

Caring for LGBTQIA+ Youth at Health Centers

LGBTQIA+ Adolescents and Young Adults: Intersection of Health Disparities, Access to Care, and Identities

-- Michelle Forcier, MD MPH --

Stories from the Field: Navigating Care for Transgender and Gender Diverse Youth

-- Dawn Phelps, MD --

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar

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1.888.799.9666 ext 2
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- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.

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- Choose “I will call in”
- Dial the phone number and access code



CME/CEU Information

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<p>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</p>	<p>AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned.</p> <ul style="list-style-type: none"> •American Academy of Physician Assistants (AAPA) •National Commission on Certification of Physician Assistants (NCCPA) •American Nurses Credentialing Center (ANCC) •American Association of Nurse Practitioners (AANP) •American Academy of Nurse Practitioners Certification Program (AANPCP) •American Association of Medical Assistants (AAMA)
<p>Other Health Professionals</p>	<p>Confirm equivalency of credits with relevant licensing body.</p>

LGBTQIA+ Adolescents and Young Adults: Intersection of Health Disparities, Access to Care, and Identities

-- Michelle Forcier, MD MPH --

10/23/24

Massachusetts

Abenaki, Micmac, Maliseet, Narragansett, Nipmuc, Passamaquoddy, Pawtucket, Pennacook, Penobscot, Pequot, Wampanoag

NEW ENGLAND



This presentation is discussion-based, with image-based slides. There will be no significant standing or movement required.



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Disclosures

Michelle Forcier (she/they)

- Professor Pediatrics
- Assist Dean, Admissions, Alpert School of Medicine, Brown University Providence RI
- Consultant: Planned Parenthood, Folx Health, Confer Med, NYU SHC, TransHealth
- Royalties: Up to Date, Springer
- Pediatrician, optimist



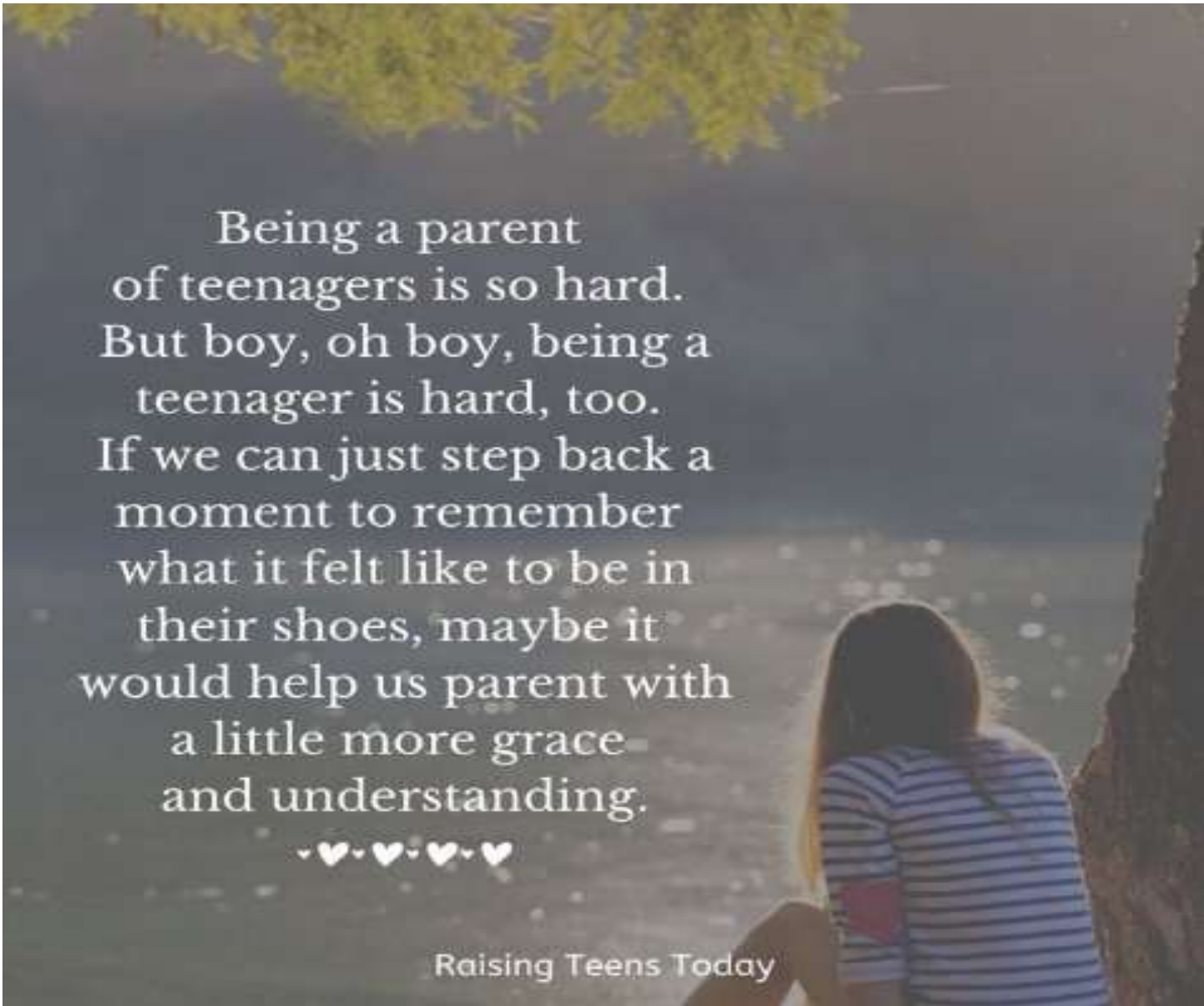
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Learning Objectives

At the end of this session, participants will be able to:

1. Explain concepts related to LGBTQIA+ youth in the U.S., including some aspects of youth culture.
2. Understand how adverse childhood experiences and adverse community environments (ACEs), and barriers to affirming care impact LGBTQIA+ youth.
3. Implement shared strategies for integrating intersectional identities in care of LGBTQIA+ youth.
4. Address how health professionals can impact and improve the lives of LGBTQIA+ youth.



Being a parent
of teenagers is so hard.
But boy, oh boy, being a
teenager is hard, too.
If we can just step back a
moment to remember
what it felt like to be in
their shoes, maybe it
would help us parent with
a little more grace
and understanding.



