

Caring for Transgender and Gender Diverse Populations

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Conflicts of Interest

- No industrial or professional conflicts of interest

Many of the treatments discussed regarding gender affirming hormonal therapy are considered “off label”.

Outline

- History/Background
- Review of terminology
- Health disparities
- Ways to provide gender competent care
- Linkage to gender affirming care

Objective 1

Understand differences between sex assigned at birth, gender identity, gender expression, and sexual orientation

Objective 2

Understand ways to provide a culturally competent, gender affirming, and patient centered visit for gender non-conforming (GNC)/transgender patients

Objective 3

Understand healthcare disparities in the GNC/transgender patient population

Objective 4

Become familiar with local and national resources to help patients with linkage to care for gender affirming therapies

History of Gender Diversity

- "Two spirits" in Native American culture.¹
- Hijras in South East Asia (India, Pakistan, and Bagladesh^{2,3})



Author: USAID

1) <https://www.ihs.gov/lgbt/health/twospirit>
2) <https://www.theguardian.com/society/2014/apr/16/india-third-gender-claims-place-in-law>
3) <https://www.nytimes.com/2018/02/17/style/india-third-gender-hijras-transgender.html>

- Hirschfeld and Ellis in the late 19th and early 20th century first described “transvestism” and started performing gender affirming procedures in the 1920s at Hirschfeld’s Institute for Sexual Science in Germany (was later destroyed with Nazi occupation).¹
- 1930s Dr. Harry Benjamin one of the first physicians to start prescribing cross gender hormones for patients.
- 1979- Harry Benjamin International Gender Dysphoria Association (now *World Professional Association for Transgender Health WPATH*) formed to create standards of care when caring for transgender patients.

Joanne Meyerowitz. (2002). *How Sex Changed: A History of Transsexuality in the United States*. Cambridge, MA: Harvard University Press.

Background

Background

Roughly 0.6 to 0.7 percent of US population identifies as transgender ¹

CDC cited a paper in 2017 that estimates there 1 million transgender persons living in the US.²

- Inherent difficulties with determining prevalence
 - Gender identity not collected on US Census data
 - Gender identity often not included in surveys or limited to binary gender (“are you male or female”)
 - Gender experience is diverse, and definitions and terminology are rapidly evolving

1. Herman, J.L., Flores, A.R., Brown, T.N.T., Wilson, B.D.M., & Conron, K.J. (2017). Age of Individuals who Identify as Transgender in the United States. Los Angeles, CA: The Williams Institute
 2. HIV/AIDS. (2018, November 30). Retrieved December 1, 2018, from <https://www.cdc.gov/hiv/group/gender/transgender/index.html>

Definitions and Terminology

- “There’s a gender in your brain and a gender in your body. For 99 percent of people, those things are in alignment. For transgender people, they’re mismatched. That’s all it is. It’s not complicated, it’s not a neurosis. It’s a mix-up. It’s a birth defect, like a cleft palate.”

-Chaz Bono



Source: Pixabay

- LGBTQ+
 - Lesbian, Gay, Bisexual, Transgender, Queer/questioning
 - Umbrella term
 - LGB focuses on sexual orientation
 - TQ+ focuses on one’s gender identity

Be aware, terminology used in the community is rapidly evolving and changing.

It’s ok to ask someone what a term means or for clarification if you are not familiar or don’t understand!

The Gender Unicorn

Graphic by TSER

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender Identity:

One's perceived experience of their gender (male, female, non-binary etc.)

