YOUR VOICE! YOUR HEALTH!

A study of how to engage and empower LGBTQ people of color within healthcare settings.

Meeting the Health Care Needs of Racially Diverse LGBT Patients

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Transgender Case Vignette

Clinician

About 18 months ago your clinic revised its intake and registration processes so that patients are given the opportunity to provide sexual orientation and gender identity information.

You are meeting a patient for the first time who has received health care at your clinic for a little over a year from a colleague who recently left. The following information is in the patient record:

Age	29 years
Ethnicity/Race	Hispanic, Puerto Rican / White
Preferred Spoken Language	English
Additional Spoken Language(s)	Spanish
Gender	Transgender male
Biologic sex assigned at birth	Female
Preferred pronouns	He/Him
Sexual orientation	Bisexual
Legal name	Caralyn Jessie Perez
Preferred name	CJ Perez

The **progress note** in the EHR for CJ's last visit has a **brief reference to a discussion that his previous provider had with him regarding the need for cervical cancer screening. The note indicates that CJ understood there is a need for the screening because he still has a cervix. However, he was reluctant to proceed and wanted more time to think about it.**

You also see in the record that:

- CJ has seen a therapist in the past and seems well adjusted to his gender identity.
- He has been on cross-hormone therapies for five years.

However, while you know CJ still has a cervix due to your colleague's recommendation for a Pap smear, **you cannot find anywhere in the record if CJ has had any gender-affirming surgeries or records of other preventive screenings**.

You know from previous training that:

- While it is important to know about a patient's gender identity, **screening should be based on anatomy and family history**.

- There are different types of genital reconstruction for transgender men. You will not be expected to know them or discuss them during the role play.

- Transgender **men who do not undergo complete sex reassignment surgery and retain a cervix, or who have undergone some surgical procedures but not a total hysterectomy, should follow the same cervical cancer screening guidelines as natal females**.

- **Recommendations for breast cancer screening in transgender men vary, but there is support for some screening even after breast reduction or reconstruction**. It is possible for cancer to develop in residual breast tissue after surgery to remove breasts. The timing of when to begin screening should follow the guidelines for natal females and should also consider family history.

Part of what you need to do today is:

- Address with CJ the **stated purpose of his visit** - having (or making arrangements to have) **a Pap smear**.

- Discuss with CJ his current life, his plans for the future, and what this means for his healthcare, including:
    - CJ's **sexual history** and sexual risk
    - If CJ has had **any gender-affirming surgeries and/or his desire for them**
    - CJ's **desires to bear children**
    - CJ's **preventive screening needs** now and in the future

- Remember that it is okay to admit that you do not know something but that you are willing to research and learn what you need to know.

Transgender Case Vignette

Patient

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Ethnicity/Race	Hispanic, Puerto Rican / White
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Sexual orientation	Bisexual
Legal name	Caralyn Jessie Perez
Preferred name	CJ Perez

You have received health care at this clinic for a little over a year. However, **your primary care provider recently left**. **You really liked your provider and you are sad that she left**.

Here is what you like about her:

- She was very respectful toward you.
- She really understands how to care for trans men (unlike other doctors you've seen).
- She never challenged your gender identity (like others have).
- She never assumed anything about your sexual partners or sexual orientation
- She also had a great understanding of all of the nuances that go along with gender affirming processes like hormone treatments.
- You bonded with her because her parents were also from Puerto Rico (just like yours).

During your last couple of visits your provider discussed the need for **cervical cancer screening**. **However, you were reluctant to proceed:**

- **The last time that you had a Pap smear** you were well into your transition and had been taking hormones for a few years.
    - Someone other than your regular provider administered the procedure. **This person seemed very uncomfortable** with your transgender status, was **gruff** and **did not tell you what to expect during the procedure**. He was **rough** and **rushed**. You felt intimidated and angry.

- **You do not like having to engage in such personal and intimate activities so associated with females**. Even so, you have had:
    - A total of **5 Pap smears**, **all negative**, including the last one 4 years ago.

The necessity of dealing with this causes you anxiety and frustration. And you are ambivalent about having another Pap smear.

You finally get up the motivation and nerve to return to the clinic and see a new provider, but are still somewhat ambivalent.

