



## **Video Transcript: Experience of an LGBTQ+ Individual Accessing Title X Services**

**Speaker 1 (00:00):** Experience of an LGBTQ+ Individual Accessing Title X Services. This video was created by the Reproductive Health National Training Center, RHNTC.

**Gina (00:14):** My name is Gina Bustillos, my pronouns are she and her. I have been transitioning for a year, almost two years now. I did a lot of research before coming to Southwest Center for HIV/AIDS just to make sure it was a LGBTQ friendly facility, because I know some places aren't and there are certain services that you need when transitioning.

**Frank (00:42):** I am Frank Heightchew-Howard, I work at RHAP, the Reproductive Health Access Project at El Rio. I run the trans health program. I got involved with the Reproductive Health Access Project actually through a referral from my doctor. I've been a patient at El Rio for many years. In medical settings, it's really important what your first impression is. The first person that you see when you walk into the building most likely will say something to you that will show you how the rest of your visit is going to go.

**Gina (01:17):** So, my first time here, I remember walking in, I was very nervous because I didn't know what to expect. But right away, when I start filling out the paperwork, they are very cautious to make sure to ask me my pronouns, what I was there for, what I preferred to be called, since my legal name is different than my preferred name.

So, right off the bat, I knew that this was going to be the place for me to get all my services.

**Eliza (01:42):** My name is Eliza Christman. I'm a family nurse practitioner at El Rio, which is a federally qualified health center in Tucson, Arizona. It's not always the most beneficial to walk in the door with "expert knowledge." Really working in partnership with them to help understand why they are here, to see us, what they're seeking, what their needs are, and to really help them find those things on their terms.

**Frank (02:10):** A lot of the time in clinical settings, it's not important what you know, it's important what your doctor knows, and your doctor is going to tell you what the right decisions are for your body. But something that really helps create a level of comfort and understanding in our clinic is that everyone is given education. Everything is done with consent. Decisions about people's bodies in clinic are made by themselves.

**Eliza (02:34):** Meeting patients with a lot of openness and lack of judgment allows people to explain who they are and how they live their lives.

**Frank (02:42):** It's really important that providers don't make assumptions about what sort of care the patient needs, based on the sexuality of a client.

**Dr. Vinny Chulani (02:50):** So, I'm Dr. Vinny Chulani, my pronouns are he/him/his. I am an adolescent medicine specialist and also proud to be a Title X provider. Asking individuals about their sexual orientation, their pattern of sexual, emotional, and physical attractions, but also recognize that there's tremendous diversity and range of behaviors. In an individual that might not otherwise identify as gay, for example, might be engaging in practices that would be good for you to know, to inform screening.

**Gina (03:21):** One time I did go to an urgent care when I wasn't feeling very well, and they had just assumed I was male. They automatically assumed that I just wanted HIV testing versus all other STDs and STIs because of my identity.

**Dr. Vinny Chulani (03:39):** Asking these questions in a way that is open, nonjudgmental, non-stigmatizing allows you to obtain the information that you need to make good medical decisions and provide the best care possible.

**Frank (03:52):** It's really important that your doctor is somebody that you can relate to.

**Gina (03:56):** Taylor and I, I feel like we're kind of friends, we always just chitchat every time I come in and I'm actually always excited to see him. He's just, basically is very supportive. I always feel like he truly cares about my well-being and I'm not just another number.

**Taylor (04:09):** My name is Taylor Piontek, I'm a family nurse practitioner. I'm also the STI and HIV clinical program manager here at Southwest Center. I'm part of the community myself, so I think that's really helped me be successful here.

**Dr. Vinny Chulani (04:21):** Demonstrating a commitment to equity in your recruitment and hiring and making sure that you have a visibly proud LGBT members because we recognize how important that is; your health care team reflect the diversity of the community you serve.

**Taylor (04:36):** I think people that are part of the community just feel comfortable having someone else that understands the struggles that they've gone through or things they've dealt with in life, experiencing the things that some of my patients have and just knowing what I would want in a provider is what I try to be for my patients.

**Dr. Vinny Chulani (04:51):** We know that when there is concordance between clients and the providers that care for them, clients report better perceptions of care that they receive, they report greater communication, they report a greater sense of belonging. And in fact, there is research that translates to better adherence with treatment plans.

**Gina (05:11):** You never know what to expect when walking into a regular doctor's office, what their views and what their beliefs are. Some can be very judgmental based off of your transition or your identity. Sometimes you don't always felt most comfortable there.

**Frank (05:24):** Medical settings have been a really unwelcoming place for trans and queer people, and it can be really intimidating to receive care. There's a lot of unknowns. You don't really know what the person that you meet with is going to respond with. Many doctors will completely dismiss your identity.

**Taylor (05:48):** I would say the biggest challenge is past experiences for the LGBTQ+ community have had with other providers, with the wrong use of pronouns or non-verbal communication like gestures and such, that make these patients very hesitant to put any type of trust in the healthcare community because they've experienced a lot of distrust and are hurt from it.

**Dr. Vinny Chulani (06:12):** And sometimes we approach these topics with discomfort. And what happens when we are uncomfortable? We tense up, and don't think that patients and clients don't see you tense up. Outing your discomfort is really something that I would recommend. Speak of it so that way you can put it aside. If I might seem a little uncomfortable, know that it's because I find that these are not always easy to speak about, because I don't want to say anything that might be offensive to you or that might come across in a way that I wouldn't want to.

You might slip up. The important thing is to recognize when you do and to own it.

**Taylor (06:40):** I've really learned about having the humility to, like, be corrected and be apologetic when you do make those mistakes. I think that goes a long way.

**Dr. Vinny Chulani (06:53):** Another element of cultural humility is striving to fix power imbalances where none ought to exist. Sharing power with your patients in the context of that visit. Asking for permission before a physical examination.

**Gina (07:10):** Talking about your private parts can be a little bit uncomfortable because some people have dysphoria with their parts. Some are more comfortable with it.

**Speaker 1 (07:22):** Gender dysphoria: refers to psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity.

**Dr. Vinny Chulani (07:32):** I tell them, look, I'd like to examine you. This is what a physical examination includes. I recognize that many of my transgender males, because of chest dysphoria, may not necessarily check their tops. With your permission, and if you were comfortable, I would be happy to include the top exam. If a top exam is something that you would not like to include as part of your visit today, we can defer it but know that I would encourage you to get to know your body. Providing patients options in the context of that visit is one way that you can fix that imbalance of power.

**Frank (08:09):** The three main things that I would tell somebody to better support queer people in their work is not to make assumptions, not to alienate people, and to be aware of how their language affects people.

**Gina (08:22):** More inclusive forums always ask me what my pronouns are or my preferred name. Asking is always the best thing to do versus assuming. Creating that rapport with your patient is the biggest thing like earning their trust, showing them that you care, making them feel important. That has been one of the biggest things to get patients to understand that they are in a safe place and that we're here for them. We want them to be successful.

**Dr. Vinny Chulani (08:53):** It's also important to recognize what we know makes a difference in the lives of LGBTQ+ people. The positive sense of self-concept, knowing how to take care of oneself and having access to the care they need to stay healthy, which is where you come in as a Title X provider.

**Speaker 1 (09:10):** Visit [RHNTC.org](https://www.rhntc.org) for more information and related resources.