

***Meeting the Health Care Needs  
of Transgender People***



TRANSGENDER ALLIES GROUP

***Nevada Division of Public and  
Behavioral Health Presentation***

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# Disclosures



- Brooke Maylath, MBA
- Current Position: President, TAG
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

# Learning Objectives



- Define some key terms and concepts related to transgender people.
- Describe the major health and health care disparities facing transgender people.
- Share resources and strategies for creating a welcoming and gender-affirming environment for transgender patients and staff.

# Medical Ethics Basics



- Ethics is the disciplined study of morality
- Morality is that which a society, its institutions, and its people believe to be right or wrong
- Ethics is therefore the study of:
  - What one ought to do
  - What one ought not to do

# Ethical Principles in Healthcare



- **Autonomy**

- Health care providers have a duty to respect the right of their patients to make decisions about the course of their lives

- **Non-maleficence**

- Health care providers are obligated not to harm their patients

- **Beneficence**

- Each patient should be treated in a manner that respects his or her own goals and values

# Attitudes in Medicine



- Homosexuality removed as mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) – 1973
- Gender Identity Disorder replaced with Gender Dysphoria – 2013
- Attitudes Surveys: (Matthews, 1986; Smith and Matthews, 2007)
  - *Physicians who would discontinue referrals to a gay pediatrician*
    - 1982(46%)
    - 1999(9%)
  - Physicians sometimes or often uncomfortable providing care to gay patients
    - 1982(39.4%)
    - 1999(18.7%)

# No SO/GI Population Data



- Centers for Disease Control lacks population data on Sexual Orientation and Gender Identity (SO/GI)
- Providers have been uncomfortable asking questions about sex
- Federal & State of Nevada initiatives begin this year
- SO/GI must be included in Electronic Health Records by 2018 to meet meaningful use

# Self-Reflection

- Everyone is influenced by societal and cultural attitudes about sexuality and gender roles
- It is helpful to acknowledge and then question your own personal biases and attitudes in a safe space

## Questions for self-reflection:

- *How do you react (internally and externally) when you learn someone is gay? lesbian? bisexual?*
- *How do react (internally and externally) when someone expresses their gender in a non-traditional manner?*



# Gender Identity ≠ Sexual Orientation

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- All people have a gender identity and a sexual orientation.
- Gender identity is not the same as sexual orientation



Sexual  
Orientation



Gender  
Identity

# Gender Dysphoria



- Subjective mood/affect disturbance experienced by some transgender people whose gender identity is opposite of their assigned sex at birth, or who feel clinically significant distress or impairment due to a noncongruence of their gender role and gender identity
- 2008 AMA position paper affirms the medical necessity of surgical and hormonal interventions

*Being transgender* is not a disorder; however, living in a culture that does not yet really understand, support, or outright rejects transgender people can lead to mental health issues. Note, however, that not all transgender individuals struggle with their gender identity.

# Language Tips



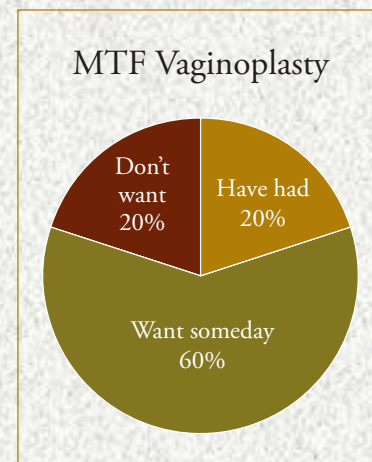
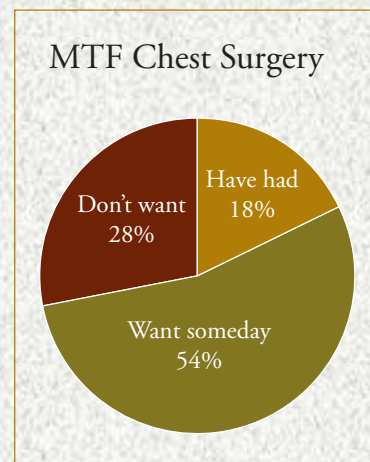
- Words that are offensive to transgender people
  - She-male
  - He-she
  - It
  - Trannie or tranny
  - “Real” woman or “real” man
- Unhelpful questions or comments
  - “When did you decide to be a man/woman?”
  - “You look so real. I never would have known.”
  - “Have you had/do you want THE surgery?”
  - “What is your real name?”
  - “You’re so attractive, why would you want to...?”

