

# Best Practices and Competencies in Adherence with Adolescents



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

A Chase Brexton Health Care Center of Excellence 



Adult  
Medical Care



HIV  
Medical Care



Pediatrics



Ob/Gyn



Behavioral  
Health



Dentistry



Pharmacy



Case  
Management

## Center for LGBTQ Health Equity Initiatives:

- ElderPride
- Gender JOY  
(Journeys of Youth)
- **Health Equity  
Training Team**
- LGBTQ+ focused  
Behavioral Health



**Chase Brexton Health Care**  
*Because everyone's health matters.*



# Presenter: Debb Dunn

## Trans Health Coordinator

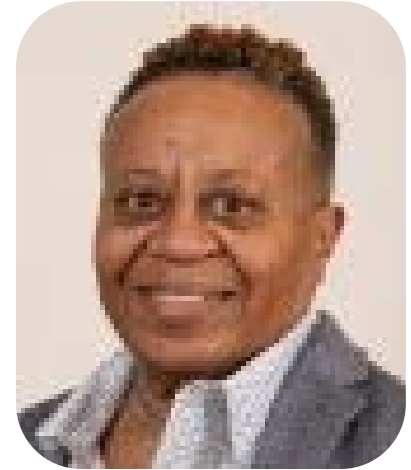
Family Practice Physician Assistant

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)



# Learning Outcomes

- Understand Transgender/LGB/Non-binary Identities (Definition, terms, proper etiquette)
- Examine health disparities, including HIV, that impact these communities
- Explore methods to make organizations open and affirming to LGBTQ people
- Describe barriers that impact LGBTQ patients
- Review treatment options for medical transition in the child and adult





## Terminology/Definitions

Image source: *Transgender terminology: Top tips for inclusive writing*. The Hatcher Group. (2021, June 3).



# Misgendering and Deadnaming



- Can “out” someone and make them emotionally or physically unsafe
- Makes the person wonder if you are clueless or cruel
- Feels humiliating and disrespectful
- Damages your rapport
- If you are a helping professional, these mistakes can contribute to someone being so uncomfortable they do not get the care they need

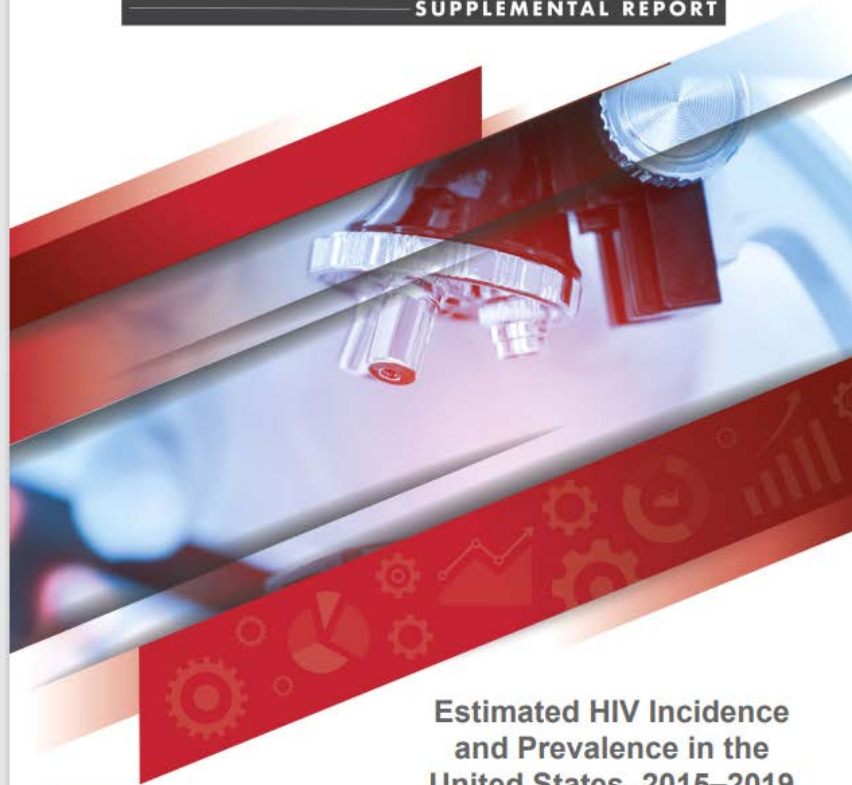
Image: Original art by Sam Moss



Volume 26,  
Number 1

# HIV | SURVEILLANCE REPORT

SUPPLEMENTAL REPORT



Estimated HIV Incidence  
and Prevalence in the  
United States, 2015–2019

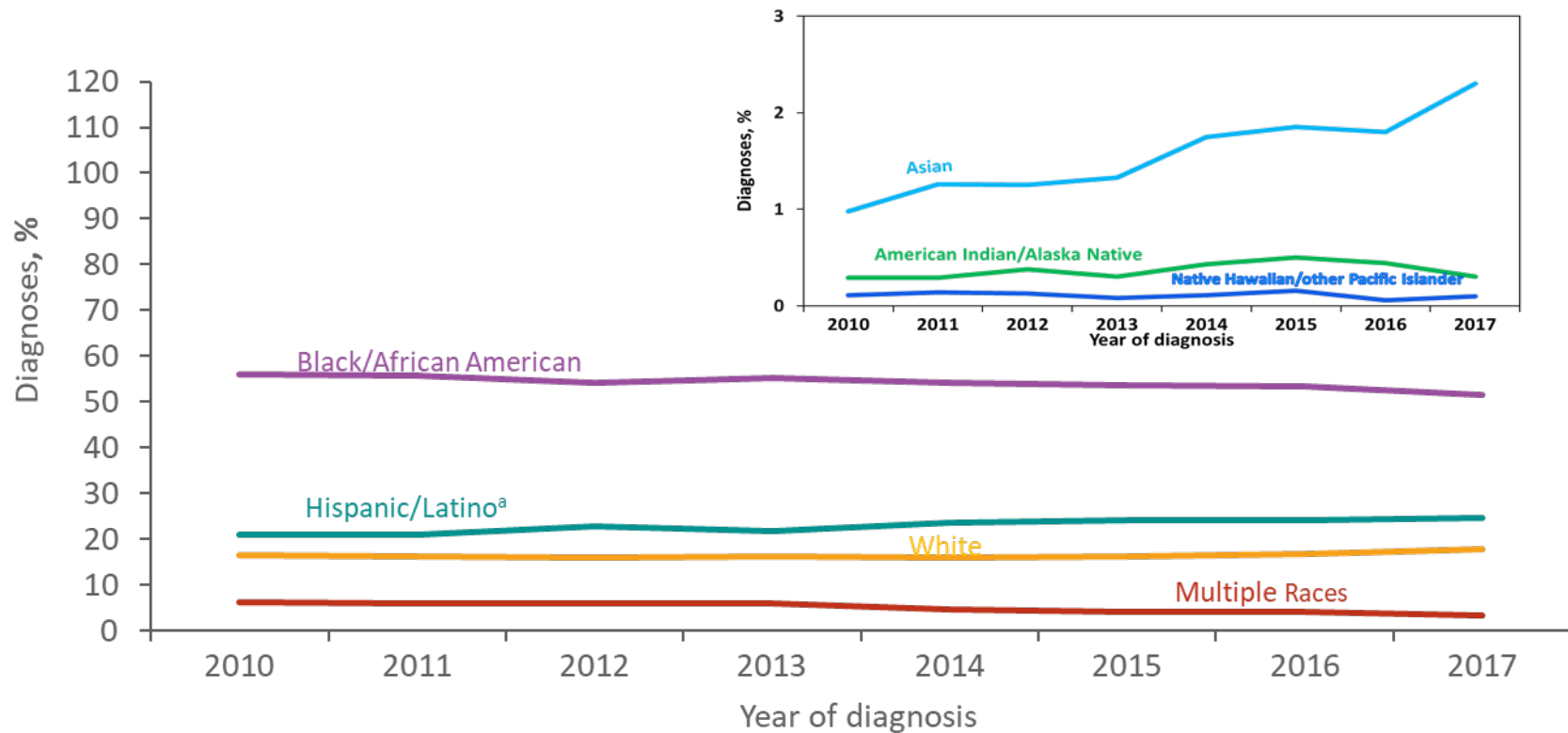


Centers for Disease  
Control and Prevention  
National Center for HIV/AIDS,  
Viral Hepatitis, STD, and  
TB Prevention





