

Strengthening Health Equity in LGBTQ+ Communities

A blurred background image showing a crowd of people at what appears to be a Pride event. Several rainbow flags are visible, held aloft by the crowd. The image is out of focus, emphasizing the colors and the collective nature of the event.

3/14/2023

New York State Cancer Consortium



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Agenda

- Introduction: About LGBT Cancer Network
- Review of Identity & Terminology
- LGBTQ+ Demographics & Data collection
- Cancer & LGBTQ communities
- Community Barriers to Cancer Prevention, Screening, and Care
- Systems Change: Best and Promising Practices



national
lgbt
cancer
network
ADVOCATING FOR HEALTH EQUALITY

Who We Are



1

EDUCATING

our communities
about our increased
cancer risks and the
importance of
screenings

2

ADVOCATING

for LGBTQI+
engagement in
mainstream cancer
organizations, the
media, and research

3

TRAINING

public health and
health care
providers to be more
welcoming to us



1 AS OF 8 DISPARITY NETWORKS

We assess
the field to ID
knowledge
gaps

We offer
trainings to all

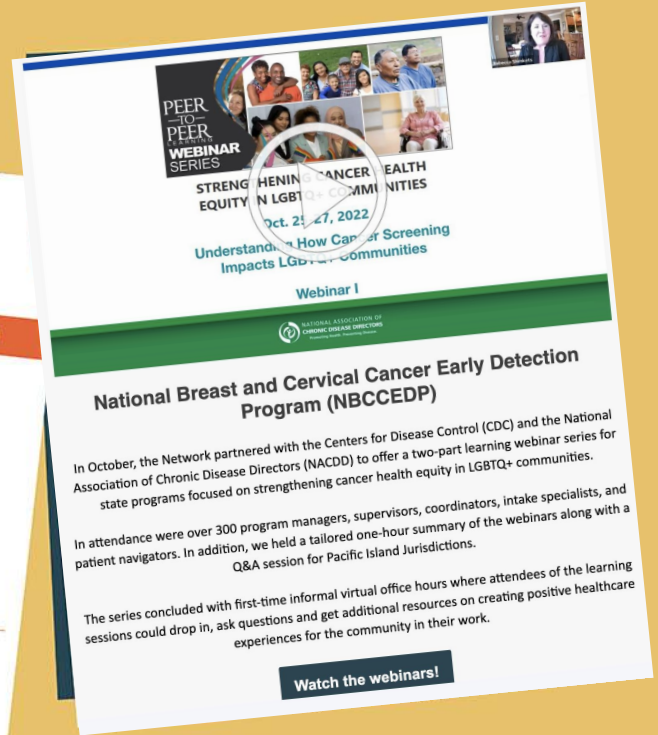
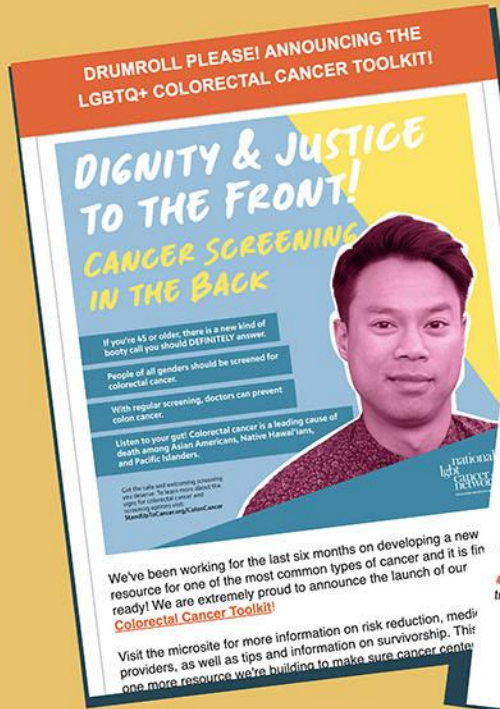
We create and
find knowledge
pieces to
disseminate

We build
partnerships &
connections
between
members

We offer
technical
assistance to
members

We create
and advise
on media
strategies

NEWSLETTERS





Join Our Network



- ❖ Training & technical assistance
- ❖ Connecting & capacity building with your local LGBTQ+ organization
- ❖ Opportunities for networking with state health departments, LGBTQ+ orgs, and more
- ❖ Tailored media & educational resources

Training/Technical Assistance

- Customized training
- Webinars
- Educational opportunities
- Resource guides
- Toolkits





Review: Identity & Terminology



What is the difference between ***sexual orientation*** and ***gender identity***?

What does it mean to be ***transgender***?

What is the ***gender binary***?

What is a label for people who do not identify within the gender binary?



Pronouns

- Increasing use of gender neutral pronouns, they/them is most common
- Need to get more comfortable with them? Practice.
- Unsure which to use? Ask.
- Flub it? Thank the individual for their correction quickly and move on.
- Don't overuse names to avoid pronouns, shows discomfort.
- Say "my pronouns are..." not "my ~~preferred~~ pronouns..."
- The power of an email tagline and zoom name



LGBTQ+ Demographics

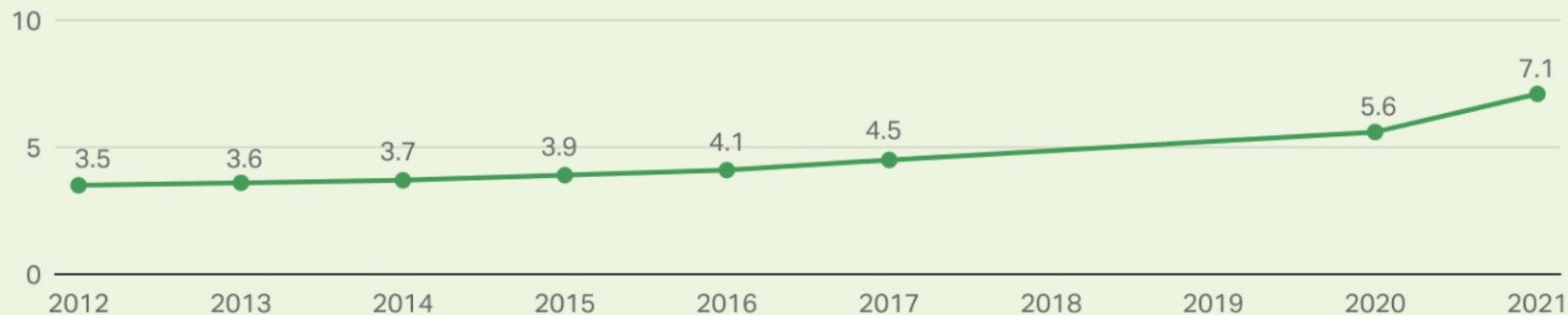


Increasing # of LGBTQ+ Americans

Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual

Which of the following do you consider yourself to be? You can select as many as apply. Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender

— % Identify as LGBT

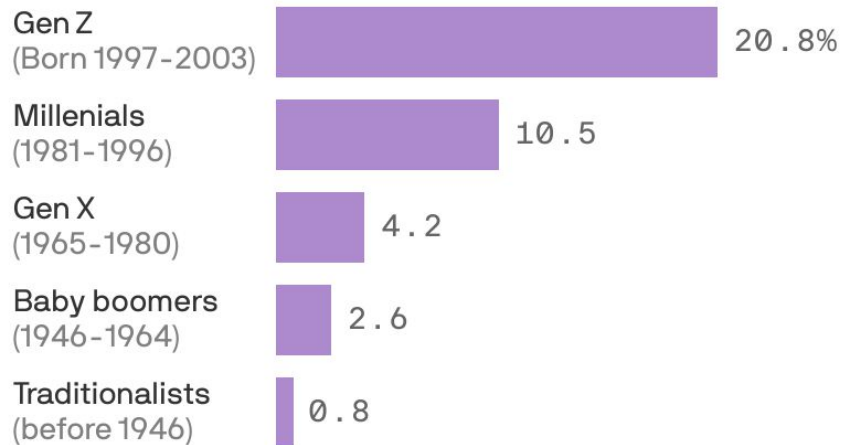




2021 Gallup says...

Americans who self-identified as LGBTQ in 2021, by generation

Surveys of 12,416 U.S. adults conducted between January and December 2021





BIPOC* demographics say...



