N	99/91
Ring	frontal insertion	Y	Y	low	If continuous	↓	+ at start	moderate	Y	N	99/91
Depot medroxyprogesterone acetate	N	N	Y	high	Y	↓	infrequent	very	Y	N	99/94
Implant	subdermal insertion	N	Y	high	Y	↓	possible	very	N	Y	99/99 [2]
Intrauterine Device (IUD): Copper	Y	N	N	low	Heavier bleeding	↑	N	very	N	Y	99/99
IUD: Progesterone	Y	N	Y	high	Y	↑ at insertion, then ↓	possible	very	N	Y	99/99
Sterilization	requires surgery	N	N	N	N	none	N	very	N	n/a	99/99
Diaphragm	frontal insertion	N	N	N	N	none	N	moderate	N	N	94/88
Condom: Internal	frontal insertion	N	N	N	N	none	N	low	n/a	N	95/79
Condom: External	N	N	N	N	N	none	N	low	n/a	N	98/82
Emergency Contraception (EC): Ulipristal acetate [3]	N	N	N	Y	N	↑, self-limiting	possible	one dose (prescription)	n/a	N	85/85 [4]
EC: Levonorgestrel	N	N	Y	Y	N	↑, self-limiting	possible	one dose (over the counter)	n/a	N	75-89 [5]

CONTRACEPTION

ABNORMAL BLEEDING

- Most transgender and nonbinary individuals AFAB who use exogenous testosterone achieve amenorrhea, typically within 2 to 4 months of treatment initiation
- Common causes of continued/breakthrough bleeding:
  - Individuals on lower doses of testosterone, such as nonbinary individuals who choose to use low-dose testosterone
  - Inconsistent dosing
  - Use of androgen gels may be more likely to receive insufficient dosing, compared to those using injectable testosterone, anecdotally may be more prone to breakthrough bleeding.