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



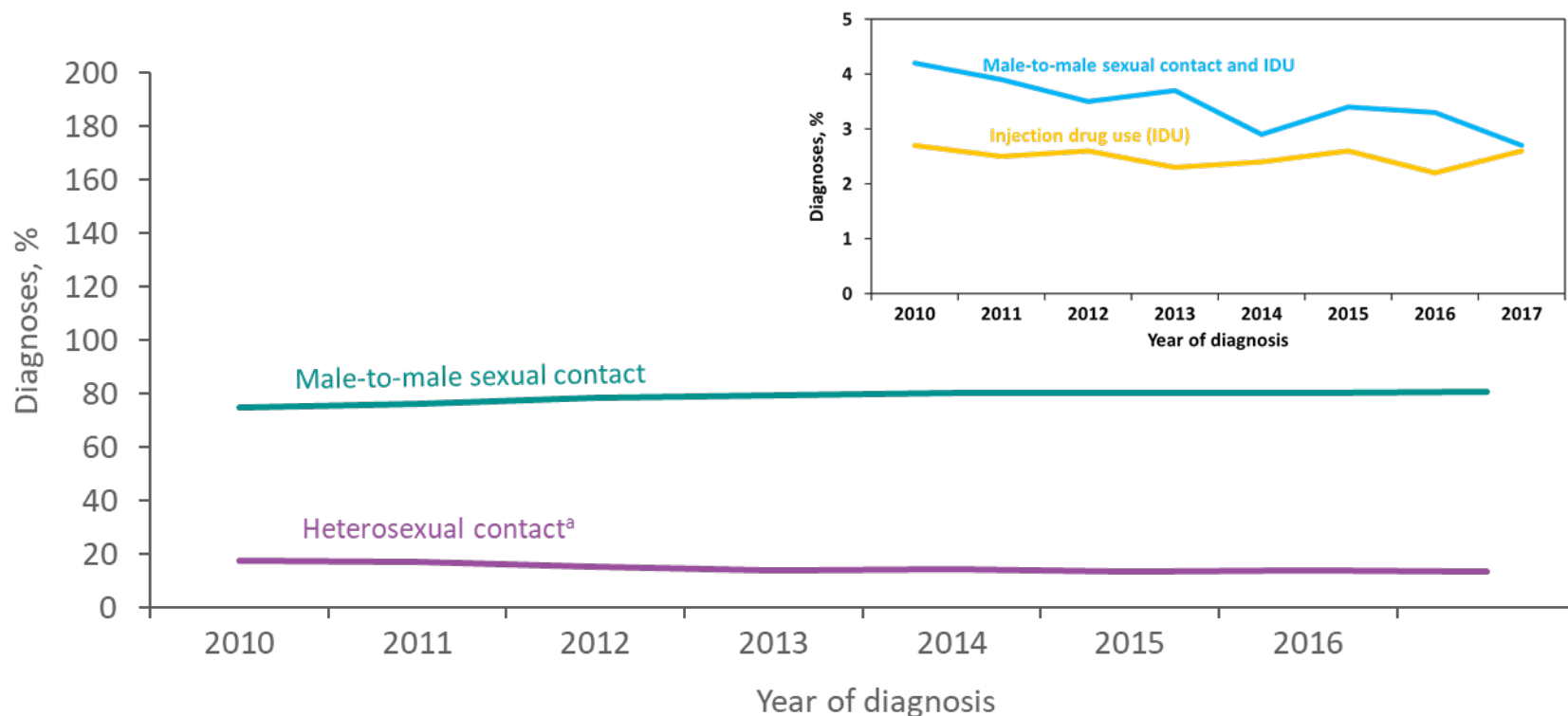
<sup>a</sup> Hispanics/Latinos can be of any race.







## Diagnoses of HIV Infection among Adolescents and Young Adults Aged 13–24 Years, by Transmission Category, 2010–2017—United States and 6 Dependent Areas



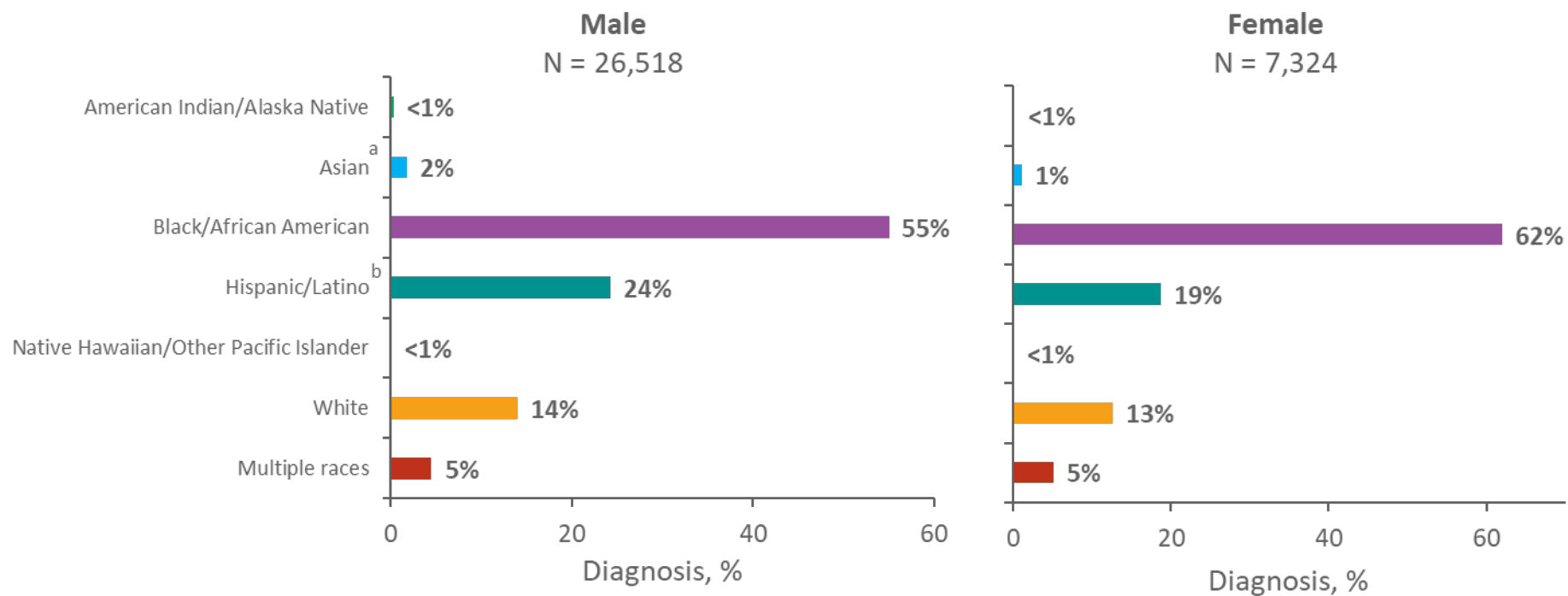
*Note.* Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises less than 1% of cases.

<sup>a</sup> Heterosexual contact is with a person known to have, or to be at high risk for, HIV infection.





## 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



<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

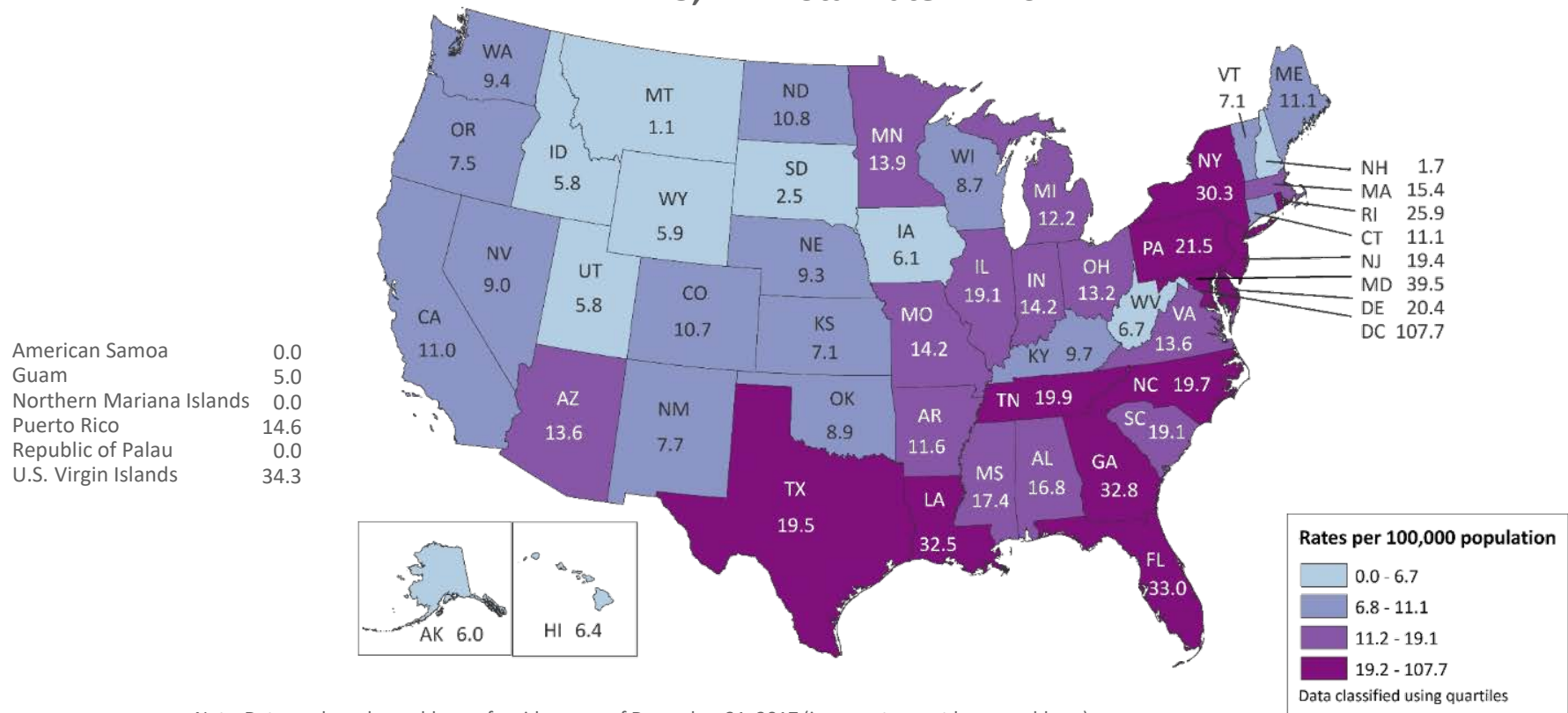
<sup>b</sup> Hispanics/Latinos can be of any race.



