**Clinical Chats Official Podcast Transcript**

**Title:** Health Disparities Among Trans and Gender Diverse People in the USA

**Speaker:** Kristin Keglovitz Baker, PA-C

**Duration:** 00:27:27

**Katherine Atcheson (**[**00:05**](https://www.rev.com/transcript-editor/shared/ca0Vur2goanuEODOmw4itCqzy9BBleFJYiFKplq4FyrLeox3enH7y-jDSxgPRBsWAHqgkO5AfudGbai9Yf5lMpjvIb4?loadFrom=DocumentDeeplink&ts=5.46)**):**

Hello and welcome to Clinical Chats: A Podcast for Sexual and Reproductive Healthcare Professionals. Clinical Chats, formerly known as the Family Planning Files, is a program from the Clinical Training Center for Sexual and Reproductive Health, or CTCSRH, formerly known as the National Clinical Training Center for Family Planning, or NCTCFP, and is funded by the Office of Population Affairs in order to enhance the knowledge of Title X clinicians and other staff.

**Katherine Atcheson (**[**00:32**](https://www.rev.com/transcript-editor/shared/Ypagp9LWpZTX0C8eOhFTtL2mt9pCZgwLMVAwbrUdq_NI2hD3lVkbwPvvD504Ohac6tLEB99RUOUPrSMyJtljnQd5rAE?loadFrom=DocumentDeeplink&ts=32.52)**):**

Our guest today is Kristin Keglovitz Baker, PA-C, Associate Medical Director in Medical Affairs at Gilead Sciences, and former Chief Operating Officer of Howard Brown Health Center in Chicago, which specializes in providing healthcare to the LGBTQ+ community. Kristin has over 16 years of clinical experience in providing sexual and reproductive health services and primary care to patients who identify as part of the LGBTQ community. Welcome to the podcast, Kristen. We're so excited to speak with you today.

**Kristin Keglovitz Baker (**[**01:06**](https://www.rev.com/transcript-editor/shared/9meB8y-JxlqzdfFBbMRAkLU-h9VOO5IYtxj4676c9eyQLTV3bAnRN8FNXM0-23lXco5cIESloS-_y1ethep1kpjRmn8?loadFrom=DocumentDeeplink&ts=66)**):**

Thank you so much. I'm so happy to be here.

**Katherine Atcheson (**[**01:08**](https://www.rev.com/transcript-editor/shared/qfiqEZFeSBgyVKBP5SmAlQK53kjM1TtBtgnAAIQiEWevnJc1QZgU0lHr5p1paDclRkvBNfup0uAtFDevmQjnHKpkg2o?loadFrom=DocumentDeeplink&ts=68.34)**):**

Just to start on our topic of health needs and disparities among trans and gender diverse persons in the US, approximately how many people identify as trans or gender diverse, and are of reproductive age in the US, and do we know how many of them seek sexual and reproductive health services every year?

**Kristin Keglovitz Baker (**[**01:29**](https://www.rev.com/transcript-editor/shared/a1sdL6CI8SZN0-dsLd7ATSOVILR31j9Uap9ukRyTlWpzw6mk8Va0GjLjnEbTwfGFfvAgw4UbxlxwoYsu47oN4YppCD4?loadFrom=DocumentDeeplink&ts=89.88)**):**

That's a really great question. I think that the first thing I'll say before I completely answer what we know is, keeping in mind that accurate and all-inclusive data collection, especially of populations that include trans and gender diverse people, has been a challenge. I think that those challenges over the last few years have certainly gotten better as we've improved the data collection techniques to be more inclusive, but we still do have challenges in those estimates, and it's, a lot of the times, due to the way that we collect data, which is typically very heteronormative, very binary.

**Kristin Keglovitz Baker (**[**01:58**](https://www.rev.com/transcript-editor/shared/cKuRHQoUsJEXYxn6_yf5SrOS8N-ldmN6W12RWdbXqon8ytXfD8amaGIdzhz-Yuza5xcVuBeCQ9hox9fGYM6P4OVpRXA?loadFrom=DocumentDeeplink&ts=118.11)**):**

What we do know is, when we utilize the data from the CDC's behavioral risk factor surveillance system, that estimates the percentage in number of adults who identify as transgender nationally and in all 50 states here in the US, we believe that about 0.6% of US adults identify as transgender. And it's important to note that, because this figure that's been recently estimated is double the estimate that utilized data from roughly a decade ago, and that implies that approximately about 1.4 million adults in the US identify as transgender. I think when we start to expand that out to gender diverse people and other identities, it gets poorer and poorer in the way data is collected. And so, some of that doubling of the estimate is not truly that there's more trans people living in the US, it's some of it is due to data collection efforts, some of it is due to people's comfort level and being able to identify as such. But just to note that those limitations have really been based on the way we collect data in the past.

**Katherine Atcheson (**[**02:48**](https://www.rev.com/transcript-editor/shared/YDrelCt42NcsL-yf2vjBgZ5WT1TPVsbSxffVw1umPcObRP0ckNXrIBsJH1Ic1RPO8jHNwxrjuugYA7YDm0eieNjXSNA?loadFrom=DocumentDeeplink&ts=168.84)**):**

What are some health disparities that are particularly seen in trans and gender diverse patient populations in the US, and do we see differences in these disparities across geographic regions, racial or ethnic groups, ages, et cetera?