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a) **Cisgender** "same"-One's gender identity and sex assigned at birth are congruent
 b) **Transgender** "opposite or across"-One's gender identity differs from sex assigned at birth. Umbrella term.
 c) **Gender Diverse individuals**- One's gender identity falls outside of the gender binary of male or female.
 -Gender non-binary- Umbrella term for all genders other than Man/woman. Not all gender non-binary folks will identify as transgender
 -Gender umbrella term in which one does not identify with either gender or may be gender neutral.
 -Gender fluid or Genderqueer-An identity commonly used by people who do not identify or express their gender within the gender binary.
 ***Transsexual is an outdated term, and is often now considered derogatory by some individuals but referred to a transgender person who completed gender affirming surgical procedure(s).
 1. "Definitions." *Trans Student Educational Resources*. www.transstudent.org/about/definitions/.

Gender Expression:

Outward portrayal of one's gender identity masculine, feminine, or androgynous, *culturally* defined.

-Examples of gender expression in western culture

- Dress/clothing
- Physical appearance
- Modification of secondary sex characteristics
- mannerisms, speech patterns

Examples how transgender patients may express their gender

a) Chest "binding"- wearing tight fitting braces to help create a flatter, more masculine chest appearance, minimize appearance of breast.

b) "Tucking"- securing penis, scrotum and testes posteriorly with tape or a tightly fitting undergarments to maintain a flat front.

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Sex Assigned at Birth

Biologic construct defined by genetic, anatomic, hormonal and physiologic characteristics Male, female, intersex

-primary and secondary sex characteristics

-Sex/reproductive organs

- Intersex or Disorder of Sex Development (DSD)
- Disorders of sex development (DSD) are congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical¹
- Examples: Adrenal Congenital Hyperplasia, Androgen Insensitivity Syndrome.
- Hermaphrodite is an outdated and derogatory term that should not be used.

"AFAB" or "AMAB" meaning Assigned Female at Birth etc.

1. Houk CP, Hughes IA, Ahmed SF, Lee PA Writing Committee for the International Intersex Consensus Conference Participants. Summary of consensus statement on intersex disorders and their management. *International Intersex Consensus Conference. Pediatrics*. 2006;118:753.

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Sexual Orientation:

one's physical, romantic, or emotional attraction to others. "Who you love"



- Heterosexual- Attracted to the opposite sex "straight"
- Homosexual- Attracted to the same sex "gay"
- Pansexual- Attracted to all sexes/genders
- Bisexual – Attracted to both men and women
- Asexual- Lack of romantic or physical attraction to others.
- Some transgender individuals may identify as gay, but majority often will not

Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns so we use examples to best demonstrate. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

© transstudent.edu/resources
 To learn more, go to: www.transstudent.org/gender
 Design by London Pan and Anna Moore

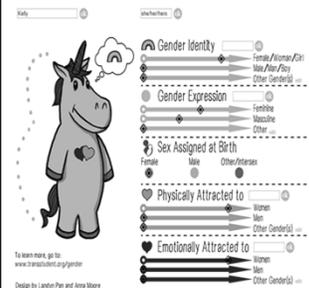
Source: Trans Student Educational Resources

Pronouns, matter!

- The only way to know someone's pronouns is to ASK them.
- Some people do not use pronouns.
- ALWAYS use a patient's pronouns during communication regardless if patient is physically present. For example, when with talking with other members of the patient's care team when the patient is not present, use their pronouns.

Additional terms

- Drag queens and kings- people who dress in clothing associated with the opposite gender often in an exaggerated/theatrical fashion, part time. Does not imply anything about someone's gender identity, sexual orientation etc.
- Cross dressers or Transvestites- People who dress and adopt a presentation of the opposite gender for emotional or sexual satisfaction may live part time in the cross-gender role.
- Queer- used to be considered a derogatory term (for some patients it might be) modern context refers to one whose sexual identity or gender identity falls outside of cultural norms, umbrella term.



Source: Trans Student Educational Resources

- Kelly identifies as female and uses the pronouns she/her/hers. She was female assigned at birth. She likes to play sports and garden. She prefers to keep her hair shorter. She does not wear makeup and wears minimal jewelry. Kelly prefers to wear suits instead of dresses in professional situations. She is attracted to other women and identifies as a lesbian.

