HEALTH DISPARITIES FOR GENDER DIVERSE INDIVIDUALS

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GOALS AND OBJECTIVES

▪ Review terminology and recognize the diversity of gender identities and importance of gender-affirmation

▪ Describe barriers to care in transgender and gender diverse (TGD) populations and how that directly impacts health disparities

▪ Apply best practices in serving TGD patients
Gender Identity and Gender Expression

**Gender identity**
A person’s internal sense of their gender (do I consider myself male, female, neither, both?)
- All people have a gender identity

**Gender Expression**
How one presents themselves through their behavior, mannerisms, speech patterns, dress, hairstyles, etc

- * May not fit into one (or ANY) box!
- * May change
TERMINOLOGY

▪ **Transgender**: Gender identity not congruent with the assigned sex at birth
  - Alternate terminology
    Trans vs cis

▪ Transgender woman, trans feminine individual, a woman of trans experience
▪ Transgender man, trans masculine individual, a man of trans experience
▪ Non-binary, genderqueer
  - AMAB = assigned male at birth
  - AFAB = assigned female at birth

\[
\text{trans-1,2-dichloroethene} \quad \text{cis-1,2-dichloroethene}
\]
NON-BINARY IDENTITIES

Figure 4.2: Gender identity

GENDER DIVERSITY

- Gender identity is often described as being on a linear spectrum, but perhaps more accurately as a color wheel or constellation.
GENDER DYSPHORIA

“Discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)”

(Coleman et al., 2012)

- The range of distress can vary greatly and is NOT an indication of trans-ness
  - Cultural context
  - Family, partner, friend support
  - Personal life goals/expectations
  - Employment

*Consider gender dysphoria a state, not a trait.
TRANSITION / GENDER AFFIRMATION

▪ Social, legal, and/or medical processes that a person may undertake to affirm or express their gender identity
  ▪ Social – Name, Pronoun
  ▪ Medical – Hormones, Surgery
  ▪ Legal – Identity Documents

▪ The term Gender affirmation is more inclusive of a full range of experiences
BARRIERS TO MEDICAL CARE FOR TRANSGENDER PATIENTS

- Economically disadvantaged
- Geographic and social isolation
- Lack of insurance coverage
- Lack of provider training and competence
- Lack of provider confidence or support: limited clinical research and data
- Stigma of Gender Clinics
DAVID

- David is a 50yo who lives in rural Kentucky who identifies as a gay, transgender man
- Well-educated, in fact, he is a medical provider
- Due to job safety / social safety he is stealth in his community
- Lives with this sister and her young child and is very close with niece
- David does NOT get his health care in his town, or even his state, due to fear of consequences of being outted — both as gay and as trans

What risks are this scenario setting up?
- What are David’s barriers to care?
- How is David perceived in his community in terms of demographics? In terms of his health risks?
- What needs are not being met? What risks does David have?
- What are his strengths in terms of resilience?
• What risks is this scenario setting up?
  - Essentially David does not have access to any preventive or acute medical care ... or BH care for that matter!

• What are David’s barriers to care?
  - Fear of discrimination — homophobia, transphobia

• How is David perceived in his community in terms of demographics?
  - David is likely perceived as a straight, cis-gender male. If he WERE to seek care, he likely would not disclose his authentic self

• In terms of his health risks?
  - What needs are not being met? What risks does David have?
    - Health maintenance screening — cervical pap testing
    - Preventive care screening/prevention — STD screening, PrEP, nPEP

• What are his strengths in terms of resilience?
  - David is well educated — might know if a health issue were occurring
  - Supportive family and small, but strong community
  - Financially well off
**MORBIDITY AND MORTALITY IN THE TRANSGENDER COMMUNITY**

- Significant increase in mortality is seen amongst transgender individuals compared to the general population.
  - 51% higher mortality rate in **MTF** patients.
- Most of the increase in mortality was due to higher rates of **AIDS, suicide, drug-related deaths**.
HIV INFECTION

- 2015 US Trans Survey – Trans-identified individuals report rates 5 times higher than the national average of HIV infection
  - Self reported incidence of HIV infection was 1.4% overall, 3.4% in trans feminine individuals, and 15.3% in self-identified sex workers
  - Rate of 0.3% in the general population

- Some statistics with trans women show rates as high as 27% in studies done in urban settings