# Diverse Bodies and Expressions

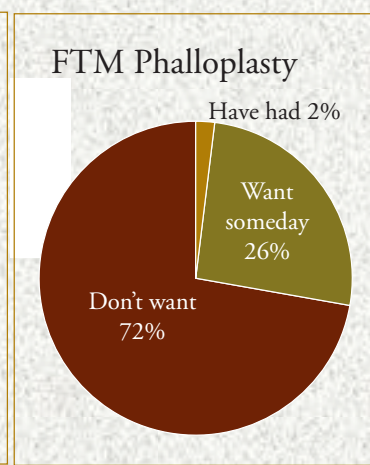
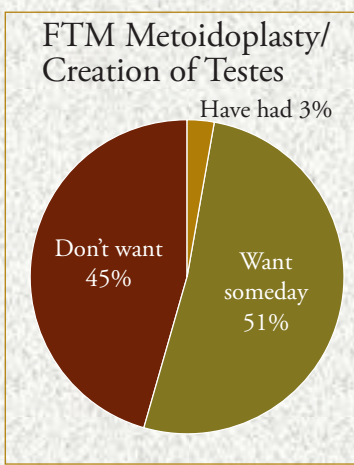
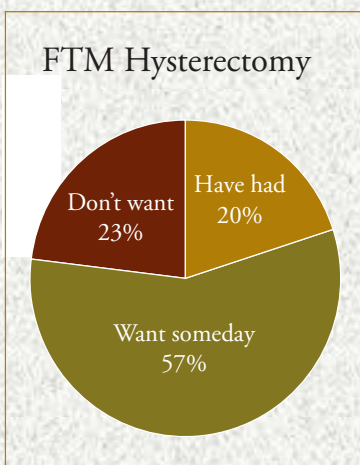
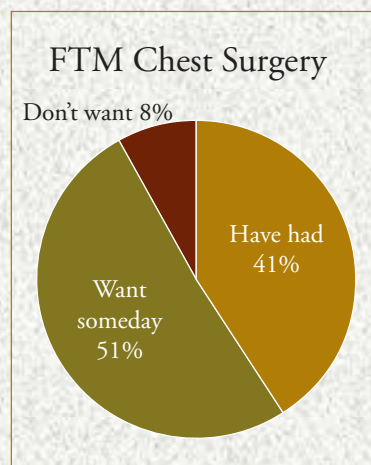
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- 76% taking hormones whether monitored or not
- Surgical Status and future desire to have surgery is diverse