Raising Teens Today

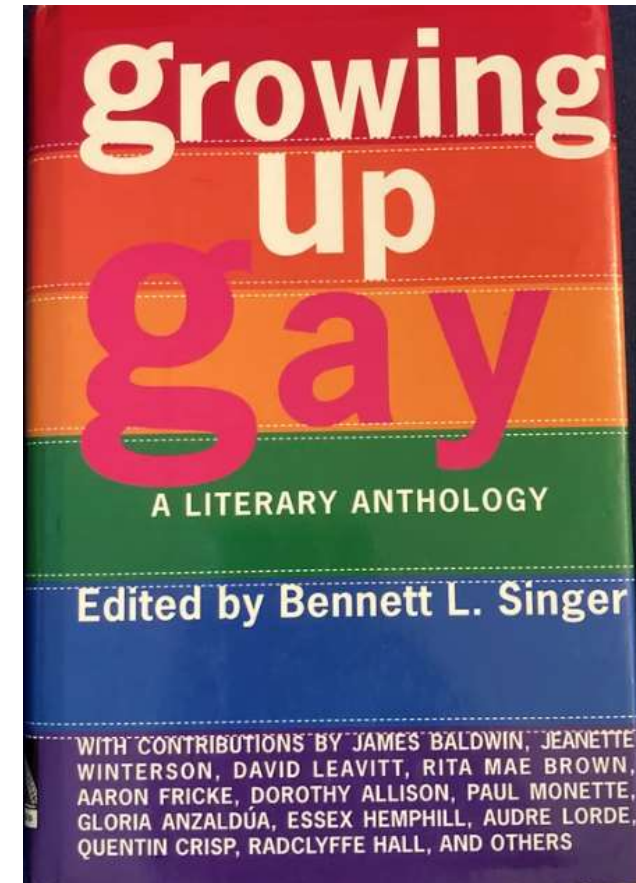


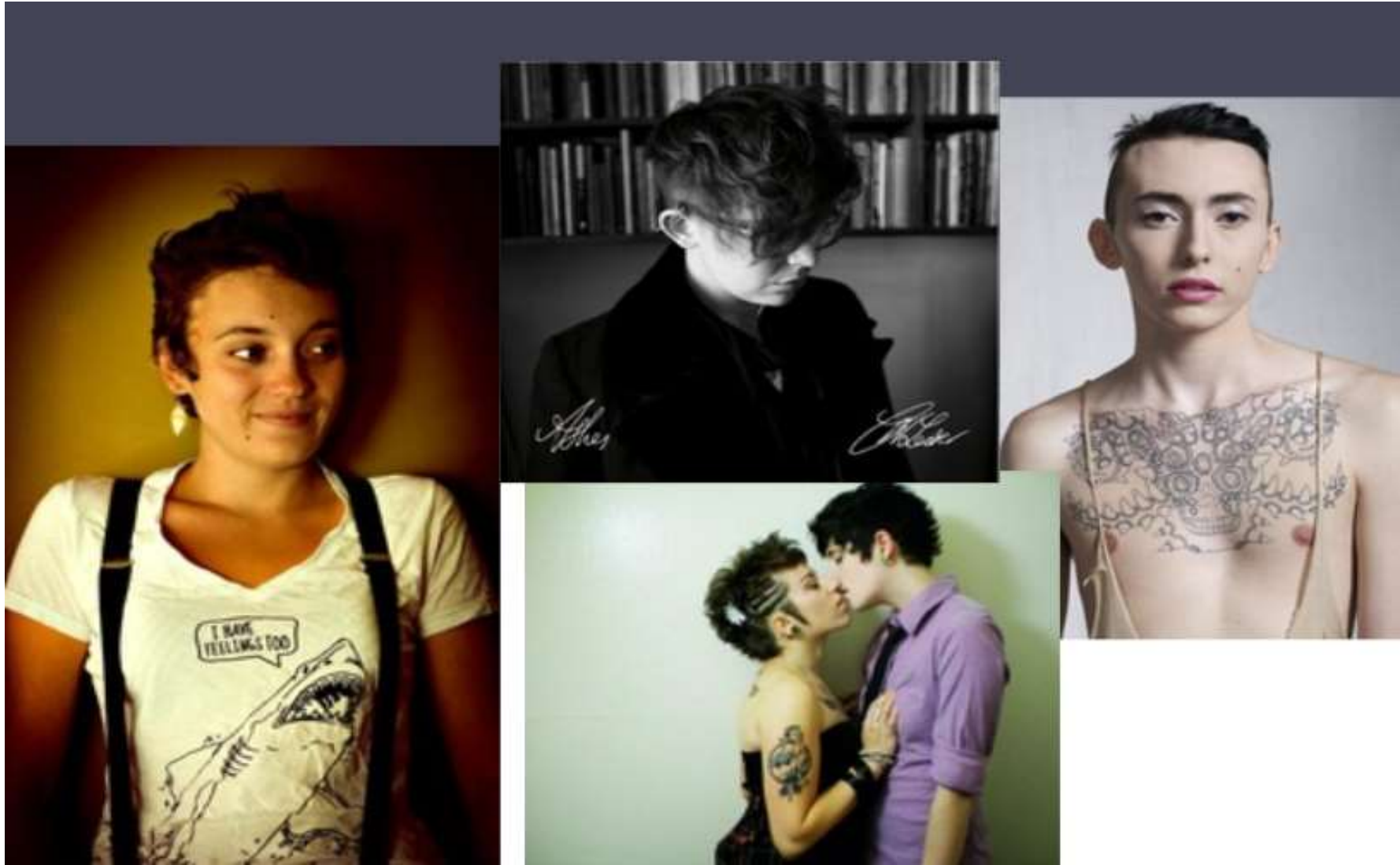
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The Complexities of Growing Up... Queer!

	Early puberty	Middle	Late puberty, young adulthood
Physical	Gender Hormones	2 nd ary gender body characteristics	Reproductive functional
Cognitive	Increasing sophistication	Risk-consequence Extrapolation	Working the grey areas
Emotional	Hormones+ Cognition	Bigger swings Bigger feelings	Managing complex emotions
Social	Individuate from parents/family	Develop peer networks	Balance peers & family
Gender-Sex	Physical adult gendered body Attraction/libido	Gender roles Explore sex	Gender confidence Intimate sex & relationships
Societal Function	Explore interests	Study/train	Establish productive place in society





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DEFINITIONS



LGBTQ+ Pride
Flags

Sexual orientation



Lesbian



Gay



Bisexual



Pansexual

Queer



Asexual

Straight

Questioning

Gender Identity



Transgender

Gender Diverse



Genderqueer



Non-Binary



Bigender



Gender Fluid

Two-Spirit



Agender

Cisgender

Other



Intersex/DSD

Latine/Latinx

Folx



Ally

Heteronormativity

Cisnormativity

Gender Dysphoria



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*Expect the language & paradigms to continue to evolve



FACT SHEET

LGBT Youth Population in the United States

September 2020

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AUTHORS

Kerith J. Conron
Research Director, Former

CONTACT US ABOUT THIS STUDY

Using data from the Youth Risk Behavior Surveillance Survey, this study estimates the number of LGBT youth in the U.S. and by state. Separate estimates for cisgender LGB and transgender teens are also provided.

9.5% of US population ages 13-17

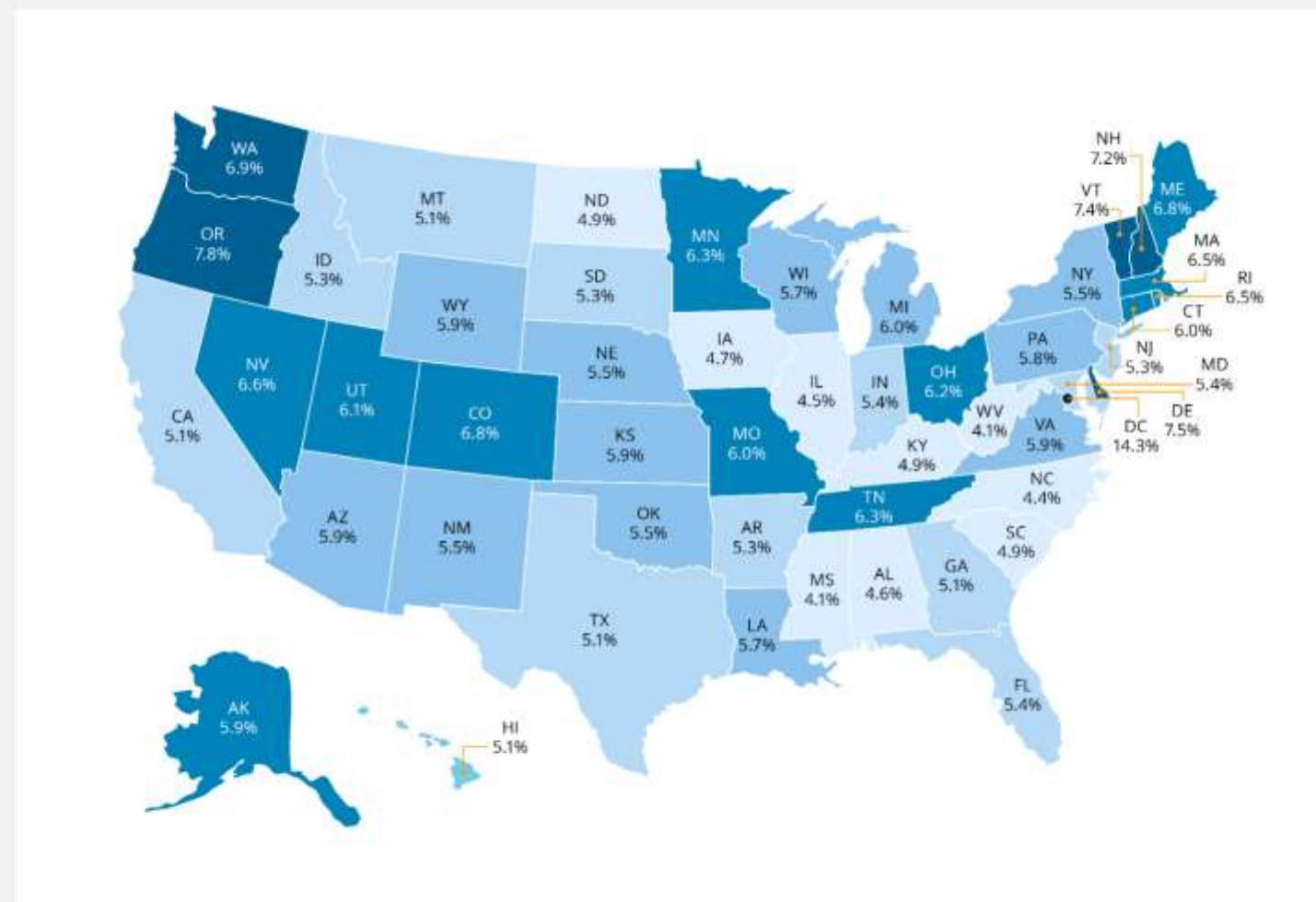


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<https://williamsinstitute.law.ucla.edu/publications/lgbt-youth-pop-us/>

Figure 1. Percent of LGBT Adults in the US by state



Adult LGBT Population in the United States (December 2023)

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1 in 6 Young Adults Identify as LGBTQ++

As shown in Table 5 and Figure 3, LGBT identification varies by age.