Here are some other things that you need to know about CJ:

- He had his **breasts removed 4 years ago,** is happy and content with the results, and refers to this as "**top surgery**".
- He refers to genital reconstruction surgery as "**bottom surgery**" but does not have any desire for it. He **is personally and sexually content with his body as it is now**.
- He has **not** had any other gender-affirming surgeries.

- He has **no current desire to bear children**.

- He typically has 2 or 3 **sexual partners** a year. Both **men and women**.

- The last time that he had **receptive vaginal sex** was around 4 years ago, **shortly after the last Pap smear**.

- He has been dating a woman for 1 year and they mutually decided a couple of months ago to have a **monogamous relationship**.
    - They are happy and content in general and with their sexual relationship.

Transgender Case Vignette

Teaching Points

1) Prescreen specialists and other care providers to whom you refer your transgender patients for their willingness and ability to provide culturally and medically competent care.
    a. The inadequate referral in the case vignette (to the specialist/provider who conducted the first Pap smear) illustrates the importance of this point. Pre-screening can be accomplished by having a conversation with other providers and specialists regarding their knowledge about providing care to transgender patients, or their willingness to learn. In addition, they should also be comfortable caring for transgender patients. Knowledge and comfort are not always positively correlated.

2) Tailor counseling and shared decision-making discussions to account for the potential that your patient may experience anxiety or ambivalence when you discuss the need for medical procedures that conflict with their gender identity.

3) Use patient-centered communication.
    a. It can be helpful when attempting to create trust and understanding across cultural divides. For example, if the new provider in the case vignette is not Puerto Rican, patient-centered care directly and indirectly communicates a desire to work with the patient in a way that he feels comfortable and understood.

4) Research and understand the basics of routine primary care with transgender patients (e.g., recognizing that many trans men retain their natal reproductive organs).
    a. It is also important to understand the basics of trans affirmation care (behavioral health, cross hormone therapy, and surgical procedures). The resource handout lists places to obtain treatment guidelines and recommendations.

5) Know that transgender patients experience high rates of outright discrimination in health care settings, including refusal of care, harassment, and occasionally violence. Transgender patients have often had to educate their providers about their healthcare needs. Transgender people of color experience higher rates of healthcare discrimination and abuse compared to their White counterparts.
    a. If your transgender patients display ambivalence toward you, a lack of trust, withhold some information until they get to know you better, act fearfully, or seem overly cautious, it is important to remember that their behavior may be a normal and quite healthy response to previous experiences of discrimination and abuse in healthcare settings. On the other hand, transgender patients who have experienced discrimination or abuse in healthcare settings who are still willing to seek out and request or demand proper care can be viewed as people who hold

impressive levels of emotional and interpersonal strength and who are admirably resilient, adaptive, and persistent.

b. Learn more by reading the health section in *Injustice at Every Turn*; a report based on findings from the National Transgender Discrimination Survey. See the resource handout for more information - it also provides resources that will help you learn about the discrimination that transgender people face in other parts of their lives.

6) Know that transgender individuals experience significant health disparities, including depression, suicidal ideation and attempts, substance use/abuse, HIV, and physical and sexual violence. See the resource document to learn more about transgender health and healthcare disparities.

7) There are different types of genital reconstruction for transgender men.
   a. Metoidioplasty (less expensive and less complex) allows sensation and erectile function, but the phallus is usually not big enough for penetrative sex.
   b. Phalloplasty (more expensive and complicated procedure) with a goal of creating an aesthetically pleasing and sensate phallus, but an implanted device is required for erectile function and penetrative sex.

8) Understand that transgender individuals often have an accentuated need for confidentiality and privacy.
   a. Transgender individuals experience high rates of hate crimes and violent assault and they may be at increased risk when their transgender status is revealed without their consent. See the addition to the case vignette below for more information.

9) All staff and procedures should be culturally competent when working with transgender clients.

- Read the following addition to the case vignette as if you are the patient.

When you arrive, there is a person at the front desk that you have never seen before. You tell her that your name is CJ Perez but the receptionist says that she cannot find you in the system. You ask her to look some more. After she searches for what seems like an eternity, you let her know in a quiet voice that your legal name is Caralyn Perez. She seems flustered and confused and repeats all of this information loudly. You notice that a guy who also plays pick-up basketball at the recreation center (and to whom you have never disclosed your trans status) is waiting nearby. Overhearing your conversation with the receptionist, he looks up at the two of you and then quickly looks away.