# Rates of Adolescents Aged 13–19 Years Living with Diagnosed HIV Infection

## Year-end 2017—United States and 6 Dependent Areas

N = 5,222 Total Rate = 17.6



# 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





# **Sexual Orientation (The L, the G, the B, and the Q)**

Image source: Barnhart, C., Hentges, Justin, & Patel, S. (2020, May 29). *The fundamental importance of sexual orientation and gender identity data*. National Institutes of Health.



# Sexual Orientation Terms

- **Asexual** (adj.) – Describes a person who experiences little or no sexual attraction to others. Asexuality is not the same as celibacy.
- **Bisexual** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.
- **Gay** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.
- **Heterosexual** (straight) (adj.) – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women
- **Lesbian** (adj., noun) – A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

# Sexual Orientation Terms

- **Men who have sex with men/Women who have sex with women (MSM/WSW)** (noun) – Categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual orientation. However, people rarely use the terms MSM or WSW to describe themselves.
- **Pansexual** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people regardless of gender.
- **Polyamorous** (adj.) – Describes a person who has or is open to having more than one romantic or sexual relationship at a time, with the knowledge and consent of all their partners. Sometimes abbreviated as poly.
- **Same Gender Loving (SGL)** (adj.) – A term used as an alternative to the terms gay and lesbian. SGL is more commonly but not exclusively used by members of the African American/Black community.

# Sexual Orientation Terms

- **Same-Sex Attracted (SSA)** (noun) – A term that is used to describe the experience of a person who is emotionally and/or sexually attracted to people of the same gender. Individuals using this term may not feel comfortable using the language of sexual orientation (i.e., gay, lesbian, bisexual) for personal reasons. Use of this term is not indicative of a person's sexual behavior. It is used most commonly in religious communities.
- **Aromantic** : experiencing little or no romantic attraction to others and/or has a lack of interest in romantic relationships/behavior. Aromanticism exists on a continuum from people who experience no romantic attraction or have any desire for romantic activities, to those who experience low levels, or romantic attraction only under specific conditions. Many of these different places on the continuum have their own identity labels (see demiromantic). Sometimes abbreviated to “aro” (pronounced like “arrow”).
- **Demiromantic**: little or no capacity to experience romantic attraction until a strong sexual connection is formed with someone, often within a sexual relationship.

# Gender History

y **Relationships & Family**

Relationship status:  Since:

Spouse/Partner/Significant Other:

**Residence**

Homeless? ☐ Yes ☐ No

Country of origin:

Birth City:  ST:

**Work & Education**

Employed? ☐ Yes ☐ No

Occupation:  Since:

Highest education level:

**Sexual History/Information**

Gender identity:

Gender of partner(s):

Age of first sexual intercourse:

Are you sexually active? ☐ Yes ☐ No

Sex at birth:



# Sexual History

Orders
 Medications
 Problems
 + Medication
 + Problem

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**Sexual Risk Assessment**

DOB: 09/16/1990
 Patient Age: 25 Years Old

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**Sexual Activity & Identity**

Sexually active: ☒ Yes ☐ No  
 Current sexual partner(s): Women  
 Previous sexual partner(s): Women  
 Number of partners in the past year: 1  
 Number of partners in the past 2 months: 1  
 Current relationship:

Age of first sexual intercourse:  
 Attracted to: Women  
 Sexual orientation: Heterosexual  
 Sex at birth: Female  
 Gender identity: Transgender (Female to Male)

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**Contraception**

Title X Visit ☐  
 Previous contraception methods (click all that apply):  
☐ Abstinence  
☐ Birth Control Pills  
☐ Cervical Caps  
☐ Condoms - male  
 Current contraception method:

**Sexual Assault Risk / History**

Counseled for sexual safety: ☐  
 History of forced sex: ☐ Yes ☐ No  
 Has exchanged sex for money? ☐ Yes ☐ No

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**Sexual Behaviors**

Behavior  
☐ Giving oral sex on penis  
☐ Receiving oral sex on penis  
☐ Giving oral sex on vagina  
☐ Receiving oral sex on vagina  
☐ Giving oral sex on anus  
☐ Receiving oral sex on anus

Behavior  
☐ Putting penis into vagina  
☐ Receiving penis into vagina  
☐ Putting penis into anus  
☐ Receiving penis into anus  
☐ Contact with menstrual blood  
☐ Sharing sexual toys

I do NOT want this to appear in the text of my note. ☐

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**STI History**

	Date	Result
<input type="checkbox"/> Chlamydia		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Gonorrhea		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis A		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis B		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis C		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Herpes		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Syphilis		<input type="radio"/> + <input type="radio"/> -

	Date	Result
<input type="checkbox"/> LGV		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> HIV		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Bacterial Vaginosis		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> HPV		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Scabies/Lice		<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Trichomoniasis		<input type="radio"/> + <input type="radio"/> -

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Depo-Provera Injection

Oral Contraceptive

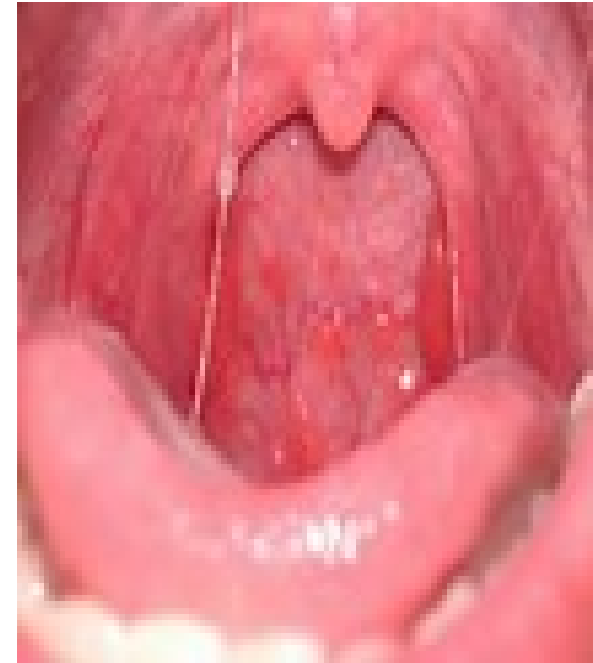
Adult HM&Ed

Adolescent HM&Ed





# Images of HPV of the Mouth and Throat



# Do You V-VDO?



Image Credit: Tim Samuel from Pexels; Cayce Clifford / for NBC News; ISAAC LAWRENCE/AFP/Getty Images

Do You V-VDO? Demystifying HPV and supporting safe practices in Vaginal-Vaginal,-Digital and -Oral (V-VDO) sex, Lauren Abern MD; Frances Grimstad MD, MS ; Care Resource, Miami, FL ; Division of Pediatric and Adolescent Gynecology, Department of Surgery, Boston Children's Hospital, Harvard Medical School, Boston, MA.

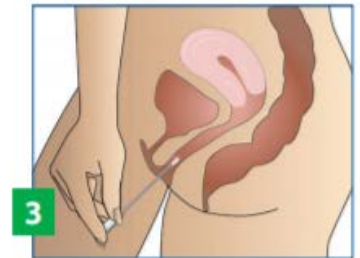
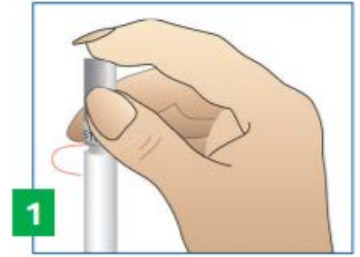