24%

of general pop are racial/ethnic minorities.

42%

of LGBTQ+ population are racial/ethnic minorities.

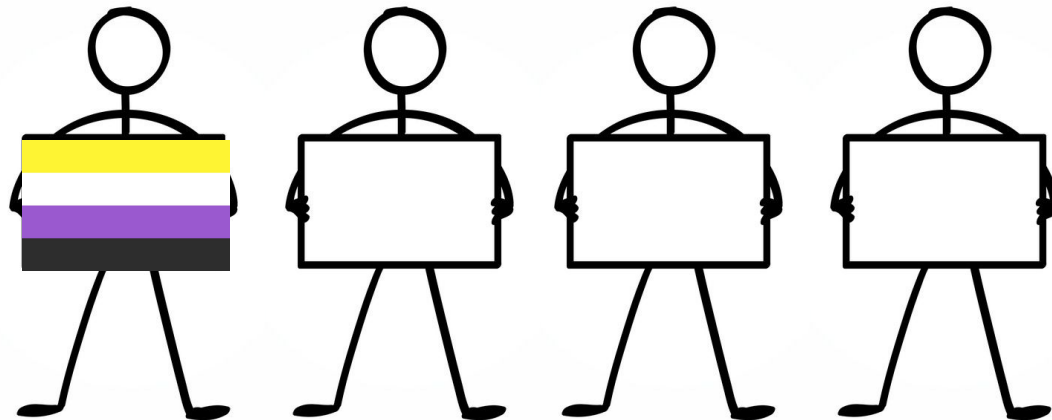
*Black, Indigenous, and People of Color



LGBTQ Youth



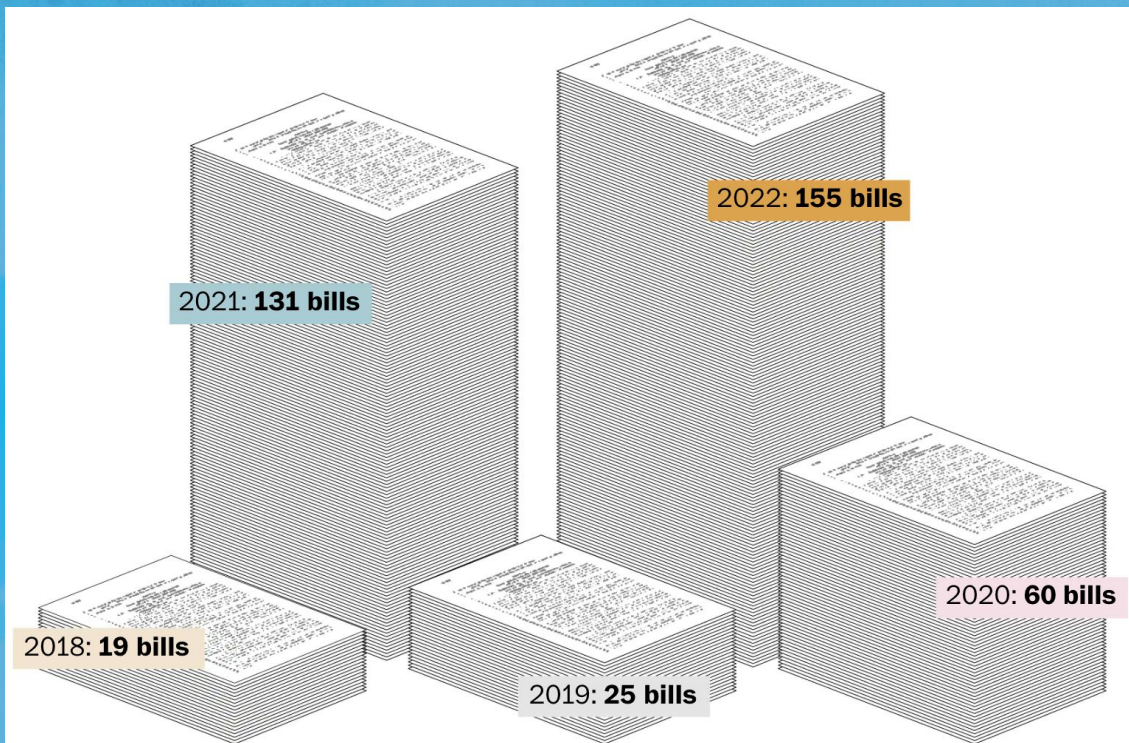
1 out of 4 LGBTQ youth identify as non-binary.



1 out of 3 LGBTQ Black youth identify as non-binary or trans.

2021 was supposed to be the 'worst year' for LGBTQ rights – then came 2022

Even with the enactment of a historic same-sex marriage bill, advocates describe a harrowing year for LGBTQ Americans.



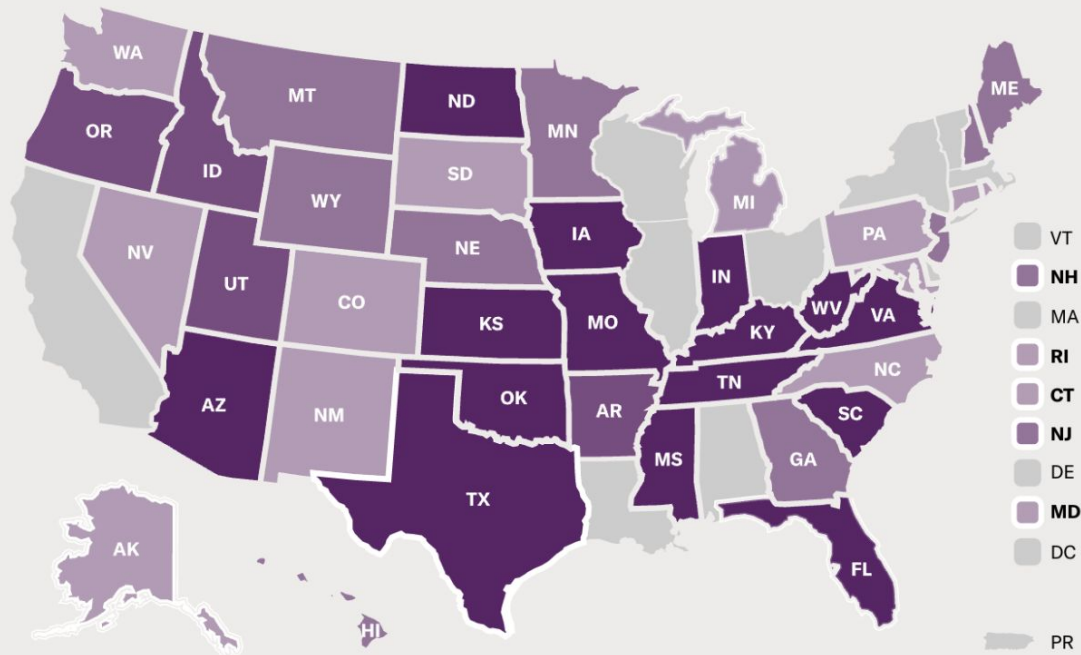
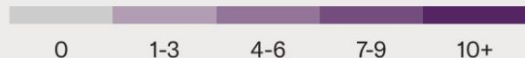
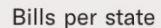
Anti-trans bills introduced in state houses according to a Washington Post analysis of ACLU data as of Oct. 13.