**MTF**

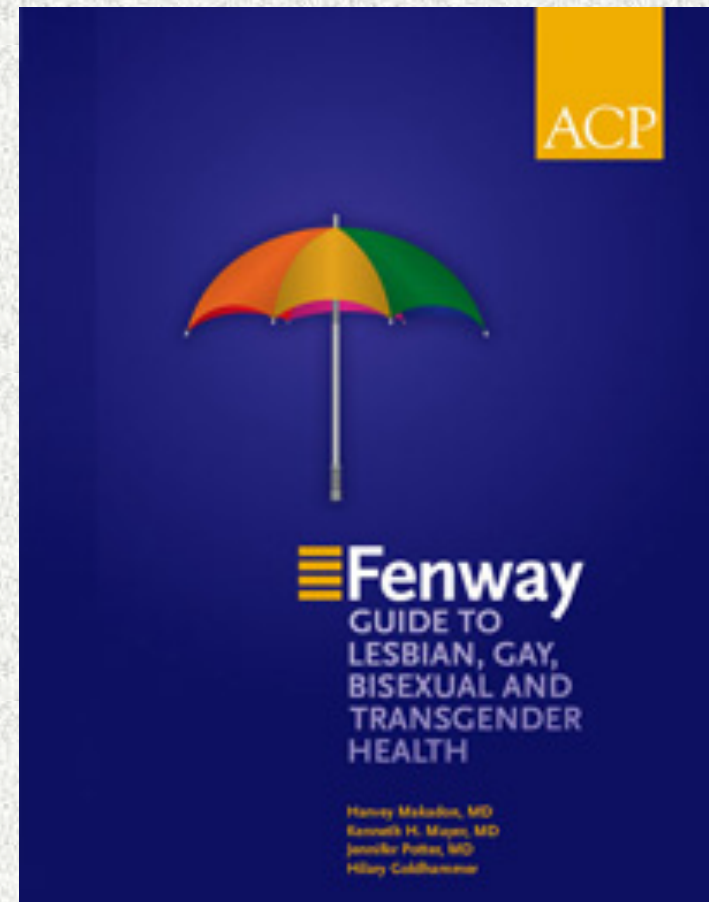


**FTM**



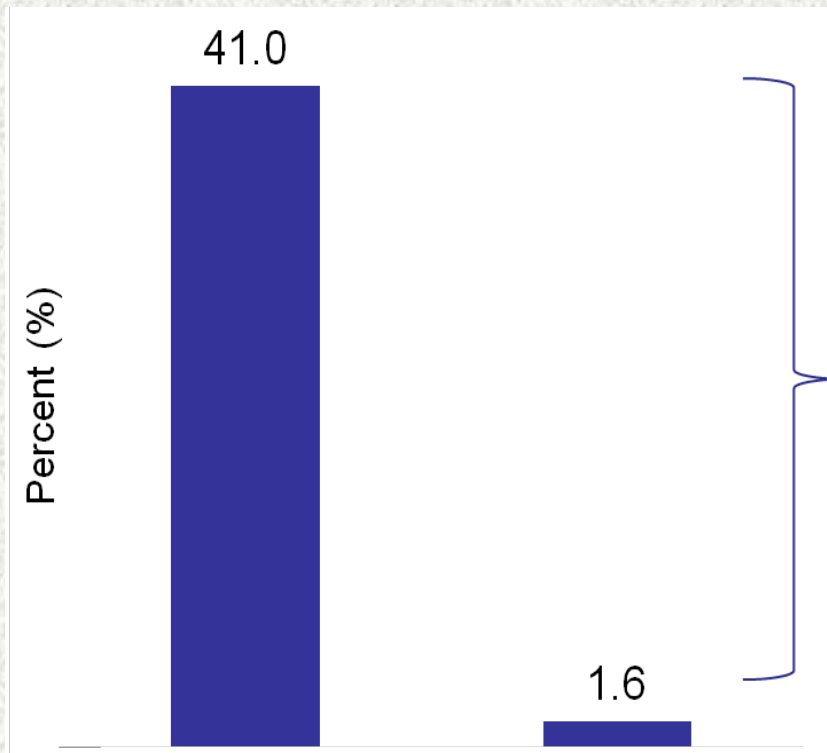
# Transgender Health

- HIV
- Mental Health
- Suicidality and non-suicidal self-harm
- Substance use and abuse
- Tobacco use
- Violence and victimization
- Discrimination
- Delay seeking health care
- Health insurance non-coverage
- Lack of culturally competent care



***Challenge: Lack of inclusion of transgender people in most national surveillance systems***

# National Transgender Discrimination Survey: Lifetime suicide Attempt



*“Health disparity/inequality is a particular type of difference in health...it is a difference in which disadvantaged social groups – such as the poor, racial/ethnic minorities, women, or other groups who have persistently experience social disadvantage or discrimination – systematically experience worse health or greater health risks than more advantaged social groups.”*