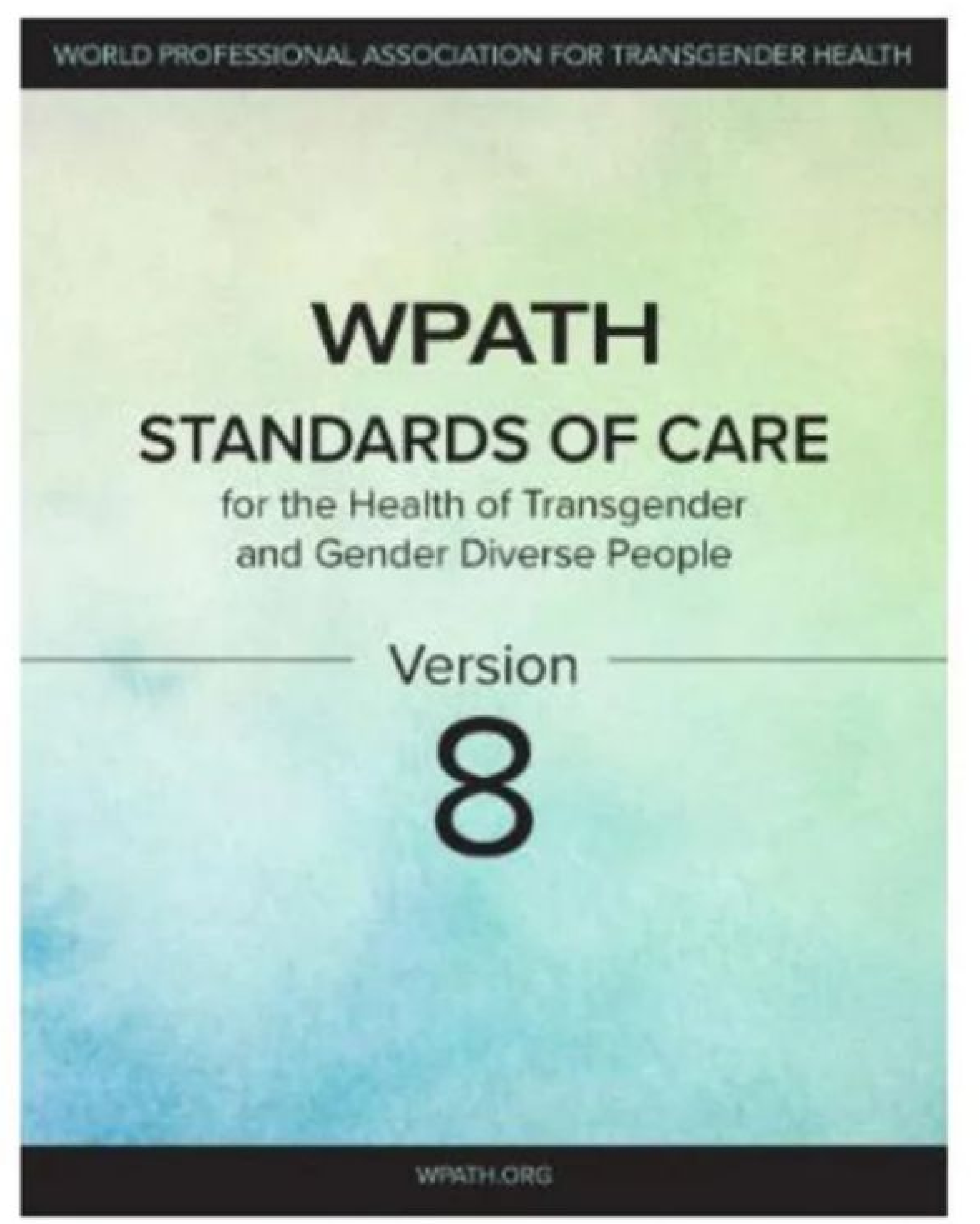
GENITAL ATROPHY

- Testosterone commonly will cause vaginal tissues to atrophy, similar to what is experienced by postmenopausal cisgender women.

- May be more susceptible to small amounts of tearing and changes in microbial environment, resulting in increased risk of bacterial vaginosis, cystitis, cervicitis, or dyspareunia

- Can use topical treatments such as lubricants, vaginal moisturizers, and topical estrogen
  - Topical estrogen will have minimal systemic absorption and will not interfere with testosterone therapy

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8



A 28 yo nonbinary patient who takes testosterone has never had cervical cancer screening and presents for wellness exam. Their pap returns unsatisfactory. What should you do next?

Answer	Responses
✔️ repeat pap in 2-4 months	11
❌ repeat pap in 1 year	0
❌ repeatpap in 3 years	0

✋ 11

CERVICAL CANCER SCREENING

- Transgender males are less likely to be up to date on cervical cancer screening than cisgender women, in part due to anxiety about exams, as well as barriers to general reproductive and sexual healthcare

- When Pap smears are performed on individuals taking testosterone **there is an increased risk of unsatisfactory results**. In one study, cervical cytology specimens were approximately 10 times more likely to be unsatisfactory among individuals using testosterone compared to those not using testosterone.

- In general, as with cisgender females, unsatisfactory cytology should prompt repeat cytology testing in 2-4 months.

AhaSlides

TIPS FOR IMPROVING CARE FOR LGBTQIA+ PATIENTS

WELLNESS

Where Are All The Trans-Friendly Gynecologists?

The medical field still falls short of providing proper care to transgender patients. This is especially true for OB/GYN services.

By Mathew Foresta

Updated December 19, 2019

When I called to make an appointment, they kept asking me the name of the patient because they didn't believe it was me. My medical records list my gender as male so they didn't believe I would need to see an OBGYN. The first person I spoke to thought I was trying to prank her, so I had to have my primary doctor set up the appointment for me. When I arrived, once again, I had to explain the appointment was for me and that I'm a transgender man. I explained that I was there for a pap smear and the nurse told me I didn't know what a pap smear was, and they couldn't help me.

What are some ways your clinics demonstrate inclusivity for LGBTQ+ patients?

- Open ended questions
- Make sure their chart reflects their correct name and pronouns
- No judgement zone, be kind and courteous
- Ask about pronouns
- respecting the patients
- Display materials representing population
- Safe space/environment
- Ask about and respect pronouns
- Confidentiality
- Check assumptions/biases about sexual behavior/preference

10

What are some ideas for improvement in demonstrating inclusivity for LGBTQ+ patients?