# HPV Self Sampling

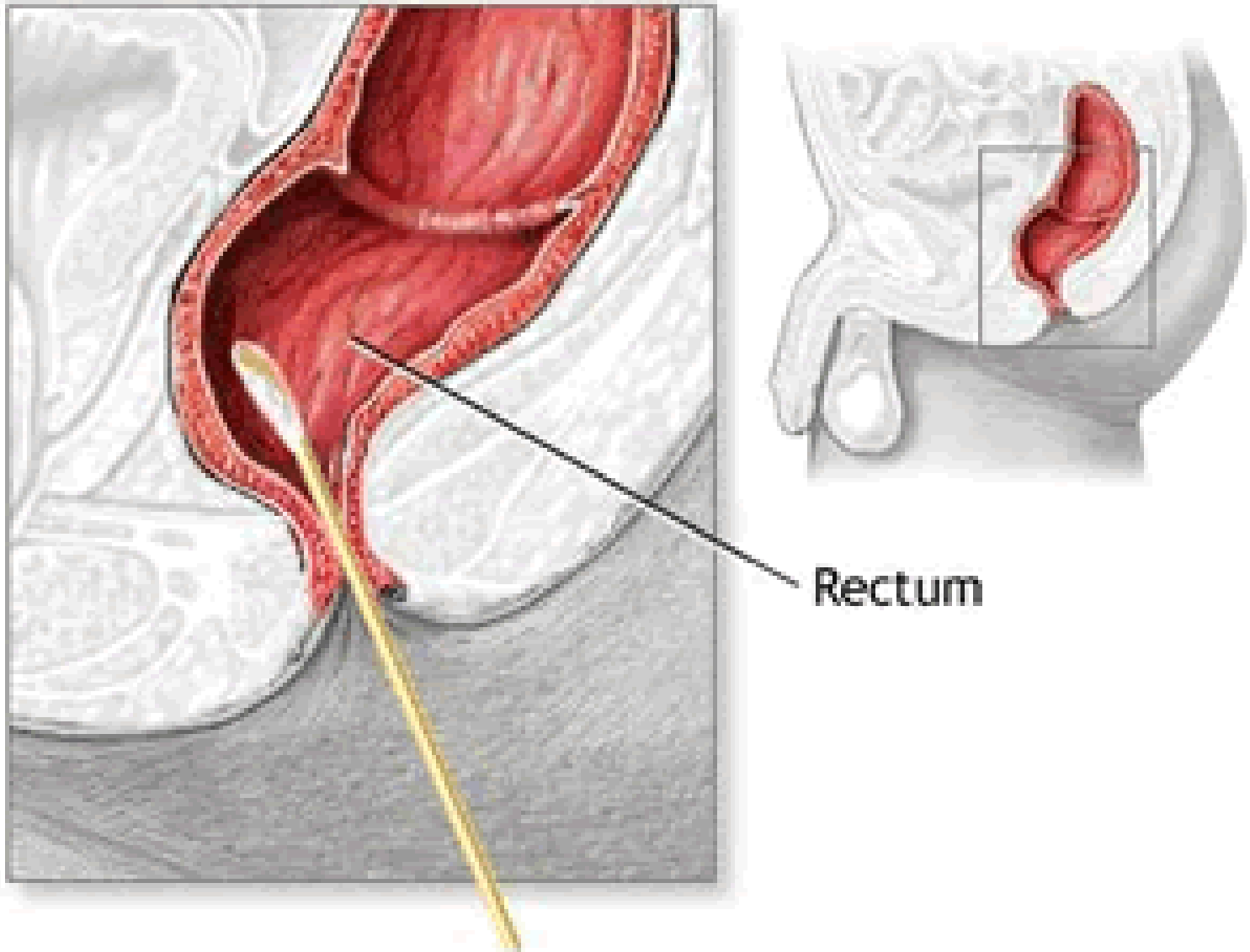
- Self-collected vaginal HPV DNA swab and clinician administered cervical HPV swab (randomized of which went first) of 131 TM persons
- 21 cases of hrHPV detected by provider, 15 of them also detected by self swab
- Concordance of detection was statistically significant ( $p < 0.001$ )
- Self collected swab compared to provider collected:
  - Sensitivity of 71.4% and specificity of 98.2%

Image: BD -- Becton, Dickinson and Company product use instructions, 2017

Reisner SL, Deutsch MB, Peitzmeier SM, White Hughto JM, Cavanaugh TP, Pardee DJ, et al. (2018) Test performance and acceptability of self- versus provider-collected swabs for high-risk HPV DNA testing in female-to-male trans masculine patients. PLoS ONE 13(3): e0190172.



# Anal Pap Smear



# Monkey Pox: Skin to Skin Contact

- **Background:** Human monkeypox is a rare but serious illness caused by infection with the monkeypox virus, which can infect humans and other animals, such as monkeys and rodents. The human monkeypox virus belongs to the genus Orthopoxvirus. The Orthopoxvirus genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus.
- In May 2022, several clusters of human monkeypox cases were reported in countries that don't normally report human monkeypox, including the United States. It's not clear how the people were exposed to monkeypox, ***but early data suggest that gay, bisexual, and other men who have sex with men make up a high number of cases.*** However, anyone who has been in close contact with someone who has monkeypox is at risk, regardless of gender or sexual orientation.





# Signs and Symptoms

- Symptoms of monkeypox can include:
    - Fever
  - Headache
  - Muscle aches and backache
  - A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.
  - Swollen lymph nodes
  - Chills
  - Exhaustion
- 
- The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks. Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash.



# Transmission

- Monkeypox spreads in different ways. The virus can spread from person-to-person through:
- Direct contact with the infectious rash, scabs, or body fluids
- Respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
- Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids
- Pregnant people can spread the virus to their fetus through the placenta
- It's also possible for people to get monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.
- Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks. People who do not have monkeypox symptoms cannot spread the virus to others. At this time, it is not known if monkeypox can spread through semen or vaginal fluids.



# Prevention

- Take the following steps to prevent getting monkeypox:
- Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
- Do not touch the rash or scabs of a person with monkeypox.
- **Do not kiss, hug, cuddle or have sex with someone with monkeypox.**
- Do not share eating utensils or cups with a person with monkeypox.
- Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer.
- In Central and West Africa, avoid contact with animals that can spread monkeypox virus, usually rodents and primates. Also, avoid sick or dead animals, as well as bedding or other materials they have touched.
- [Healthcare providers treating potentially-infected patients should ensure that the patient is properly isolated and that the appropriate personal protective equipment \(PPE\) is used](#)
- The JYNNEOS vaccine has been approved by the U.S. Food and Drug Administration for protection against the monkeypox virus in people who have been exposed to monkeypox and people who are more likely to get monkeypox. Vaccination is currently not recommended for the general public for the prevention of monkeypox.



