



Vanderbilt University Medical Center
Program for LGBTQ Health

Considerations for Lesbian, Gay, Bisexual, Transgender, and Queer Patients & Families

Today's Outline

- Why LGBTQ Health Matters
- Terminology – The ABCs of LGBTQ
- Overview of Mental Health Considerations
- Health Disparities Data
- Tips for Success



Why Discuss LGBTQ Health?

Significant health disparities:

- Access to care
- Health outcomes and treatment
- Cultural barriers

Medicine can contribute to these disparities through:

- Negative environment
- Bias and discrimination
- Lack of appropriate education
- Poor cultural sensitivity/communication
- Limited outreach and advocacy

Topic is of national concern:

- Presidential Executive Orders
- Joint Commission Standards
- Affordable Care Act
- Department of Health & Human Services
- NIH: Research on LGBTQ Populations

Why LGBTQ Health Matters

LGBTQ Health Outcomes

- 3-7x increased risk for suicide
- 10% report attempted suicide in the past year
- Increased risk for obesity, cardiovascular disease, and cancer
- Almost 40% of homeless adolescents are LGBTQ

LGBTQ Access to Care

- 2x more likely to be uninsured
- 56% of LGB and 70% of transgender patients report bias/discrimination when accessing care
- pronounced in minority, rural, and lower income LGBT patients

Why LGBTQ Health Matters

Recent Concerns:

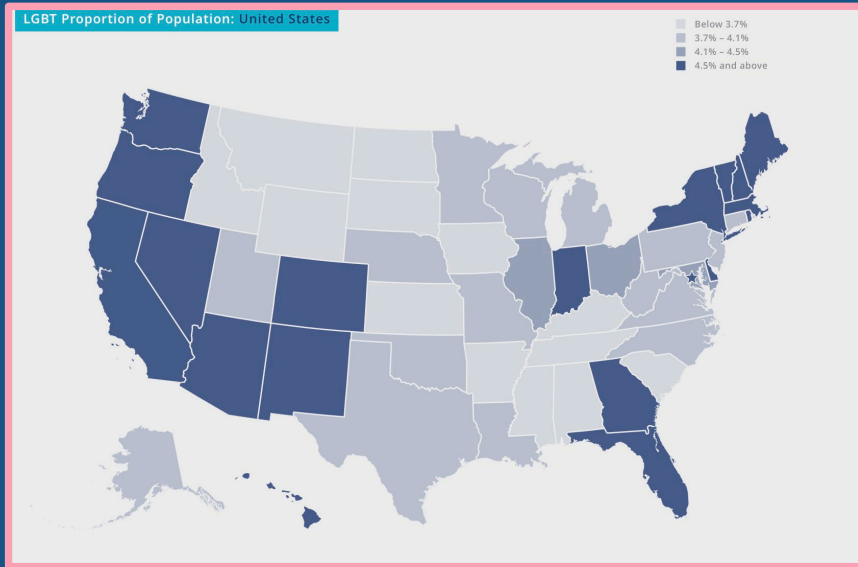
- Health equity issues elevated during COVID-19 pandemic
- 2022 Mpox outbreak
- Critical HIV funding re-prioritized in TN
- Legal challenges regarding gender-affirming care
- Increased mental health concerns related to structural stigma

Who makes up
the **LGBTQ+** community?

