



Cindy
Broholm,
DNP, MPH,
FNP-BC

Pronouns: She/Her

Assistant Professor of Nursing - Long
Island University-Brooklyn

Family Nurse Practitioner – Callen-Lorde
Community Health Center

No conflicts of interest



Terminology



Sex Assigned at Birth (sex)

Gender Identity

Sexual Orientation

Distinct Concepts

Sex assigned at birth

The sex (male or female) assigned when the baby is born, usually based on genitals

Intersex

- Reproductive organs, genitals, chromosomes do don't fall in traditional expectations for male or female



Gender Identity

A person's sense of their gender.

How one feels inside: girl/woman/female; boy/man/male. Or something else or having no gender

- **Cisgender:** gender identity congruent with the sex assigned at birth
- **Transgender:** gender identity not congruent with sex assigned at birth
 - Transgender man (female assigned at birth [FAAB], identifies as male)
 - Transgender woman (male assigned at birth [MAAB], identifies as female)
- **Gender Diverse/Non-Binary/Genderqueer:** not exclusively one gender and/or may be fluid

Sexual Orientation

Sexual Orientation

How a person identifies their physical and emotional attractions to others.

- Identity:
 - Gay, Lesbian, Bisexual, Asexual, Straight, Something Else
- Behavior:
 - Distinct from identity
 - e.g. A man might identify as straight and have sex with men

Terminology

TGD (Transgender & Gender diverse)

- Umbrella term for people whose gender identity doesn't match their sex assigned at birth

TGNB (Transgender/Gender non-binary)

SGM – Sexual and Gender Minority

- LGBT
- LGBTQ (queer/questioning)
- LGBTQI (intersex) A (Asexual)
- LGBTQ+



Disparities in LGBTQ+ communities...

- LGBTQ+ people are more likely to
 - Be unemployed
 - Live in poverty
 - Report not having enough food to eat
 - Uninsured or underinsured

(Meyer et al, 2021a; Meyer et al., 2021b)
- These rates are higher for LGBTQ+ racial and ethnic minority individuals and transgender people (Casey 2019, Howard 2019, Macapagal 2016, Wilson 2022)
- Over half of LGBTQ adults surveyed reported experiences of interpersonal discrimination ranging from slurs to violence (Casey et al 2019; Meyer, et el 2021a)
 - Over 70% - bullied “sometimes or often” before the age of 18
 - 72% reported emotional abuse in childhood; 41% physical abuse

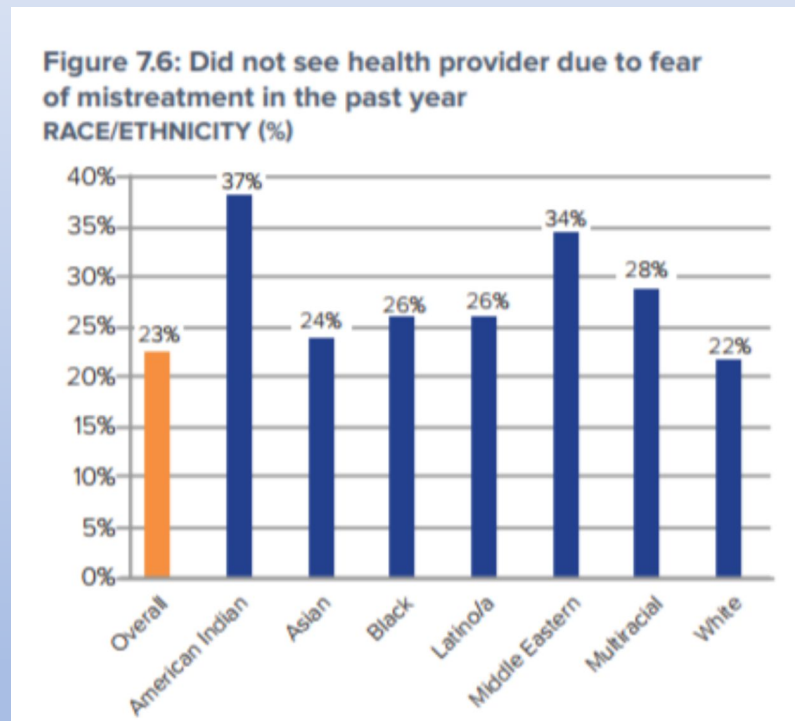
Health Disparities in LGBTQ+ communities...