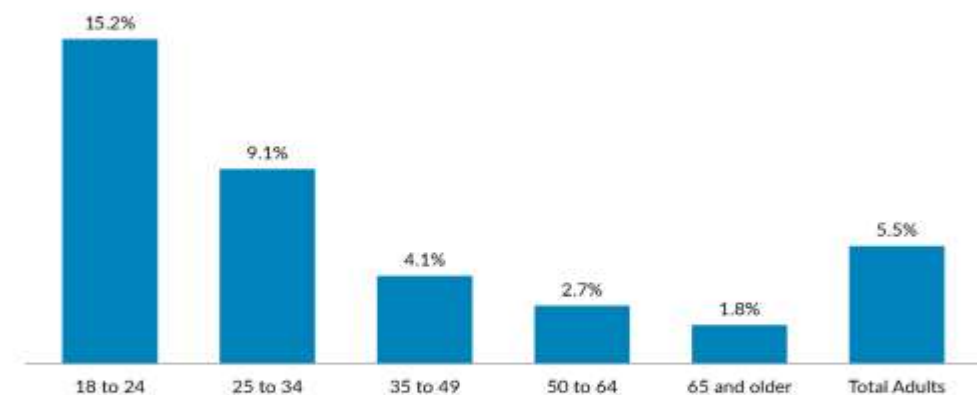
Table 5. Percent and estimated number of US adults who identify as LGBT by age group, 2020-2021 BRFSS

	PERCENT OF LGBT ADULTS	NUMBER OF LGBT ADULTS
18 to 24	15.2%	4,659,600
25 to 34	9.1%	4,085,300
35 to 49	4.1%	2,538,400
50 to 64	2.7%	1,734,700
65 and older	1.8%	924,300
Total adults	5.5%	13,942,200

Adult LGBT Population in the United States

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Figure 3. Percent of US adults who identify as LGBT by age, 2020-2021 BRFSS



Adult LGBT Population in the United States (December 2023)

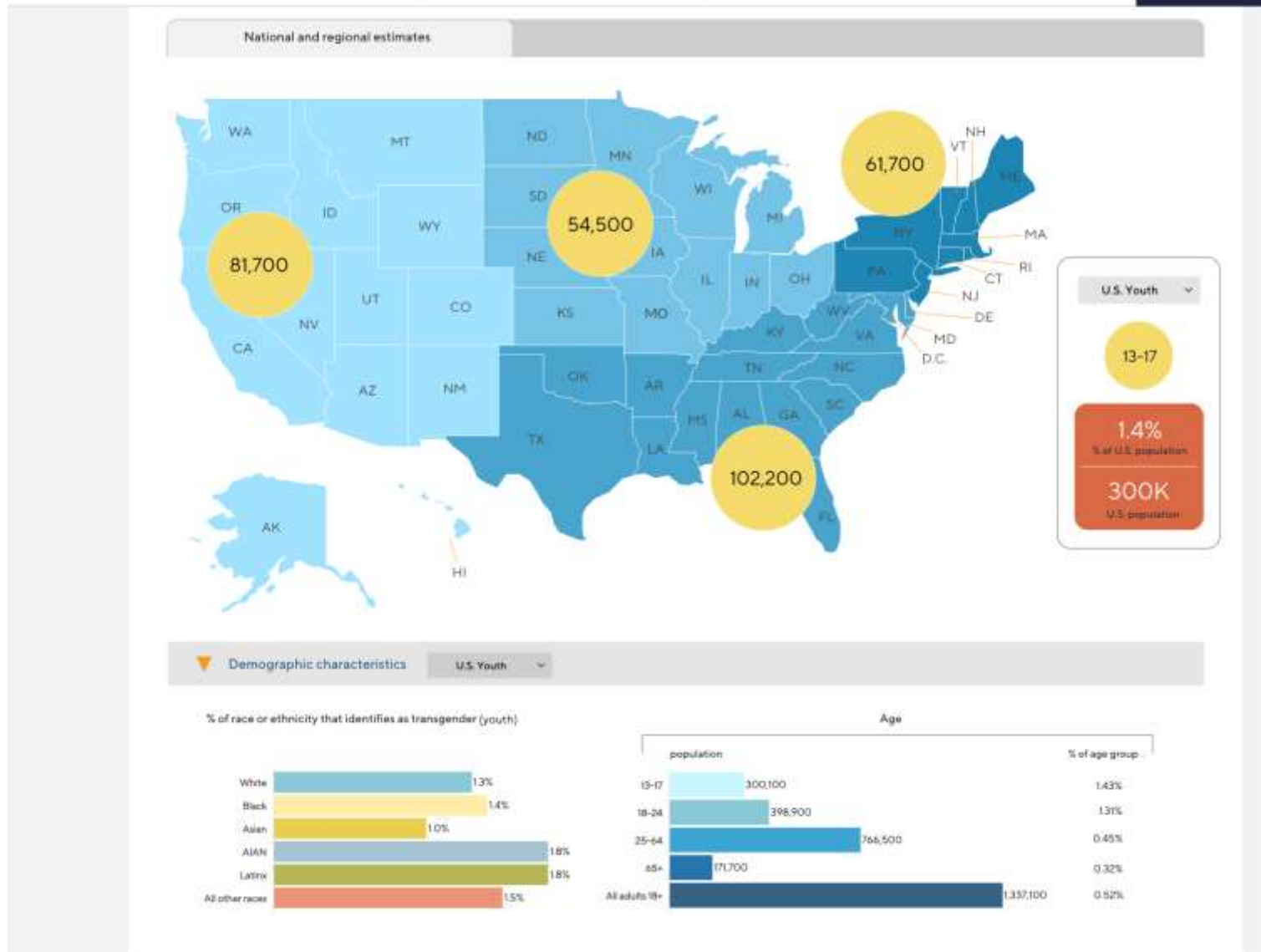
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How Many Adults and Youth Identify as Transgender in the United States?

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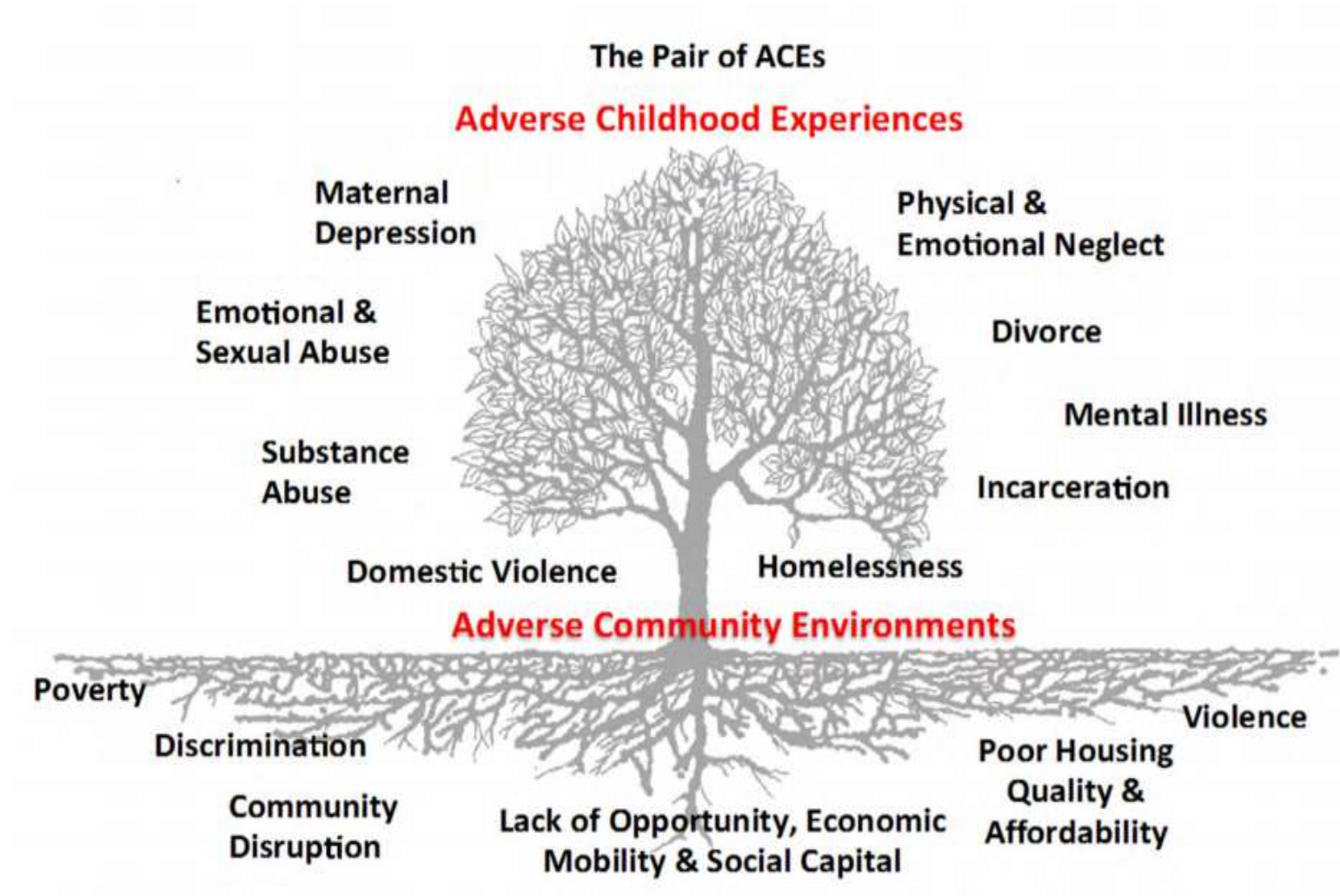
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Professionals Can Understand & Address LGBTQIA+ Health Disparities

- **Minority stress**
 - LGBTQIA+ health disparities exist because of stigma and discrimination at all levels of society, including medicine
 - Counters uptick in old narrative that LGBTQIA+ health disparities exist because of some inherent pathology
- **Intersectionality**
 - Interacting dynamics of cultures & identities, power and privilege
 - Experiences shaped at various intersections of race, ethnicity, SES, gender, sexual orientation, urbanicity, etc.
- **SOGI data**
 - Data bases collect sexual and gender minorities identity information
 - Allows for visibility and study for disadvantaged populations
- **Youth culture**
 - Contemporary nuanced picture of LGBTQIA+ adolescents and young adults (AYA)



Youth ACEs



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CDC,
2020

The impact of ACEs

2x
more likely to binge drink and have a poor diet



3x
more likely to be a current smoker



4x
more likely to have low levels of mental wellbeing & life satisfaction



5x
more likely to have had underage sex



6x
more likely to have an unplanned teenage pregnancy



7x
more likely to have been involved in violence



11x
more likely to have used illicit drugs



11x
more likely to have been incarcerated



Protection wheel



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LGBTQIA+ ACEs

Indirect, observed

- Hearing trans or homophobic remarks by parents, family
- Watching bullying and victimization at home, school, sports, clubs, houses of worship
- Social media messages
- Images and stories in media
- Social bias in school, work, faith settings, political and legislative efforts, legal precedents