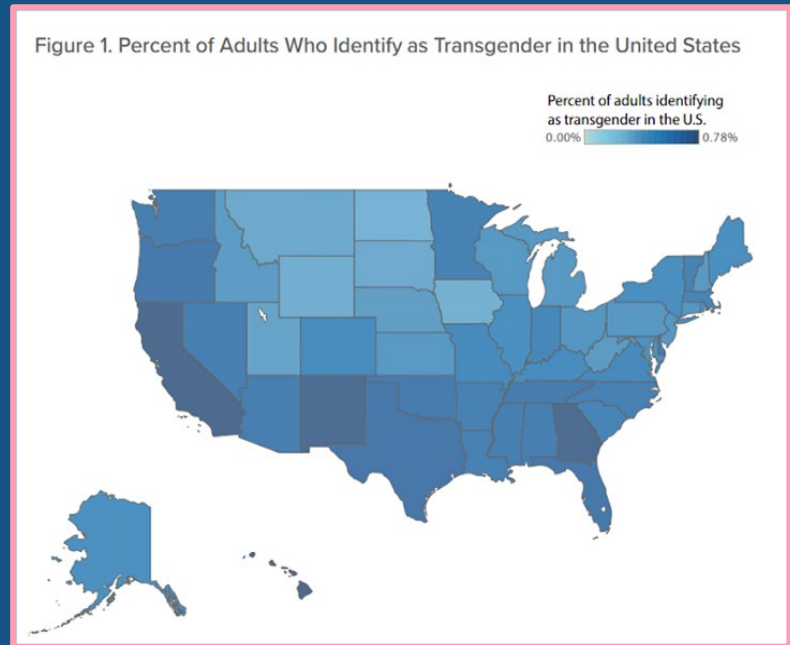
Number of U.S. Adults Who Identify as LGBT

~4.5% of U.S. adults, or **10.4 million** Americans, identify as LGB

~0.6% of U.S. adults, or **1.4 million** Americans, identify as transgender



~0.7 of U.S. youth 13-17, or 150,000 young people, identify as trans



What do these terms mean to **YOU**?

Sex

Gender

Sexual
Orientation

A photograph of a doctor in a white coat examining a baby with a stethoscope. The baby is lying on its stomach, looking up at the doctor with a joyful expression. The scene is set in a clinical office with a window in the background. The image is overlaid with a semi-transparent blue filter.

Sex

A medically assigned identity at birth based on physical characteristics — our chromosomes, hormones, and/or genitalia.

female, male, intersex/differences in sex development (DSD)



Gender Identity

Our inner sense of being a man, woman, or another gender; “how the mind and the heart regard the person.”

woman, man, trans woman, trans man, non-binary

All people
generally fall into
one of two primary
gender categories

Cisgender

Sex assigned at birth
aligns with one's
gender identity

Transgender & Non-Binary

Sex assigned at birth *does not* align
with one's gender identity

Binary*

Trans Man
Trans Woman

Non-Binary**

2+ genders Agender
Genderqueer Bigender
Genderfluid

Definitions

Transgender people are very diverse and use many different terms to describe themselves. These terms tend to change over time.

Some of the more common terms in 2024 include:

- **Woman, transgender woman, trans woman, transfeminine**
 - A person assigned male at birth who identifies as a woman or along a feminine spectrum
- **Man, transgender man, trans man, transmasculine**
 - A person assigned female at birth who identifies as a man or along a masculine spectrum

A photograph of three young women standing side-by-side, all wearing denim jackets. The woman on the left has short, dark hair and is looking slightly to the right. The woman in the middle has voluminous, curly dark hair and is looking directly at the camera. The woman on the right has long, straight reddish-brown hair and is also looking directly at the camera. The background is a solid light blue color, and the entire image is overlaid with a semi-transparent dark blue filter.

Gender Expression

The ways in which we present ourselves to others through mannerisms, clothing, body language, hairstyles, etc.

feminine, masculine, androgynous

A close-up photograph of two hands holding each other gently. The hands are positioned in the center-right of the frame. The background is a soft-focus field of tall green grass. The image is overlaid with a semi-transparent blue gradient that covers the left and bottom portions of the frame. The text is overlaid on this blue area.

Sexual Orientation

An enduring emotional, romantic, sexual, affectional, and/or relational attraction to other people; determined by the personally significant attractions one has, and the way in which someone self-identifies.