- Higher rates of depression and anxiety (Meyer, et al 2021a)
 - 76% had contemplated suicide in their lifetime
 - 36% had attempted suicide
- Higher rates of obesity in lesbian and transgender people (Knight & Jarret, 2017; Eliason & Chinn, 2018)
- Higher rates of smoking and substance use (Eliason & Chinn, 2018)
 - Self medicating with alcohol & drugs
- Higher rates of eating disorders (Diemer et al 2015, Kamody et al 2020)
- Increased burden of HIV in MSM and transgender women

Health Disparities...



23% of TGD respondents **avoided healthcare** for fear of discrimination. Increased for POC.



- **82%** seriously **contemplated suicide**
- **40%** of TGD respondents have attempted **suicide** in their lifetime (9x the rate in US)
- **33%** who had seen a healthcare provider in past year reported at **least one negative experience** related to being transgender

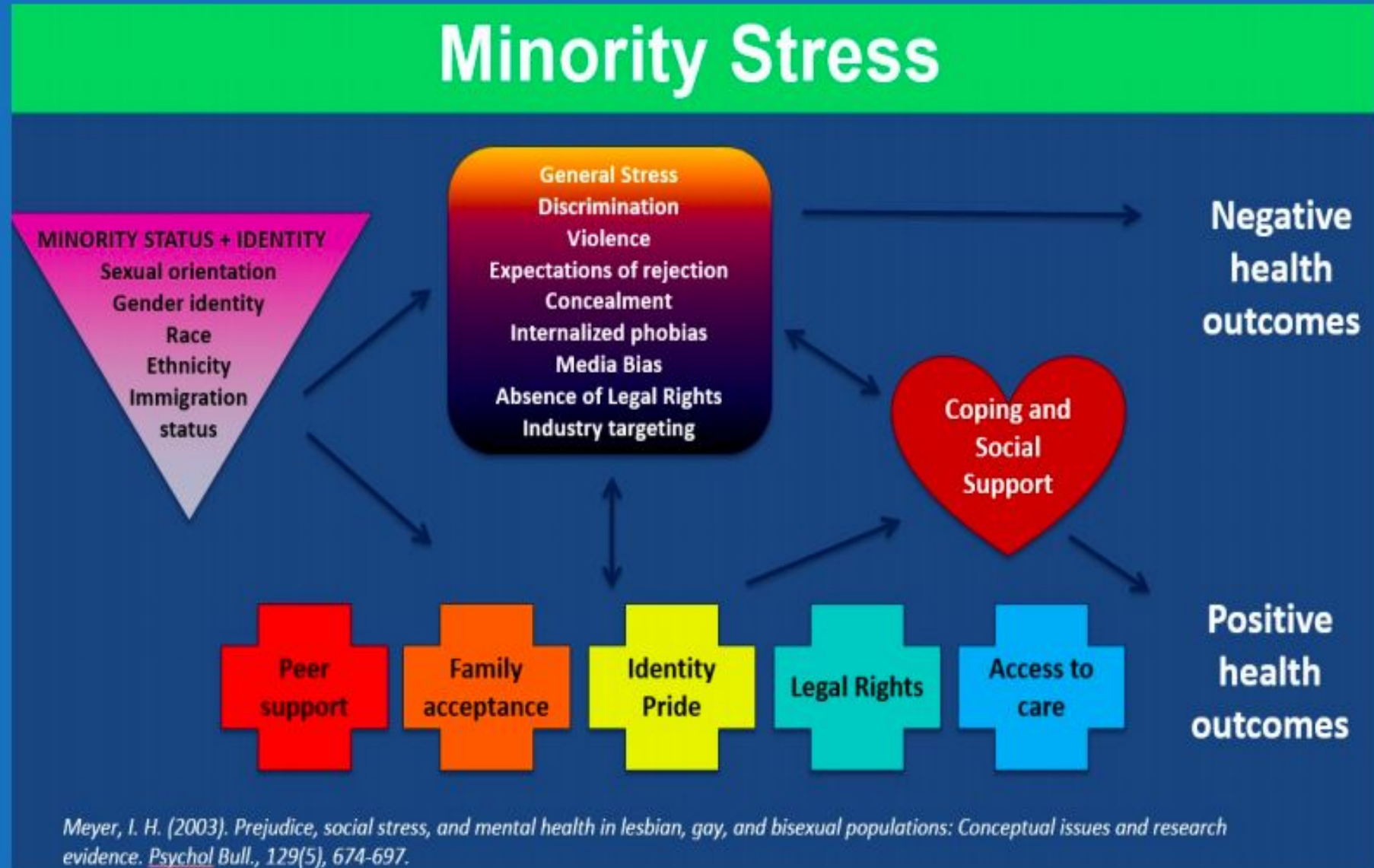


-
- +
 - “Sexual orientation and gender identity are not risk factors for health problems: stigma associated with those identities creates the risk”
 -

Theoretical Framework: Minority Stress

Risk factors

Minority Stress



Protective factors


Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull.*, 129(5), 674-697.

LGBTQ+ Patients Experience in Healthcare


- Explicit discrimination
- Implicit →
 - Non –inclusion on forms
 - Assumption re gender identity and sexual orientation
(Gahagan & Subirana-Malaret, 2018; Gonzalez et al, 2017; Logie et al, 2019; Qurishi et al, 2018)
- Lack of knowledgeable providers & needing to educate providers to get health needs met (Eliason & Chinn, 2018; Kamen et al, 2019)
- Avoidance of health care due to *anticipated* discrimination (Casey 2019, Howard, 2019, James, 2016)
 - Worse for TGD people and people of color (Howard et al. 2019, Macapagal, 2016; Wilson et al, 2022)

Consider experience of bias within the current political climate...

The New York Times



What to Know About State Moves to Ban Transgender Health Care

 **Azeen Ghorayshi**
Reporting on gender and science

In late March, the Williams Institute, a research center at the U.C.L.A. School of Law, released a report estimating the number of transgender young people at risk of losing access to gender-related care as a result of state bills sweeping the country.