Direct, experienced

- Disclosure or coming out
- Bullying at school, victimization at home, other settings
- Bathroom, locker room issues
- Social media bullying
- Hate crimes
- Legislative exclusions from care
- Insurer exclusions from care
- Other



2019 Youth Risk Behavior Survey (YRBS)

In an age and culture where brief visual images rule

Presentation and perception affect bias and risk



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FEMININE MALES are:

3x

MORE LIKELY TO MISS SCHOOL
BECAUSE THEY FEEL **UNSAFE**

MORE LIKELY TO HAVE BEEN
ELECTRONICALLY BULLIED

MORE LIKELY TO **ATTEMPT SUICIDE**

4x

MORE LIKELY TO HAVE **USED
AMPHETAMINES**

MORE LIKELY TO HAVE BEEN **PHYSICALLY
FORCED** TO HAVE SEXUAL INTERCOURSE

than **MASCULINE MALES**

MASCULINE
FEMALES are:

7x

MORE LIKELY TO HAVE **CARRIED A WEAPON**
ON SCHOOL PROPERTY

4x

MORE LIKELY TO HAVE **USED HEROIN**

MORE LIKELY TO HAVE HAD SEXUAL
INTERCOURSE **BEFORE AGE 13**

MORE LIKELY TO HAVE **SMOKED AT SCHOOL**

5x

MORE LIKELY TO CURRENTLY USE
SMOKELESS TOBACCO

than **FEMININE FEMALES**

LGBTQIA+ Youth ACEs : Craig 2020

Cross-sectional on-line survey

LGBTQIA+ ages 14–29 (n = 6,317)

3,508 LGBTQ 14-18 years for ACEs study

- High rates of emotional neglect & abuse (51%)
- Higher rates of ACEs among trans and gender diverse youth (TGDY)

ACES	LGBTQIA+	General Pop
0-1	27%	
2+	73%	31%
4+	43%	14%

Social Anti-LGBTQIA+ Attacks on TGD Youth

- Use of internet
 - Gather groups
 - Disseminate myths & misinformation
 - Fear mongering
- Media
 - Mis-representation
 - Acceptance of opinion or absence of evidence as science or “real”
- Political/social agendas
 - Affecting legislation & laws = access to care, risk for discrimination
- Professional organizational agenda
 - TERF: Trans-exclusionary radical feminists
 - American College of Pediatricians



Countering the Health Disinformation Machine

Alex S. Keuroghlian, M.D., M.P.H.

On the morning of August 31, 2022, a staff member of the Fenway Institute's National LGBTQIA+ Health Education Center in Boston, which I direct, checked the office voicemail system. One voice message was anything but routine. “You sick [expletives], you’re all gonna burn. There’s a group of people on their way to handle [victim]. You signed your own warrant, [victim]. Castrating our children. You’ve woken up enough people. And upset enough of us. And you signed your own ticket. Sleep well, you [expletive].” The staff member reported this message to the organization’s leaders and the security department, which notified law enforcement.

Three months later, on December 2, the U.S. Attorney’s Office announced that the Federal Bureau of Investigation had arrested a 38-year-old owner of an ammunition business from Comfort, Texas, who was charged with transmitting interstate threats.¹ At the time, I hoped naively that coverage of the arrest by the *New York Times*, the *Washington Post*, CNN, and other news organizations might deter threats against transgender and gender-diverse young people, their families, the clinicians who care for them, and the educators who teach clinicians how to do so. Little did I

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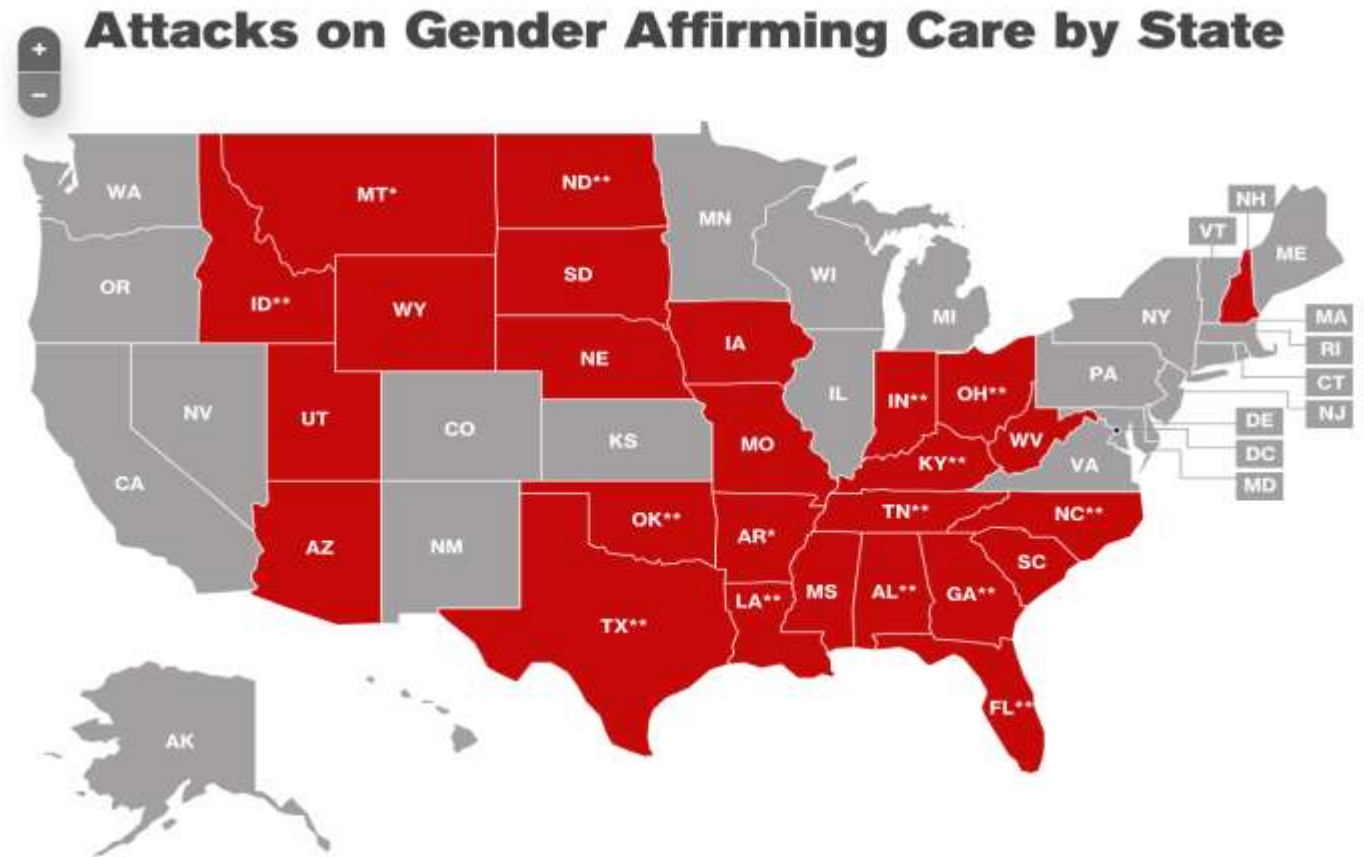
NEJM | MED 98574 | NEJM.ORG | OCTOBER 5, 2023

The New England Journal of Medicine

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39.4% TGDY ages 13-17 (n= 123,600) live in states passing bans on Gender Affirming Care (GAC)

85% in South, 40% in Midwest live in states with at least one anti-transgender law.