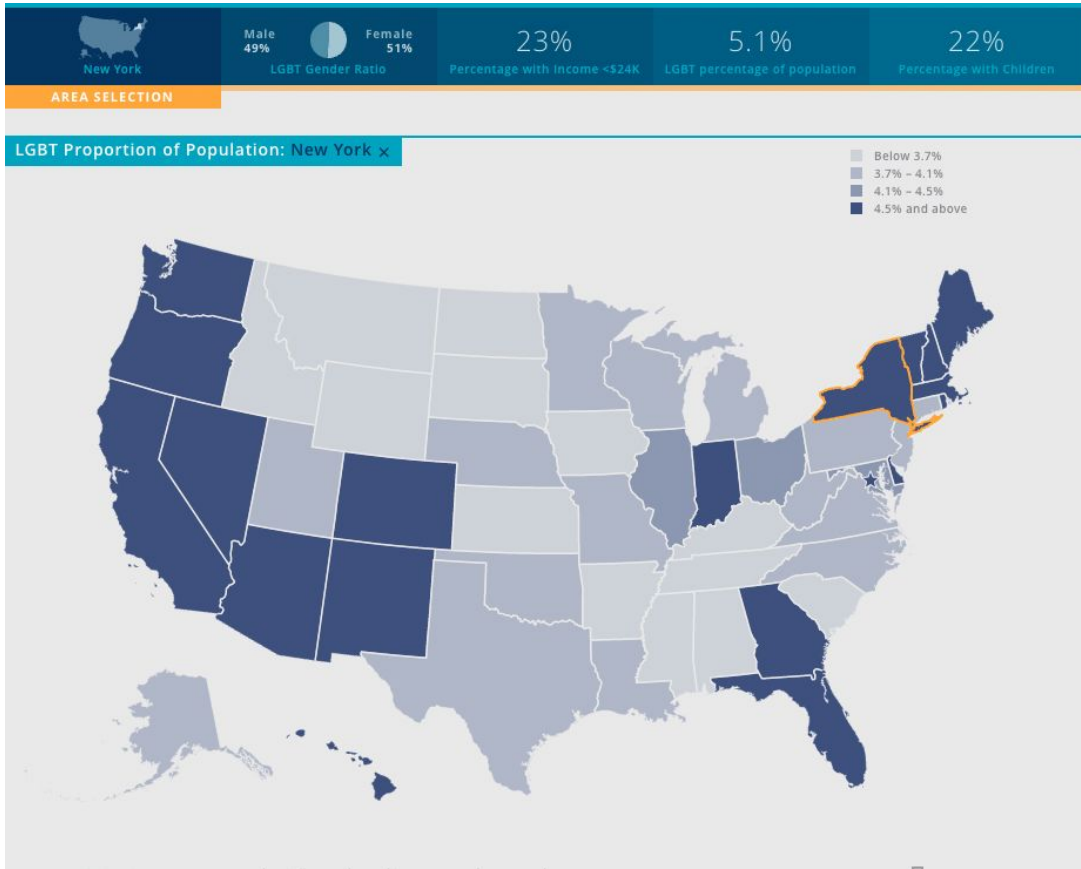
The ACLU is tracking 408 anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

[View past legislative sessions.](#)



What about New York?



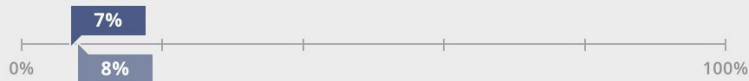
What about New York?

Socioeconomic Indicators: New York x

Who Are Unemployed



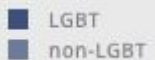
Who Are Uninsured



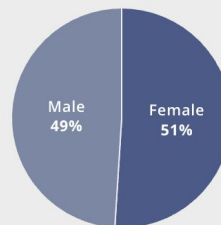
Who Are Food Insecure



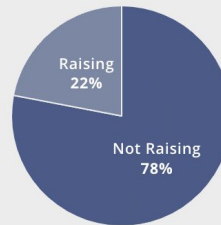
Who Have Income <\$24K



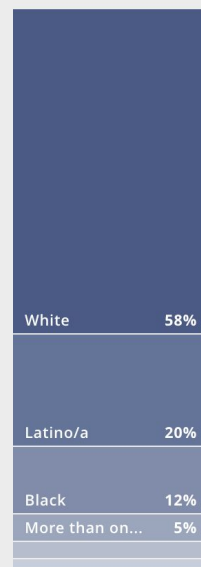
Characteristics of LGBT People: New York x



GENDER

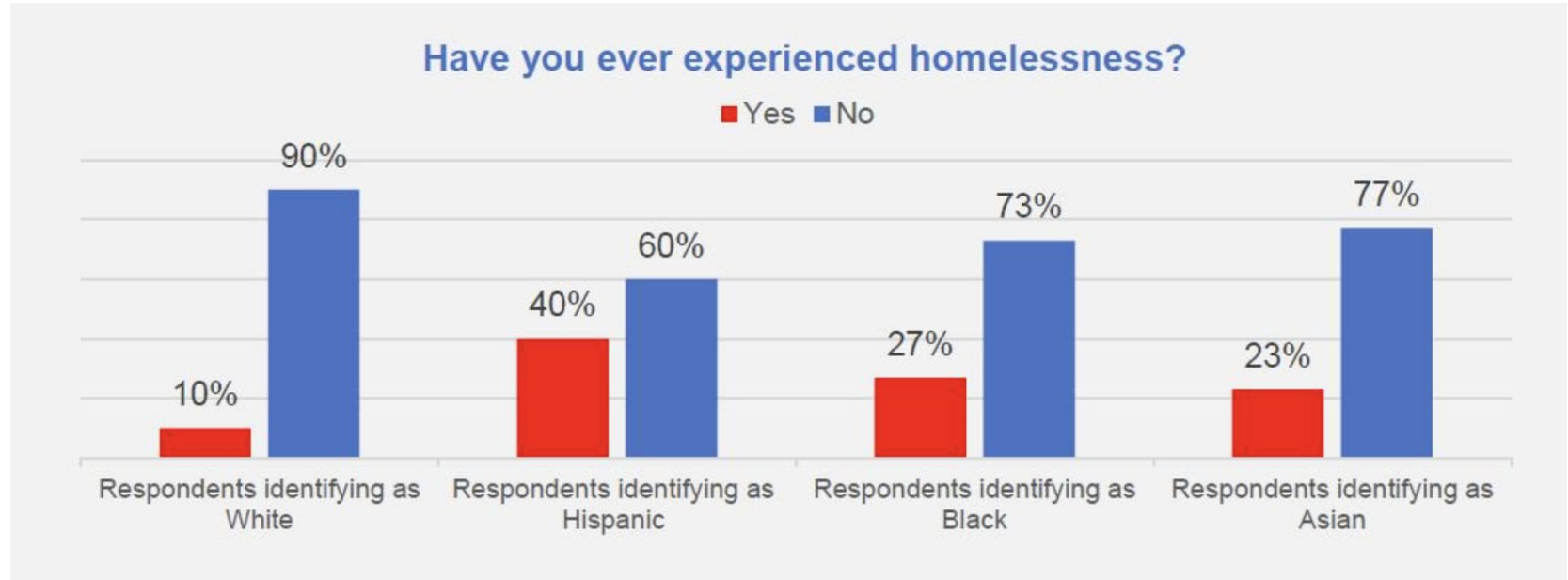


% RAISING CHILDREN



RACE/ETHNICITY

What about New York?