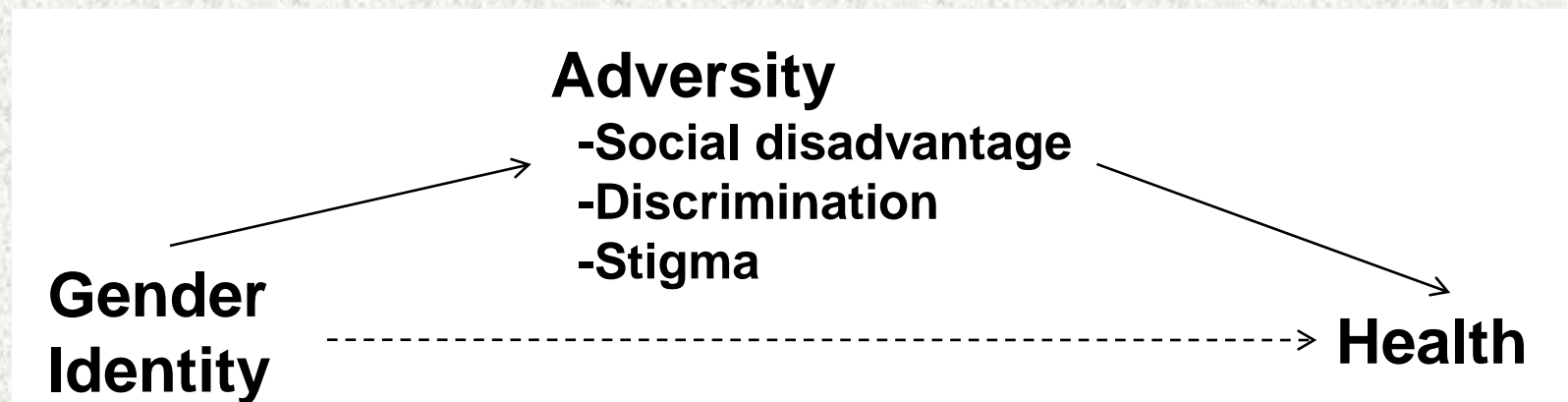
**National Gay and Lesbian Task Force**



Braveman P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*, 27, 167-194

Grant et al. (2011). *Injustice at Every Turn*: [http://www.thetaskforce.org/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf)

# Gender Minority Stress





# National Transgender Discrimination Survey: Adversity Related to Gender Identity



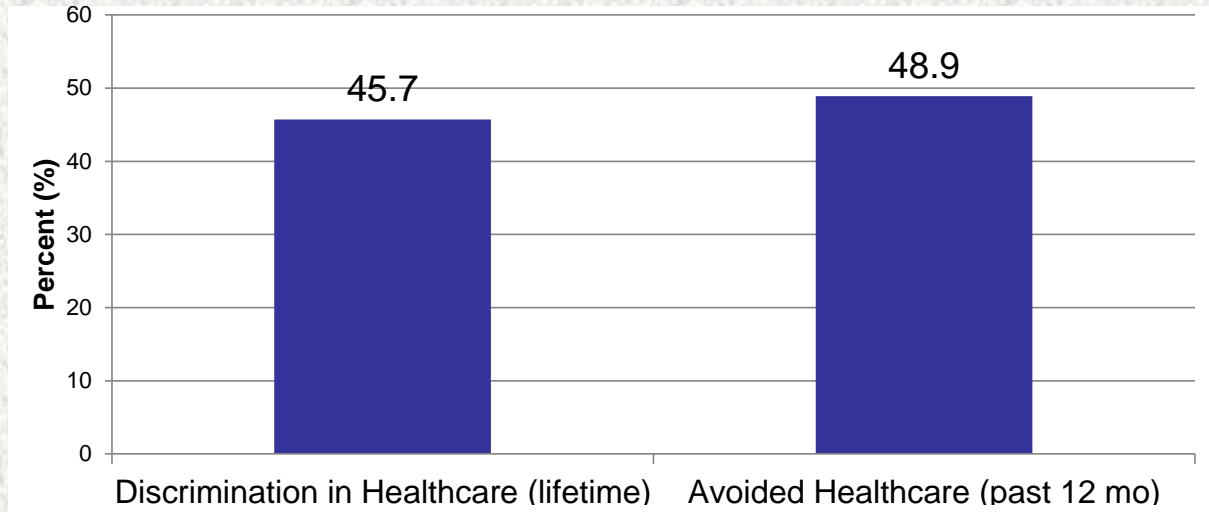
- Lack of health insurance
  - 19% uninsured
- Lack of provider knowledge
  - 50% reported teaching their medical providers about transgender care
- Negative experiences in health care
  - 19% refused care due to transgender or gender non-conforming status
  - 28% postponed necessary medical care when sick or injured  
...*due to discrimination by health care providers*
  - 33% delayed or did not try to get preventative healthcare  
...*due to discrimination by health care providers*



Grant et al., 2010: [http://transequality.org/PDFs/NTDSReportonHealth\\_final.pdf](http://transequality.org/PDFs/NTDSReportonHealth_final.pdf)

Grant et al. 2011: [http://www.thetaskforce.org/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf)