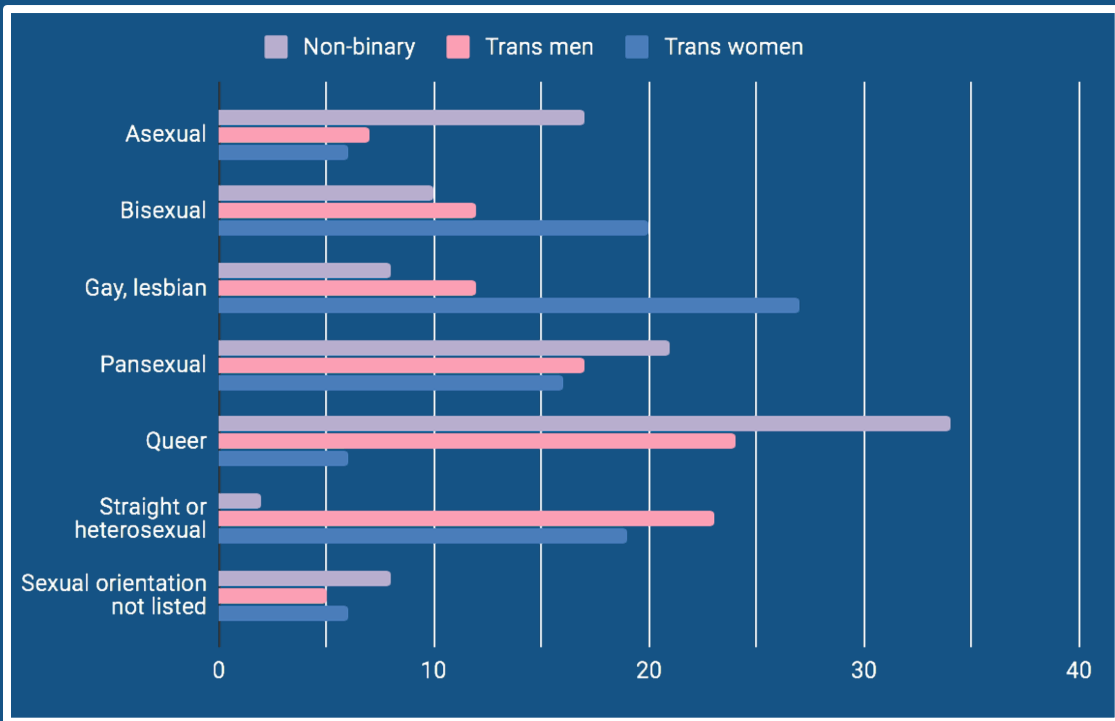
lesbian, gay, bisexual, same gender loving, queer, asexual, pansexual, straight

Dimensions of Sexual Orientation



Gender Identity ≠ Sexual Orientation

All people have a sexual orientation **AND** a gender identity



Transgender people can be
of **ANY**
sexual orientation

A (More) Inclusive Gender Model

Sex Assigned at Birth



Gender Identity



Gender Expression



Sexual Orientation



Gender Affirmation

- **Gender affirmation** (transition) is the process by which individuals are affirmed in their gender identity
- Transgender people may make social, medical, legal and/or spiritual changes to affirm their gender identity, including:
 - **Social** (e.g. clothing, pronouns, name)
 - **Medical** (e.g. hormones, surgery)
 - **Legal** (e.g. changing name and sex on birth certificate, driver's license, etc.)
 - **Spiritual** (e.g. name blessing ceremony, reaffirmation of sacrament, leaving or joining a religious community based on acceptance)

Medical Necessity

- Gender affirming care is **medically necessary**
- Gender affirming care **decreases** dysphoria and **improves** mental health
- Not all gender affirming surgery is covered by insurance
- Using the correct name and pronouns **decreases** suicidality
- Trans people who faced discrimination from providers and were refused care have **higher** rates of suicidality

*Your patient just told you they are
transgender...*



How Do I Talk About Transgender People?

Incorrect: "Max is *transgendered*."

Correct: "Max is *transgender*."

Incorrect: "Max is a *transgender*."

Correct: "Max is a *transgender person*."

- When referring to a transgender person, you should **always** use the name and pronouns the person says they use.
 - Transgender women should **NEVER** be referred to as male or as men.
 - Transgender men should **NEVER** be referred to as female or as women.

What terminology is **offensive** (or outdated)?

~~Transvestite
She-male
He-she
It
Tranny
Hermaphrodite
Sex Reassignment Surgery
The surgery~~

Context Specific Terms

Transsexual
Preop/Postop/Non-op

How Do I Talk to Transgender People?