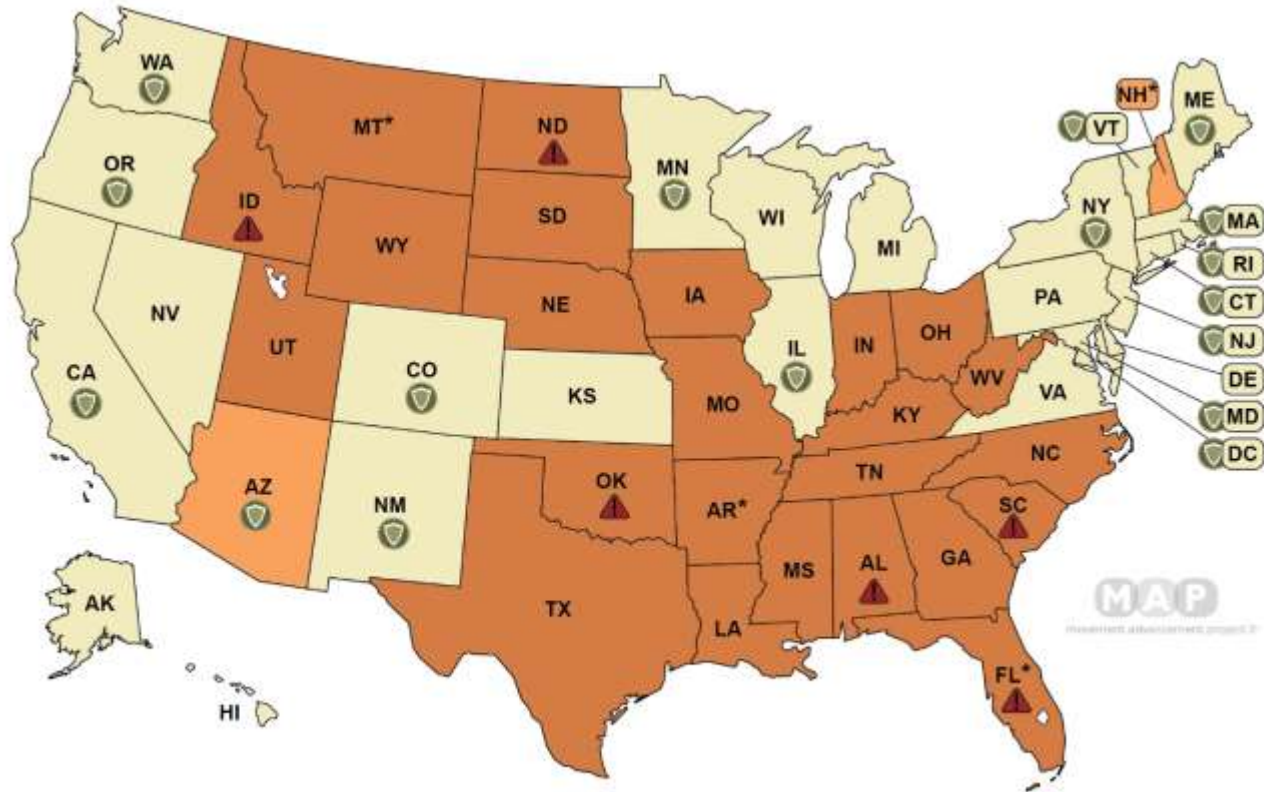
LAW OR POLICY BANNING GENDER AFFIRMING CARE HAS PASSED UP TO AGE 18

*Ban is currently blocked or on hold in Arkansas and Montana.
**Alabama, Florida, Georgia, Idaho, Indiana, Kentucky, Louisiana, North Carolina, North Dakota, Ohio, Oklahoma, Tennessee, and Texas all currently have litigation proceedings challenging these bans
***Arizona and New Hampshire's bans only applies to gender-affirming surgeries for minors
****New Hampshire's ban goes into effect January 1, 2025

<https://williamsinstitute.law.ucla.edu/wp-content/uploads/2024-Anti-Trans-Legislation-Apr-2024.pdf>

<https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>

BANS ON BEST PRACTICE MEDICAL CARE FOR TRANSGENDER YOUTH



-  State has "shield" law protecting access to transgender health care (see this map for more information) (16 states + D.C.)
-  State bans best practice medication and surgical care for transgender youth, though ban may not be in effect (see note) (24 states)
-  State bans best practice surgical care for transgender youth (2 states)
-  State does not ban best practice medical care for transgender youth (24 states, 5 territories + D.C.)
-  State ban makes it a felony crime to provide certain forms of best practice medical care for transgender youth (6 states)

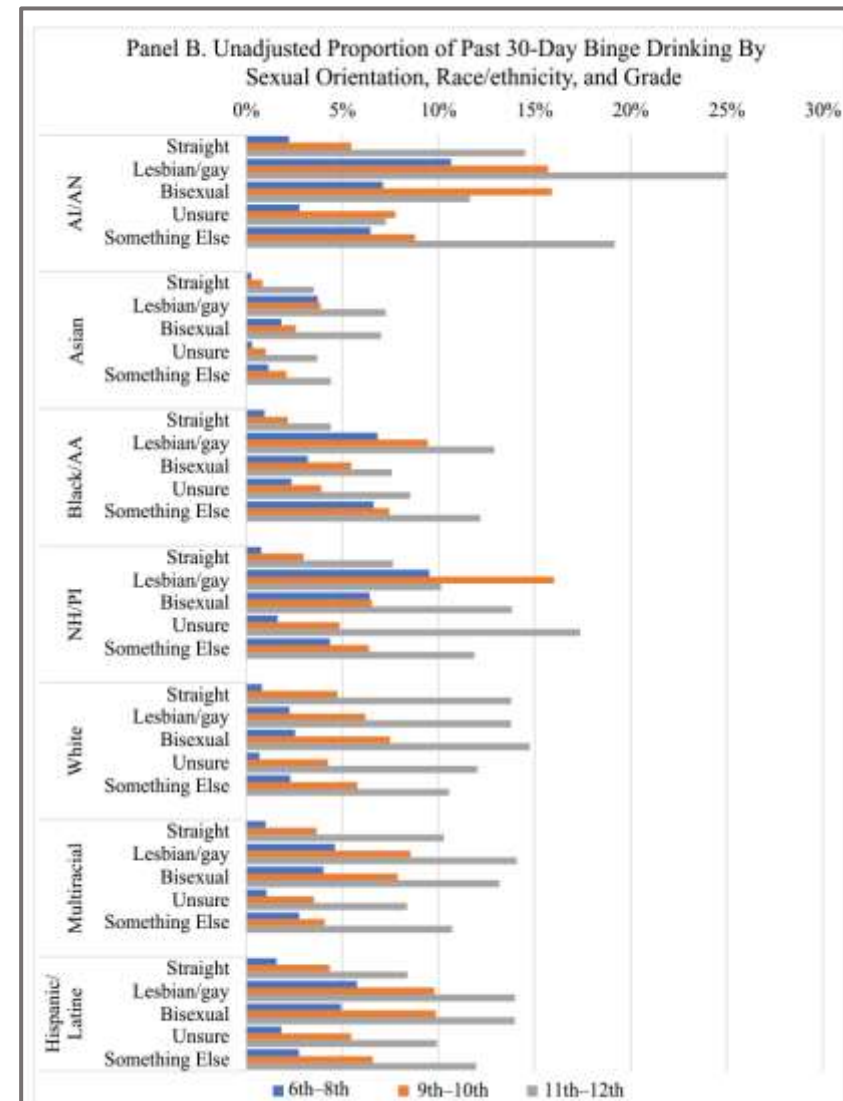
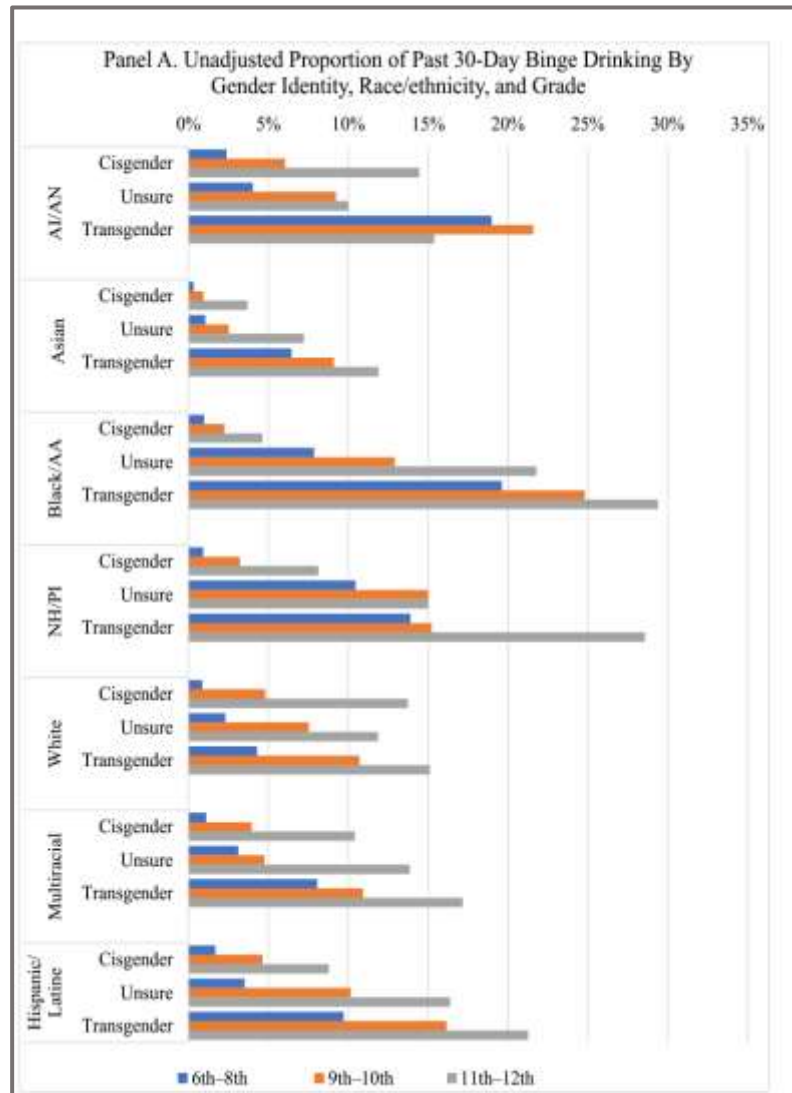
 Citations & More Information

U.S. Territories

https://www.lgbtmap.org/equality-maps/healthcare/youth_medical_care_bans

LGBTQIA+ Binge Drinking: Bishop 2024

Subgroups, particularly TGD & minoritized racial/ethnic identities,
Increase risk binge drinking,
Relative to both white sexual and/or gender minority (SGM) and non-SGM students



Bishop MD, Moran SA, Turpin RE, et al. Binge Drinking Disparities by Grade, Race and Ethnicity, Sexual Orientation, and Gender Identity. *Pediatrics*. 2024;154(3): e2023063978

Intersectional Identities & Health Status

National UK study

Sexual Minority (SM) adolescents both White & Ethnic Minoritized (EM) groups compared heterosexual peers higher levels