**Kristin Keglovitz Baker (**[**03:06**](https://www.rev.com/transcript-editor/shared/XHjwVjX9RMvtZ4tzuJluHYRx2MbeyrUXYcZt_4um9Jxa_jBkAhEpXVIXUWDcSIEylgNIozmcLtkRIxXYctn4Q8tziZU?loadFrom=DocumentDeeplink&ts=186.48)**):**

We definitely see the intersection and the cross section of how different policy impacts the lives and the health of people, and I'll get into that in a minute. When we talk about health disparities among trans and gender diverse patients, some of the things that we have to think about is when health is really at the core of so many things that impact human and social rights for those people in this country. And so, when we think about things like discrimination, violence, stigma, along with other social determinants of health, we know that those significantly affect the physical, mental, and behavioral health of transgender and gender diverse people in the US.

**Kristin Keglovitz Baker (**[**03:41**](https://www.rev.com/transcript-editor/shared/pDlFoOZvTDtqjX_4MkkZb7SLnYej7iTJ6ySy6hwnFgc1FJ4AaH-6_0IpTewJJCMpNl_YJqdKhpe-cDvUJ93tgcJZe5s?loadFrom=DocumentDeeplink&ts=221.25)**):**

We also know from the evidence that, compared with the general population, transgender people do suffer from more chronic health conditions and experience higher rates of health problems related to areas such as HIV, substance use, mental illness, sexual and physical violence, as well as higher prevalence and earlier onset of disabilities that can also lead to health issues. And I always say that it is a little bit of the chicken or the egg. It's not that people that are trans or gender diverse necessarily have more of these things, it's that, because they're impacted so much in the areas of discrimination, violence, and stigma, as well as social acceptance, we know that that leads to poor health outcomes.

**Kristin Keglovitz Baker (**[**04:14**](https://www.rev.com/transcript-editor/shared/nLdpw2D4hGqY7c1UzqrUiN98pg1bCUNg1mA-HBGfCR3ii5ajAMCfiq_3HFPCTLDde0d1USIX7hQ5FJ9jLQKMDm5vH48?loadFrom=DocumentDeeplink&ts=254.91)**):**

And to your question around geographic regions or racial or ethnic groups, this is very, very prominent where we see that health policy and law in areas of the country where basic human rights, such as healthcare access and there's discrimination that's put in place through policy and law, in those areas where there are less rights, we do see those health disparities increase. And so, geographically, for instance, if we think about access to healthcare, in the areas where there is more open access to healthcare in the US, we definitely see some of those health disparities decrease. And in areas where there's political, as well as laws, that discriminate against trans people, we see those health disparities increase.

**Kristin Keglovitz Baker (**[**04:50**](https://www.rev.com/transcript-editor/shared/aBOBVkxTfpTYKE8nfpBT9K8GYEbdnkpvIHt2JF-pqZ-h5RYrohnJ7WfualwNl3PsHdtdC5cmDUK7X6RSNLAdFATrsj4?loadFrom=DocumentDeeplink&ts=290.01)**):**

And so, when we think about the overlapping identities compounding those disparities, for example, Black transgender women are facing multiple layers of identities that are not prioritized or often embraced by society, and then you top that with racism on top of transphobia, and you see that we see very high rates of violence and death, as well as health disparities, including HIV. And that's just one of the many examples of the different facets of the trans and gender diverse populations where we see huge health disparities and a big call to action and need to be able to increase not only access to health services, but competent access and ability for clinicians and systems to really serve these populations in the way that we serve others.

**Katherine Atcheson (**[**05:30**](https://www.rev.com/transcript-editor/shared/bmJb5Z7cIejj1BA0rUO75S1SF7J8dXR-qEhMdwvbNWEoKeNapmq5NIqqWAJYLVb4PJ4681wQNcCtf826onN8ySmJJko?loadFrom=DocumentDeeplink&ts=330.3)**):**

Going back to what you said at the beginning, a little bit about laws, policies, as factors that have contributed to those health disparities, could you elaborate a little bit on that, as well as other factors that have contributed to health disparities among trans and gender diverse populations in the US?

**Kristin Keglovitz Baker (**[**05:48**](https://www.rev.com/transcript-editor/shared/uO-2Y43q0NQYAsc61c_lUEczFL3BN5j7j6Yvv45VH-3rtWVrArzqb6LleDuHai1GXfo3h4eXsEuydJIfChRKG-2DTKs?loadFrom=DocumentDeeplink&ts=348.72)**):**

Certainly. As I discussed in the beginning of our talk, the health system and society are definitely set up in a very gender non-binary way. And when it doesn't fit some of those boxes, it really is difficult sometimes for our health system to adapt and to be able to serve people. And so, when we give off a notion that we don't include people, whether it's intentionally or unintentionally, turns people off. And especially in trans and gender diverse communities, there's things that are from outright discrimination and disrespect where there's been reports in the published data that they've been told that certain health systems don't necessarily have expertise in the area of caring for them, even though they may have been coming in for an unrelated issue, it can lead to all the way from that to other reasons. That could include things like discomfort with the physical exam due to gender issues.