What should you ask?

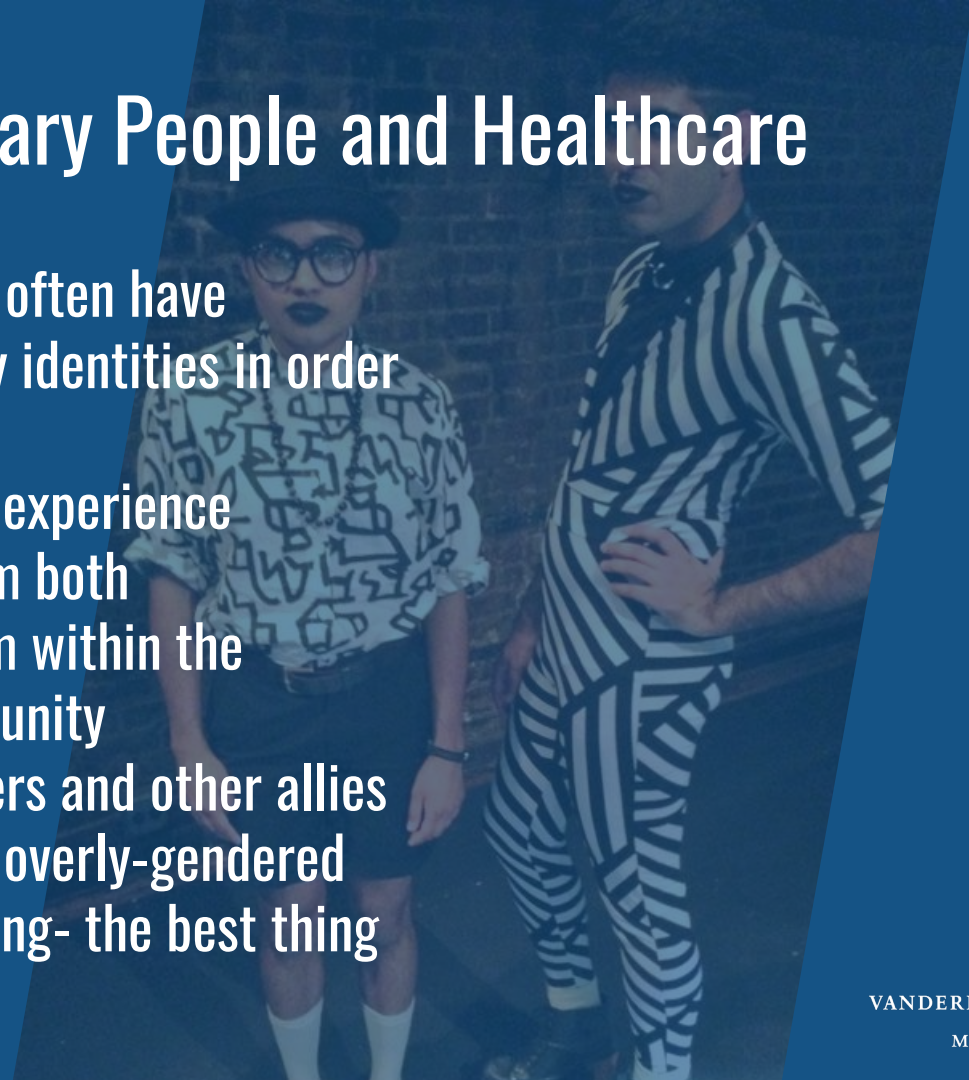
- "How would you like me to address you?"
- "Is there a name you use that is different from what is on your chart?"
- "Is there a gender pronoun that you use that is different from what is on your chart?"
- Make sure your questions are clinically relevant and for the benefit of the patient

What shouldn't you ask?

- Any question that is more about your personal curiosity than the patient's benefit
- Any question that is clinically irrelevant
- Build trust and rapport with your patient before asking them personal questions (just like anybody else)
- Be aware that trans people are often asked intrusive questions by strangers and may be wary to answer them

Non-binary People and Healthcare

- Non-binary people often have to “take on” binary identities in order to access care
- Non-binary people experience discrimination from both outside of and from within the transgender community
- Healthcare providers and other allies may assume using overly-gendered language is affirming- the best thing to do is ask



Pronouns are important to healthcare...