LGBTQ+ residents of New York City's metro area

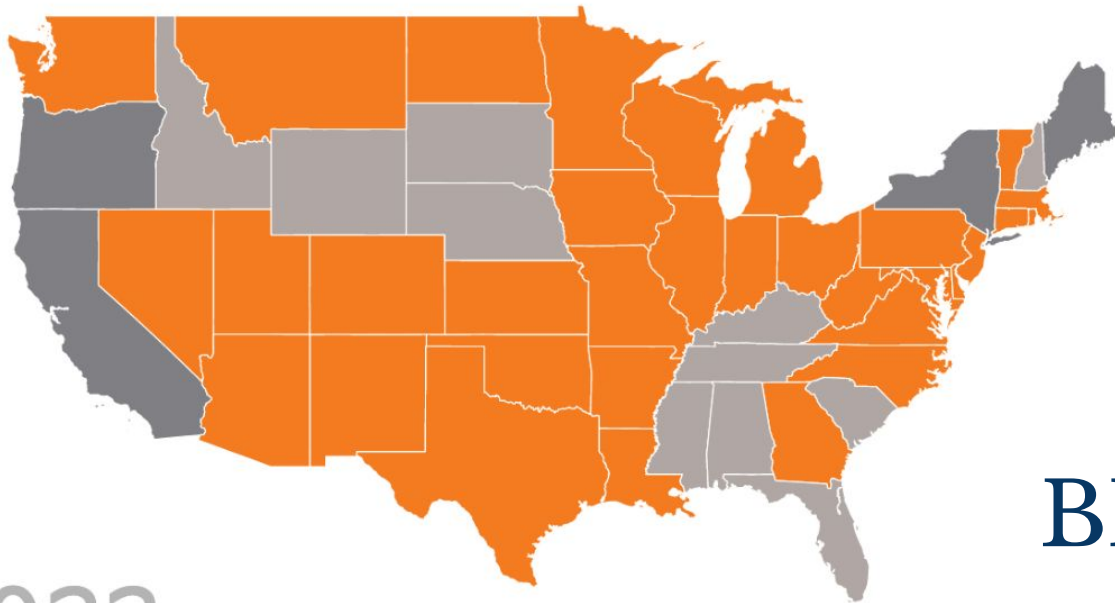


LGBTQ+ Data Collection



Importance of SOGI Data Collection

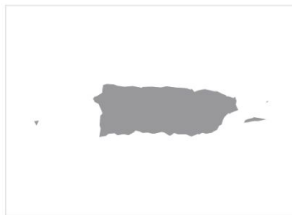
- Data equity
- Identify & measure health disparities among LGBT populations at state and national level
- Tailored health promotion programs and services
- Inform competitive grant proposals



Lack
nationally
representative
data

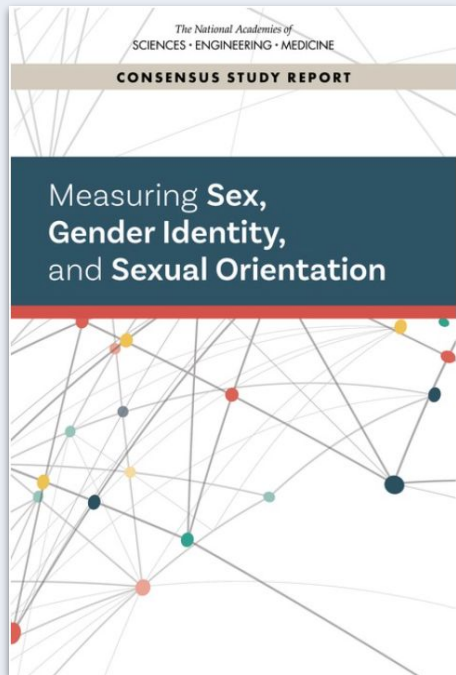
BRFSS 2022

2022





Data Collection Trends



- Provided suggested measures
- Encouraged data collection in research, trials and in EHRs



LGBTQ+ Health/Cancer Disparities



LGBTQ+ Health Disparities

We have increased cancer risks **not** because LGBTQ+ people are inherently bad at making decisions, or because some of our bodies are inherently different. Rather, there are systemic inequalities and prejudices that LGBTQ+ have to navigate that cisgender heterosexual communities do not.



Caroline Vahrenkamp (she/her)



Physical Health Disparities

LGBTQ+ people are at greater risk of certain diseases, conditions & infections:

- LGBTQ+ people have higher rates of HPV infection and related cervical or anal cancers
- Lesbian and bisexual women have higher rates of breast cancer
- Older LGBTQ+ adults are more likely to have their health rated poorly, report more chronic conditions and have less social support





Behavioral Health Disparities

LGBTQ+ people are at greater risk of:

- Suicide and suicidal thoughts
- Mood disorders and anxiety
- Eating disorders
- Alcohol and substance use disorders





Access to Care Disparities

LGBTQ+ people have less access to the healthcare they need:

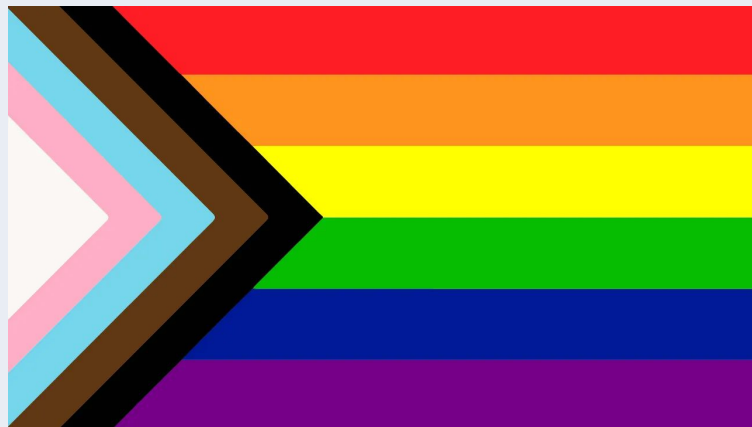
- Less likely to have health insurance
- More likely to delay care
- More likely to report poor quality of care





LGBTQ+ folx are more likely to smoke, and...