**Kristin Keglovitz Baker (**[**06:35**](https://www.rev.com/transcript-editor/shared/TjIOJh77wyWPQfe2zyF0EJQJJRD0tQp1SB4KS6T0XwlVyVDMMp53AN68Y9eMUMdRt-9DvS2-QSD_tdzkLgTduWGUxsA?loadFrom=DocumentDeeplink&ts=395.13)**):**

Because of those disparities we talked about in those overlapping identities, lack of money or insurance, more likely to be uninsured or underinsured people in the community, in the published data reporting that they didn't have a medical provider that they were comfortable with and comfortable with being their whole selves and talking about what they need. When we talk about sexual and reproductive health, one of many examples is a healthcare provider maybe not knowing what anatomy they do have and not asking, and then maybe having certain exams overlooked because of that, so there's definitely a lot on that area.

**Kristin Keglovitz Baker (**[**07:04**](https://www.rev.com/transcript-editor/shared/0nHTWn5EnyRp3hA5_D0D362E6FMVbEy8TK51dvhX3Ad1l1dGJGNCQeIrsMCAlnFKPq6YI5MbiwoH_worcZ6a9VevlJc?loadFrom=DocumentDeeplink&ts=424.5)**):**

On the other end, we also know that there is often a lack of providers, healthcare providers, who are sufficiently knowledgeable on the topic. So, it can be lack of training in the area, not having knowledge about how to care for the community. And when we don't know how to do something, we tend to sometimes just put it to the side, or step away from it, or have fear about asking about it in regard to maybe not wanting to offend someone. And so, what ends up happening is that people in the community sometimes don't get the care that they should and could deserve because of that lack of knowledge in that area.

**Katherine Atcheson (**[**07:40**](https://www.rev.com/transcript-editor/shared/NyTzQhbQtb8ZVw8EA4CvEANW5o1biLIuV8d44fpsMttUWrS5SvO2eRJcZUktwAvwv4xNLWLi1luL9OLtJc1pcxHf5pY?loadFrom=DocumentDeeplink&ts=460.08)**):**

The common barriers that trans patients face trying to get, not just sexual and reproductive healthcare, but again, you mentioned perhaps that unrelated to specifically being trans, but that primary care access to that care. What are some of those common barriers that we see from the societal level to the organizational level, to even that one-to-one client provider relationship, that patients often face, or you've read about in the literature?

**Kristin Keglovitz Baker (**[**08:09**](https://www.rev.com/transcript-editor/shared/ey0sIDS109NGsj_BmhO34s28KvE3oX5uZTKRbDWmS8ClX9oYuEhAAISM74Mk3QT8efTNM1KzAiM8HuZF6FeLw4DGtpE?loadFrom=DocumentDeeplink&ts=489.15)**):**

Definitely. So, if we take every type of barrier, and we can relate it back to when I was in practice, one of the things that I always talked about was that there's a lot of things that are taken for granted about how much it takes for a person to access healthcare. So, it's besides just, are you comfortable with your provider? Do you feel welcome in the waiting room? What did it look like this morning for you to get here? What does transportation wise look like? In the trans and gender diverse community, there's a whole other group of things, which could be everything from what does my ID show, and am I going to get asked questions in the waiting room compared to who I am as a person? Have I changed that on my ID to reflect that? What does my medical insurance say? Am I going to be mispronouned in the waiting room? If I'm taking public transportation on the way there, did I have a bad experience or was I discriminated against or looked at in a different way?

**Kristin Keglovitz Baker (**[**08:57**](https://www.rev.com/transcript-editor/shared/ZXMzLFoznAe3EeVnqeFaNI0T4Uu3S5jKkdk-phnIVjpq7Vjb290Q1RkAz-m6EzC6WvBukR9ocaUcArFFpsGwlMjElXI?loadFrom=DocumentDeeplink&ts=537.6)**):**

And so, there's a lot of things that we see sometimes as maybe a simple medical appointment, but when we think about all those barriers and just living and walking a day in the life of someone who's trans or gender diverse, you start to realize very quickly at how that isn't always easy for people. And so, when you think of that and then you think about also just our healthcare system in general, and how, for people who don't have all of those barriers and are more accepted by society, there's even still an existence of the medical system seeming sometimes scary or something that we're not able to access or it's not welcoming, when you add that into the trans and gender diverse population, I think you really start to see easily what can happen and why it leads to lack of access to care, as well as lack of persistence of going to care.

**Kristin Keglovitz Baker (**[**09:45**](https://www.rev.com/transcript-editor/shared/lcd0E4_f47fKvP_24shgtNFM7j05eDEwpgePzWLeWaZxPSswJmmwr6q6UDP1dP3aPSfhdoOgaTOZ3ON8NglW5cfaBZ8?loadFrom=DocumentDeeplink&ts=585.45)**):**

Another thing that we see often, and we hear reports on from the different surveys that have been done, as well as community reports from the trans community, is that sometimes one bad experience leads to a dismantling of them not wanting to enter the system again. So, what I mean by that is, they maybe had one bad experience somewhere, but they're not willing to go through that trauma again, and rightfully so. Feeling like I'm not going to go through that, even if it's a different system.