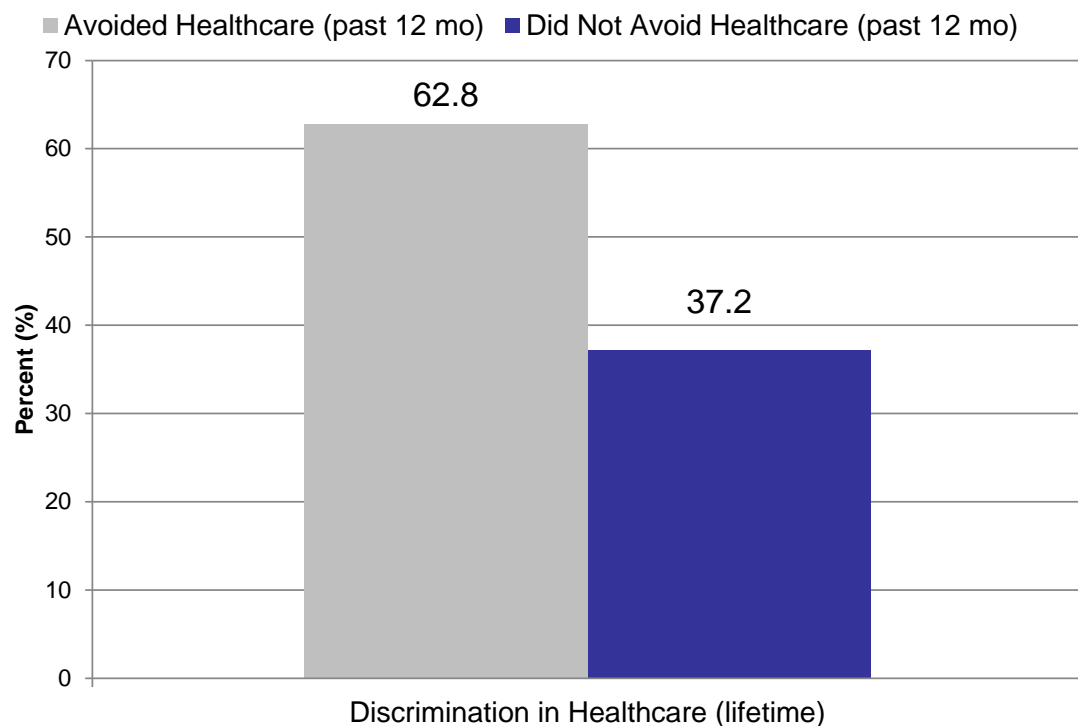
# Discrimination and avoiding health care (n=94)



- **Ages 18-65**
- **Mean age 33**
- **24.5% racial/ethnic minority**
- **14.9% unemployed**
- **14.9% no health insurance**
- **Mostly trans masculine (> 70%)**

Primary reason for avoiding or delaying healthcare in the past 12 months (N=46)	%
1. Provider and healthcare barriers	<b>30.4</b>
2. Cost and finances	<b>26.1</b>
3. Fear and discomfort	<b>21.7</b>
4. No health insurance	<b>13.0</b>
5. Other	<b>8.7</b>

# Association between discrimination and avoiding health care (n=94)



- Experiencing lifetime discrimination in healthcare was associated with a nearly 3-fold increased odds of delaying healthcare in the past 12 months

**\*Adjusted Odds Ratio = 2.96 (95% CI=1.24, 7.09), p=0.015**

**\*Multivariable logistic regression model adjusted for: age, gender identity, race/ethnicity, and health insurance.**

# Points to Consider



- Transgender patients can no longer be denied coverage due to a “pre-existing condition”
- Gender Dysphoria can no longer be excluded, but coverage of Transgender health needs is not required
- Follow HRC’s Core Four
  - Patient Non-Discrimination
  - Equal Visitation
  - Employment Non-Discrimination
  - Training in LGBT Patient-Centered Care

# A setting of respect and trust



*“Patients [need] a setting of respect and trust. This requires referring to the transgender patient by their preferred name and pronoun, reassuring the patient about confidentiality, educating clinic staff and colleagues regarding transgender issues, and respecting the patient’s wishes regarding potentially sensitive physical exams and tests...Familiarity with commonly used terms and the diversity of identities (including fluid, non-binary identification) within the transgender community is essential.”*