- Rates in FTM are not well-documented, USTS reports rates on par with the national average at 0.3%
  - BUT, FTM report relatively high rates of high-risk sexual behavior

Death rates due to AIDS is 30 times higher for trans individuals
HIV INFECTION

- Increased health disparities for trans women of color

Figure 7.43: Living with HIV among transgender women

**RACE/ETHNICITY (%)**

- Overall (all respondents): 1.4%
- American Indian: 4.6%
- Asian: 1.8%
- Black: 19.0%
- Latina: 4.4%
- Middle Eastern: 0%
- Multiracial: 2.5%
- White: 0.7%
DEPRESSION AND SUICIDE

- USTS reported that 39% of respondents were currently experiencing serious psychological distress
  - Nearly 8x the rate of the general pop (5%)

- 82% of USTS respondents reported seriously contemplating suicide at some point in their life

- 40% of transgender/gender variant individuals report having attempted suicide
  - >1/3 (34%) reported that their first suicide attempt was at the age of 13 or YOUNGER
  - 92% reported that their first attempt was before they were 25yrs old
DEPRESSION AND SUICIDE

▪ Suicidality was associated with:
  ▪ Family support
  ▪ Victim of physical or sexual violence
  ▪ Homelessness
  ▪ Sex work
  ▪ Loss of job secondary to their gender identity
TRAUMA AND ABUSE

▪ USTS: Nearly half (48%) of all respondents reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of their trans identity
  ▪ 1 in 10 reported being physically attacked in the past year because of being transgender

▪ Nearly half (47%) reported having been sexually assaulted at some point in their lifetime

▪ More than half (54%) experienced some form of intimate partner violence
HOMELESSNESS

▪ Rates of homelessness
  ▪ Nearly 1/3 (30%) of respondents have experienced homelessness at some point in their life
  ▪ 12% experienced homelessness within the past year because they were transgender
    ▪ 26% of respondents who were homeless in the past year avoided staying in homeless shelters because they feared they would be mistreated as a transgender person
    ▪ 70% of those who stayed in a shelter in the past yr reported some form of mistreatment for being transgender
  ▪ Homelessness is associated with higher rates of sex work, drug use, HIV+ status, and suicide attempts
Minority Stress

Health Care
23% Avoid
33% Mistreated
31% Hidden

HIV
5x (1.4%)
TWOC 20x (6.7%)
US rate 0.3%

Harassment
77% K-12
52% NB
86% police

Increased incidents of diabetes
4x eating disorders

2x unemployment
68% DV
14% homeless
70% mistreated in shelters

So, I got a call from a friend:
- David met up with friends at a regional trans conference and decided to get HIV testing ... this was positive
- Wants to get care in Boston, but has no intention of moving from Kentucky — job, family. And now he CERTAINLY isn’t going to get care in KY.

What are the new barriers and risks for David?
What could have been different in terms of interventions?
DAVID

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  • - David met up with friends at a regional trans conference and decided to get HIV testing ... this was positive
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• What are the new barriers and risks for David?
  • - Adherence to ART: accessing medications
  • - Health maintenance - now with some increased risks and recommendations
  • - Now heightened concern for his safety

• What could have been different in terms of interventions?
  • - PrEP!!!
RESILIENCE

- Determine individual strengths!
- What is important
- What are priorities

The power of shared knowledge and community
- Community mentorship / chosen family
- Trust
- Community lore
DAVID

• Now David comes to Boston at least twice yearly. He’s on ART and gets regular STD screening as needed depending on his risks.
  • David is also now up to date on his routine preventive health screening — colonoscopy, cervical pap, anal pap
  • We monitoring cholesterol, BP, and other health concerns
• - David has significant anxiety and depression that we manage fairly well, but he does not have access to BH in Kentucky due to his concerns of being out to a provider in his area

• How has resilience and community positively impacted David?
• How to persistent barriers continue to affect his health care?
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• How has resilience and community positively impacted David?
  • Community has supported travel
  • Family support continues to be a major part of his life
  • Support within his KY queer community in terms of safe sex, PrEP and increased screening
  • Finances, housing, employment!