**Kristin Keglovitz Baker (**[**10:10**](https://www.rev.com/transcript-editor/shared/OHHO8xHl2Qtw2gLuWx16UmBQXNXbXoQbNyb5IIAz7JgGRo1bRdsyth_zYEBmw5Z7RTY67FeuEu6YoG3Ee_5VGtYFsUg?loadFrom=DocumentDeeplink&ts=610.77)**):**

Then we get into the areas of where, when we think about trans specialty care, meaning there's these centers across the country that specialize in transgender care, but often those are based in urban settings. And so, if you're someone who's not living near one of those, can you go to a regular system of care? And even when that happens, what are they able to provide versus what if I need to go to a specialist? That's a whole other level of, "Okay, I feel comfortable with my primary care provider, but when it comes to specialists, now I have to go through all that again, making sure they know who I am." And the amount of people that someone interacts with on a daily basis in a healthcare system, the simple things that we may see as simple and not a big deal are big, big deals to people. Everything from mispronouning to not using the right name to having stairs in the waiting room, so there's lots of things that come up when it comes to that.

**Kristin Keglovitz Baker (**[**11:01**](https://www.rev.com/transcript-editor/shared/0fxHnFr3CqzX6PTgRaVRrkVCDcfXR76zNz2I5C_8UvHqG7vOHCabRL5jtpmhOlyIWPTtwHRxoC2iwLtgw5c4_U6x3Z4?loadFrom=DocumentDeeplink&ts=661.32)**):**

And so, as you bring all of those things together, you start to easily see, going back to those health disparities, why this occurs. We have to tackle it at an individual level, so how do we make sure that the workforce is educated, informed, open, affirming? Then we think about, how do we make sure our systems, meaning waiting room, physical systems, signage, bathrooms, et cetera? And then we move into technology. How do we make sure the computer system, the electronic health records? So, there's many, many, many facets of things that have to go right, and I think our system historically just hasn't been set up that way.

**Kristin Keglovitz Baker (**[**11:39**](https://www.rev.com/transcript-editor/shared/llb9xHAjI4FuUXmQSpxcWi5NLJO3DexNyMA151yFMdqxAA7PTbfmENf3jg6_V6zrPWrzWj8O3vXl1ZuTT7b2ajDcRcs?loadFrom=DocumentDeeplink&ts=699.09)**):**

And so, since it hasn't been set up that way, there's lots of opportunities for errors or mistakes, but those errors or mistakes can lead then to a disengagement from the system because it causes trauma in their life or it's causing discrimination or feeling like they're not welcome somewhere. And that can be a huge issue that then leads to maybe pushing care off for a longer amount of time, which we know, especially if it's preventive care, can lead to then more reactive healthcare, diagnostic healthcare, can lead to people feeling like they're just not going to reengage and they're going to put that off, which we know then also leads to higher morbidity and mortality when it comes to that.

**Kristin Keglovitz Baker (**[**12:13**](https://www.rev.com/transcript-editor/shared/yektPgDUEoDmaz7P_3CeZGJBogw9HtFZ2tUTcSMmi43H9pR9hHOKNb7CM0tbDq6E8ESKersfAN-s2o0CH5FJ2MvTMK0?loadFrom=DocumentDeeplink&ts=733.35)**):**

And then, lastly I'll say on this topic that, because I truly believe that healthcare is the center of society, meaning that being that I do believe it's a basic human and it's at the center of wellness, meaning that when you have good health, you are then able to go out and work, you're able to go out and do the things you love, you're able to socialize. And so, if you have that core center, which is where you don't maybe have access to healthcare or you don't have access to affirming healthcare or you don't have access to the very needs that you need the very most in your life, you start to see that those other things that you're trying to get done in your life, to live a happy full life, start to also be impacted.

**Kristin Keglovitz Baker (**[**12:52**](https://www.rev.com/transcript-editor/shared/7RUyo97pYLgM3ubrIHD5cNPF0AzcV-2j1lybAWrQD2__zq4DnR-cOzk7ajecWVcSyJibuWho51THqQeezdIvTi0_Q2Y?loadFrom=DocumentDeeplink&ts=772.26)**):**

And that's where I always say that the root of it, especially for trans and gender diverse people, and we see that in the literature, is the most important things to them, includes something that overlaps with health. And so, to be able to live their fully fulfilling life and happy life, they have to be able to have that access to healthcare at the center, and I think that that's been something that has been definitely a barrier for this community in particular.

**Katherine Atcheson (**[**13:11**](https://www.rev.com/transcript-editor/shared/b0LVr8-WU2NSoPcbJRxLpOaBklL8ojbZA8vDkv8IkfUX3A2V6QYKSsy5wSdpiHwfjGAs1HG8Rs6OZryRuov_NujfnTg?loadFrom=DocumentDeeplink&ts=791.97)**):**

If you can elaborate and go in depth about what clinics and service sites and organizations can do to address some of those barriers, again, on the organizational level, to address those barriers and disparities, such as providing specialized outreach or staff training, things like that, what can they do?