• Terry works 2nd shift at a local warehouse. He and his wife have two children. Terry was assigned female at birth and identifies as a transgender male. He uses the pronouns he/him/his. He feels most comfortable in jeans or t-shirts. He likes motorcycles and restoring cars. He is physical and emotionally attracted to women and identifies as heterosexual.

• Sidney is studying at a local university, studying biology with plans to attend vet school in the future. Sidney identifies equally with male and female genders and would consider themselves genderqueer. Sidney likes to play video games, and likes to collect comic books. Occasionally they will wear some nail polish and light makeup. Sidney uses the pronouns they/them/theirs. They are not currently in a relationship but they are attracted to all genders and they consider themselves pansexual.

Healthcare Disparities Among the Transgender Community

Health Disparities

“Denial of health care by doctors is the most pressing problem for me. Finding doctors that will treat, will prescribe, and will even look at you like a human being rather than a thing has been problematic. Have been denied care by doctors and major hospitals so much that I now use only urgent care physician assistants, and I never reveal my gender history.”

-Survey respondent from the National Transgender Discrimination Survey 2011

1. Institute of Medicine Committee on Lesbian Gay Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press; 2011. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK64806>. Accessed 11/28/2018

Health Disparities

- In 2010 National Institutes of Health (NIH) and Institute of Medicine (IOM) organized a committee to better understand the health care needs for the LGBTQ community and where knowledge and research gaps exist.
- What effects the health of gender minorities?¹
 - Stigma/transphobia
 - Legal oppression /lack of protection
 - Lack of LGBTQ experienced providers
 - Lack of robust LGBTQ+ curriculum in medical education
 - 50% survey participants reported having to teach their providers about transgender care²
 - Minority Stress Model (Brooks, 1981)

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

Race of Respondents

- National Center for Transgender Equality and National Gay and Lesbian Task Force in 2011 conducted the *National Transgender Discrimination Survey*
- Survey of 6,450 Transgender and gender non-confirming participants.
- 19% reported experiencing homelessness at one point
 - 15% of respondents lived in extreme poverty (4x higher than the general population)
 - 57% experienced significant family rejection
 - Unemployment rate of 14% (2x higher than national average at the time of survey)
 - 16% had some experience in underground work (including sex work and drug sales), highest in people who lost their jobs given bias (28%)
 - Transgender persons of color had even higher rates of working in the underground economy

Household Incomes of Respondents³

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.



Source: Pixabay



Source: Pixabay

- 41% of respondents reported attempting suicide, compared to 1.6% in the *general population*¹
- 19% reported being refused medical care¹
- Rates of HIV 4x higher than the national rates.
 - ✓ Even higher among transgender people of color
 - ✓ In the 2015 US Transgender survey 1 in 5 black transgender women were living with HIV.²
 - ✓ CDC reports estimates among TGW, one quarter are living with HIV, and half of black/African American TGW are living with HIV.³
- 28% postponed medical care given fear of discrimination and 48% due to inability to afford medical care¹

1. Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.
 2. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
 3. HIV/AIDS. (2018, November 30). Retrieved December 1, 2018, from <https://www.cdc.gov/hiv/topics/transgender/about/index.html>



Source: Pixabay

Experiences of Discrimination and Violence in Public Accommodations

Location	Denied Equal Treatment	Harassed or Discriminated	Physically Assaulted
Retail Store	32%	37%	3%
Police Officer	20%	29%	6%
Doctor's Office or Hospital	24%	25%	2%
Hotel or Restaurant	19%	25%	2%
Government Agency/Official	22%	22%	1%
Bus, Train, or Taxi	9%	22%	4%
Emergency Room	13%	16%	1%
Airplane or Airport Staff/TSA	11%	17%	1%
Judge or Court Official	12%	12%	1%
Mental Health Clinic	11%	12%	1%
Legal Services Clinic	8%	6%	1%
Ambulance or EMT	5%	7%	1%
Domestic Violence Shelter/Program	6%	4%	1%
Rape Crisis Center	5%	4%	1%
Drug Treatment Program	3%	4%	1%