• How to persistent barriers continue to affect his health care?
  • Anxiety persists — persistent concern for his identities being disclosed
  • Insurance
PRIMARY CARE - AN INTEGRATED APPROACH

- Increasing access
  - Caregiver need not be an endocrinologist

- Increasing comprehensive care
  - Goal of care is to facilitate affirmation and alleviate gender dysphoria
  - Address general health concerns!
    - Promote and ensure physical health and emotional and social well-being
CONSIDERATIONS FOR CLINICIANS

- Recognize that the need to affirm one’s gender identity can supersede other critical health concerns – Meet the patient where they are

Priorities

*Patient perspective
- Medical Attention
- Benefits
- Housing

*Provider perspective
- Substance Use
- Legal Issues
- Mental Health
- Medical Attention
- Including HIV/AIDS and HRT
- Name change
- Surgery and HRT

ADVANCING EXCELLENCE IN SEXUAL AND GENDER MINORITY HEALTH
CONSIDERATIONS FOR CLINICIANS

- Harm Reduction
  - Consider barriers to care, supports, stability. You may need to meet patients where they are … getting our of OUR comfort zone

- QUALITY OF LIFE

ADVANCING EXCELLENCE IN SEXUAL AND GENDER MINORITY HEALTH
MEDICAL GENDER AFFIRMATION IMPROVES MENTAL HEALTH AND QUALITY OF LIFE

A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals

Jaclyn M. White Hughson1,2* and Sari L. Reisner1,3,4

Clinical Endocrinology (2010) 72, 214–231
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Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes


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▪ **Cultural Competency and Cultural Humility**

▪ The ability to interact effectively with people of different cultures and to be respectful and responsive to the health beliefs.

▪ Understanding that one’s own experiences or identities may not project onto the experiences or identities of others

▪ **Listen** to how people describe their own identities, partners, and bodies; use the same terms!

▪ **Ask** about sex!
  - Keep your questions open ended and non-judgmental
    - Ex: How do you identify your gender identity? What pronouns do you use? How does your partner identify their gender?
    - Ex: What terms do you use to refer to your genitals?
    - Ex: What types of sex are you having? What body parts comes in contact with your body parts and vice versa? Is there any exposure to sperm?

▪ **Listen** to people’s experiences

▪ **Don’t forget the basics!**
Questions?
CASE #2
TAYLOR

- Taylor is a 24yo non-binary/queer identified indiv who was assigned male at birth
- They live at home with their parents and siblings
- Taylor was attending community college up until last year, but dropped out of school this semester to work and take care of their siblings
- They are pretty isolated with few friends and have significant anxiety that prevents them from engaging in groups and hang outs, but does have a decent online presence and connects there fairly often
- Taylor says they are interested in being sexually active, but find it hard to negotiate this due to their anxiety and dysphoria around certain parts of their body

- If you were to see Taylor in your clinic for care, what are some questions you might want to ask about their supports and mental health care?
- What are some areas of resilience that you see in Taylor as their strengths?
- What are Taylor’s barriers to care?
You find out from Taylor that they just quit their job because the restaurant makes all of the boys dress in blue ties and the girls have to wear pink hats. This is too much, and Taylor had to leave. Unfortunately that means Taylor is on the job hunt.

You ask Taylor if they are safe at home, and they say they feel physically safe, but their parents have been verbally abusive and threaten to kick them out of the house if they do not get a job. They are refuse to respect Taylors name and pronouns.

To top it all off, Taylor has a new weird rash, big lymph nodes, and has been feeling feverish and just unwell for the past week.

What are some ways we can support and validate Taylor to help bolster their resilience?
What about that rash? What are questions we might want to ask? What about any lab tests?
Taylor was found to have syphilis from an anonymous partner and they were treated successfully. While in the waiting room, Taylor met someone who was talking about a queer dance performance later that night. Though Taylor is a bit anxious about this, they were reassured that they would not have to participate.

Taylor went. Met some cool people and got some numbers and email addresses (Instagram and Snapchat names), got a lead for a job at a coffee shop, and saw other folks who were also in the same boat. Taylor felt a little less alone.
RESOURCES

- UCSF Center of Excellence for Transgender Health Guidelines
  - http://transhealth.ucsf.edu/trans?page=lib-00-00

- Tom Waddell Health Center
  - https://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf

- The Endocrine Society Guidelines (First published September, 2009)

- Transline
  - http://project-health.org/transline/

- National LGBT Health Education Center, The Fenway Institute
  - https://www.lgbthealtheducation.org/topic/transgender-health/

- Sexual Health for Transgender & Gender Non-conforming People