- Mental health difficulties
 - Psychological distress, emotional symptoms, self-harm, attempted suicide
- Poorer general health
 - More adverse health-related behaviors among White-SM individuals compared with EM-SM
 - Id as mainly heterosexual had poorer health vs exclusively heterosexual and exclusively SM
- Lower rates doctor-diagnosed depression in EM
 - Consistent with literature
 - Less likely to seek clinical support

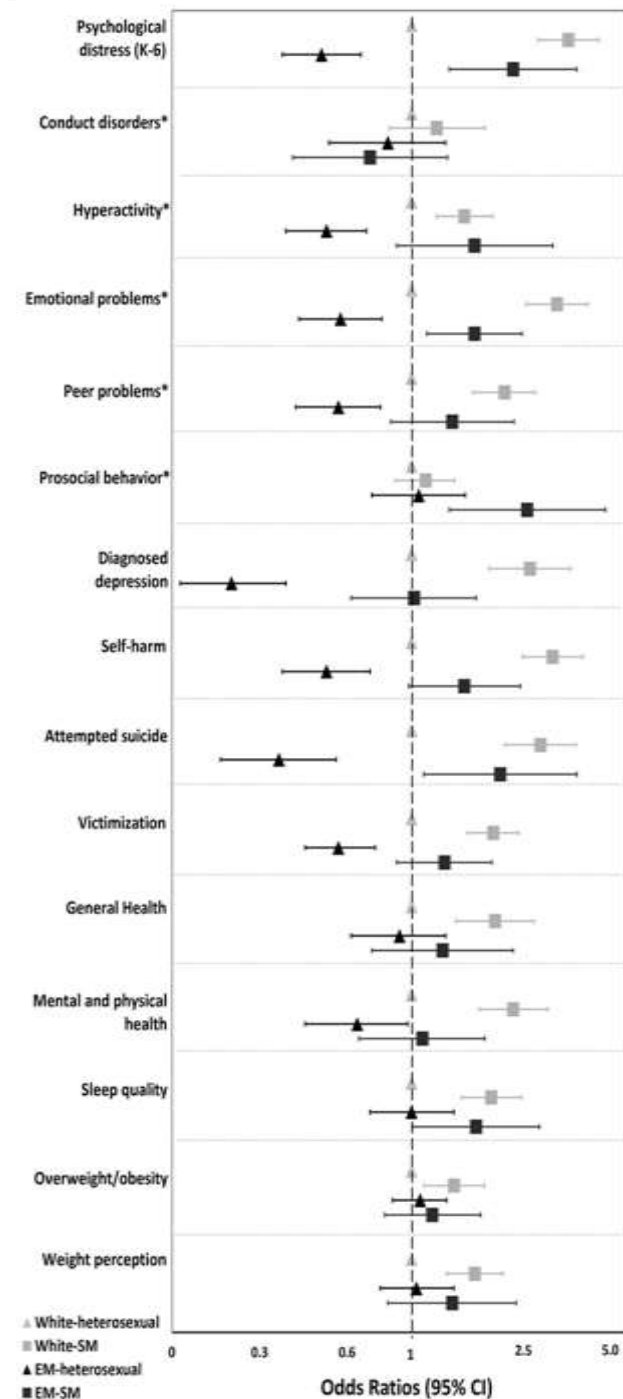


FIG. 1. Risk for mental health difficulties, well-being, and general health based on dual ethnic and sexual identities in 9789 individuals aged 17 years from the Millennium Cohort Study. *Components of the Strengths and Difficulties Questionnaire. CI, confidence interval; EM, ethnic minority; SM, sexual minority.

More on Intersectionality

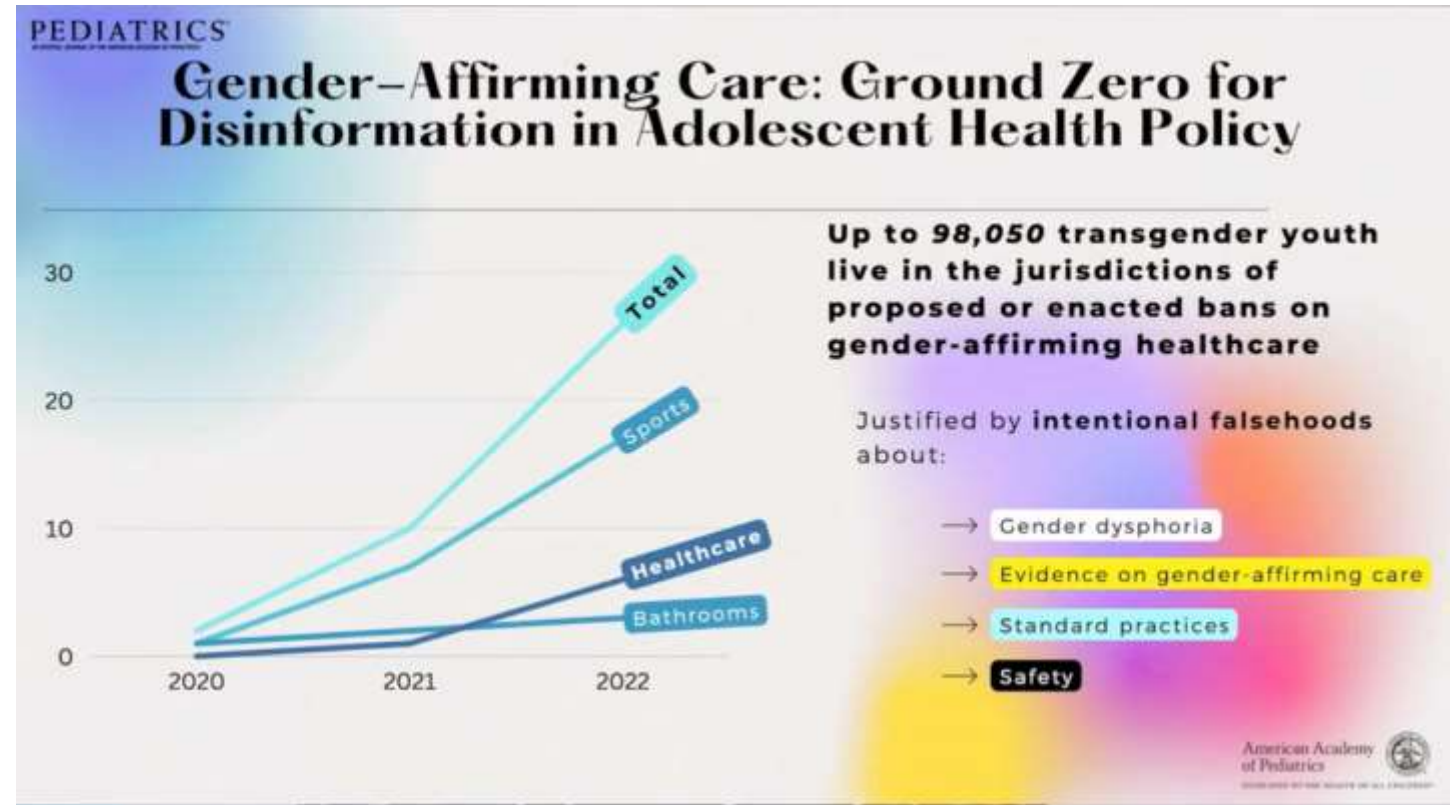
- “SGM disparities were magnified for the youth belonging to marginalized groups, as black or African American SGM teens were shown to be at the highest risk of current combustible tobacco use”
- “Within racial and ethnic groups, TGNC youth generally had greater risk for depression and anxiety. Significant associations for gender minority identity ranged from $OR_{\text{Depression}} = 2.25$ for Black youth who do not identify as male to $OR_{\text{Depression}} = 5.08$ for non-minority ethnicity youth who do not identify as female.”
- “Bisexual and unsure youth had higher odds of depressive symptoms, suicidal ideation and plans, and physical IPV than their same-race heterosexual peers. Black and Latina bisexual and unsure females were more likely to report sexual health risk behaviors than Black and Latina heterosexual females.”
- “LGBTQIA youth and adults also face discrimination and multiple barriers to endocrine care due to pathologizing sexual orientation and gender identity, lack of culturally competent care providers, and policies. “

Opportunities for Resilience



American Academy of Pediatrics (AAP) Advocacy Case Study 2023

This advocacy case study describes the process used to challenge disinformation about GAC with rapid response rebuttal reports, as well as the impact of this work and associated challenges.