- Listen to the experiences of LGBTQ+ folks in accessing repro care, understand common sources of stigma/frustration
- Assure all staff receive training necessary to meet the reproductive health needs of LGBTQ+ patients
- Ensure training available for all staff not just clinical staff
- Advertising that takes into consideration LGBTQ patients needs
- Referrals/Access to other services (mental health, etc)
- Ensure referral sources are friendly
- Create mechanisms for patient feedback that allow people to share their experiences about LGBTQ+ affirming care

7

10 Strategies for Creating Inclusive Title X Environments for LGBTQIA+ People

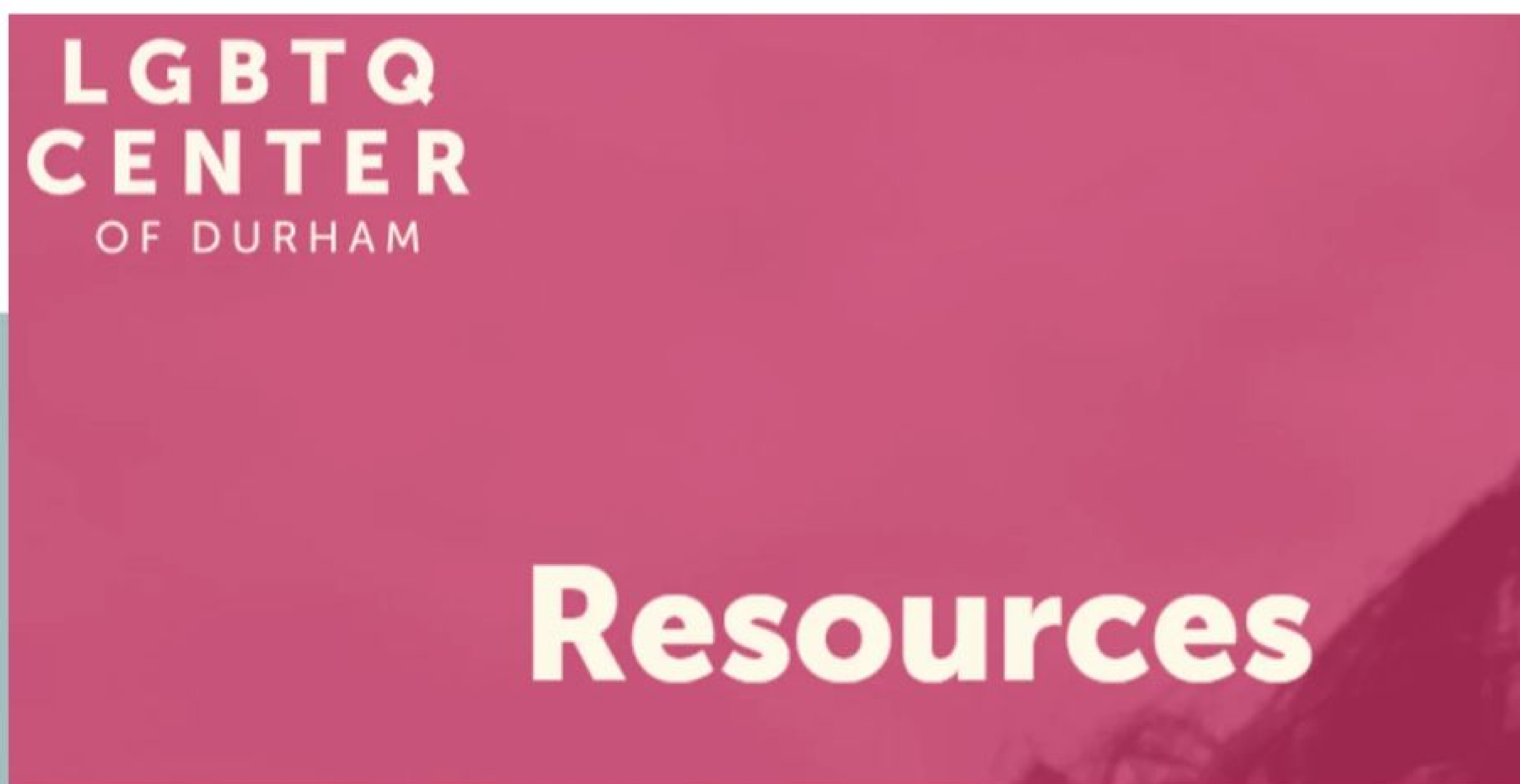
10 STRATEGIES FOR CREATING INCLUSIVE TITLE X ENVIRONMENTS FOR LGBTQIA+ PEOPLE

1. Actively Engage Leadership

2. Ensure Organizational Policies Protect LGBTQIA+ People
   - Non-discrimination policies should protect against discrimination on the basis of sexual orientation, gender identity, and gender expression—and should be posted in high-profile physical and virtual locations, shared during client intake and routine appointment scheduling, when obtaining consent, and when sharing clients' bill of rights information.
   - If your Title X clinic has gender-specific restrooms, you can create welcoming and affirming spaces for transgender and gender-diverse people by developing, posting, and enforcing policies that allow all people to use restrooms that best align with their gender identity.