**Kristin Keglovitz Baker (**[**13:33**](https://www.rev.com/transcript-editor/shared/EAf96EtdQJnXMYXzdaR-dnzKOQblzc4ff57XMN2xT6HED3p6yOBWanuLAobCmy31gEkuaupV6b3BsWzSsbj-WGMmsWo?loadFrom=DocumentDeeplink&ts=813.48)**):**

So, I think that first, the way that I always talk about it is don't think of it as a destination, because when it comes to trans and gender diverse care, the minute you think you've met your destination, it's probably already moving in a way that you need to adapt to. And so, what I think of it as, when I'm talking to organizations about how to get to a place they want to get to when it comes to really addressing some of these barriers and improving the way that they serve the trans community, it is really looking at it on a constant basis and integrating it into the culture.

**Kristin Keglovitz Baker (**[**14:01**](https://www.rev.com/transcript-editor/shared/x22MzBqcYgMh0QqXnFRG_GP224gDG7Csw2yCcpRPl-oAcsQpVnTI58Y7XXKs7shMlex6fmWOqoyR0OscGfB8IzwGfL4?loadFrom=DocumentDeeplink&ts=841.68)**):**

And so, first and foremost, looking at your environment of care. So being intentional as you're looking at your physical facilities. What does the imagery look like on your walls? What is the bathroom's access? What is the signage that you have up? Are any of those things going to give an impression of inclusivity that I'm a trans or gender diverse patient and I'm included here, and I have been thought of and I'm not an afterthought? Or am I just someone that is an afterthought for you, and I actually don't know how I belong? So those little things at the very front can be a big thing.

**Kristin Keglovitz Baker (**[**14:31**](https://www.rev.com/transcript-editor/shared/1YHL8dMOVd3Z6hmbH-vGbL17TJsvm_fRRlD1Yfdh2EBu5eJqJRcj79V9wVsO5zpYOsAD2pLJtuYq9A5DYXZkJgsLhbI?loadFrom=DocumentDeeplink&ts=871.92)**):**

As you mentioned, intentional outreach, making a statement to say, "We want you here and we are intentionally knowing that there are health disparities in your community, and we want you to live a healthy life." And we're doing proactive outreach to say, "Please come in. We want to care for you. We want to be the one that provides care for you." And I think that that can go a long way.

**Kristin Keglovitz Baker (**[**14:53**](https://www.rev.com/transcript-editor/shared/Xcjnh7ovS7lJO7jPXVLaUf9V-_KcEfJHmayo2-cEl1FhSJANz89MOOoBNT_kTAYjTnvBsnKrLIJs-doG3h_hFgOzUQg?loadFrom=DocumentDeeplink&ts=893.22)**):**

When we think about staff training, a lot of times, I think that what happens is people go through the basics. So, they might go through a pronoun training or they're going through a very basic transgender 101, but I really believe, going back to that culture conversation, it has to be integrated into all facets. So, it has to be in the leadership, it has to be, obviously, the most obvious place is providers and clinicians get trained, but what does it look like for the front desk staff? How does it look for the maintenance staff? What does it look like for the person that might be assisting you from one place to the other throughout the facility? So, it really has to be, I think, integrated into the culture that that's important.

**Kristin Keglovitz Baker (**[**15:31**](https://www.rev.com/transcript-editor/shared/lCTzsWjJ7_s7MNFIVmKn9Nboazvh8oTSW8pLmsGeIivrHeGmbHANySkqgG9aO1pW4fs1ZTBmF3xrNMzbhgdZKjFjFfk?loadFrom=DocumentDeeplink&ts=931.32)**):**

Some of the areas that I think have been really successful is making sure that organizations are being intentional about how do you hire from community? So, a lot of times, and when you do hire from community, making sure that it's not just the outreach worker who's doing trans outreach who's trans, but does your leadership have people that are trans or gender diverse on it? Do you have clinicians that are trans or gender diverse? So, looking across your organization and really thinking about intentional ways to hire from community, because when you think about that, it's not only a way to bring people in and be inclusive, it's also a way to help the health of the population, because you're providing employment services and being able to do that as well.

**Kristin Keglovitz Baker (**[**16:10**](https://www.rev.com/transcript-editor/shared/U-MjCBa44OGivH7Dm4kffqLInErqrJtZV1CynowylPlT4U9r3sHkFJbX1bJM4btQMAcIFI1OyCPJ2UG9IfLq4Okxcrk?loadFrom=DocumentDeeplink&ts=970.71)**):**

And then, another thing that I think is really important in addressing some of these barriers and disparities in the organization level, is forming a community advisory group or a board to be able to bounce ideas off of and get constant feedback, so that you can have your hand on the pulse of, if you're really saying we're patient-centered, how do I then make sure that I'm getting that feedback from the very people I'm serving, so that they can tell me, "Hey, you did great here, but you really fell short here and this is something you're going to have to really continue to work on"? And so, I think that continuous need and want for improvement is a really important part of addressing some of those barriers and disparities.