# MonkeyPox Rash

## MONKEYPOX

## VISUAL EXAMPLES OF MONKEYPOX RASH



Photo Credit: NHS England High Consequence Infectious Diseases Network



CS328947-EK

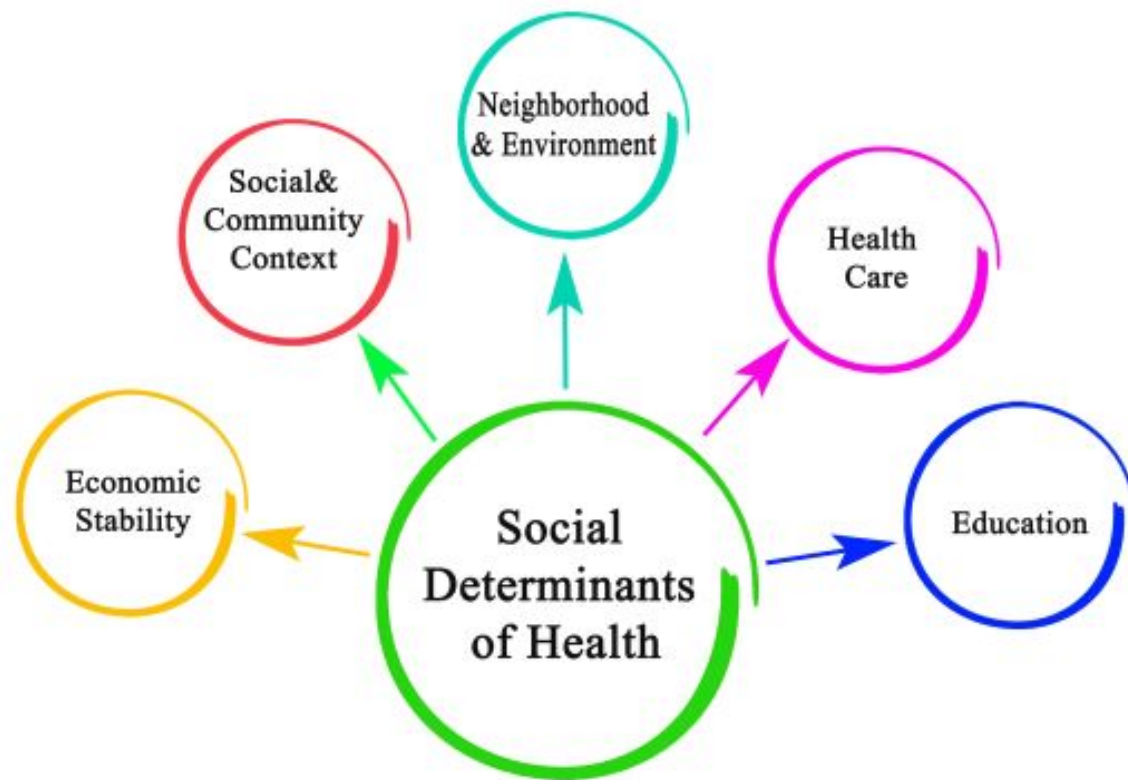


# Genital

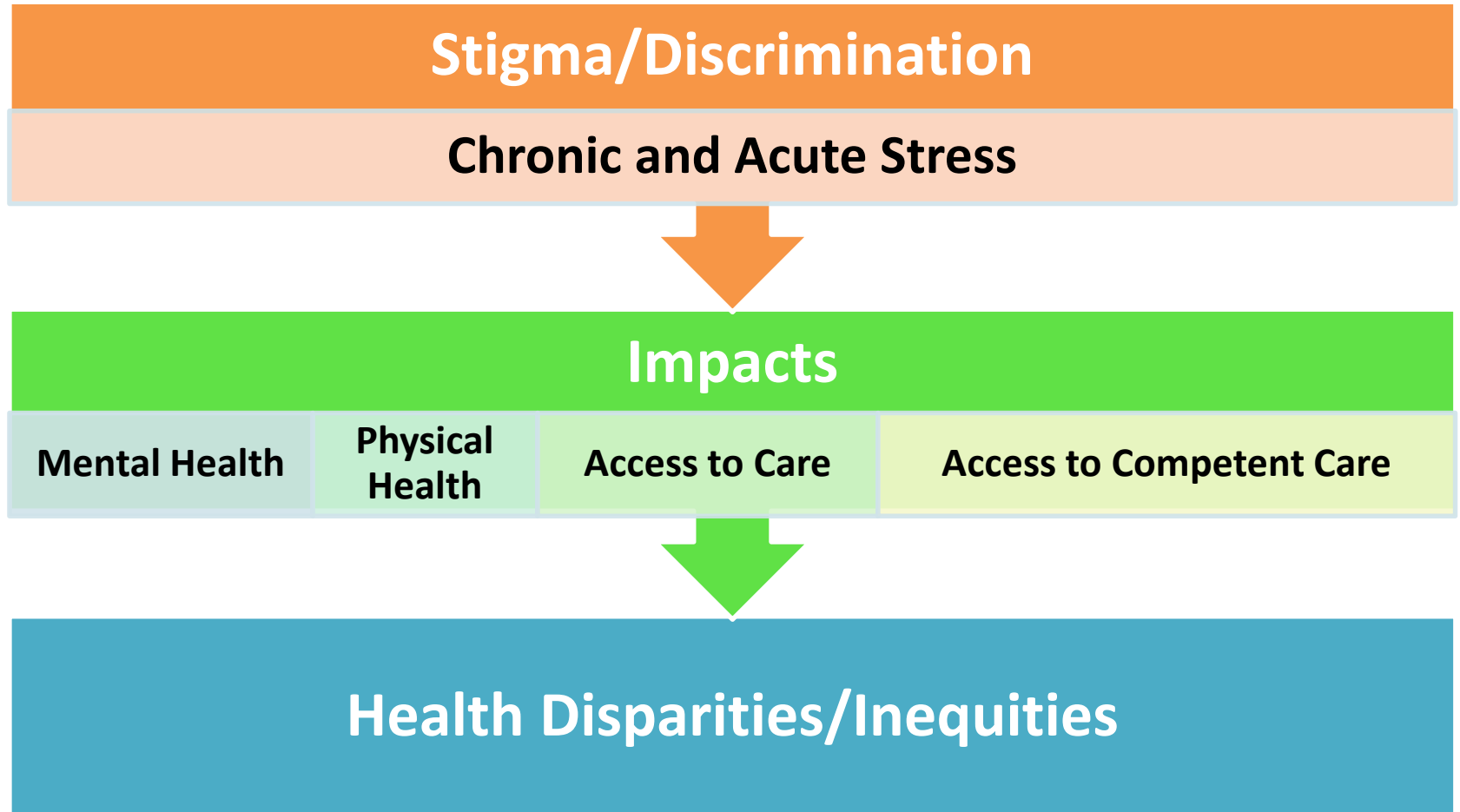




# Addressing Social Determinants of Health for LGBT People

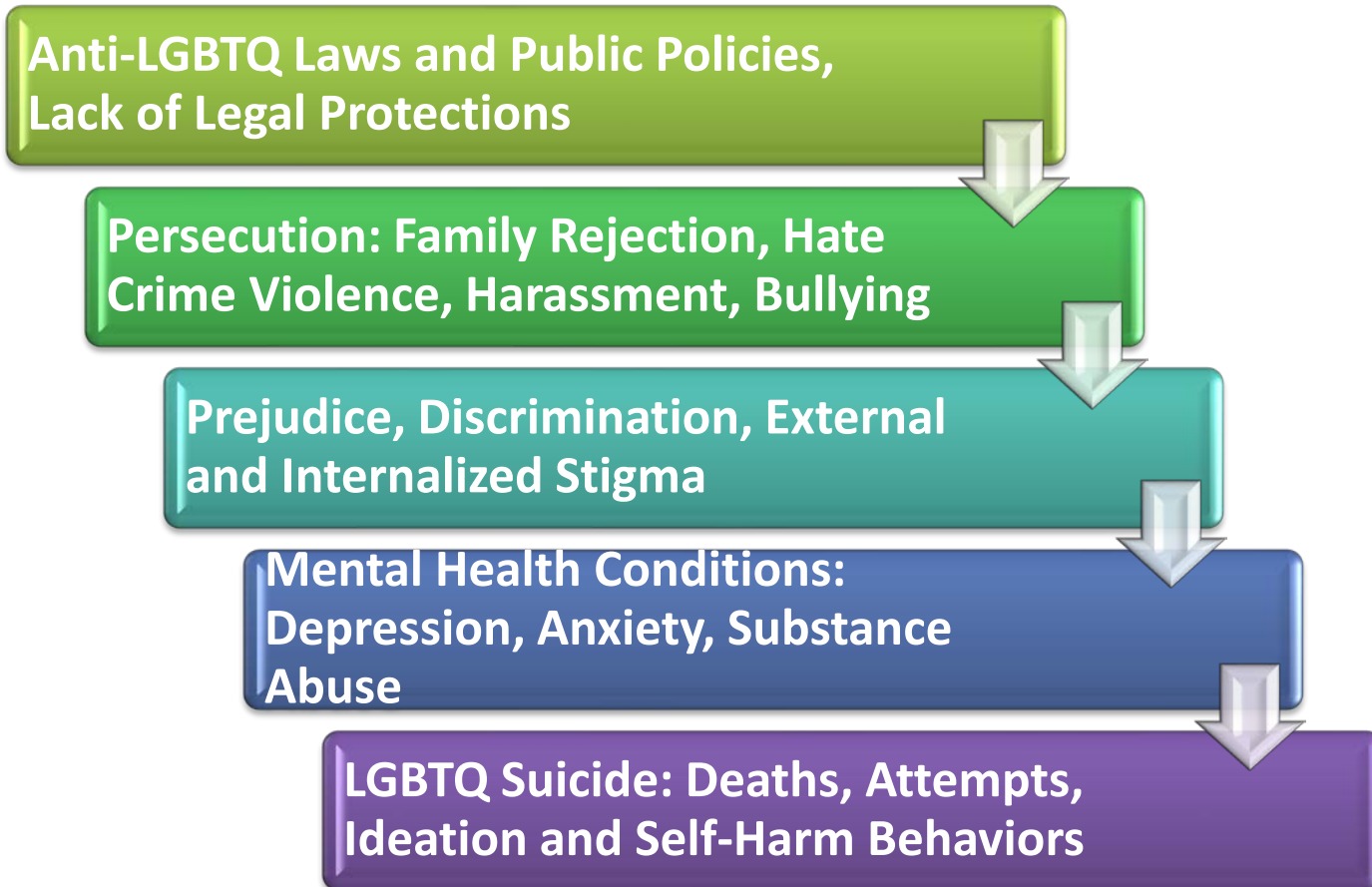


# Stigma, Discrimination, and Health





# Evidence-Based LGBTQ Risk Amplifiers





# Important Factors Affecting LGBTQIA+ Mental Health

Rejection

Homelessness

[LGBTQ youth and young adults  
~120% higher risk]

Substance use  
disorder

2x higher in LGB adults when compared to heterosexual adults  
4x higher in transgender when compared to cisgender individuals  
Illicit drug use significantly higher in school-aged LGBTQ+ youth

Suicide

Inadequate mental  
health care

Trauma

LGBTQ+ youth and young adults 5x as likely to attempt suicide compared to their heterosexual peers;  
40-50% of transgender adults have attempted suicide in their lifetime, compared to less than 5% of the population]

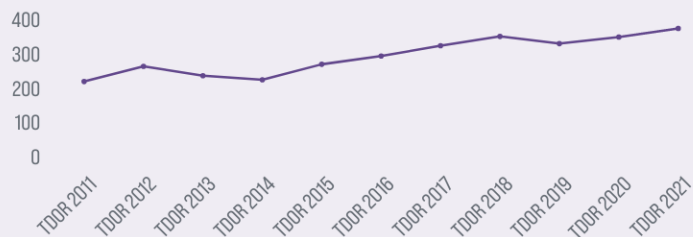
# Violence

DATA OCTOBER 2020 - SEPTEMBER 2021



## TRANS MURDER MONITORING

375 TRANS AND GENDER-DIVERSE PEOPLE HAVE BEEN REPORTED MURDERED IN THE PAST YEAR



### LOCATION

36% STREETS  
24% OWN RESIDENCE



### AGE

AVERAGE 30 YEARS OLD  
YOUNGEST 13 YEARS OLD



58%

OF THOSE WHOSE  
OCCUPATION IS  
KNOWN WERE  
SEX WORKERS



89%

OF THOSE KILLED  
IN THE USA WERE  
PEOPLE OF COLOUR



96%

OF THOSE KILLED  
GLOBALLY WERE  
TRANS WOMEN  
OR FEMMES



43%

OF THOSE KILLED  
IN EUROPE WERE  
MIGRANTS

TRANS MURDER MONITORING - TGEU  
[TRANSRESPECT.ORG/TMM-UPDATE-TDOR-2021](https://transrespect.org/TMM-UPDATE-TDOR-2021)