#PUSHFORPRONOUNS

SHE

HER

HERS

HE

HIM

HIS

THEY

THEM

THEIRS

ZE

ZIR

ZIRS



If you are unsure of someone's pronouns, you can...

- **Introduce yourself**

"Hi, my name is Julie, and my pronouns are she, her, and hers. What about you?"

- **Wear a pronoun button**

Wearing a button with your pronouns can make others more comfortable with sharing theirs

- **ASK!**

"What pronouns do you use?"

Be sure to ask patients who are minors in particular if they want you to use a different set of pronouns in front of their family if they are not "out"

What If I Make a Mistake?

- Mistakes are going to happen
- Quickly apologize or say “thank you”
- Correct your mistake
- Move on
- Do not make the mistake again

What are some of the **factors** that
contribute to **mental health**
disparities in LGBTQ patients?

Minority Stress

- Explains why minority individuals suffer physical and mental health experience disparities
- Posits that **intrapersonal, interpersonal, and systemic** marginalization of minorities contributes to poorer health outcomes

Mental Health Disparities in LGBTQ People: Contributing Factors

- **Co-occurring risk factors:**
 - Poor family or social support, lack of education, homelessness, substance use, chronic physical illness, psychiatric disorders, discrimination, and hate crimes.
 - While heterosexual people experience these stressors too, they are far more prevalent among LGBTQ people.

“Coming Out”

People are vulnerable to losing family, friends, home, belongings, and dreams by coming out.

Trending towards more **flexible** and **nuanced** patterns of identity is particularly evident among young adults

LGBTQ Youth in Nashville

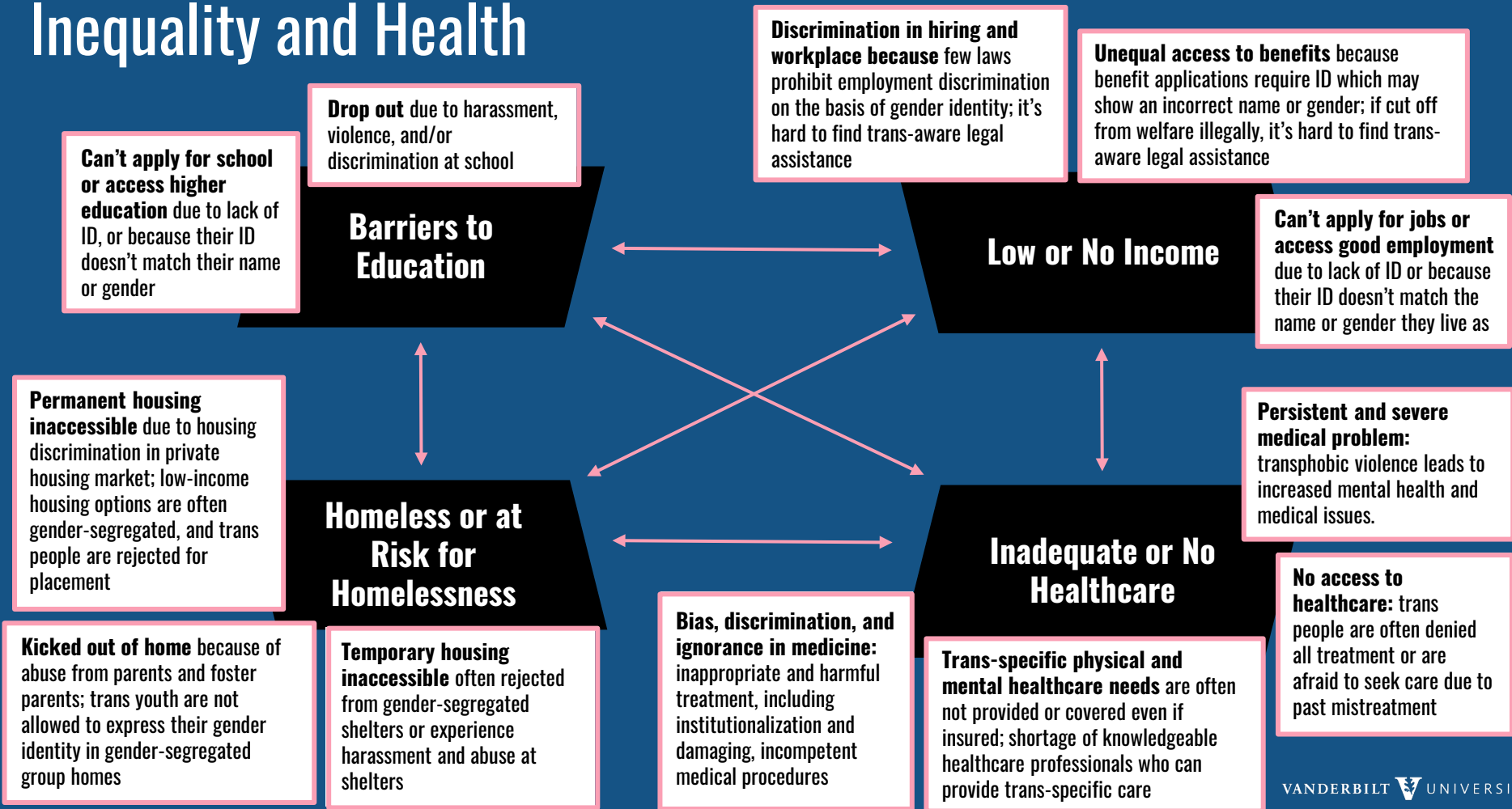
LGBTQ Youth have **significantly increased** rates of suicidal thoughts compared to their heterosexual peers