The receptionist asks for your insurance card and driver's license. She says that she has to go find her supervisor because of the conflicting names and gender between your driver's license and the medical record. The people waiting in line behind you seem annoyed and you hear one of them let out a frustrated sigh.

When the receptionist finally finishes your paperwork you overhear her tell the medical office assistant that Caralyn Perez has arrived for her appointment.

Under these circumstances, the patient could be at increased risk of physical, sexual or verbal assault in the community because of being outed as transgender to others in the waiting room. Alternatively, his relationship with his friends at the recreation center might be substantially altered in a negative manner. This addition to the vignette also illustrates the need for all staff and systems to be culturally competent when serving transgender patients. It is easy to imagine how this experience would negatively affect the patient's perceptions of the organization as a whole and potentially you as a provider. At the very least, you might find an angry, frustrated or demoralized patient when you enter the exam room.

PrEP Case Vignette

Clinician

You are seeing a 24 yo African-American man for the 2nd visit. During his initial new patient visit, you did not take a complete sexual history but the patient made some indirect references that make you wonder if he might be sexually active with both men and women. The patient also noted that he will not use condoms.

<u>City in which you practice medicine</u>

Rates of HIV in African Americans is high.

Highest HIV risk is in young African-American men who have sex with men.

Most same-sex sexual behavior in young African-American men is with other African Americans.

You think that contracting HIV is your patient's greatest health risk, so after he agreed to be tested for HIV and other STDs at his first visit, you scheduled a follow-up visit to receive and discuss his test results. You also feel that reviewing his test results would be an ideal time to discuss the potential for pre-exposure prophylaxis (PrEP).

Right before seeing your patient at his second visit, you learn that he tested negative for HIV, but that he also had a positive test result for gonorrhea.

<u>PrEP – Refer to CDC summary handout for details. Key points for this vignette:</u>

Daily pill. No serious side effects (mild GI, HA). Monitor renal function every 3-6 months.

Reduces risk of HIV transmission over 92% if taken consistently

Consider PrEP especially for:

Gay or bisexual man who has anal sex without condom or been diagnosed with STD within past 6 months

Heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners)

<u>Your goals for this appointment:</u>

1) Review the HIV and gonorrhea test results with the patient and take a good sexual history.

2) Discuss why patient may be a good candidate for PrEP.

3) Engage in shared decision making about PrEP.

4) Continue to build good doctor-patient relationship with this relatively new patient.

PrEP Case Vignette

Patient

You are a 24 yo African-American man seeing this particular doctor for the 2nd time.

You have a steady personal and sexual relationship with a woman and occasionally have sex with men. You identify as heterosexual. You have considered that you might be bisexual, but that does not feel right to you as an identity that you would share with others. You and your sexual partners do not like using condoms because sex with condoms does not feel as good. Also, you think that others will assume you have AIDS or are very promiscuous if you tell them you want to use condoms. The guys you have sex with are just like you---normal, not promiscuous, and not gay. So you think they are not at risk for HIV---but part of you worries if it is really true that they are low-risk.

You have a lot of anxiety about getting your test results and almost decided to no-show. The doctor seems well meaning and nice enough, but inexperienced working with Black men.

You have several friends who are African-American men who have sex with men. You have one friend who is a white man who has sex with men – you perceive him as being part of that "gay white community" on the north side of the city. Your white friend has mentioned PrEP in passing when talking about his boyfriend who is HIV-positive. None of your African-American friends have mentioned PrEP. Thus, you don't see how PrEP applies to you. You get along with a broad variety of people, but identify strongly with your African-American background. You have heard of increasing rates of HIV among Black men who have sex with men.

During the discussion, after the doctor introduces the idea of PrEP, you tell him/her that people will think you're gay or have AIDS if they find out you're on PrEP.

PrEP Case Vignette

Teaching Points

1) Distinguishing sexual identity from sexual behavior. Careful with language.

2) Perceptions about what communities patients perceive they belong to and therefore what issues they think may be more relevant for them.

3) Tailoring counseling and shared decision making discussion. Assessing current knowledge void and filling in that information. Assessing where client receives health care information from, including family members and others who have experiences with the health care system. Engaging in discussion cognizant of patient's perceptions and beliefs.