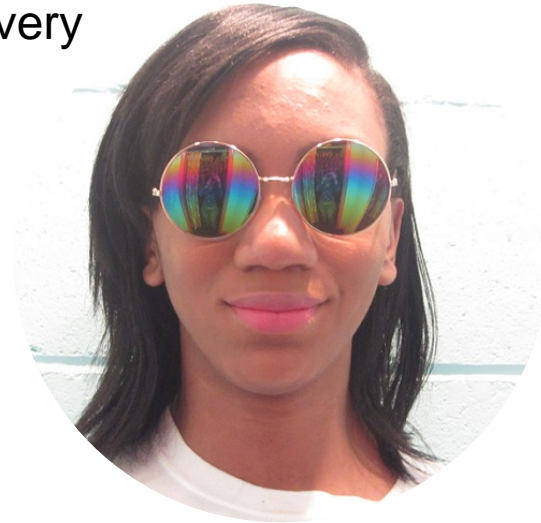
# Cultural Humility



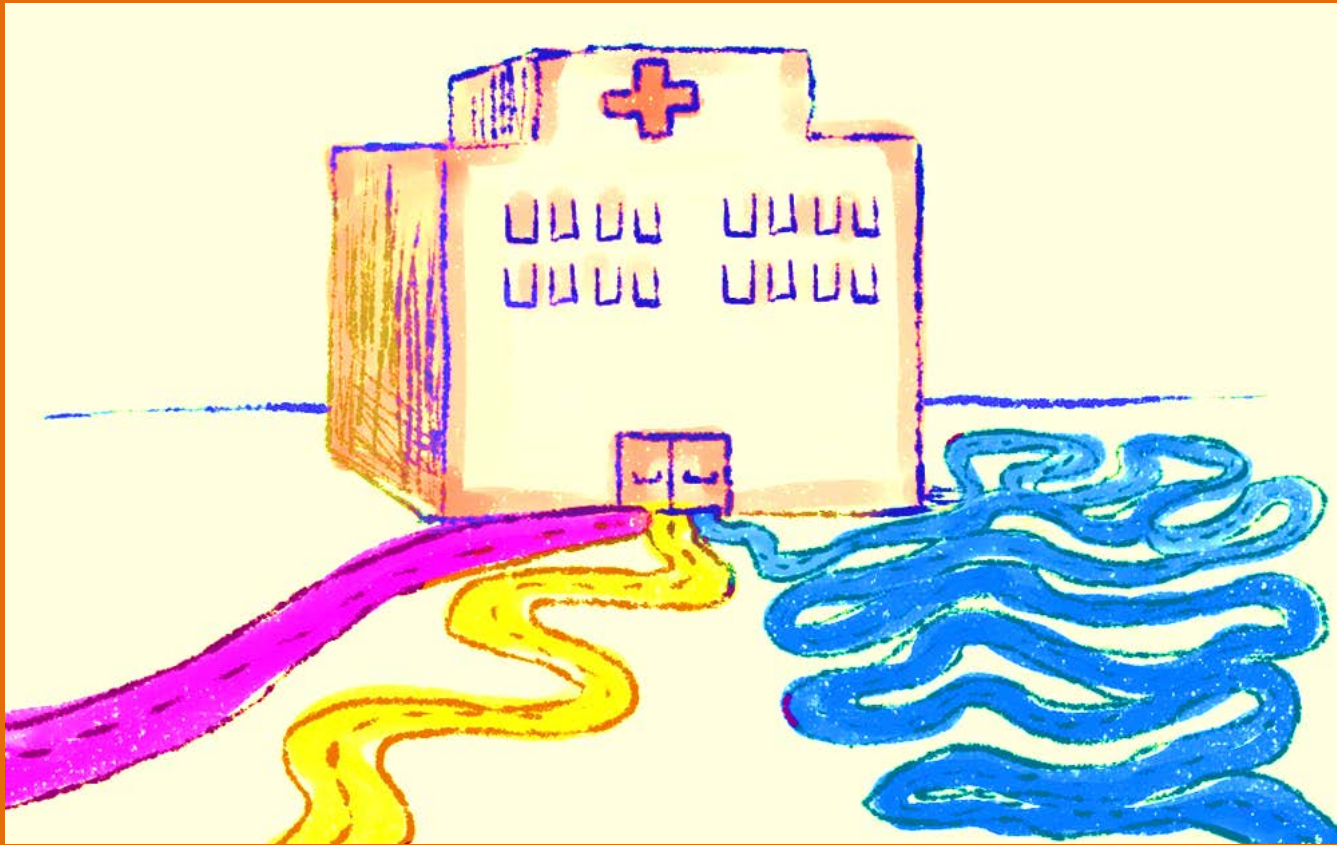


# What is Cultural Humility?

- Other-centered interpersonal approach
- Ethical orientation of service delivery
- A commitment to understanding power dynamics
- Requires us to take responsibility for our interactions
- Acknowledges the limitations of our own cultural perspective
- “Borrow the patient’s glasses”







# Health Disparities



# Substance Use Disorder



# Recent Study Findings: Substance Use Disorders

- Higher rates of Substance Use Disorder were associated with:
  - Intimate partner violence
  - PTSD
  - Public accommodations discrimination
  - Unstable housing
  - Sex work
  - Higher SUD prevalence increasingly viewed as downstream effects of chronic gender minority stress
- Psychological abuse among transgender women as a result of non-conforming gender identity or expression is associated with:
  - 3-4x higher odds of alcohol, marijuana, or cocaine use
  - 8x higher odds of any drug use
  - Among transfeminine youth, gender-related discrimination is associated with increased odds of alcohol and drug use

Grant et al. (2015); Poteat et al. (2013); Wilson et al. (2015)



# Opioid Use Disorders among Transgender People

- Transgender middle school and high school students in California more than twice as likely to report recent prescription pain medication use compared to other students
- Transgender adults on Medicare have increased prevalence of chronic pain compared to cisgender (non-transgender) adults.
- Transgender patients may be at increased risk postoperatively of developing an opioid use disorder.

- De Pedro et al. (2017); Dragon et al.(2017)



# OD- Fentanyl laced marijuana

“The mother of the transgender woman whose body was found along a rural highway last spring, says her child died of an overdose.”



# 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](#)



Authentic Oxycodone Front



Authentic Oxycodone Back



Authentic Oxycodone



Counterfeit Oxycodone  
Front



Counterfeit Oxycodone Back



Counterfeit Oxycodone  
Side by Side

Authentic vs Counterfeit Oxycodone (U.S. Drug Enforcement Administration)



# How to use fentanyl test strip





# How to use Narcan Spray





**HIV**



# 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.](#)

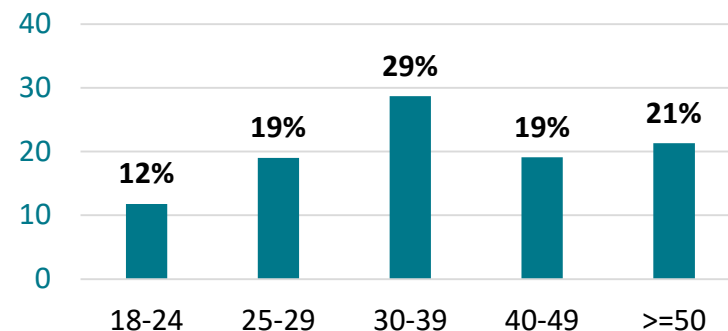




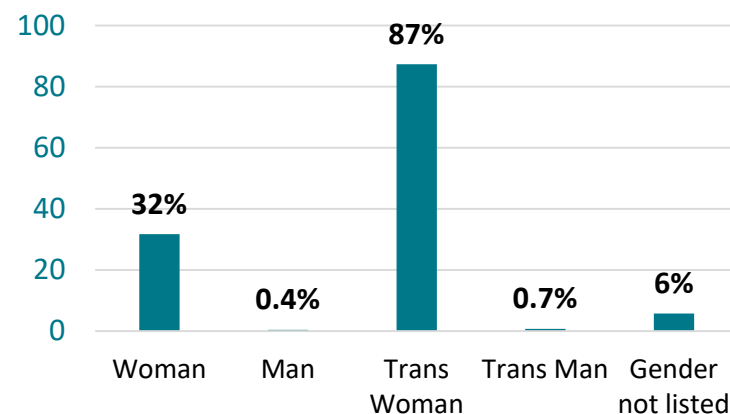
# Demographics, n=1,608

Race/Ethnicity	
American Indian/Alaska Native	1%
Asian	2%
Black/African American	35%
Hispanic/Latina	40%
Native Hawaiian/Other Pacific Islander	3%
White	11%
Multiple Races	8%

Age



Gender Identity

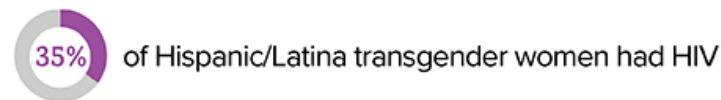
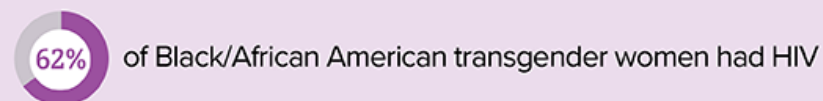


# HIV Prevalence Among Transgender Women in 7 US Cities, 2019-2020

Racial and ethnic disparities exist among transgender women with HIV.



Among transgender women interviewed, 42% had HIV.