- Smoke more than the general population
- Use menthol tobacco products more than non-LGBTQ+ people
- Are exposed to secondhand smoke more than non-LGBTQ+ people
- See more tobacco product ads than non-LGBTQ+ people





Cancer in LGBTQ+ Communities

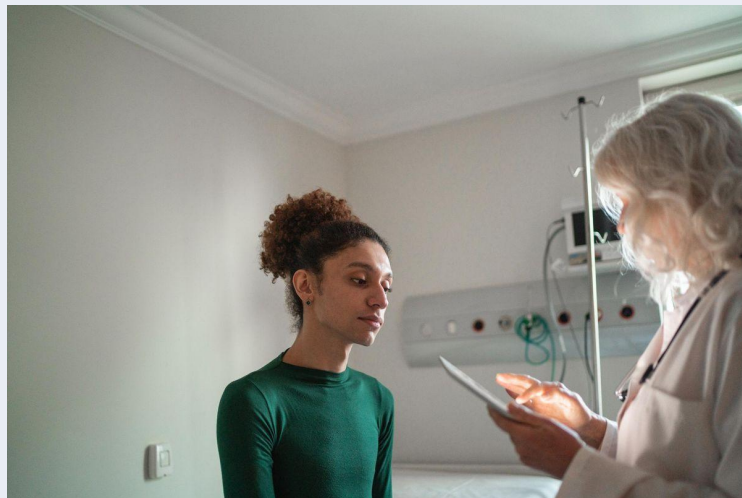
- Lesbian and bi women **significantly less likely to to receive cervical cancer screenings** than heterosexual women (25% less likely), even though they may be at an increased risk for cervical cancer
- Transgender men are **less likely to be current on cervical cancer screening** than non-transgender women.
- Cisgender lesbian and bi women are at **higher risk for breast/chest cancer**, possibly due to higher rates of obesity, alcohol, and smoking in the community





Cancer in LGBTQ+ Communities

- Colorectal cancer screening rates are **significantly lower** in LGBTQ+ communities, but **higher incidence, prevalence, and mortality**
- LGBTQ+ populations face risk factors that are correlated with colorectal cancer, including:
 - Increased tobacco use
 - Increased alcohol consumption
- Gay and bisexual men are **20 times more likely** to be diagnosed with anal cancer







Barriers to Screening, & Care



Why LGBTQ+ are underscreened

- Lack of access to quality and affirming health care
 - Lower rates of health insurance
 - Less likely to have a primary care provider
- Higher rates of poverty and financial insecurity
 - 22% of LGBT people in the U.S. live in poverty
 - 31% of Black LGBT people live in poverty





Why LGBTQ+ are under screened

- Healthcare providers' lack of LGBTQ+ knowledge
 - Assumptions about patient body anatomy and recommended screenings
- Fear of stigmatization or discrimination
- Gender identity, expression, and dysphoria
 - Gendered programming can exacerbate this

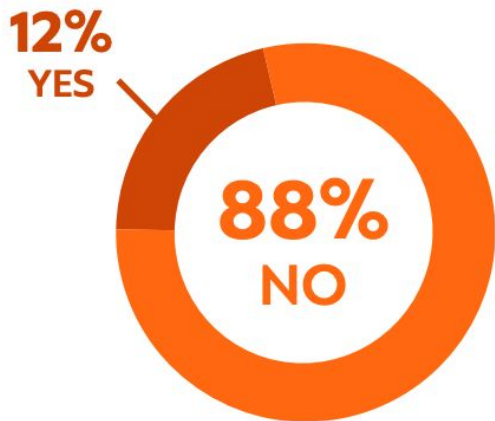




Barriers to Cancer Care

ENVIRONMENTAL INDICATION OF WELCOMING CARE

Was there any environmental indication (e.g. rainbow flag, affirming messaging) of welcoming care at the place where you received cancer treatment?





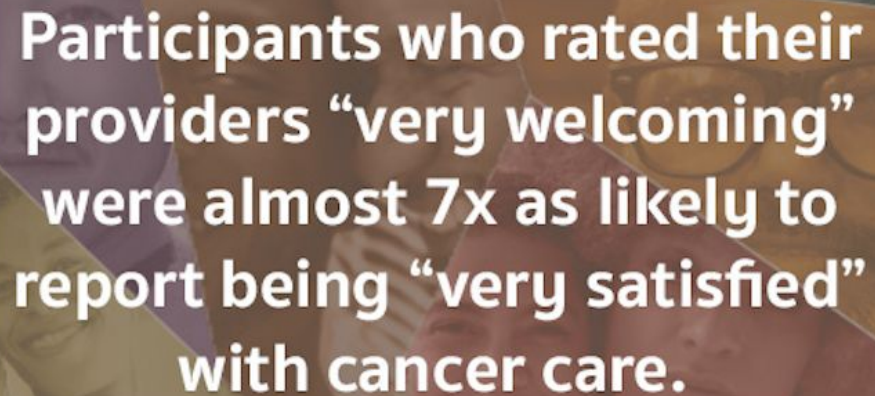
I was scared speaking up for myself regarding my orientation and gender identity would put my cancer care in jeopardy.

“I did not want to piss off the person who was treating me.”

“During cancer, I was stressed enough and did not have the energy to correct or inform people of my gender identity or sexual orientation.”



Barriers to Cancer Care



Participants who rated their providers “very welcoming” were almost 7x as likely to report being “very satisfied” with cancer care.



Cancer Survivorship

- Ongoing coming out
- Family support
- Quality of life-sex & sexuality
- Support groups





Winning Strategies

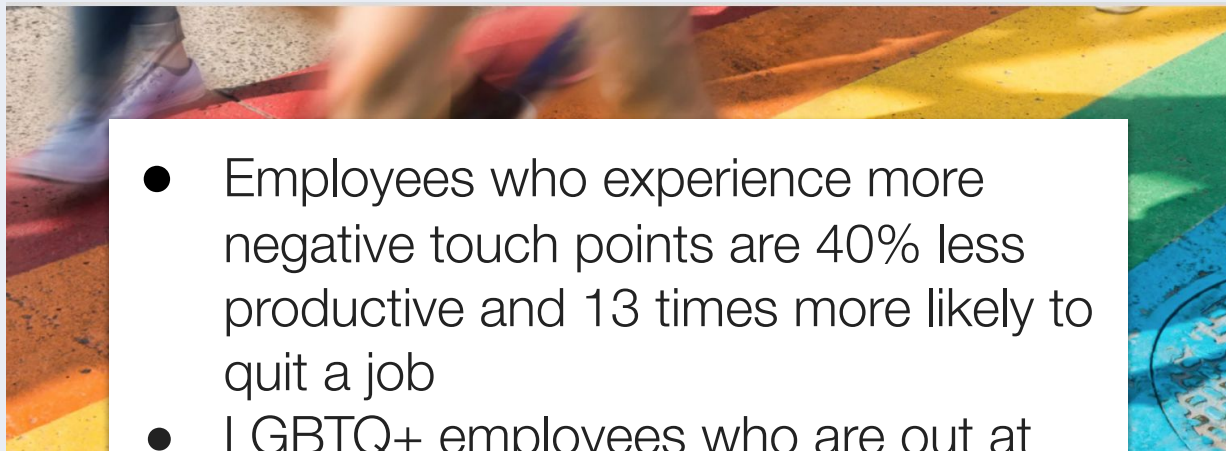


**Taking steps to make
your program or practice
LGBTQ+ affirming can
potentially be life saving.**





Promote Professional Environmental Safety



- Employees who experience more negative touch points are 40% less productive and 13 times more likely to quit a job
- LGBTQ+ employees who are out at work feel 2x the psychological safety, feel 1.5x more empowered, and 1.5x more likely to take creative risks

The BCG logo is displayed in a bold, green, sans-serif font. It is positioned in the upper right quadrant of the slide, above a colorful, abstract pattern that resembles a rainbow flag or a similar multi-colored design.