4) LGBT patients of color may experience internalized homophobia and they certainly face societal oppression, and discrimination against LGBT individuals. They also face and navigate societal racism and race-based oppression on a daily basis.
    a. Sometimes patients' needs to navigate these emotional and psychosocial stressors brought about by homophobia, biphobia, and racism will take precedence over addressing risks to their health. Thus, meeting treatment goals to reduce physical harm and achieve optimal health can often be facilitated by helping the patient find resources that help to mitigate internal and external homophobia (or bi-phobia) and racism. Trusted referrals to organizations experienced providing culturally competent psychosocial support services to LGBT people of color can be an essential treatment tool if they are available in your area and acceptable to your patient's self-identity. There are also online sources of support.

5) Learning to walk the line between encouraging a positive sexual identity and addressing internalized homophobia or biphobia, yet respecting the patient's right to determine her own identity and, if she wants to change it, doing so at her own pace.

6) Be aware that even though young African-American men engage in less risky behavior than White men who have sex with men they are more likely to contract HIV.

Intimate Partner Violence (IPV) Case Vignette

Clinician

Your patient is Sandra Fernandez, a 54 year old Hispanic female who was born in Colombia and moved to Chicago 20 years ago.

She comes today for an order for a mammogram. She is fairly healthy and takes no medications.

In updating the social history, you find out that she does have a partner who lives in the home. There are different ways you can ask about whom she is living with:

- *Who do you live with? Can you tell me more about him or her?*
- *Can you tell me more about your partner?*

On exam: Vital signs are stable. Exam is unremarkable except for several bruises of different stages on her shoulders and upper arms bilaterally.

These bruises are new to you and wonder what could have caused them. You have concern for intimate partner violence (IPV).

You need to ask her in a sensitive way what may have caused these bruises and screen her for IPV.

- One way to ask is: *"Do you feel safe at home?"*
- Follow-up questions may be: *"Aside from physically hurting you, does your partner try to threaten you in other ways?"*

She reveals she is not safe at home and being physically and emotionally abused. You offer the patient a referral to social work (SW).

Patient has concerns about the referral:

1. Will SW alert her family regarding her same sex partner? Her family does not know. Having a same sex relationship is taboo in Latino culture.
2. She is undocumented and concerned the SW will call immigration.
3. The SW will send her to a shelter which she has heard are usually not friendly to women in same sex relationships.

You reassure her that SW will not call family or immigration and that she does not necessarily need to go to a shelter.

SW will help you with identifying resources and figuring out a safety plan in case she is in immediate danger.

Patient agrees with the plan.

Intimate Partner Violence (IPV) Case Vignette

Patient

You are Sandra Fernandez, a 54 year old Hispanic female.

You come to see your primary care physician to get an order for a mammogram. You are fairly healthy and take no medications.

Social history:

- You were born in Colombia and moved to Chicago 20 years ago.
- You are undocumented.
- You have not revealed to your physician that you have a same sex partner but today reveal you have a "partner who lives with" you and upon further inquiry state that she is female.

Violence at home:

- Today you have bruises on your upper arms and shoulders that your physician sees on exam.
- Your partner recently has been having angry outbursts and sometimes will hit you.

When your doctor asks if you feel safe at home, you say "no."

- You state that your partner has hit you.
- Upon further inquiry, you let your doctor know that your partner also threatens to "out" you to your family.

Your doctor offers a referral to the social worker.

1. You are concerned that you are undocumented and if you see a social worker that they will call the immigration services or your family. Your family does not know you have a same sex partner.
2. You do not want the social worker to send you to a shelter because you have heard they are not always friendly to women in same sex relationships

The doctor reassures you regarding the above and states that SW will help you identify resources and figure out a safety plan in case you are in immediate danger.

After receiving reassurance from your doctor, you are okay with the referral to social work.

Intimate Partner Violence Patient Case

Teaching Points

1) Women in same-sex relationships can also be victims of IPV.

2) IPV can manifest in many ways, such as physical, emotional, and sexual abuse. Outing someone may be one method of controlling behavior.

3) Some IPV resources or shelters for survivors of IPV may not necessarily be tailored to LGBT clients.

4) LGBT persons may not be accepted within the larger Latino community or by family which impacts disclosure of IPV.

5) Documentation status may also prevent Latino immigrants from being more forthcoming about IPV.