**Katherine Atcheson (**[**16:44**](https://www.rev.com/transcript-editor/shared/Oo9Vngk5GTmOIHADA_VMSOAbB1bWeJB9yN4p8fDdxG5Bh-_zqrme4aUeZBDWC3eM29ANYSPkCQn3nBxNOEwQuTtxc0w?loadFrom=DocumentDeeplink&ts=1004.79)**):**

Title X clinicians may not necessarily be providing medical transition care. As Title X, the entire mission is about preventing or achieving healthy pregnancy and related services, so that might not be in their scope of work. But they may see patients who do want to prevent or achieve a healthy pregnancy, or for other health needs, who may be receiving transition related care elsewhere, such as from their primary care provider. What should clinicians in Title X settings, and other sexual and reproductive health settings, then keep in mind when they are seeing those patients who, for instance, may be taking hormones or are planning to or have received gender affirmation surgery when they're providing those services?

**Kristin Keglovitz Baker (**[**17:34**](https://www.rev.com/transcript-editor/shared/oJFN-lmU32iVG_xJ752aaLeUkourh3fP7XeFZguvEYKBFQZC3qLs0RaZWZYub2fTa8QZcVUnq5Q0ZRbra2K6r2MjS4o?loadFrom=DocumentDeeplink&ts=1054.62)**):**

One of the things we know is that, in the data and the literature, as well as in multiple community surveys, that trans and gender diverse people tell us over and over and over again that gender-affirming care is at the center of what's most important to them. And that word of, "Gender-affirming care," it means a lot of different things for different people. For some people, it means hormones. For some people, it means surgery. For some people, it means nothing other than affirming who they are and has no medical aspect to it. And I mention that because even if the medical transition care isn't part of their scope of work, it's really prioritizing what's most important to the patient first. And so, for many people, transitioning is just one aspect of their life. I think sometimes the transgender and gender diverse community is often seen only for their identity rather than their whole holistic health needs that they have.

**Kristin Keglovitz Baker (**[**18:24**](https://www.rev.com/transcript-editor/shared/o4dJbUmPi_0nd8Yc95tq3J_jG8Akx0NvG2bbv59HSP6MRM4LBgEcBrnzVoGZvWfGsvbNMSl39F8Nqdk7eWU7LxKZcIE?loadFrom=DocumentDeeplink&ts=1104.72)**):**

And so, I think as Title X clinicians are thinking about that, how do you provide support to them, even if you aren't the one prescribing their hormones, is instrumental in their whole person care. Because I think it creates not only more trust in the medical system for a community that has often, for good reason, not had good reason to trust the system, but also how can they connect with the person that maybe is prescribing or providing their gender-affirming transition care, or maybe the person that is doing the sexual reproductive health services for them. But again, thinking of it as that holistic in mind, that all the things we talked about a little while ago, what does the environment of care look like at a Title X clinic? What are the ways they're continuously getting training to make sure they get it right, to make sure people feel affirmed and comfortable?

**Kristin Keglovitz Baker (**[**19:05**](https://www.rev.com/transcript-editor/shared/DDvhscNdfVMzcBI2jMOMMtBKvQ6l7EFc9Nym7QYI5wFBhLEtqwez7Bt2hH9tqP_-4ZJX10uAhI4sCyzDAN0Ue0L3qDg?loadFrom=DocumentDeeplink&ts=1145.94)**):**

Because what we hear often from community is that they feel like when they go to a place that was meant for them, meaning a health center that says, "We serve trans people," they're like, "Well, yes. This intention was made, but when I go anywhere else, it doesn't feel that way." And I think it goes back to that culture change, which is that we have to integrate it into all cultures, not just in the specialty places that are providing transition care. So those are some of the ideas that I have.

**Katherine Atcheson (**[**19:31**](https://www.rev.com/transcript-editor/shared/zdlkGOG_1KlO3ft4IplwEPay9V4pgQhjWI8RSZENIiymXyY4RorwB5sEW_tnlrwA_wmrIAPnLeznwOQVLydFte7bOn8?loadFrom=DocumentDeeplink&ts=1171.23)**):**

Are there other considerations Title X clinicians should be aware of when providing more of those related services, such as cancer screenings, mental health screenings, STI testing and treatment, for trans and gender diverse patients, especially related to those disparities that we discussed earlier in the podcast?

**Kristin Keglovitz Baker (**[**19:52**](https://www.rev.com/transcript-editor/shared/b6oXWGeyMuqkidsDzgA2fveNHWkiy5jPAr1rxsEaNoMdA0i-307uGw-gtcsKr-T-HIipB0IFYPAuB8wjwmXHkKaZ3Js?loadFrom=DocumentDeeplink&ts=1192.35)**):**

Yeah, definitely. I think continuously educating yourself and keeping in mind how to ask, in a really sensitive and affirming way, about body parts. So that's a really important part is the how. How do you take an affirming sexual history, and doing so in a way that doesn't feel stigmatizing or judgmental, is really key. I think dedicating time to getting trained in these areas is critical, and then committing to that ongoing training. Beside ongoing training, committing to ongoing learning, is that we often sometimes think as clinicians, because we're trained scientifically, that everything fits in a box. But I think that it's, again, goes back to this destination. It's definitely more of a journey of, how do I continuously improve in this area? How do I continuously be open? How do I continuously be affirming?