McNamara M, Abdul-Latif H, Boulware SD, et al. Combating Scientific Disinformation on Gender-Affirming Care. *Pediatrics*. 2023;152(3): e2022060943

HOME

Risk

&

Resilience

Trevor Project's 2022
National Survey on LGBTQ Youth
Mental Health

- N = 34,000 LGBTQ youth ages 13-24
- 37% id home as LGBTQ affirming
- < 1/3 id home as gender-affirming
- 2/5 live in community "somewhat or very unaccepting of LGBTQ people"



Family Acceptance Project (Ryan 2009, many others)

Even slight decreases in parent negativity re LGBTQ status resulted in improved health outcomes, self esteem, depression, HIV status



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Kosciw, J. G., Clark, C. M., & Menard, L. (2022). The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools. NY:GLSEN

Youth Culture On Line: Social Media Platforms

- 2021 national survey 70% of LGBTQIA+ adolescents access to identity-affirming spaces online vs only 50% school, 34% home [Paley, 2022](#)
- Qualitative & quantitative research potential to provide space for identity affirmation & community building LGBTQIA++ youth, not found in their offline environments
 - [Byron 2019](#), [McInroy 2019](#), [Selkie 2020](#), [Charmaraman 2021](#), [Paceley 2022](#)
- Source of
 - Connection, refuge, rejection [Fisher 2024](#)
 - Solace, understanding, reduction shame & stigma [Levinson 2020](#)
 - Sole supports in rural areas [Byron 2019](#), [Selkie 2020](#), [Paceley 2022](#)
 - Risk for bullying, negativity [DiPlacido 1998](#), [Layland 2023](#), [Suppes 2021](#)
- Intersectionality: adolescents of color witnessing victimization of others of same race/ethnicity online associated increased symptoms depression, anxiety, substance use disorder [Tao & Fisher 2022](#), [Tynes 2020](#)



Role of Health Professionals

Frame:

**Systems & advocacy
Provider perspective**

**REPRODUCTIVE
JUSTICE**

Promotes Bodily Autonomy and Self Determination

Prioritizes Equity and Social Justice

Recognizes Intersectionality

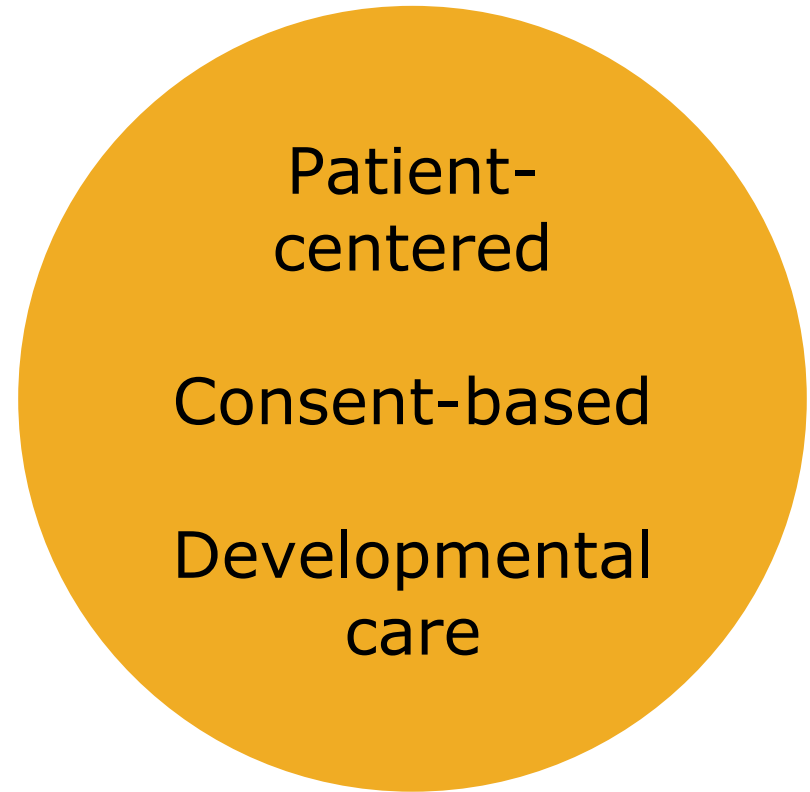
Advocates for access to resources and services



Frame:

System & provider Provision of care

Patient Centered, Consent Based



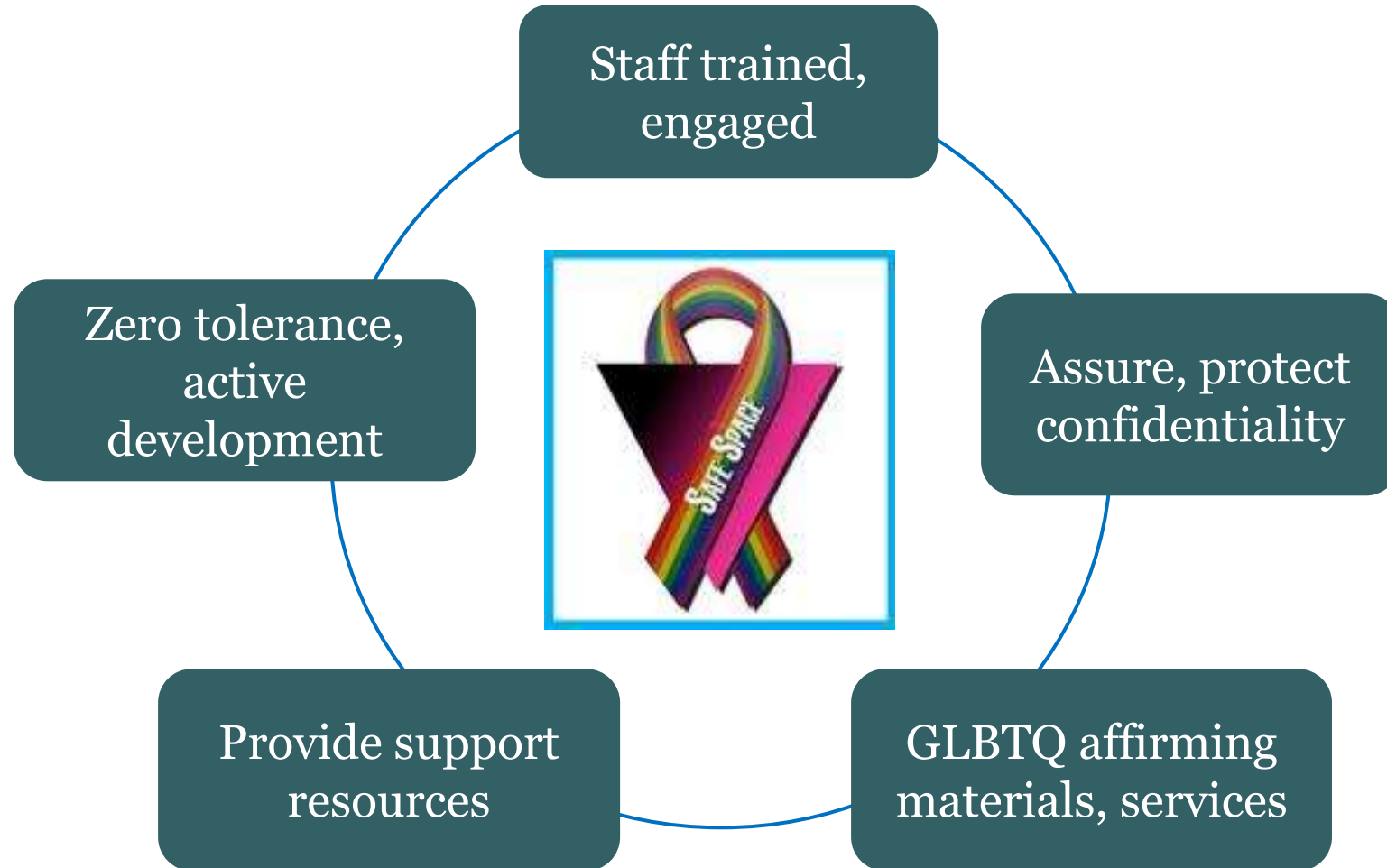
- See & listen to the patient holistically
- Meet patient goals (nothing to “diagnose” or “treat”)
- Provide support & resources
- Address, reduce minority stress



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LGBTQIA+ Supportive Culture: Safe Space



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10

TEN STRATEGIES

for Creating Inclusive
Health Care Environments
for LGBTQIA+ People



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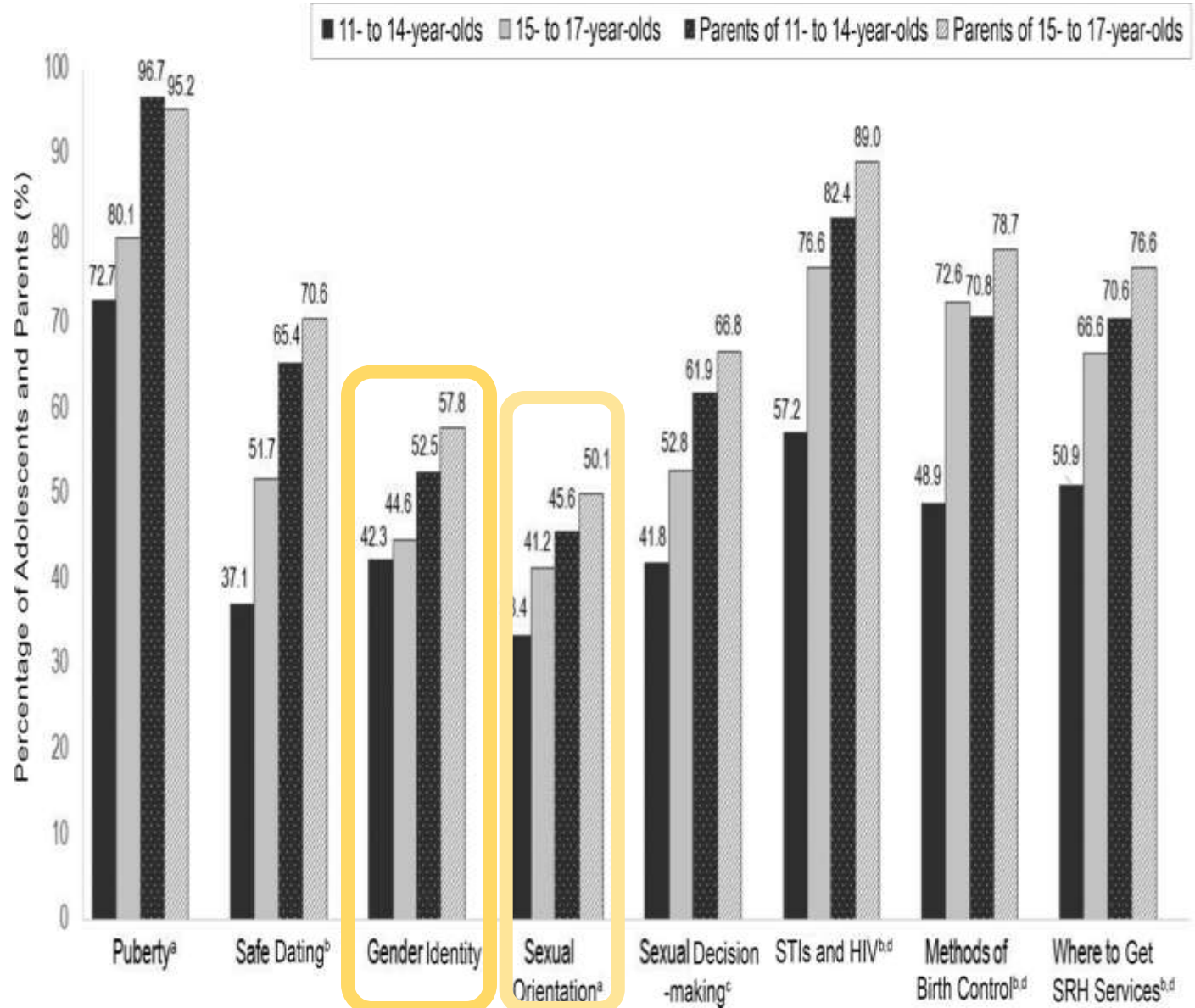
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April 2021