I'll walk you through some of the data →


Drew Angerer/Getty Images

The New York Times

Montana Restricts Changes to Birth Certificates for Transgender People

A new rule made it “virtually impossible” for transgender people born in Montana to amend the gender listed on their birth certificates, according to the American Civil Liberties Union of Montana.

[Give this article](#) [Share](#) [Bookmark](#)



Demonstrators at the Montana State Capitol protested legislation that last year banned transgender student athletes from competing on sports teams that corresponded to their gender identities. Thom Bridge/Independent Record, via Associated Press

By Neelam Bohra and Michael Levenson
Sept. 13, 2022

So What Can We Do?

Vanessa goes to the Doctor
(examples of the good and the bad)
<https://www.youtube.com/watch?v=S3eDKf3PFRo>





AFFIRMATIVE SERVICES FOR TRANSGENDER AND GENDER- DIVERSE PEOPLE

**BEST PRACTICES FOR FRONTLINE
HEALTH CARE STAFF**

Updated Winter 2020



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

| Best Practices | Examples |
|--|--|
| <p>→ When addressing patients, avoid using gender-specific terms like “sir” or “ma’am.”</p> | <p>“How may I help you today?”</p> |
| <p>→ 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.</p> | <p>“Your patient is here in the waiting room.” “Max is here for a 3 o'clock appointment.”</p> |
| <p>→ Politely ask if you are unsure about a patient's name or pronouns used.</p> | <p>“What name do you go by, and what are your pronouns?” “I would like to be respectful—how would you like to be addressed?”</p> |
| <p>→ Ask respectfully about names if they do not match in your records.</p> | <p>“Could your chart be under another name?” “What is the name on your insurance?”</p> |
| <p>→ Did you goof? Politely apologize.</p> | <p>“I apologize for using the wrong pronoun—I didn't mean to disrespect you.”</p> |
| <p>→ Only ask information that is necessary for providing care.</p> | <p>Ask yourself: <i>What do I know?</i> <i>What do I need to know?</i> <i>How can I ask in a sensitive way?</i></p> |