Feldman, J. “Preventative Care of the Transgender Patient: An Evidence-Based Approach” in *Principles of Transgender Medicine and Surgery*, Ettner, R., Monstrey, S. and Eyler, A.E. (Eds). New York: The Haworth Press: 2007  
<http://www.bgtransgender.com/guidelines-transgender%20primcare.pdf>

# What can you do in your work?



- Be non-judgemental, open, professional. Provide client-centered care (e.g., meet the person “where they are”)
- Be an ally. Educate yourself so you are trans-friendly in your field of expertise. Working with colleagues: “See something, say something.”

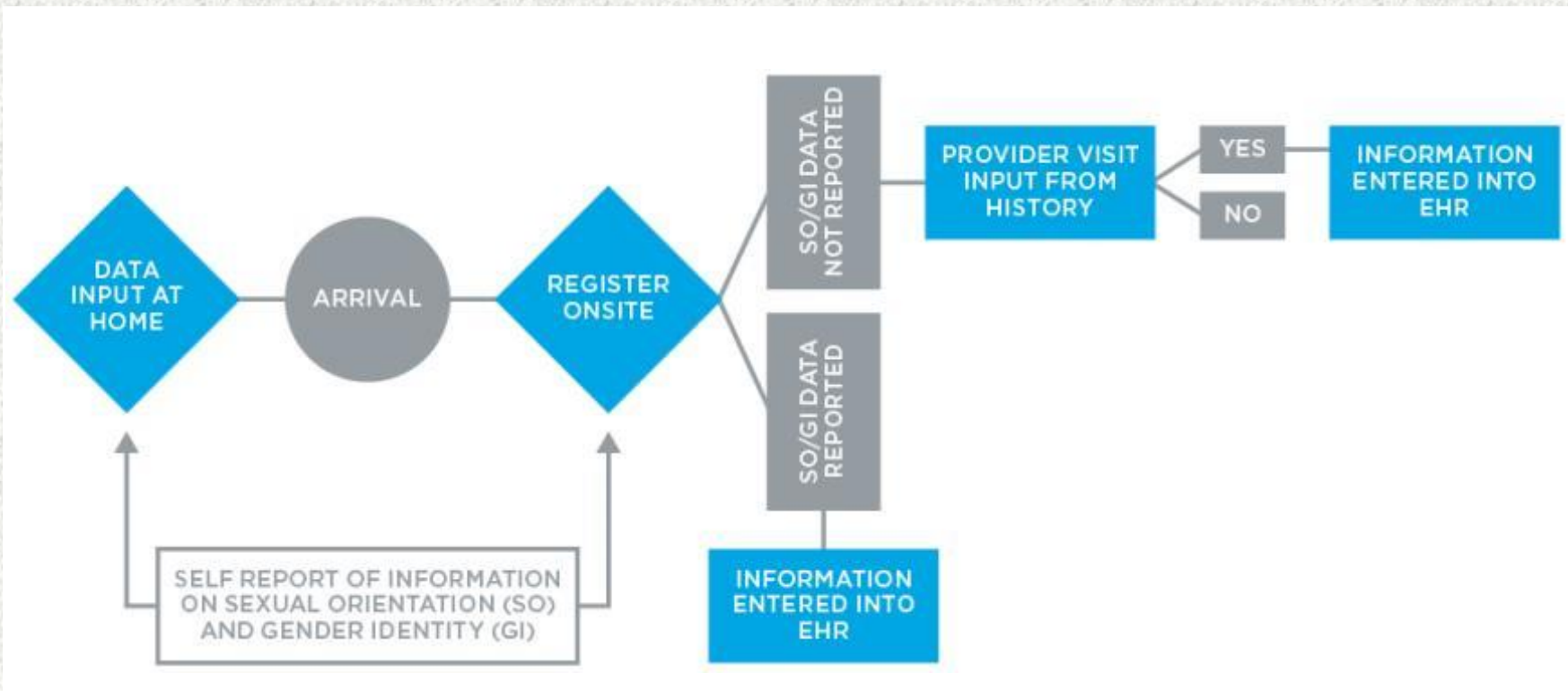


# Gathering Patient Data



- Patient intake forms
  - Assigned sex at birth
  - Current gender identity
  - EMR flags indicating trans patients
  - Allow for different family structures on registration forms (important for all LGBT families!)
  