Adolescent- and parent-reported importance of provider-adolescent discussions about sexual and reproductive health (SRH) topics.

Parents and youth want to talk

Younger patients miss out



Attention to How We Approach Sensitive Topics

Privacy

- Ask parent to step out of room
- Explain what can (and can't) be kept confidential

Trust and rapport

- Ask name & pronoun
- Ask goals of visit/session

Holistic assessment

- Personhood before gender or sex
- Holistic, strengths before risk

Gender and sex experience

- Assess prior & current activities & needs
- Ask for future goals
- Parent can offer helpful insights

Gender Queries

Curiosity about experimentation, exploration, activities

Encourage, explore, reassure

- Clothing, hair, make up
- Friend, fun & play, activities, life plans
- Movies, gaming, books (characters, stories)
- Name, pronoun
- How do you see yourself?
- What does being female or male mean to you? Your family? Community?

“Most kids your age start to think more about...”

“I ask all young people about...”

“Tell me your story in your own words”

“There is nothing that you can say that will shock or scare me
”
...



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Sexual History Taking

SEXUAL HISTORY

- Are you talking to anyone lately? Crushes? Do you have any current sexual or romantic partners? Who would you be interested in, if anyone?
- Let's talk a little about sex which can be a little bit uncomfortable at first, but is an important part of your health and well being.
 - Have you ever been sexually active?
 - What types of sexual activities are you engaging in? In the past 6 months? How many partners?
 - What parts go where?
 - What type of STI or pregnancy prevention methods are you using? How STI or pregnancy? Need for STI or pregnancy testing?
 - Assessing for PrEP

SEXUAL/ROMANTIC IDENTITY

Who are you attracted to romantically? Sexually?

Do you have a term/label you use to describe your sexual orientation? Romantic orientation?

For kids:

Do you have any crushes? Who do you usually have crushes on?

SAFETY

Do you feel safe in your current relationships? Physically and emotionally?

Assessing for abuse/exploitation
For adolescents, assessing for risk of domestic minor sex trafficking

Sex Ed Opportunities

- 71.6% LGBTQ+ students reported classes did not include any LGBTQ+ topics
- 16.3% LGBTQ+ students taught positive representations about LGBTQ+ people, history, or events in schools
- Less than a third (29.6%) students who received some kind of sex education reported that it positively included LGBTQ+ topics in some way
- 7.4% overall received LGBTQ+ sex education, which included positive representations of both LGB and transgender and nonbinary topics

GLSEN 2021 National School Climate Survey

22,298 LGBTQ students
ages 13 to 21.



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Main message

Do no harm = Do something!



Cost of not intervening vs risk of harm

Care Considerations

- What more do I need to know to provide care for this client?
- What questions to ask and how to frame them?
- Ethical concerns?
- Safety concerns?
- Family support & engagement?
- Potential barriers to care?



- How do children navigate gender exploration? How do parents?
- How does age and developmental affect these issues?
- How do you talk about gender with younger clients?
- With a history of physical, verbal, and emotional abuse, how do you offer a trauma informed safe space to listen, learn from a young child? What happens to children who are not accepted, who do not feel safe?
- What resources might you recommend for this child or family?

- What are your approaches to being diversity positive?
- How might this patient intersectional identities factor into care?
- How might development and age sometimes be more variable?
- How might social context factor into resiliency & risk in gender & sexual identities & activities?
- How might minoritization of an identity(s) affect a person? A family?
- How would you apply reproductive justice framework to enhance autonomy?

- How do you screen in your practice for gender or sexual diversity?
- How do you discuss safety issues, including self harm and suicide, with your already identified LGBTQIA+ clients?
- How do you explore gender dysphoria with different age clients?
- How might you engage parents to be more open & willing to learn more about gender diversity, gender dysphoria, & options for gender care?
- What & how do you navigate parental refusal or denied consent to care?



You won't know everything...

- Be honest about what you know
- Ask questions for further explanation when relevant to your work (rather than curiosity)
- When you don't know...
 - "I don't know much about that activity. If you feel comfortable, would you tell me more about this?"
 - "Let me read more about this activity to find answers to your questions."



CONSENT
COMMUNICATION
STRAIGHT
+++ QUEER
TRANSGENDER
CISGENDER
KINKY
VANILLA
SEXUAL HEALTH
INTIMACY
SHAME-FREE
SELF-EXPRESSION
POLYAMORY
MONOGAMY
NON-JUDGMENTAL
INFORMED
BODY ACCEPTANCE

Sexual Health Resources

- **Reproductive Health Access Project:**
<https://www.reproductiveaccess.org/>
- **Bedsider-** <https://www.bedsider.org/>
- **SHIP: Sexual Health Includes Pleasure:**
<https://weknowship.org/>
- **National Coalition for Sexual Health:**
<https://nationalcoalitionforsexualhealth.org/>
- **National Coalition for Sexual Freedom:**
<https://ncsfreedom.org/>
- **PrEP & PEP:** <https://www.pleaseprepme.org/#>
- **Teen Source:** <https://www.teensource.org/>
- **Amaze:** <https://amaze.org/>
- ***Come As You Are*** by Emily Nagoski, PhD
- ***Pleasure Activism*** by adrienne maree brown

LGBTQIA+ RESOURCES

For Schools

- **Gender Spectrum** www.genderspectrum.org
- **GLSEN** <https://www.glsen.org/>
- **School's in Transitions** https://www.genderspectrum.org/staging/wp-content/uploads/2016/06/Schools_In_Transition_6.3.16.pdf
- **LGBTQ Student Resources and Support:**
<http://www.accreditedschoolsonline.org/resources/lgbtq-student-support/>
- **Safe Schools Coalition:** <http://safeschoolscoalition.org/>

LGBTQIA+ RESOURCES

•For Youth

•**Trevor Project** <http://www.thetrevorproject.org/>

•**Trans Student Educational Resources**

<http://www.transstudent.org/>

•**The Gender Book** <http://www.thegenderbook.com/>

•**Human Rights Campaign** <http://www.hrc.org/>

•***The Gender Quest Workbook: A Guide for Teens and Young Adults Exploring Gender Identity* by Rylan Jay Testa (2015)**



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LGBTQIA+ RESOURCES

•For Parents

- PFLAG** <https://www.pflag.org/>
- Family Acceptance Project** <http://familyproject.sfsu.edu/>
- Gender Spectrum** www.genderspectrum.org
- Trans Youth Family Allies** <http://www.imatyfa.org/>
- Supporting and Caring for Our Gender Expansive Youth**
<http://www.hrc.org/youth-report/supporting-and-caring-for-our-gender-expansive-youth#.VNEm0GTF-IJ>
- The Transgender Child: A Handbook for Families and Professionals** by Stephanie A. Brill and Rachel Pepper (2008)
- The Transgender Teen** by Stephanie A. Brill and Lisa Kenney (2016)

LGBTQIA+ RESOURCES

• Advocacy

- **National Center for Transgender Equality**
<http://www.transequality.org/>
- **Trans Youth Equality Foundation** <http://www.transyouthequality.org/>
- **GLAD** <https://www.glad.org/>
- **The Transgender Law and Policy Institute** www.transgenderlaw.org/
- **Lambda Legal** <https://www.lambdalegal.org/>



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Stories From The Field:

Navigating Care for Transgender and Gender Diverse Youth

Dawn Phelps, MD

10/23/24



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Introduction and Disclosures

Dawn Phelps (she/her)

- BS in Biology from University of Arkansas at Little Rock
- MS in Criminal Justice
- Medical school at University of Arkansas
- Residency at Riverside Regional Community Hospital
- Medical director for Newton County Jail
- Run HIV program for Boston Mountain Rural Health Center



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In my experience...

- Private practice - 14 years
- Boston Mountain Rural Health Center - 3 years
- Transgender care - 21 years
- OBGYN
- Only provider in my area to provide transgender health care
- Boston Mountain - Active LGBTQIA+ community advocate



THANK YOU!

The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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