Affirmative Services for Transgender and Gender Diverse People



<https://www.youtube.com/watch?v=htaprlsWWhs&t=305s>

Collect SOGI data (Sexual Orientation Gender Identity)



- Healthy People 2030
- Institute of Medicine (2012)
- The Joint Commission (2011)
- Affordable Care Act (ACA) section 4302
- NYC DOH

PRONOUNS MATTER



MISGENDERING IS
DISRESPECTFUL

NO-ODDS-NO-MASTERS.COM

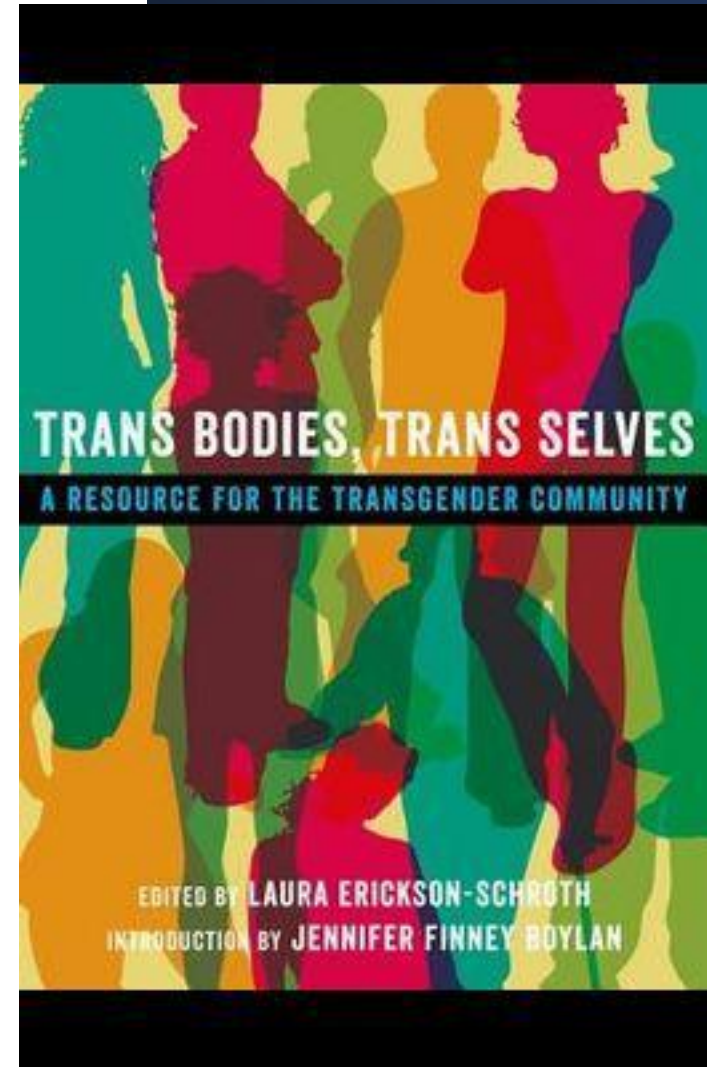


Interested in Learning More?

- The LGBT Education Center of Fenway Health: <https://www.lgbthealtheducation.org/>
 - [Best practices for Frontline Healthcare Staff](#)
- Center of Excellence for Transgender Health (UCSF): <http://www.transhealth.ucsf.edu/>
- Healthcare Equity Index 2018 (HRC): <https://www.hrc.org/hei>
- CDC LGBT Health: <https://www.cdc.gov/lgbthealth/index.htm>

