



Video Transcript: Title X - The Need for Accepting and Affirming Care

Speaker 1: The need for accepting and affirming care. This video was created by the Reproductive Health National Training Center, RHNTC. In this video, you will hear from Jake, he/they, a Title X recipient; Dr. Vinnie Chulani, he/him, the section chief of adolescent medicine and the gender support program at Phoenix Children's; Mykal O'Shea, she/her, a family nurse practitioner and program manager of the Homeless Youth Program at Phoenix Children's; and Dr. Sarah Beaumont, she/her, the medical director of the Mobile Title X Clinic at Phoenix Children's.

Jake: My name is Jake Lavonne, and I use he/they pronouns. I come from a really traditional Hispanic family. My mother and my father have always been very positive and wanted the best for me, really loving influences in my life. But when it came to my gender transition, as well as my sexuality, they were scared.

And they had never really experienced something like that, at least openly. My mom and I, when I first transitioned, had a lot of disagreements. She couldn't quite understand or conceptualize, and we had a pretty strained relationship for a while.

Speaker 1: Research shows that when transgender youth are loved and supported by their families, they are able to thrive. Out of 6,000 plus transgender adults surveyed, those that had family support were less likely to suffer from depression, suicidal behavior, and other negative health outcomes.

Dr. Vinnie Chulani: When you look at the disparities, LGBTQ+ people fare worse compared to their cisgender and heterosexual counterparts on many measures of physical, social, and economic well-being. They fare worse in terms of education, economic opportunity, in terms of housing stability.

Mykal O'Shea: We know that this population is so vulnerable to adverse health outcomes. Examples are mental health issues, suicidality, substance use, unsafe sexual health practices, or even domestic violence relationships.

Speaker 1: 48% of transgender adults have considered suicide in the last year, versus 4% of the general population.

Mykal O'Shea: And we must know this because these can have lifelong effects for them.

Dr. Vinnie Chulani: There are a number of different dimensions to providing quality, affirmative, supportive, and inclusive care to LGBTQ+ patients and clients that access Title X clinics and services. First is a commitment to lifelong learning because we are never done learning.

Speaker 1: 36% of LGBTQ+ individuals report that they have had negative experiences within the health care system.

Dr. Vinnie Chulani: Think about the experiences that your patients may be bringing to your office from experiences of discrimination and bias, to experiences of refusal of care on account of their gender identity and sexual orientation. They may not have experienced it directly in your office but know that these experiences prime them.

Jake: I did have the other experience with other health care providers, and it was something that was honestly really dehumanizing. No one would respect my pronouns, they would have a lot of confusion, and there wasn't a lot of acceptance or really understanding about the language that is used.

Dr. Vinnie Chulani: So although LGBTQ+ people share in common this membership in this group that has been historically marginalized, they are also a tremendously diverse community.

Mykal O'Shea: Everybody's coming from so many different backgrounds and upbringings and beliefs that we just need to come from the same place of being open and transparent and honest and affirming to them.

Dr. Vinnie Chulani: Each of these identities are not only cumulative, they create intricate interactions that affect developmental processes, lived experiences, and outcomes. In addition to growing numbers of people that identify as LGBT, we also recognize that there are larger demographic shifts that are taking place.

Speaker 1: In 2012, 3.5% of American adults identified as LGBTQ+, compared to 5.6% in 2021. In 2021, 15.9% of American Gen Z adults identified as LGBTQ+.

Dr. Vinnie Chulani: In fact, 40% of Americans that identify as LGBTQ also belong to racial and ethnic minority groups. In our program, making sure that our patients have access to comprehensive sexual and reproductive health services through Title X funding has been critical.

Speaker 1: There is an overrepresentation of lesbian, gay, and bisexual males and females who receive services at family planning clinics. According to the 2017 to 2019 National Survey of Family Growth Dataset, gay or bisexual males were more likely to have received services at a family planning clinic compared to their heterosexual counterparts. The same was found among lesbian and bisexual females, who were also more likely to receive Title X services compared to their heterosexual counterparts. Further, lesbian, and bisexual females who received Title X services were more likely to be between 21 and 30 years old, and to identify as a person of color.

Dr. Sarah Beaumont: From a homeless youth outreach program standpoint, we really had no idea about the community that we were serving. We realized that we were doing a disservice to many by not really providing gender affirming care.

Speaker 1: Gender affirming care describes ideal medical, surgical, and mental health services sought by transgender, non-binary, and gender non-conforming people.

Dr. Sarah Beaumont: We partner with Arizona State University and the Sex Trafficking and Intervention Research Program and annually they do something called the YES survey, and that survey queries youth ages 18 to 25 who are living on the streets. And one of the questions that they added shortly after starting the survey was, "How do you identify?" And we were struck by the data that came out. Over 50% of those that stated they had been victims of trafficking, whether it's sex or labor trafficking, were identified as LGBTQ. That gave us a lot of good information about the community that we were serving, and that's when we realized we had to do a better job at working with them. So we're a new member of the Title X program, and it allowed us to help provide needed services to an age demographic in our community.

Dr. Vinnie Chulani: So as a professional caring for LGBTQ+ people, I encourage you to really maintain a trauma responsive approach.

Speaker 1: A program, organization, or system that is trauma-informed: realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, and staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, seeking to actively resist retraumatization.

Dr. Vinnie Chulani: When you think of trauma, don't think only of negative experiences of bias and discrimination that your patients may have experienced, because trauma is also historical.

Dr. Vinnie Chulani: Historical trauma is the trauma that LGBTQ populations have experienced across the lifespan and over generations. From the systemic and sustained harassment of LGBT people leading to the Stonewall Riots, to the assassination of Harvey Milk, to the silence of the Reagan administration as HIV/AIDS ravaged our community, to the murder of Matthew Shepard, to the Orlando Pulse massacre, and to the continued policing of transgender bodies and anti-transgender legislation in today's space. These experiences that take place in society affect our patients. They affect their perspectives that they bring to our spaces. Being culturally humble is really about meeting every patient and family that you work with, with a genuine curiosity to learn about their background, their values, their beliefs, their preferences without assumptions, but meeting them where they are so that you can learn about their needs and that you can serve them best.

Speaker 1: Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices, and needs of diverse patients.

Mykal O'Shea: So we start from the very beginning with everybody and letting them know all of the actual trusted and accurate health information we can. And we also are encouraging parents or guardians to feel empowered to have these conversations too. Some often welcoming them into the conversation and into the room when it's recommended or when it's appreciated by the patient, so that we can really facilitate that conversation with the whole family.

Jake: I actually got connected with services through an event that El Rio had for parents. My mom was able to attend that. She was able to ask questions that she was given answers to that helped her understand and accept, instead of just tolerate my identity. The way that they presented the information was from a clinical standpoint for them to articulate basically what the process was like and different barriers that I might come across, different concerns. She was really able to just learn from an outside perspective and to understand that my identity and the way that I express myself is okay.

Dr. Vinnie Chulani: As health care professionals, the onus is on us to send our patients a message that they can expect different from us, that they can trust us, that we care about them, that we see them.

Speaker 1: Visit rhntc.org for more information and related resources.