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



63%

were living at or below the Federal poverty level\*

42%

experienced homelessness in the past 12 months

34%

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>



# HIV Risk Factors for Transgender Women and Men

Transgender Women	Risk Factors	Transgender Men
X	Family rejection	
X	Violence and trauma	
X	Multiple sexual partners/ online hook-ups	X
X	Receptive anal intercourse without condoms	X
X	Low PrEP prescription and uptake	
X	<b>Syringe sharing (e.g. injecting hormones or other substances)</b>	X
X	Commercial sex work	
X	Mental health issues	
X	Incarceration, homelessness, and <b>unemployment</b>	

According to the **STROBE Study**, participants who had ever injected substances to fill out face or feminize their bodies:

- 32.7% (n = 18/55) in Baltimore
- 33.3% (n=67/201) in Washington, DC
- 10-40% reported in existing published studies

Unemployment rate among transgender persons participating in the 2015 US Transgender survey was (15%), three times higher than the unemployment rate in the U.S. population (5%).

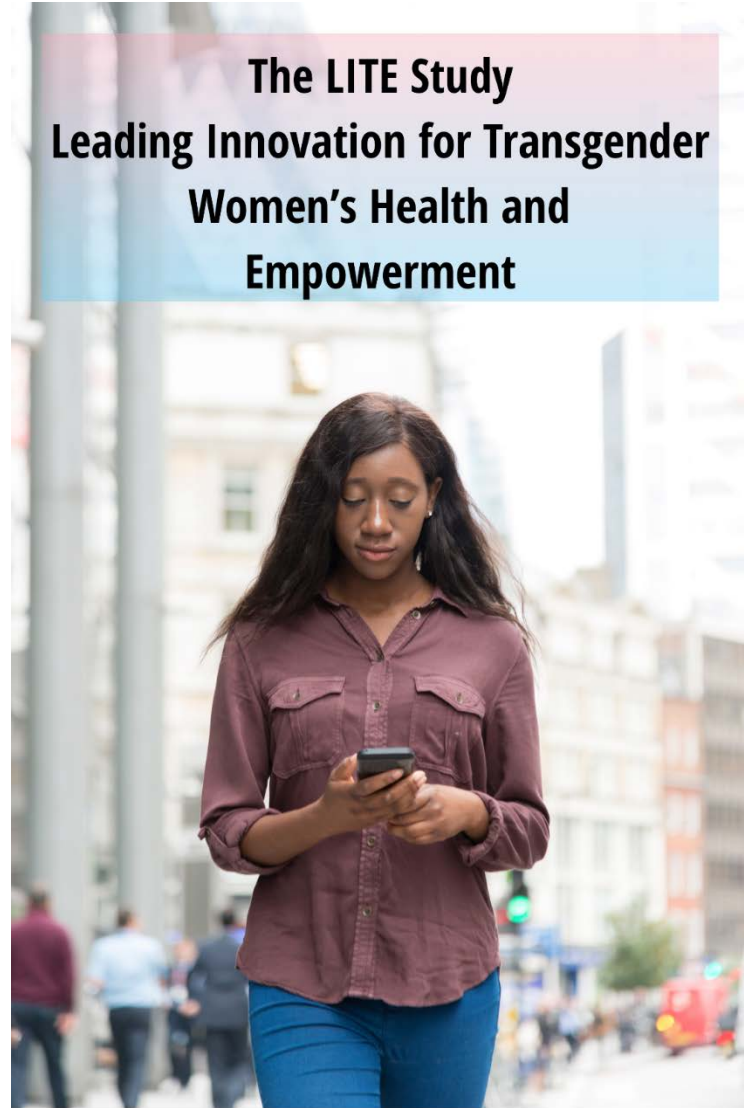
1. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
2. Wilson E, et al. *J Sex Med.*2014;11:1717-1724; .Silva-Santisteban A, et al. *AIDS Behav.*2012;1:872-881; RapuesJ, et al. *Am J Public Health.*2013;103:1485-1492. Scheim AI, Bauer GR. *J Sex Res.*2015;52:1-14.



# Baseline characteristics and PrEP use among adults and youth

Data: 03 June 2019

**The LITE Study**  
**Leading Innovation for Transgender**  
**Women's Health and**  
**Empowerment**



# Baseline characteristics

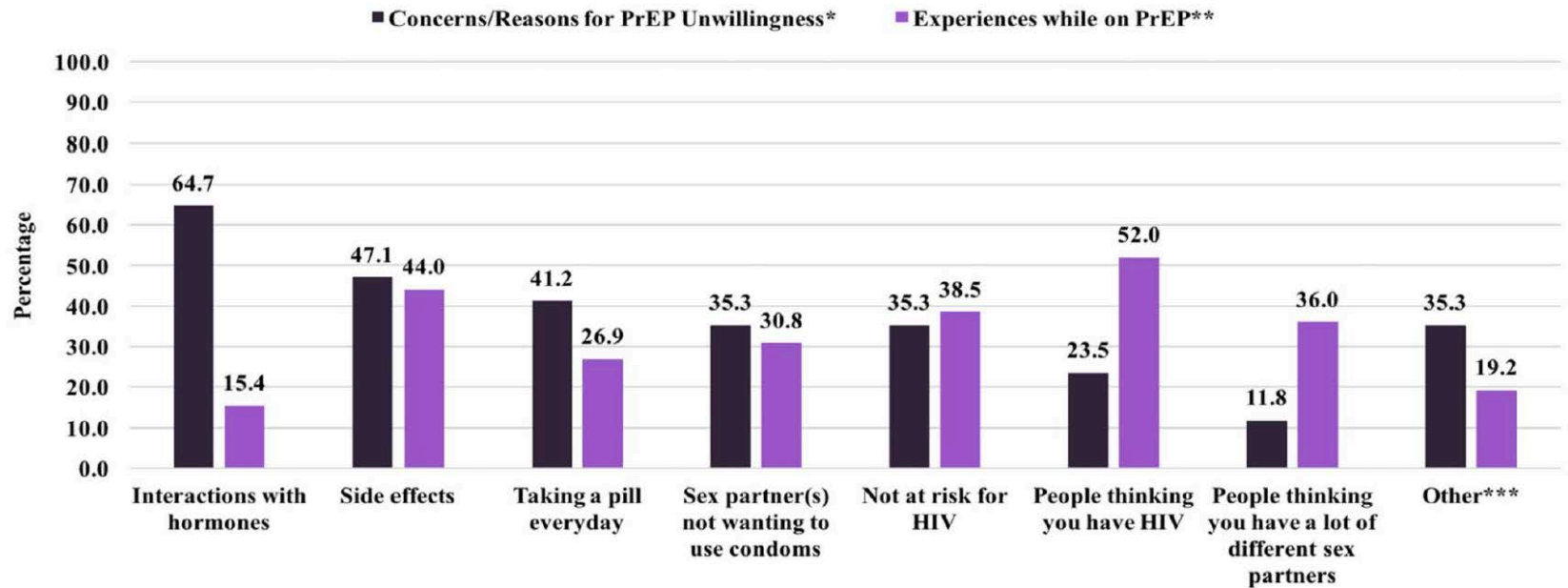


Baseline characteristics	Adult (n= 838)		Youth (n=235)		Total (N=1,123)	
	n	col %	n	col %	n	col %
Education (some college, associates, or higher)	527	62.9	180	63.1	707	63.0
Currently Employed*						
No	412	50.5	121	43.4	533	48.7
Yes, full-time	275	33.7	50	17.9	325	29.7
Yes, part-time	129	15.8	108	38.7	237	21.6
Food insecurity	373	44.7	137	48.4	510	45.6
Use food stamps*	323	38.7	49	17.3	373	33.3
Lifetime homelessness/unstably housed*	434	52.3	107	38.2	541	48.7
Lifetime incarceration/arrest*	398	48.9	51	18.3	449	41.1
Current engagement in sex work	193	23.5	66	23.6	259	23.5
Alcohol use (AUDIT-C)	235	28.8	84	30.4	319	29.2
Substance abuse (DAST)**	219	27.1	90	33.1	309	28.6
Psychological distress (Kess 6)*	235	28.7	127	45.7	362	33.0
Recent experience of violence (last 3 mo.)*	296	35.6	139	49.3	435	39.1
Adverse Childhood Events**						
None	96	11.7	21	7.6	117	10.7
1-3 ACES	373	45.4	120	43.6	493	45.0
4 or more ACES	352	42.9	134	48.7	486	44.3

\* Different across adult and youth groups,  $p < 0.05$ ; \*\*  $p < 0.10$ ; data include all baseline participants regardless of HIV status; youth: age 18-24



# Among participants who were not willing to take PrEP



\*n=17: HIV-negative BLTW who have never taken PrEP and reported unwillingness to take PrEP if it were available to them