Resources for TGD patients

- <https://www1.nyc.gov/site/doh/health/health-topics/transgender-resources.page>
- <https://www.glaad.org/transgender/resources>
- [The Trevor Project](#)'s 24/7/365 Lifeline at 866-4-U-TREVOR (866-488-7386) or [TrevorChat](#), their online instant messaging option, or [TrevorText](#), a text-based support option. Peer support, visit [TrevorSpace](#) from anywhere in the world.
- [The National Suicide Prevention Lifeline](#) at 988
- [Trans Lifeline](#) at 877-565-8860



| Outdated term | Recommended term |
|---|--|
| Berdache | Two-spirit |
| Biological female/male | Assigned female/male at birth |
| Cross-sex hormone therapy; hormone replacement therapy | Gender-affirming hormone therapy |
| Disorders/differences of sex development | Intersex |
| Female-to-male (FTM) and Male-to-female (MTF) | Transgender man and transgender woman |
| Gender nonconforming | Gender non-binary, gender diverse |
| Hermaphrodite/Ambiguous genitalia | Intersex |
| Homosexual | Gay or lesbian |
| Legal name | Administrative name or Name on legal documents |
| Preferred name | Chosen name or Name used |
| Preferred pronouns | Pronouns |
| Sex change/Sex reassignment surgery/Gender reconstruction surgery | Gender-affirming surgery |
| Sexual preference/lifestyle | Sexual orientation |
| Transgendered | Transgender |



How does this relate to diabetes?

- Disparities in rates of
 - eating disorders (Diemer et al 2015, Kamody et al 2020)
 - obesity in lesbian and transgender people (Knight & Jarret, 2017; Eliason & Chinn, 2018)
 - diabetes in gay and bisexual men (Beach, et al. 2018)
- Potential weight gain with estrogen and testosterone and some HIV medications
- Additional burden of stigma related to obesity
- Remember...LGBTQ+ people are more likely to
 - Be unemployed
 - Live in poverty (*food deserts*)
 - Report not having enough food to eat
 - Uninsured or underinsured

(Meyer et al, 2021a; Meyer et al., 2021b)

Considerations Regarding Physical Activity

- Barriers to sports participation
 - harassment of LGBTQ+ youth
 - bans on transgender youth participation
 - gender conformity in sports
- Access to gyms
 - financial disparities
 - lack of comfort
 - use of bathrooms (“bathroom bills”)
 - gendered locker rooms
 - fat stigma
 - transgender women concern re masculinization of their bodies

Considerations Regarding Gender Affirming Hormone Treatment (GAHT) and Diabetes

Few Studies

Conflicting results

Better mental health outcome with GAHT

Better health outcomes with engagement in health care

Parting words

- “If [healthcare providers] just remember to be heart forward as much as possible, I think everything else will fall into place and mistakes or missteps are forgiven when it's done heart forward.” (Broholm, et al., 2023)
 - *Trans patient participant in research study*



Questions???



Comments?

Cindy.broholm@liu.edu

References

- Broholm, C., Lindell, D., Trossello, C., Lauren, J., Smith, B., Harris, A., Quinn Griffin, M., Radix, A. (2023). Ditch the white coats: What LGBTQ+ patients want in their primary care providers. *Journal of the American Association of Nurse Practitioners* 35(1), 41-52. <https://doi.org/10.1097/JXX.0000000000000815>
- Beach, L.B., Elasy, T.A., Gonzales, G. (2018). Incidence of self-reported diabetes by sexual orientation: Results from the 2014 behavioral risk factor surveillance system. *LGBT Health* 5(2), 121-130. [https://DOI: 10.1089/lgbt.2017.0091](https://doi.org/10.1089/lgbt.2017.0091)
- Diemer, E. W., Grant, J. D., Munn-Chernoff, M. A., Patterson, D. A., & Duncan, A. E. (2015). Gender identity, sexual orientation, and eating-related pathology in a National Sample of College Students. *Journal of Adolescent Health*, 57(2), 144–149. <https://doi.org/10.1016/j.jadohealth.2015.03.003>
- Eliason, M.J., & Chinn, P.,L. (2018). *LGBTQ Cultures: What Health Care Professionals Need to Know About Sexual and Gender Diversity (3rd ed)*. Wolters Kluwer.
- Gibb, J. K., Shokoohi, M., Salway, T., & Ross, L. E. (2021). Sexual orientation-based disparities in food security among adults in the United States: Results from the 2003-2016 NHANES. *American Journal of Clinical Nutrition*, 114(6), 2006–2016. <https://doi.org/10.1093/ajcn/nqab290>
- Gahagan, J., & Subirana-Malaret, M. (2018). Improving pathways to primary health care among LGBTQ populations and health care providers: Key findings from Nova Scotia, Canada. *International Journal for Equity in Health*, 17(1), 1–9. <https://doi.org/10.1186/s12939-018-0786-0>
- Gonzales, G., & Henning-Smith, C. (2017). Barriers to care among transgender and gender nonconforming adults. *The Millbank Quarterly*, 95(4), 726–748. <https://doi.org/epdf/10.1111/1468-0009.12297>
- Howard, S. D., Lee, K. L., Nathan, A. G., Wenger, H. C., Chin, M. H., & Cook, S. C. (2019). Healthcare Experiences of Transgender People of Color. *Journal of General Internal Medicine*, 34(10), 2068–2074. <https://doi.org/10.1007/s11606-019-05179-0>