Nurture the next generation

Cancer Leaders Like



Mentorship Program

Focused on supporting LGBTQI &/or BIPOC undergrads, grads, and early career professionals open to cancer as a career.

- Career talks
- Skills building
- Networking opportunities
- Internships

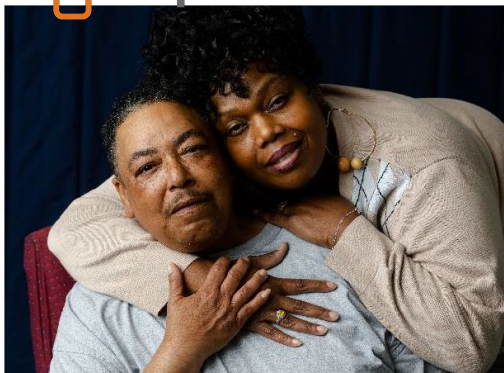
Can you host an intern?
Do you have people who are interested?



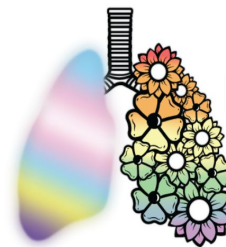
Engaging LGBTQ+ Community Members



Representing Real LGBTQ+ Ohioans



Tobacco Cessation Resources



BREATHE
WITH
PRIDE





Making Cancer Screening Relevant

- Start from a place of health equity
- Address social determinants of health and other factors that influence LGBTQ+ health/cancer related disparities
- Community engagement
 - Building support for cancer screening & control in LGBTQ+ communities, without imposed solutions
 - Invest time and resources
 - Don't ask for free labor from underrepresented communities





Build welcome



Cleveland Clinic

Lesbian, Gay, Bisexual and Transgender
Health Care

ABOUT CLEVELAND CLINIC

Community Commitment

- ▶ [Heal](#)
- ▶ [Hire](#)
- ▶ [Invest](#)

HENRY FORD HEALTH

[Patients & Visitors](#) > [LGBTQ+ Health Resources](#)

Find a doctor with an LGBTQ+ designation

While any of our physicians can treat LGBTQ+ patients, some doctors have been designated according to certain criteria. Doctors with the LGBTQ+ designation:

- Have completed additional training to understand the foundational elements of caring for LGBTQ+ patients
- Know how to document [SOGI information](#) in the electronic medical record
- Have cared for LGBTQ+ patients or were trained in a clinical setting with LGBTQ+ patients

[Find a doctor with an LGBTQ+ designation >](#)



Build welcome

What welcome can we find?



Dana-Farber
Cancer Institute

As a trans guy, is
this where I'd
have to go to if I
got cervical
cancer?

Women's Cancers Treatment Center

Bringing together specialists focused on treating all forms of women's cancer.

[Make an Appointment](#)



Build welcome

What welcome can we find?



Ohhider!

Beth Israel Deaconess Medical Center

Hospital & Health Care · Boston, MA · 57,612 followers

See all 9,474 employees on LinkedIn



Build welcome-Language

- **Language Matters!**
- **Ask.**
 - **Pronouns**
 - **Use language (identity, body parts, etc.) client uses**
- **Focus on anatomy instead of gender**
 - **Breast/chest**
 - **People with a cervix**

CAN I JOIN THE YOU FIRST PROGRAM?

You can join if the following are true:



You live in Vermont.



You're at least 21 years old.



You have (or have had) breasts or a cervix, or need preventative breast or cervical cancer screenings.

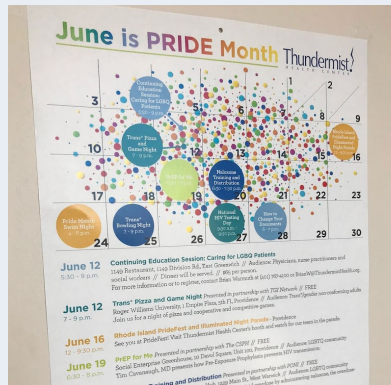


You meet our income guidelines. For example, you are eligible with an income of up to \$33,975 as an individual and \$57,575 as a household of three.

[Learn more about You First eligibility](#) ⓘ



Build welcome



Home

Colorectal Conditions and the LGBTQ+ Community: A Community Conversation



June 17, 2022

By: Julie Poucher Harbin, Senior Writer, DCI





Build welcome

- **Physical Space**
 - **Gender inclusive restrooms**
 - **Display non-discrimination policies**
 - **Inclusive materials on display**
 - **Pronouns on staff name badges**
 - **Rainbow and/or Trans flags**



WELCOMING SPACES

Treating Your
LGBTQ+ Patients



Society of Gynecologic Oncology



Main Modules

- ❖ Terminology and Pronouns
- ❖ Root Causes of Health Disparities
- ❖ Health Disparities and Cancer experiences
- ❖ Creating a Welcoming Environment
- ❖ Overcoming Barriers and Utilizing EHRs

Transg Gyn/Onc Clinical Care

- ❖ Trans Gyn Cancer
- ❖ Hormone Management
- ❖ Care & Survivorship

Free for 2022

Full CE/CMEs

cancer-network.org/welcoming-spaces



Collect data

Thundermist
Name: Last _____ First _____ Middle _____ Preferred Name: _____
Street Address (if different) _____ City _____ State _____ ZIP _____
Home Phone: _____ Mobile: _____
Work Phone: _____
Date of Birth: _____
Do you have medical/mental insurance? ☐ Yes ☐ No
If someone other than the patient is responsible for the bill, please complete the following information:
Name: Last _____ First _____ Middle _____
Address: _____ City _____ State _____ ZIP _____
Employment Status: (Check all that apply) ☐ Employed full time ☐ Employed part time ☐ Unemployed ☐ Student full time ☐ Student part time ☐ Other _____
Relationship to Patient: _____
Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ No Income
Ethnicity: ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ Black/African American ☐ White/Caucasian ☐ Other _____

Thundermist
HEALTH CENTRE

Patient Registration Form

Name: Last: _____ First: _____ Middle: _____ Preferred Name: _____
Street Address: _____ City: _____ State: _____ ZIP: _____

Answering these questions is optional for patients under the age of 18.

What was your sex assigned at birth?

- ☐ Female
- ☐ Male
- ☐ Other _____

Sexual Orientation

Do you think of yourself as:

- ☐ Straight (Heterosexual)
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Something else _____
- ☐ Don't Know

What is your current gender identity?

- ☐ Man
- ☐ Woman
- ☐ Transgender Man (female to male)
- ☐ Transgender Woman (male to female)
- ☐ Gender Queer/Non-Binary
- ☐ Something else _____

WE ASK BECAUSE WE CARE.