LGBT Older Adults Case Vignette

Clinician

Deborah Smith is a 76 year old woman who has been your primary care patient for several years. She is accompanied by her roommate Sharon Jones, with whom she has lived for the past 8 years. Today she comes to clinic to follow-up memory loss. This has gotten worse over the past six months. You referred her to a neurologist, who gave her a diagnosis of Alzheimer's disease.

Ms. Smith tells you she has gotten lost twice in the past month. She has left the stove on, resulting in a burned pan, and has forgotten several recent appointments. While they were on a recent vacation, Ms. Smith wandered off and was gone for several hours. Ms. Jones found her by the hotel pool. Ms. Smith had stated she couldn't remember where the room was.

Ms. Smith is an African-American woman who was divorced 30 years ago and has two adult sons who live nearby. She is active in their church and sings in the choir. She drinks occasional beer and does not smoke. In the past, she has denied being sexually active or having a significant other.

Past medical history includes hypertension, dyslipidemia and Stage II renal disease.

<u>Your goals for this appointment:</u>

1) Create a welcoming environment for the patient and her companion.
2) Discuss short term plans to address Ms. Smith's current care needs, including safety in the home and the need for assistance with outings.
3) Introduce advance care planning. A first step for today could be choosing a Durable Power of Attorney for Healthcare.

LGBT Older Adults Case Vignette

Patient

PATIENT: Deborah Smith

You are a 76 year old African American woman. You were married at age 18, but divorced 30 years ago. You have two adult sons who live in your neighborhood. You are very close to them. You are active in your church and sing in the choir.

You met your partner Sharon Jones about 12 years ago, and 8 years ago you moved in together. You have a small group of women friends who know that you and Sharon are lesbians and are a couple. You have discussed this with your sons. One is accepting, but the other believes homosexuality is a sin. You still see your sons regularly, but feel this is a source of tension. Most of your friends and extended family think Sharon is a "roommate" and that you two are old friends.

You are coming back to your primary care physician to discuss the results of your neurology evaluation. You are forgetful of some details but you know you have Alzheimer's disease now.

You have gotten lost twice in the past month. You have also left the stove on, resulting in a burned pan, and have forgotten several recent appointments. On a recent vacation, you wandered off and were gone for several hours. Sharon found you by the hotel pool. You couldn't remember where the room was.

You have some worries about the future: who will take care of you? If you go into a nursing home, will Sharon be able to visit? Who will make health care and other decisions for you when your dementia gets worse?

You wish to be open about your relationship with Sharon, but you are afraid of receiving inferior care if the clinic staff find out about this. You would be willing to disclose if you were asked directly, but the physician must show you a level of acceptance about this issue.

LGBT Older Adults Case Vignette

Partner

PARTNER: Sharon Jones

You are a 70 year old woman whose partner is Deborah Smith. You met your partner about 12 years ago, and 8 years ago you moved in together. You have a small group of women friends who know that you and Deborah are lesbians and are a couple. Deborah has discussed this with her two sons. One is accepting, but the other believes homosexuality is a sin. You both still see her sons regularly, but feel this is a source of tension. Most of your friends and extended family think Deborah is a "roommate" and that you two are old friends.

You are coming to Deborah's primary care visit for the first time. You both recently found out she has Alzheimer's disease. Deborah has gotten lost twice in the past month. She also left the stove on, resulting in a burned pan, and has forgotten several recent appointments. While you were on a recent vacation, Deborah wandered off and was gone for several hours. You found her by the hotel pool. She stated she couldn't remember where the room was.

You are saddened by the diagnosis but also worried about the future. You want to care for Deborah no matter what, but are worried because one of her sons is very opposed to your relationship and might keep you from seeing Deborah if her condition deteriorated.