References

- Human Rights Campaign Foundation. (2018). *HealthCare equality index 2018*. Washington D.C. Retrieved from https://assets2.hrc.org/files/assets/resources/HEI-2018-FinalReport.pdf?_ga=2.220810266.328597274.1546826203-2059170230.1546826203
- James, S. E., Herman, J., Keisling, M., Mottet, L., & Anafi, M. (2016). *2015 U.S. Transgender Survey (USTS)*. <https://www.icpsr.umich.edu/web/RCMD/studies/37229/versions/V1>
- Kamen, C. S., Alpert, A., Margolies, L., Griggs, J. J., Darbes, L., Smith-Stoner, M., ... Norton, S. A. (2019). “Treat us with dignity”: a qualitative study of the experiences and recommendations of lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients with cancer. *Supportive Care in Cancer*, 27(7), 2525–2532. <https://doi.org/10.1007/s00520-018-4535-0>
- Kamody, R. C., Grilo, C. M., & Udo, T. (2020). Disparities in *DSM-5* defined eating disorders by sexual orientation among U.S. adults. *International Journal of Eating Disorders*, 53(2), 278–287. <https://doi.org/10.1002/eat.23193>
- Knight, D. A., & Jarrett, D. (2017). Preventive Health Care for Women Who Have Sex with Women. *American Family Physician*, 95(5), 314–321. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/28290645>
- Logie, C. H., Lys, C. L., Dias, L., Schott, N., Zouboules, M. R., MacNeill, N., & Mackay, K. (2019). “Automatic assumption of your gender, sexuality and sexual practices is also discrimination”: Exploring sexual healthcare experiences and recommendations among sexually and gender diverse persons in Arctic Canada. *Health and Social Care in the Community*, 27(5), 1204–1213. <https://doi.org/10.1111/hsc.12757>
- Meyer, I.H., Wilson, B.D.M., & O’Neill, K. (2021a). *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies*. Los Angeles: The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Generations-TransPop-Toplines-Jun-2021.pdf>

References

- Meyer, I. H., Russell, S. T., Hammack, P. L., Frost, D. M., & Wilson, B. D. M. (2021b). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability samplz. *PLoS ONE*, *16*(3 March). <https://doi.org/10.1371/journal.pone.0246827>
- Qureshi, R. I., Zha, P., Kim, S., Hindin, P., Naqvi, Z., Holly, C., ... Ritch, W. (2018). Health Care Needs and Care Utilization Among Lesbian, Gay, Bisexual, and Transgender Populations in New Jersey. *Journal of Homosexuality*, *65*(2), 167–180. <https://doi.org/10.1080/00918369.2017.1311555>
- Wilson, B.D.M., Bouton, L.J.A., Badgett, M.V.L., & Macklin, M.L. (2023). LGBT Poverty in the US: Trends at the Onset of COVID-19. Los Angeles, CA: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Poverty-COVID-Feb-2023.pdf>
- Wilson, B. D. M., Bouton, L., & Mallory, C. (2022). Racial differences among LGBT adults in the US: LGBT well-being at the intersection of race. In *Social Science and Medicine* (Vol. 71, Issue 2). <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Race-Comparison-Jan-2022.pdf>