**Kristin Keglovitz Baker (**[**20:35**](https://www.rev.com/transcript-editor/shared/YwMimWYl7RuDbb_Ej73u89R-FPcKWEVxfkM51slgF9YH8gaoA_crI-zF5uyY9ZFHYCfD81uMP-OBgEacQaHgZa7J52Y?loadFrom=DocumentDeeplink&ts=1235.22)**):**

And when I'm thinking about things, like cancer screenings or STIs testing, because both of those are often based on anatomy, getting really, really good at, how do I inquire in a sensitive and affirming way, so that people know that I'm talking about body parts because I want to make sure I do the right cancer screening, because I want to do the correct body part STI testing, not because I'm curious, not because I'm trying to figure something out, not because I'm being judgmental, and not because they're trans? That it's something that, when I say I ask all people, all patients, that I mean that. And I think that those are some of the things that are really important to keep in mind.

**Katherine Atcheson (**[**21:09**](https://www.rev.com/transcript-editor/shared/0b9B4hONc3aMRifNeJAxsF6HQ-SAKfJbpVPB0g6_EQ35jOhjDNBl7jYUQpu3dYYw-IkeFVHZQ_A8siPw-vtgL6hAwII?loadFrom=DocumentDeeplink&ts=1269.75)**):**

What are some good places for clinicians to learn more about health disparities, to provide that very intentional care we discussed, to a patient who may identify as trans or gender diverse? What are some good places you recommend?

**Kristin Keglovitz Baker (**[**21:27**](https://www.rev.com/transcript-editor/shared/P0890Qppth_9WtOrm8jTRoaKPr9xrAMcpqnNWhlD0Amt5qoqfUKp_08dVxh0SbG4MU_7F9qGgEpjyvhgkBAb3LyWoKE?loadFrom=DocumentDeeplink&ts=1287.24)**):**

I think there's many resources, thankfully, that can be really great places to go for resources if you're a clinician who you want to learn about health disparities, but you also want to learn how to provide better care, you want to look at the literature, you want to know the how-to. Some of those examples are the UCSF has a great website for the Transgender Center of Excellence, and it's really a resource that guides clinicians in caring for trans and gender diverse people. There's also the national LGBTQIA Education Center that Fenway Health runs, and they have a resource online, as well as trainings that you can participate in, to get to improve your skills in this area.

**Kristin Keglovitz Baker (**[**22:00**](https://www.rev.com/transcript-editor/shared/y8sAdsvR-IdzSdhonxBVQZj00oKnfBUp3sJnj6OFwG7nCxf5GKoKHJj1cPsnPHqCtC5_aCbZ1JXs93lrSm3UQcl7Oxo?loadFrom=DocumentDeeplink&ts=1320.6)**):**

The National Center for Transgender Equality also has a lot of resources to help clinicians. There's also a resource called the TransLine that you can actually inquire to another clinician who has a lot of experience in transgender care and send in particular questions you might have or cases that you may want some input on. And then also, just continuously looking at conferences and different areas where you may be able to engage to continue to provide care to these communities. Those are some of the many that come to mind.

**Katherine Atcheson (**[**22:30**](https://www.rev.com/transcript-editor/shared/FXmLz_A9pMsuZBULMn1OvjUmn6TnV9d_dRWjzslp0KcGw7-cT7ZKXwqLcADiWykbcP6Evo6xfYj5uN2kkMRJYHl-R_4?loadFrom=DocumentDeeplink&ts=1350.84)**):**

Somewhat similarly, are there good resources for clinicians to give or refer specifically their trans and gender diverse patients, in order to provide more information about their own sexual reproductive health resources that are directed and made especially for these communities?

**Kristin Keglovitz Baker (**[**22:49**](https://www.rev.com/transcript-editor/shared/vAdImvsUXUw1fvHna_5NAisatuo_vif9YNwIhOgSUlLK5BgBhx5VFKC5kxaHSk4ZxVOi37w1ntfYqTYv8Lwj5CFPG9g?loadFrom=DocumentDeeplink&ts=1369.05)**):**

So, some of the ones I mentioned above also have patient and community centered parts of their websites and resources, but there's also some areas especially in the areas of telehealth and some of the different ways to provide care, their websites. So two that come to mind are Plume and FOLX Health, where they really also have great parts of their organization, as well as resource, that is really focused on people being informed about their own sexual and reproductive health issues, so they can go in as an informed consumer, they can know what their needs are, know what they need to ask for in case it's not proactive. And then, all the ones I mentioned earlier are definitely also ones that can be great resources for patients as well.