LGBTQ Youth are more than **3X as likely to feel unsafe** at school or to and from school than their heterosexual peers (**48.3% vs 11.3%**)

LGBTQ Youth are more likely to experience **harassment, bullying, and violence**

22% reported being threatened or injured with a weapon on school property

Inequality and Health



Specific Mental Health Concerns



Suicidality

Mood disorders

Anxiety disorders

Post-traumatic stress disorder (PTSD)

Body image/eating disorders

Substance use disorders

Personality disorders

Health Concerns for Lesbian and Bisexual Women

Women who have sex with women have higher rates of:

- Breast Cancer
- Ovarian and Cervical Cancer
- Colon Cancer
- Substance Use; including illicit substances, alcohol, and tobacco
- Heart Disease
- Depression and Anxiety

Women who have sex with women...

- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

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Health Concerns for Gay and Bisexual Men

*Men who have sex with men
have higher rates of:*

- HIV/AIDS
- Anal Papilloma
- Hepatitis A and B
- Substance and Alcohol Abuse/Dependence
- Tobacco Use
- Depression and Anxiety
- Prostate, Testicular, and Colon Cancer
- Intimate partner violence
- Eating Disorders

Men who have sex with men...

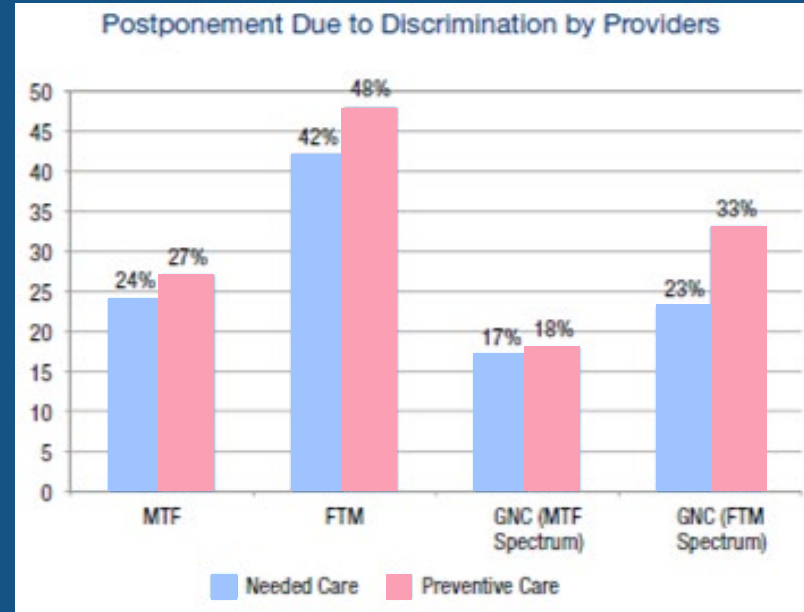
- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