LGBT Older Adults Case Vignette

Teaching Points

1) If you suspect that Ms. Smith and Ms. Jones are more than "roommates," should you inquire about this? How? What might be barriers to disclosure? Can you overcome them?
    a. An essential first step is creating a welcoming environment. Do not assume heterosexuality when asking about family. Ask, "Do you have a partner, or significant other? Should we include that person in conversations about your health?"
    b. When a family member comes to a visit, ask about the relationship in an open ended fashion, such "How are you two related?" so the individual can define the relationship.
    c. Some patients may not disclose their relationships status. You can STILL ask how they want their friend or companion included in discussing health information and making decisions.
2) What issues are important for advance care planning with Ms. Smith?
    a. Laws about who can make surrogate healthcare decisions vary state by state, but in many states unmarried domestic partners have NO legal standing. Know your state law.
    b. The marriage of same sex couples is now legally recognized in 37 US states. However, not all couples choose to legally marry. Spouses have highest priority for decision making in some but not all states.
    c. Naming a health care power of attorney and completing the legal health care power of attorney form for your state is especially important for individuals who want their decision maker to be someone other than their legally authorized next of kin.
    d. Advance care planning is more than a form—it's a process. Encourage the patient and his/her preferred decision maker to talk about preferences for care in the future.
    e. Living will documents can also be helpful in expressing particular preferences.
3) How might age, race, and sexual orientation impact Ms. Smith's interactions with you and the rest of the healthcare team?
    a. LGBT patients of color face both homophobia and racial prejudice in many aspects of life, including in the health care system. Navigating stressors related to the intersection of race and sexual orientation is complex. This may affect an individual's perspective on disclosing sexual orientation ('coming out'), trust in clinicians, and relationships with friends and family on many levels. Additionally, older adults have had varied experiences across their lifetime. Some came out when being gay was considered a disease or was invisible; others may have come out during or after the Gay Rights movement. Individuals may vary in the labels they apply to themselves. Some would never self-define as "gay" or "lesbian." Those who are religious or part of a faith community may have additional struggles if that community views gay relationships as immoral or sinful.
    b. Trust in clinicians may be low due to prior bad experiences or fear of prejudice. Trust may take a long time to develop.
    c. Demonstrating acceptance of the patient as a whole person is essential. Specific steps such as using inclusive language, asking questions that don't assume heterosexuality, and maintaining a relationship over time may help establish trust.

SGIM Workshop: Meeting the Health Care Needs of Racially Diverse LGBT Patients
Resource Sheet

Intimate Partner Violence (IPV)

- **National Intimate Partner and Sexual Violence Survey 2010 Survey Findings Fact Sheet** - http://www.cdc.gov/ViolencePrevention/pdf/NISVS_FactSheet_LBG-a.pdf
- **The Anti-Violence Project -** http://www.avp.org/index.php
- **The LGBTQ Domestic Violence Project -** http://www.glbtqdvp.org/
- National Coalition of Anti-Violence Programs. **Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Intimate Partner Violence in 2013.** - http://www.avp.org/storage/documents/ncavp2013ipvreport_webfinal.pdf
- Ard KL, Makadon HJ. (2011) **Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients**. *J Gen Intern Med.* 10.1007/s11606-011- http://link.springer.com/article/10.1007%2Fs11606-011-1697-6
- **National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation** - http://www.cdc.gov/ViolencePrevention/pdf/NISVS_FactSheet_LBG-a.pdf

Older Adults

- **Improving the Lives of LGBT Older Adults (2010)** - http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf
- **National Research Center on LGBT Aging** - http://www.lgbtagingcenter.org/index.cfm
- **Services and Advocacy for LGBT Elders** - http://www.sageusa.org/

Transgender

- **Center of Excellence for Transgender Health -** http://transhealth.ucsf.edu/
- **Vancouver Coastal Health: Transgender Health Information Program** - http://transhealth.vch.ca/
- **TransGenderCare** - http://www.transgendercare.com/medical/library.htm
- **World Professional Organization for Transgender Health** - http://www.wpath.org/
- **Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7** *International Journal of Transgenderism*, 13(4), 165–232. doi:10.1080/15532739.2011.700873 - http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926
- **Understanding and Assessing the Sexual Health of Transgender Patients** - http://www.lgbthealtheducation.org/training/online-courses/continuing-education/?y=77
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- **Clinician Consultation Center PrEPline** - http://nccc.ucsf.edu/2014/09/29/introducing-the-ccc-prepline/
- **For Providers Interested in PrEP** - http://www.med.unc.edu/ncaidstraining/prep/for-providers/for-interested-providers
- **New York Department of Health PrEP Guidelines** - http://www.hivguidelines.org/clinical-guidelines/pre-exposure-prophylaxis/guidance-for-the-use-of-pre-exposure-prophylaxis-prep-to-prevent-hiv-transmission/

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Health Care Disparities Interventions

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