10 STRATEGIES FOR CREATING INCLUSIVE TITLE X ENVIRONMENTS FOR LGBTQIA+ PEOPLE

3. Create and Maintain a Welcoming Physical and Virtual Environment for LGBTQIA+ People
   - Do the images on your health education materials, website, social media accounts, client engagement tools, or marketing products include LGBTQIA+ symbols, a range of gender expressions, same-gender couples, and LGBTQIA+ families?
   - Do you develop health education materials specific to LGBTQIA+ people?
   - Do you offer brochures and other resource materials from local LGBTQIA+ organizations?



10 STRATEGIES FOR CREATING INCLUSIVE TITLE X ENVIRONMENTS FOR LGBTQIA+ PEOPLE

4. Ensure Forms Reflect LGBTQIA+ People and Their Relationships
   - Review clinic's forms for inclusivity related to relationship-status, gender identity, and sexual orientation.
   - On registration and social history forms, you can reframe marital-status questions as relationship-status questions, and can use gender-inclusive response items such as spouse/partner instead of wife/husband.
   - Ask for names of parent(s)/ guardian(s), rather than mother/father.
   - In medical history forms, avoid specifying sections as applicable to only men or only women. Clients may have different body parts due to surgeries or hormones that may not align with traditional conceptions of female or male. It is better to provide clients with the option to check "not applicable."
   - Sexual history questions should not assume that every sexually active person requires contraception, or that sex is defined exclusively as penile-vaginal intercourse

10 STRATEGIES FOR CREATING INCLUSIVE TITLE X ENVIRONMENTS FOR LGBTQIA+ PEOPLE

5. Develop and Maintain Partnerships with the LGBTQIA+ Community

6. Ensure All Staff Receive Training on Affirming Communication and Care

7. Collect and Use Sexual Orientation and Gender Identity Data to Improve Health Outcomes
   - To promote effective and respectful communication, collect information on clients' pronouns and names.
   - The name a person uses may differ from the name on their insurance or government-issued documents (e.g., birth certificate, driver's license). It is therefore important for health care staff to learn and consistently use each client's name and pronouns when speaking with or about that client.

10 STRATEGIES FOR CREATING INCLUSIVE TITLE X ENVIRONMENTS FOR LGBTQIA+ PEOPLE

8. Ensure All Clients Receive Routine and Inclusive Sexual Health Histories

9. Ensure Clinical Care & Services Meet LGBTQIA+ Health Care Needs
   - Gay, bisexual, and other men who have sex with men and transgender women have a higher prevalence of HIV and other STIs. These clients require culturally responsive testing and prevention services; also offer clients at increased risk of HIV infection access to post- and pre-exposure prophylaxis (PEP and PrEP) to prevent HIV.
   - Lesbian, bisexual, and other women who have sex with women and transgender men are less likely than heterosexual cisgender women to be screened regularly for cervical cancer, despite equivalent risk. Quality assurance and improvement programs can be developed to ensure these populations receive culturally responsive and traumainformed cervical cancer screening according to current guidelines for all people who retain a cervix.
   - LGBTQIA+ people have an increased risk of depression, anxiety, suicidality, smoking, and substance use disorders compared to the general population. Title X clinics can offer a range of behavioral health services to meet the needs of LGBTQIA+ clients with mental health and substance use disorders directly or through referral partners.

10 STRATEGIES FOR CREATING INCLUSIVE TITLE X ENVIRONMENTS FOR LGBTQIA+ PEOPLE

10. Recruit and Retain LGBTQIA+ People

- Implement protocols and programs that promote equity and community. For example, organizations can start an LGBTQIA+ employee affinity group; expand benefits to unmarried partners and chosen families; develop administrative guidelines to support employees who are going through the process of gender affirmation; and ensure that employee health insurance plans cover gender-affirming treatments.

What are some ideas for improvement in demonstrating inclusivity for LGBTQ+ patients?

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For an upcoming appointment with n 10/19/2021

What is your current gender identity?