**Katherine Atcheson (**[**23:30**](https://www.rev.com/transcript-editor/shared/gS-RM8o1iEoJO7Cf_OJyj0kIgdDf_FdkK-BktRJCzG0X1g0wyghhmjRVvm8oiIgwRZmixhiaOao8j7NGnTNxWy-6NBk?loadFrom=DocumentDeeplink&ts=1410.3)**):**

Well, this has been a wonderful, informative conversation, but unfortunately all good things do have to come to an end. But before we say goodbye today, if you could give our clinician listeners just one final takeaway, the one thing you really want them to remember as they return to their practice, what would it be?

**Kristin Keglovitz Baker (**[**23:51**](https://www.rev.com/transcript-editor/shared/-ZBarptCZTWHrO4CBKvTg-hRzN-5K7Wamt4dLeyPpmTMbbZhm5_yE29ABBqVYgoKMhGcayETKc501StyDOqu3egZKQk?loadFrom=DocumentDeeplink&ts=1431.93)**):**

Oh, that's a great question. I think as I reflect even on talking today, I get really passionate about this because I provided care for so long to these communities, and it's something that I just feel so deeply committed to. And so, some of the final takeaway advice I would give is, first, just deeply commit to treating trans and gender diverse people as the beautiful people they are. And seeing trans people as whole people with many intersecting identities and needs, and more than just their transition care. I think committing to constantly learning, as the field and the community is so diverse and vibrant and constantly changing, and so just thinking of it as a journey, and committing yourself to lifelong constant learning and an openness to adapting your approach and practice and getting feedback.

**Kristin Keglovitz Baker (**[**24:33**](https://www.rev.com/transcript-editor/shared/g4aAQnY2KoxtOkCVdA_4fyPXqsExCdgZBowM9fuOxnw_XvAdOTj1lOvivrsigEd_wCX2B5s8JVNtu3tlmd8QM0qUEsQ?loadFrom=DocumentDeeplink&ts=1473.15)**):**

And lastly, just really going back to that buzzword of, "Patient centered care," but I think as we think about this community, if we're putting the patient at the very center, then knowing that their priorities and their care are most important to me. And so, whatever's most important to me is ultimately what I need to be able to be prioritizing for them. And that ultimately, that's my ultimate goal, is that if I can walk away from an experience and say that I've done everything I can to put their needs first instead of my own agenda or my own needs, I've really had some success.

**Kristin Keglovitz Baker (**[**25:00**](https://www.rev.com/transcript-editor/shared/tkYpOCvm64Z_gWBSbHvFY4znkkuae9Fj_p16RIRPD_OlCcPYQcKqSBoPxl7frglEnupvi-S65yS2d1pj0ccHWGsIMnU?loadFrom=DocumentDeeplink&ts=1500.42)**):**

And so, just really inspiring any listeners to not think of this as all specialty care, thinking of it as that all clinicians, if we think about it from a trans or gender diverse framework, we really have then succeeded, and I think that that is so is something that's really, really important and beautiful and special.

**Katherine Atcheson (**[**25:18**](https://www.rev.com/transcript-editor/shared/6JUwr1W_ufVH_Uy1gHN52FWDaGQe6p34_ee80Xx6CL48OBFlRy5QzARFGXu64E4GBhPUeetxC0WOU5i69NSx0bP1gT4?loadFrom=DocumentDeeplink&ts=1518.99)**):**

Thank you so much for joining us today, Kristin, and for sharing your time and expertise. For more content, including previous podcast episodes, search for Clinical Chats or subscribe to our show on iTunes, Google Podcasts, Spotify, Stitcher, or wherever you listen to podcasts. For a transcript of this podcast, as well as other online learning activities and continuing education opportunities, please visit our website at www.ctcsrh.org. While you're there, you can sign up to receive our newsletter, Clinical Connections, at the top of the page. You can also follow the Clinical Training Center for Sexual and Reproductive Health on Twitter @ctcsrh, all lowercase, and on LinkedIn. The CTCSRH is funded by the Office of Population Affairs to provide continuing education, training and technical assistance to Title X grantees, sub-recipients, and service sites, and is supported by DHHS grant number 5 FPTPA 006031-02-00.

**Katherine Atcheson (**[**26:24**](https://www.rev.com/transcript-editor/shared/UcPEgbzLWNTPJZ2yt6xFjXFIYIwT5_n7DgpZLRrP854e25cbYE2Xd_otYF8hHuhZ6k_JSdx0VWkWsLhV5c4_Ls9zqG8?loadFrom=DocumentDeeplink&ts=1584.18)**):**

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**Katherine Atcheson (**[**26:55**](https://www.rev.com/transcript-editor/shared/feEzDpw5HuyjvQ8H5U5JHhkcLK0oDwjJbeMpo5RCAZLbUd5zh5K_cHJY2XOfXnlcsCU_7qDkRACIivv72QNUDFtl8ac?loadFrom=DocumentDeeplink&ts=1615.11)**):**

Theme music written by Dan Jones and performed by Dan Jones and the Squids. Other production support provided by the Collaborative to Advance Health Services at the University of Missouri, Kansas City, School of Nursing and Health Studies. And finally, thank you to our listeners for tuning in today. We hope that you'll join us next time for another episode of Clinical Chat.