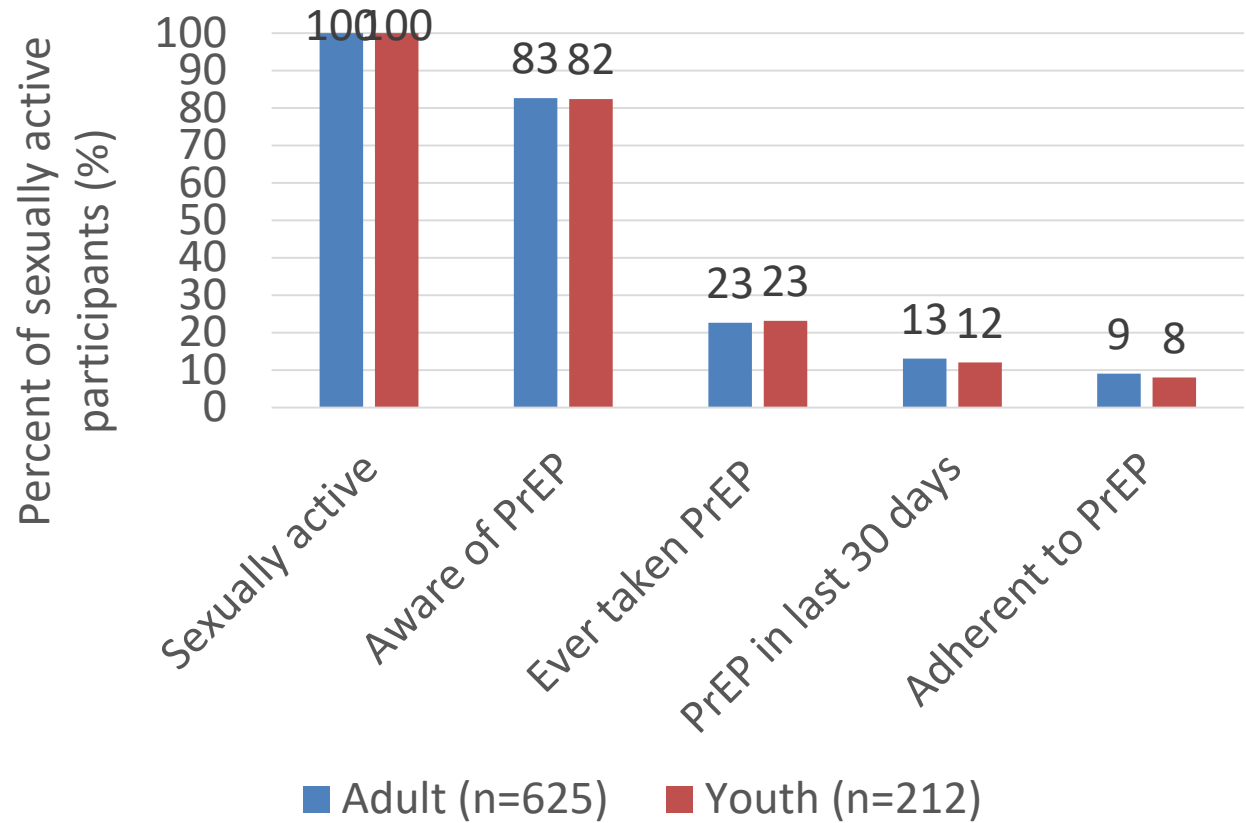
\*\*n=26: BLTW who reported ever taking PrEP

**FIGURE 1.** Reasons for PrEP unwillingness and experiences while on PrEP. \*n = 17: HIV-negative BLTW who have never taken PrEP and reported unwillingness to take PrEP if it were available to them. \*\*n = 26: BLTW who reported ever taking PrEP.

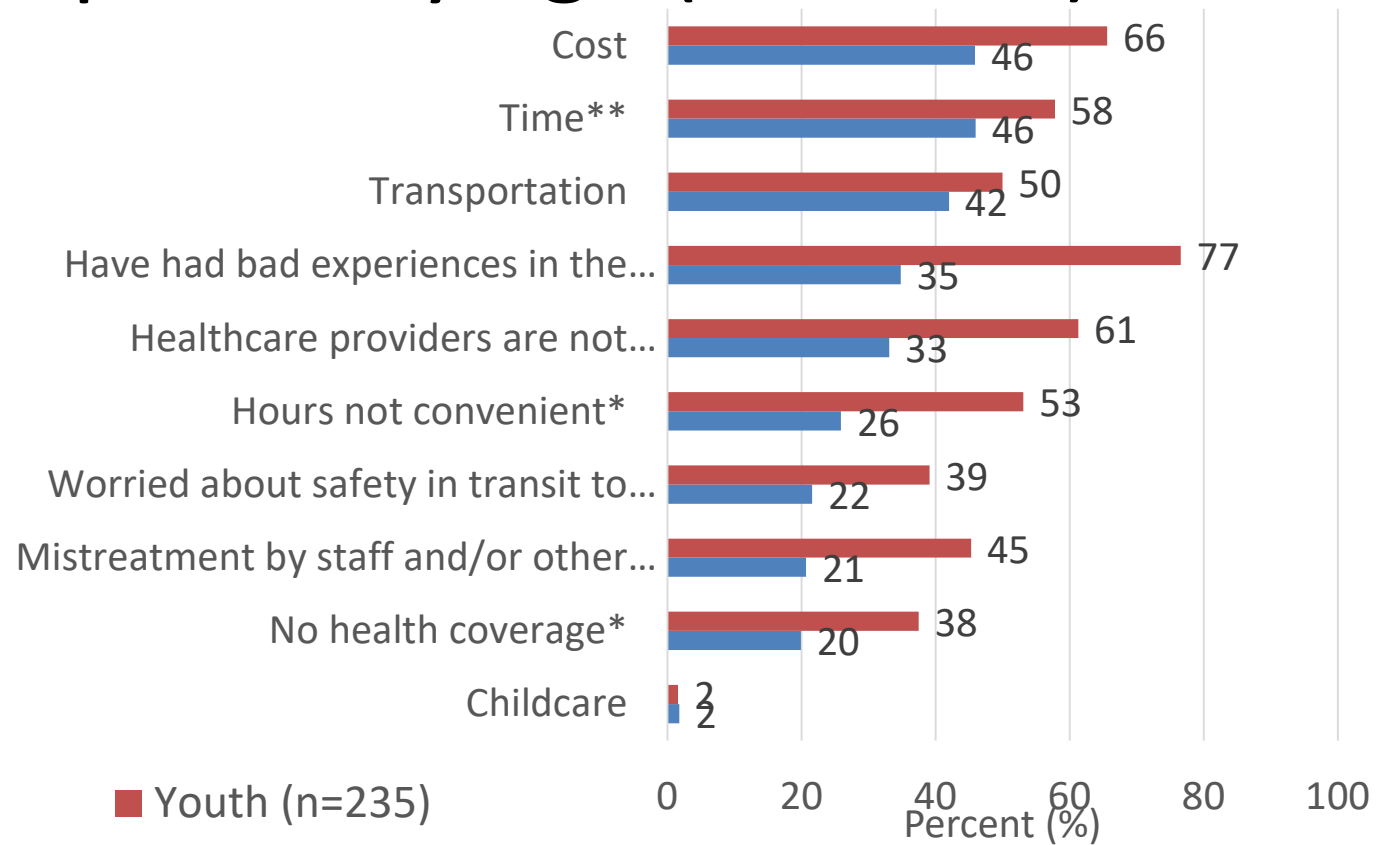




# PrEP continuum



# Barriers to healthcare among LITE participants, by age (N=1,123)



\* Different across adult and youth groups,  $p < 0.05$ ; \*\*  $p < 0.10$ ; data include all baseline participants regardless of HIV status; multiple responses allowed



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# Putting this to action:

## Intersectionality:

- An intersectional approach acknowledges systemic discrimination due to sexual orientation and identity, gender and gender identity, race, economic status, immigration status, national origin, and ability, among other aspects of one's identity, and that this systemic discrimination impacts access to opportunity

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# Actions

- Partnering with a human-rights organization with the resources to investigate, issue a report, and generate media coverage; Positioning themselves as the go-to experts on the issue; Engaging in media advocacy.
- Intersectionality requires recognition of the voice of those most directly impacted, because they are frequently excluded from mainstream conversations. **Valuing voice means lifting up, promoting, and supporting the leadership and storytelling** of those most affected by policies and practices and centering their substantive suggestions and values into any given project and media advocacy.

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# “Tell Me Your Story”

Adolescent: 13 y/0

- Do not come with an air of paternalism!!!!
- Do not come with an air of doubt, or skepticism,
- Do not come with an air of you are too young, what do you know!!!
- Validate the story
- How can I keep you protected and safe?
- Everything you say to me is confidential, you can trust me.





# Addressing Barriers to Healthcare

- Access to low-cost or free care for Adolescent individuals, including hormone therapy, 340B pharmacy, dental, gyn, social workers and behavioral health, primary care and other gender affirming procedures
- Substance abuse treatment, including treatment for both drugs and alcohol.
- HIV/PRP care: Pharmacist alerts providers and SWOD when patients are late.
- Several Locations that are welcoming and safe, minimizing stigma

# Recommendations: Part I

- Vital to consider intersecting stressors when providing patient-centered, trauma-focused care from a person-in-environment lens [“double-trouble”]
- Address the possibility that individuals may lack family, community, and/or workplace support [loss of employment, estrangement, living in abusive environment]
- Noting the challenges of coming out and living as LGBTQIA+
- Implementing non-discrimination policies

# Recommendations: Part II

- Ongoing cultural competence training in providing LGBTQIA+ care, particularly for TGNC populations
- Improve access to quality mental health services for underserved communities
- Employ gender-diverse staff that is representative of the community being served
- Provide mental health services that are holistic [harm reduction, psychiatry, community-based care, low-cost alternatives, faith-based care]

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