Gender Identity: how an individual identifies their own internal sense of self

Female | Male | Transgender Male / Female-to-Male | Transgender Female / Male-to-Female | Nonbinary | Choose not to disclose | Other | Gender Fluid / Queer

What was your assigned sex at birth?

Assigned Sex at Birth: what sex a medical professional identified the patient as at birth. Select all that apply.

Female | Male | Unknown | Not recorded on birth certificate | Uncertain | Choose not to disclose

What is your sexual orientation?

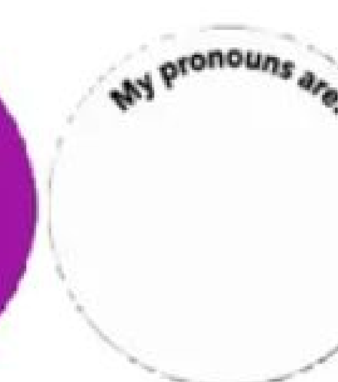
Sexual Orientation: describes how a person characterizes their emotional and sexual attraction to others. Select all that apply.

Straight (not lesbian or gay) | Bisexual | Gay | Lesbian | Something else | Don't know | Choose not to disclose | Queer | Asexual | Pansexual

What pronouns do you want people to use to describe you?

she/her/hers | he/him/his | they/them/theirs | patient's name | unknown | not listed | Choose not to disclose

Continue | Finish later | Cancel



Sexual Orientation and Gender Identity SmartForm

AhaSlides

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Patient's sexual orientation: Lesbian or Gay | Straight | Bisexual | Something else | Don't know | Choose not to disclose | Gay | Lesbian | Asexual | Pansexual | Queer

Legal Information

Legal first name:

Legal last name:

Legal sex: Female | Male | Unknown | Nonbinary | X

Gender Identity

Autofill with default responses for: Cisgender female | Cisgender male

Patient's gender identity: Female | Male | Transgender Female | Transgender Male | Other | Choose not to disclose | Nonbinary | Gender Fluid | Genderqueer

Patient's sex assigned at birth: Female | Male | Unknown | Not recorded on birth certificate | Choose not to disclose | Uncertain

Patient pronouns: she/her/hers | he/him/his | they/them/theirs | patient's name | decline to answer | unknown | not listed

Affirmation steps patient has taken, if any: presentation aligned with gender identity | preferred name aligned with gender identity | legal name aligned with gender identity | legal sex aligned with gender identity | medical or surgical interventions

Patient's future affirmation plans, if any: Insert SmartText 100%

SEXUAL ORIENTATION AND GENDER IDENTITY FORM

Organ Inventory

Organs the patient currently has:			Organs present at birth or expected at birth to develop:			Organs surgically enhanced or constructed:			Organs hormonally enhanced or developed:		
breasts	Yes	No	breasts	Yes	No	breast	Yes	No	breast	Yes	No
cervix	Yes	No	cervix	Yes	No	vagina	Yes	No			
ovaries	Yes	No	ovaries	Yes	No	penis	Yes	No			
uterus	Yes	No	uterus	Yes	No						
vagina	Yes	No	vagina	Yes	No						
penis	Yes	No	penis	Yes	No						
prostate	Yes	No	prostate	Yes	No						
testes	Yes	No	testes	Yes	No						

SEXUAL ORIENTATION AND GENDER IDENTITY FORM

Creating an Affirming Environment for Transgender and Gender Non-Conforming Patients

BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender-specific terms like "sir" or "ma'am."	"How may I help you today?"
When talking about patients, avoid pronouns or other gender-specific terms. If you have a record of the name used by the patient, use it in place of pronouns. Never refer to someone as "it."	"Your patient is here in the waiting room." "Max is here for a 3 o'clock appointment."
Politely ask if you are unsure about a patient's name or pronouns used.	"What name would you like us to use, and what are your pronouns?" "I would like to be respectful—how would you like to be addressed?"
Ask respectfully about names if they do not match in your records.	"Could your chart be under another name?" "What is the name on your insurance?"
Did you goof? Politely apologize.	"I apologize for using the wrong pronoun—I did not mean to disrespect you. How would you like for me to refer to you?"
Only ask information that is necessary for providing care.	Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

MORE RESOURCES

Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

AhaSlides

The OutList LGBTQ+ Affirming Healthcare Directory

Learning Resources

Providing Quality Family Planning (QFP) Services in the United States

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JBECKHAM@WAKEMED.ORG