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Health Concerns for Transgender People

Transgender communities:

- Are currently **underserved**
- Are more likely to delay care due to fear of **discrimination** or to past **negative** experiences
- Face **challenges** in finding friendly and knowledgeable providers
- Experience **higher** rates of depression, anxiety, violence, and suicide
- Experience a **higher** incidence of HIV/AIDS
- Experience **Minority Stress**



Source: 2015 U.S. Transgender Survey



Assessment and Care

Body Part Terminology

- Patient preferences **will** differ
 - Might differ in exam room vs. therapist's office vs. in other parts of life
- **Ask** patients what terms they want you to use
- **Use** those terms
 - Offer explanation if other terms are necessary (e.g. for charting)
- Use gender and surgery **affirming** language

Exams/Patient Encounters

- When a medical exam is necessary, know that the patient may experience **heightened anxiety or extreme discomfort** as the exam may trigger dysphoria
- We ask that providers **explain** the exam beforehand as well as share **why** the exam is needed
 - May need to provide education such as why cis women having sex with cis women still need Pap tests
- Be aware that many patients may have **trauma**
- Do **not** treat trans patients like a spectacle

Assessment and Treatment of LGBTQ Populations

1. **Create a welcoming practice:** Consider the overall experience of LGBTQ patients seeking care. Creating a safe space will help patients feel comfortable and share critical information.
 - Do you have pride symbols, “safe space” stickers, **Trans Buddy information**, or LGBTQ-themed magazines in the waiting area?
 - Are front office staff trained on how to maintain a safe and welcoming environment?
 - Do you have a gender-inclusive bathroom for trans patients?

Assessment and Treatment of LGBTQ Populations

2. Practice forms: Paperwork sets the tone for an encounter.

Inclusive intake forms may ask:

- What is your gender?

Ex. Male, Female, Gender non-conforming, Fill-in if unlisted,
Decline to answer

- What sex were you assigned at birth?

Ex. Male, Female, Intersex, Fill-in if unlisted, Decline to answer

- What is your sexual orientation?

Ex. Straight, Gay, Lesbian, Bisexual, Queer, Fill-in if unlisted,
Decline to answer

- Who do you have sex with?

Ex. Male, Female, Fill-in if unlisted, Decline to answer

Assessment and Treatment of the LGBTQ Populations

3. Language: Follow the patient's example for words to describe their gender identity and body.

- If uncertain, ask directly.
- For example, “What name would you like me to use when addressing you? What pronouns would you like me to use when speaking about you with other providers?”
- Routinely ask about pronouns



Assessment and Treatment of the LGBTQ Populations

4. Screening: LGBTQ people face elevated risks for most mental health conditions (often due to internalized sexual prejudice and minority stress).

- Be sure to screen thoroughly for conditions that pose an increased risk for members of this population.

5. Trans-Specific Issues: World Professional Association for Transgender Health's Standards of Care document (free at www.wpath.org)

Expanding Knowledge

- We're often more comfortable feeling like an “expert”.
- Given our **diverse communities** and the explosion of **specialized medical knowledge**, achieving “expertise” is an ideal, not reality.
- What **should** you do when feeling “caught”?
 - **Contact** the Program for LGBTQ Health
 - Conduct your own **research** (respected researchers/articles, trauma informed care, trusted people in social media)
 - **Acknowledge** the gap in your knowledge base
 - **Enlist** the patient's experience (“What does that mean to you?”)
 - **Seek** available medical resources in a transparent and timely manner
 - Patients often don't expect us to be perfect, but they do expect us to be **accountable**

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