- Providers can ask during visit
  - *“Because many people are affected by gender issues, I ask patients if they have any relevant concerns. Anything you say will be kept confidential. If this topic isn’t relevant to you, tell me and I will move on.”*

# Gathering LGBT Data During the Process of Care





# Collecting Demographic Data on Sexual Orientation (Example)



<p><b>1. Which of the categories best describes your current annual income? Please check the correct category:</b></p> <p><input type="checkbox"/> &lt;\$10,000  <input type="checkbox"/> \$10,000-14,999  <input type="checkbox"/> \$15,000-19,999  <input type="checkbox"/> \$20,000-29,999  <input type="checkbox"/> \$30,000-49,999  <input type="checkbox"/> \$50,000-79,999  <input type="checkbox"/> Over \$80,000</p>	<p><b>2. Employment Status:</b></p> <p><input type="checkbox"/> Employed full time  <input type="checkbox"/> Employed part time  <input type="checkbox"/> Student full time  <input type="checkbox"/> Student part time  <input type="checkbox"/> Retired  <input type="checkbox"/> Other _____</p>	<p><b>3. Racial Group(s):</b></p> <p><input type="checkbox"/> African American/Black  <input type="checkbox"/> Asian  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Multi racial  <input type="checkbox"/> Native American/Alaskan Native/Inuit  <input type="checkbox"/> Pacific Islander  <input type="checkbox"/> Other _____</p>	<p><b>4. Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic/Latino/Latina  <input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p><b>5. Country of Birth:</b></p> <p><input type="checkbox"/> USA  <input type="checkbox"/> Other _____</p>
<p><b>6. Language(s):</b></p> <p><input type="checkbox"/> English  <input type="checkbox"/> Español  <input type="checkbox"/> Français  <input type="checkbox"/> Português  <input type="checkbox"/> Русский</p>	<p><b>7. Do you think of yourself as:</b></p> <p><input type="checkbox"/> Lesbian, gay, or homosexual  <input type="checkbox"/> Straight or heterosexual  <input type="checkbox"/> Bisexual  <input type="checkbox"/> Something Else  <input type="checkbox"/> Don't know</p>	<p><b>8. Marital Status:</b></p> <p><input type="checkbox"/> Married  <input type="checkbox"/> Partnered  <input type="checkbox"/> Single  <input type="checkbox"/> Divorced  <input type="checkbox"/> Other _____</p> <p><b>8. Veteran Status:</b></p> <p><input type="checkbox"/> Veteran  <input type="checkbox"/> Not a veteran</p>	<p><b>1. Referral Source:</b></p> <p><input type="checkbox"/> Self  <input type="checkbox"/> Friend or Family Member  <input type="checkbox"/> Health Provider  <input type="checkbox"/> Emergency Room  <input type="checkbox"/> Ad/Internet/Media/Outreach Worker/School  <input type="checkbox"/> Other _____</p>

# Collecting Demographic Data on Gender Identity

- What is your current gender identity? (check ALL that apply)

- Male
- Female
- Transgender Male/Trans Man/FTM
- Transgender Female/Trans Woman/MTF
- Gender Queer
- Additional Category (please specify)  
\_\_\_\_\_

- What sex were you assigned at birth? (Check One)

- Male
- Female
- Decline to Answer


- What is your preferred name and what pronouns do you prefer(e.g. he/him, she/her)?  
\_\_\_\_\_



# Do Ask, Do Tell





**Do Ask, Do Tell:**  
Talking to your health care provider about being LGBT



**Do Ask,  
Do Tell**

Let your provider know if you are LGBT. Your provider will welcome the conversation. **Start today!**



**Pregunte  
y dígalos**

Deje que su proveedor sepa si usted es LGBT. Su proveedor apreciará la conversación. **¡Comience hoy!**



[www.doaskdotell.org](http://www.doaskdotell.org)

# 10 things transgender people should discuss with their provider



- Gay & Lesbian Medical Association (GLMA)
  1. Access to healthcare
  2. Health history
  3. **Hormones**
  4. Cardiovascular health
  5. Cancer
  6. HIV, STDs, and safer sex
  7. Alcohol and tobacco
  8. Depression/anxiety
  9. **Injectable silicone**
  10. Fitness (diet & exercise)



# Creating a transgender-friendly office/center environment for patients and staff



- Signs and health related materials
  - Display photos/ads reflecting gender diversity
  - LGBTQ Newspapers, magazines, etc.
- Single occupancy or gender neutral bathroom
- Call people by preferred name/pronoun
- Post non-discrimination policy
  - Include 'gender identity and expression'
- Ensure safety in lobby and parking areas
- Human Resources forms

Deserves the same care,  
no matter  
which pronoun is used.