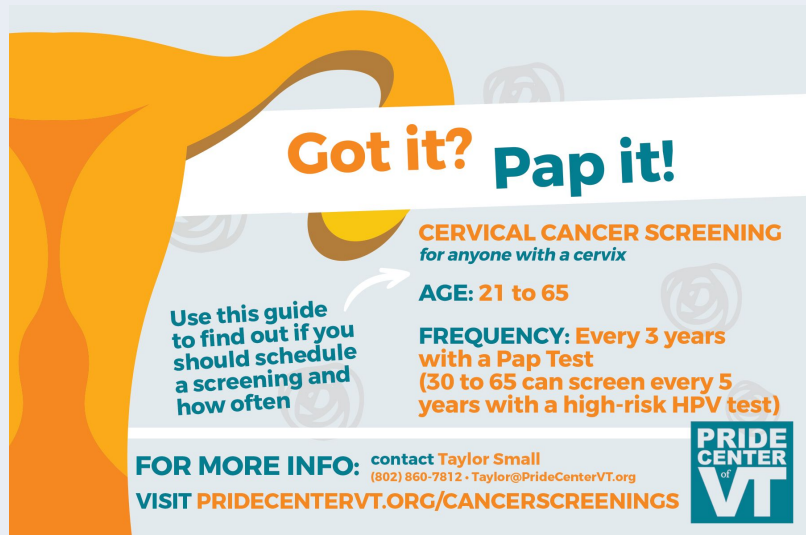
Will you please provide us with information about yourself?
This information will increase access to services
and improve the quality of care.



With funding and support from the Toronto Central LHJ.



Engage trusted partners



Got it? Pap it!

Use this guide to find out if you should schedule a screening and how often

CERVICAL CANCER SCREENING
for anyone with a cervix

AGE: 21 to 65

FREQUENCY: Every 3 years with a Pap Test
(30 to 65 can screen every 5 years with a high-risk HPV test)

FOR MORE INFO: contact Taylor Small
(802) 860-7812 • Taylor@PrideCenterVT.org
VISIT PRIDECENTERVT.ORG/CANCERSCREENINGS



Iowa Cancer Consortium

218 followers

6d · 🌐

Transgender and nonbinary people have often been excluded from breast and chest cancer awareness information because most information is framed through the lens of cisgender women.

They also may not get breast/chest cancer screenings because they have undergone gender-affirming surgery to remove some breast/chest tissue (though screening is still needed in this instance) or they might avoid undergoing screenings because breast/chest tissue might trigger intense dysphoria.

Learn more about the importance of breast/chest cancer screening for transgender and nonbinary people from our friends at One Iowa:

<http://ow.ly/KyEk50L4U9u>

#breastcancer #transgender #transgenderhealth #transhealth





Engage trusted partners



They came up with this campaign that took the gender out of the parts.





Engage trusted partners

ROSEMARY KETCHUM



Covenant House

*Championing the rights of all West Virginians
for food, housing, and healthcare.*



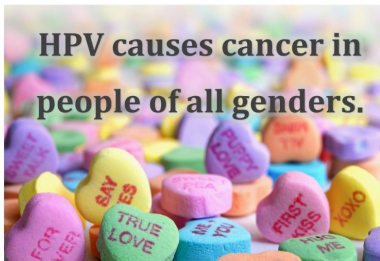
Mountains of Hope
West Virginia Cancer Coalition
Collaborating to Conquer Cancer

**national
lgbt
cancer
network**
ADVOCATING FOR HEALTH EQUALITY



Build resources

HPV causes cancer in people of all genders.



The HPV vaccine is recommended through age 26 for those who did not get it when they were younger.

Talk to a health care provider about getting the HPV vaccine.

HPV causes cancer in people of all genders.

The HPV vaccine is recommended through age 26 for those who did not get it when they were younger.



Talk to a health care provider about getting the HPV vaccine.



**Alaska
Cancer
Partnership**





Queer Health is Power

- Create a statewide health promotion social media campaign around LGBTQ+ cancer inclusion and screening
- Survey free & low cost cancer screening sites to evaluate their level of LGBTQ+ welcoming
- Update our provider director with new welcoming providers in NYS



Give back



Health Disparities Faced by Transgender Youth

Results from the 2017 Vermont High School YRBS

July 2019

Everyone has a gender identity. For transgender people this identity does not align with the sex they were assigned at birth. Gender identity is not the same as sexual orientation which refers to one's attraction to others. While many transgender youth thrive during adolescence, stigma, discrimination, and other factors put them at risk for negative experiences and behaviors.^{1,2}



In 2017, 1.3% of Vermont high school students identified themselves as transgender.

Another 1.6% said they were not sure if they are transgender.

Both transgender youth and youth who are not sure about their gender identity face similar health risks and experience similar health disparities. These risks exceed those experienced by lesbian, gay, and bisexual youth. This brief focuses on the risks faced by youth who identified themselves as transgender.

Violence

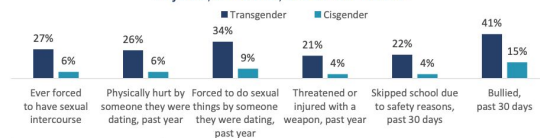
Transgender youth are more likely to experience physical, emotional, and sexual violence compared to cisgender students. In Vermont, transgender students were five times as likely to have been threatened or injured with a weapon on school property or skip school because they felt unsafe compared to their cisgender peers. They are also four times as likely to have experienced physical or sexual dating violence or been forced to have sexual intercourse when they did not want to. Two in five transgender students reported being bullied during the previous month, nearly three times that of their cisgender peers.

KEY DEFINITIONS

- **The terms transgender and cisgender** are not indicative of sexual orientation, hormonal makeup, physical anatomy, or gender expression – how one is perceived in daily life.
- **Sexual Orientation:** A persons enduring physical, romantic, emotional, and/or other form of attraction to others.
- **Gender Identity:** One's internal sense of being male, female, neither of these, both, or other gender(s).
- **Transgender/Trans:** An umbrella adjective for people whose gender identity differs from the sex they were assigned at birth.
- **Cisgender/Cis:** An adjective that means "identifies as their sex assigned at birth."

Source: [Outright Vermont](#)

Physical, Emotional, and Sexual Violence



¹ CDC (2017) Sexual Minority Youth in [Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017](#).

² Outright Vermont. [Education and Outreach](#). Accessed June 2019.



Examples from Iowa HHS: LGBTQ+ Breast/Chest & Cervical Cancer Screening

- Developed in partnership with One Iowa: an organization dedicated to preserving and advancing equality for LGBTQ+ individuals in Iowa
- Created tailored screening resources and programming



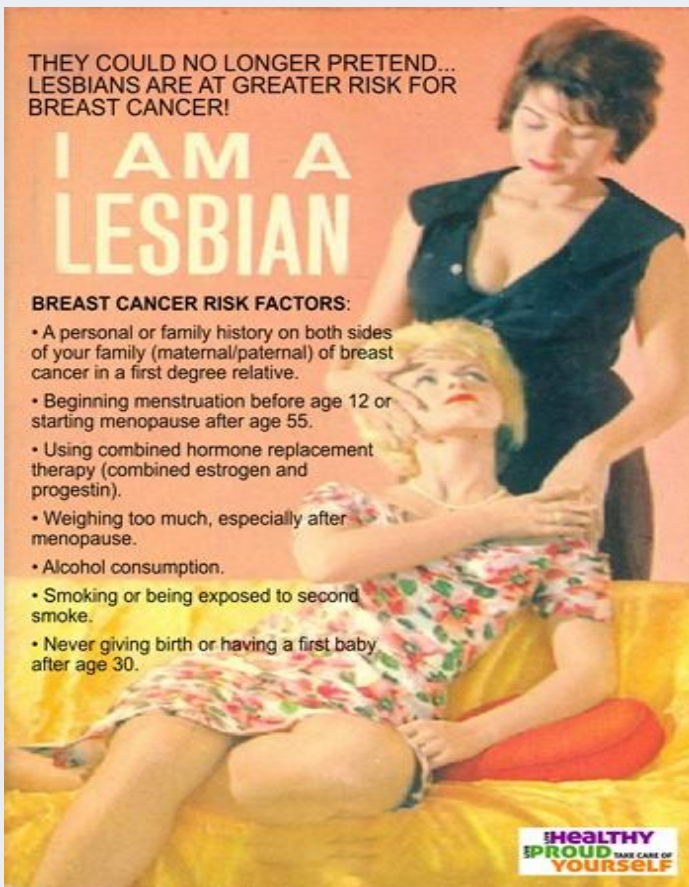


THEY COULD NO LONGER PRETEND...
LESBIANS ARE AT GREATER RISK FOR
BREAST CANCER!