Transgender, gay, lesbian, and bisexual people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And stay well.

The Gay, Lesbian, Bisexual and Transgender Health Access Project  
MASSACHUSETTS DEPARTMENT of PUBLIC HEALTH  
[www.glbthhealth.org](http://www.glbthhealth.org)



# Front Line Staff – Customer Service



Best Practices	Examples	Customer service Principle
Avoid specific gender markers	"How may I help you today?"	<b>RESPONSIVENESS</b>
Politely ask if you are unsure about a patient's preferred name or pronoun	"I would like be respectful—how would you like to be addressed?" or "What name and pronoun would you like me to use?"	<b>OPEN-MINDEDNESS</b>
Ask respectfully about names	"Could your chart be under another name?" Avoid: "What is your legal name? What is your real name?"	<b>COMMUNICATION</b>
Did you goof? Politely apologize	"I apologize for using the wrong pronoun. I did not mean to disrespect you."	<b>ACCOUNTABILITY</b>
Gender neutral language	Use "they" instead of "he" or "she".	<b>RELIABILITY</b>
Only ask information that is required	Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way?	<b>RESPECT</b>

# Organizational support of front-line staff



- ❑ Create and follow a protocol for noting preferred names, pronouns, mail, voice message instructions
- ❑ Have clear lines of referral for questions
  - Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, fielding complaints
- ❑ Ongoing training and retraining of staff
  - Annual transgender competency trainings and boundary trainings (e.g., know what/what not to ask about)
  - Train new staff on protocols within one month of hire
  - Accountability for transphobic responses
  - Advanced training for staff involved in direct care with expectations of continuing education on transgender issues

# Basic primary care principles

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- Honor the patients gender identity, use their preferred name/pronoun
- If you have it, check it
  - Affirmed woman will still have a prostate gland
  - Does an affirmed man still have his uterus and ovaries?
- When guidelines conflict in regard to gender or anatomy, use the more conservative guideline

Feldman, J. "Preventative Care of the Transgender Patient: An Evidence-Based Approach" in *Principles of Transgender Medicine and Surgery*, Ettner, R., Monstrey, S. and Eyler, A.E. (Eds). New York: The Haworth Press: 2007

<http://www.checkitoutguys.ca>



**WE BOTH GET PAPS**

If you've never been sexually active in any way and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.

  **checkitoutguys.ca**



# Key Points

- Respect the individual's gender identity
- Must bridge multiple barriers to care
- Withholding treatment is not a neutral act
- Adapt relevant guidelines to clinical circumstances
- Need for research
- On going self education
- Examine your personal beliefs regarding gender, sexuality, etc.

# Clinical Guidelines



- World Professional Association for Transgender health. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7<sup>th</sup> version:  
[http://www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm)
- Center for Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care:  
<http://transhealth.ucsf.edu/trans?page=protocol-00-00>
- Clinical Protocol Guidelines for Transgender Care. Vancouver Coastal Health: <http://transhealth.vch.ca/resources/careguidelines.html>
- Endocrine Society's Clinical Guidelines: Treatment of Transsexual Persons:  
<http://www.endo-society.org/guidelines/final/upload/endocrine-treatment-of-transsexual-persons.pdf>

# Resources: Trans Health Program @ Fenway Health



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Trans Health Program @ Fenway Health:  
[http://www.fenwayhealth.org/site/PageServer?  
pagename=FCHC\\_srv\\_services\\_trans](http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_trans)

# Resources: Center of Excellence for Transgender Health – UCSF



For More Information:



[www.transgenderalliesgroup.org](http://www.transgenderalliesgroup.org)

[info@transgenderalliesgroup.org](mailto:info@transgenderalliesgroup.org)