I AM A LESBIAN

BREAST CANCER RISK FACTORS:

- A personal or family history on both sides of your family (maternal/paternal) of breast cancer in a first degree relative.
- Beginning menstruation before age 12 or starting menopause after age 55.
- Using combined hormone replacement therapy (combined estrogen and progestin).
- Weighing too much, especially after menopause.
- Alcohol consumption.
- Smoking or being exposed to second smoke.
- Never giving birth or having a first baby after age 30.



**HEALTHY
PROUD
TAKE CARE OF
YOURSELF**

i'm a transgender man.
what screenings do i need?

If you have not had reconstructive surgery,
you need regular Pap tests and mammograms.

i'm a transgender woman taking hormones.
what screenings do i need?

Hormones increase your risk of breast cancer.
Schedule regular breast cancer screenings.

i've had top surgery.
do i still need screenings?

Yes, you are still at risk for cancer.
You can skip the mammogram, but you still need
regular exams from a healthcare provider.

if you've got it, check it.



Updated Program Logo & Brand

Original Logo

- Feminine shape
- Purple colors
- Didn't showcase program services

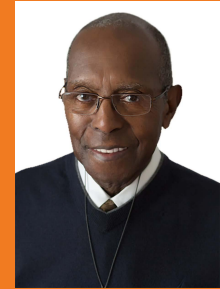


Updated Brand

- Coordinated colors align with Screen Out Cancer brand
- Non-gendered graphic
- Inclusive language



THANK YOU



Thank you. For more information contact us at
info@cancer-network.org
or visit cancer-network.org



Appendix: Transgender Cancer Screening Guidelines



UCSF Trans Guidelines

UCSF Transgender Care

[For Patients](#) [For Providers](#) [Our Team](#) [Schedule an Appointment](#)

[For Providers](#) [UCSF Transgender Care & Treatment Guidelines](#) [Screening for cervical cancer in transgender men](#)

Welcome

Place a Referral

e-Consults (Internal to UCSF Medical Center only)

UCSF Transgender Care & Treatment Guidelines

Introduction

Contributors

Grading of evidence

Terminology

Clinic environment

Physical examination

Screening for cervical cancer in transgender men

Primary Author(s): Katherine T. Hsiao, MD, FACOG

Publication Date: June 17, 2016

Introduction

Transgender men are at risk for cervical cancer. Cervical cancer is the third most common cancer globally [1]; more than 99% of which are caused by infection with one of several high risk oncogenic strains of the human papilloma virus (hr-HPV).[2] Pelvic exams to obtain pap smears may be challenging for transgender patients. Inadequate screening for cervical cancer is linked to the barriers transgender individuals face in accessing culturally sensitive health care.[3] Transgender men are less likely to be current on cervical cancer screening than non-transgender women.[4] Individuals who have never or have rarely been screened for cervical cancer are at the highest risk for progression of chronic hr-HPV infection to malignancy, morbidity and mortality.[5]

Guidelines for the Primary and Gender Affirming Care of Transgender and Gender Non-binary People: <https://transcare.ucsf.edu/guidelines>



WPATH Guidelines

WPATH

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>



American College of Radiology

Variant 1:

Breast cancer screening. Transfeminine (male-to-female) patient, 40 years of age or older with past or current hormone use equal to or greater than 5 years. Average-risk patient.

Procedure	Appropriateness Category	Relative Radiation Level
Digital breast tomosynthesis screening	May Be Appropriate	☢☢
Mammography screening	May Be Appropriate	☢☢
US breast	Usually Not Appropriate	○
MRI breast without and with IV contrast	Usually Not Appropriate	○
MRI breast without IV contrast	Usually Not Appropriate	○

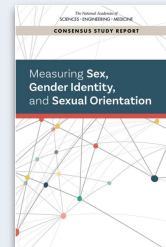
Transgender Breast/Chest Cancer Screening: <https://acsearch.acr.org/docs/3155692/Narrative/>



Appendix: NASEM SOGI Measures



Add SO Measures

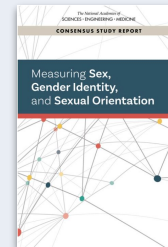


Which of the following best represents how you think of yourself? [Select ONE]:

- ☐ Lesbian or gay;
- ☐ Straight, that is, not gay or lesbian;
- ☐ Bisexual;
- ☐ [If respondent is AIAN:] Two-Spirit
- ☐ I use a different term [free-text]
- (Don't know)
- (Prefer not to answer)



Add GI Measures



Q1: What sex were you assigned at birth, on your original birth certificate?

☐ Female

☐ Male

(Don't know)

(Prefer not to answer)

Q2: What is your current gender? [Mark only one]

☐ Female

☐ Male

☐ Transgender

☐ [If respondent is AIAN:] Two-Spirit

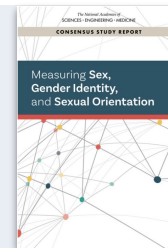
☐ I use a different term: [free text]

(Don't know)

(Prefer not to answer)



Add GI Measures



Q1: What sex were you assigned at birth, on your original birth certificate?

☐ Female

☐ Male

(Don't know)

(Prefer not to answer)

Q2: What is your current gender? [Mark only one]

☐ Female

☐ Male

☐ Transgender

☐ [If respondent is AIAN:] Two-Spirit

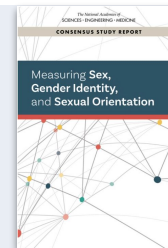
☐ I use a different term: [free text]

(Don't know)

(Prefer not to answer)



Add GI Measures



Q1: What sex were you assigned at birth, on your original birth certificate?

☐ Female

☐ Male

(Don't know)

(Prefer not to answer)

Q2: What is your current gender? [Mark only one]

☐ Female

☐ Male

☐ Transgender

☐ [If respondent is AIAN:] Two-Spirit

☐ I use a different term: [free text]

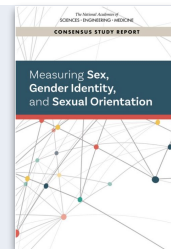
(Don't know)

(Prefer not to answer)





Add Intersex Measures



Were you born with a variation in your physical sex characteristics? (This is sometimes called being intersex or having a difference in sex development, or DSD.)

Have you ever been diagnosed by a medical doctor with an intersex condition or a difference of sex development’?