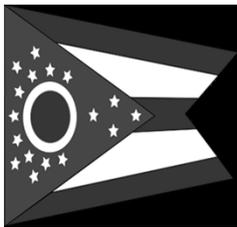


- **2015 US Transgender Survey (USTS)** which was an anonymous online survey of 27,715 transgender adult respondents from all 50 states and US territories, conducted by National Center for Transgender Equality.
- **40%** of respondents have attempted suicide in their lifetime compared to 4.6% in the general population.
 - Within the past year 7% of respondents had attempted suicide (0.6% national average).
- Of the people who had seen a health care provider in the past year, 33% reported at least one negative experience related to being transgender.
 - This included being refused treatment, verbally harassed, physically or sexually assaulted, or having to teach their provider in order to get appropriate care.



- 23% did not seek needed medical care because of fear of being mistreated related to their gender identity, 33% did not seek care because of affordability.

Local Health Care Experiences



Source: Pixabay

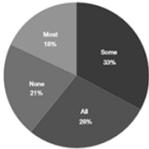
- The 2015 USTS of the 27,715 respondents, 941 were from Ohio.
- 1/3 experienced homelessness
- 1/3 of those who saw a healthcare provider in the past year, had a negative experience related to their gender identity.
- 15% reported a mental health professional or religious advisor tried to discourage them from being transgender.

2015 U.S. Transgender Survey: Ohio State Report. (2017). Washington, DC: National Center for Transgender Equality.

Providing Culturally Competent Care

"If there is not a place for me on your forms, there is not a place for me in your office"

When Seeking Medical Care, How Many People Know or Believe You Are Transgender or Gender Non-Conforming?

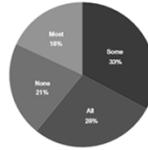


- **Modify forms to allow patients to self identify gender identity**
- **Use gender inclusive language on demographic forms**
 - Partner or spouse *instead* of husband/wife
 - Parents/guardians *instead* of mother/father
- **Use a patient's pronouns and chosen name at all times**
 - Always ask a patient's preferred pronouns and chosen name as these often will be different on medical insurance cards and IDs.
 - If you accidentally misgender a patient or use their "dead" (birth) name, simply apologize and move on, do not dwell on this mistake!
 - Clearly note these in the chart so other providers can access this information easily.
 - Pay close attention to how your office will generate communications. Make sure the communication has proper pronouns and a patient's chosen name. (i.e. computer generated letters).

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

"If there is not a place for me on your forms, there is not a place for me in your office"

When Seeking Medical Care, How Many People Know or Believe You Are Transgender or Gender Non-Conforming?



- **Mirror the language your patient uses**
 - For example not all gender non-binary patients will identify as transgender, and some patients may identify as female rather than a transgender female etc .
- **Ask open ended questions and don't make assumptions**
 - "Are you sexually active, what are the gender or genders of your sexual partners?"
 - You can use phrases like "sperm producing" or "egg producing" partners when talking about contraception.

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

Gender identity (two-step):

1. What is your gender identity?

Male

Female

Transgender man / Transman

Transgender woman / Transwoman

Genderqueer / Gender nonconforming

Additional identity (fill in) _____

Decline to state

2. What sex were you assigned at birth?

Male

Female

Decline to state

- **Respect a Patient's right to privacy.**
 - If you have learners in your clinic, always ask your patient if they are ok with a learner evaluating the patient, or being present during the exam.
 - Even though it is often not the intent of the provider who has a learner, trans/GNC patients may feel like they are "medical spectacles"
 - Even if your patient is open about being transgender in the office, this does NOT mean they are open in other situations as they may face discrimination, violence etc. Keep this information private in public domains.
- **During an exam be cognizant of dysphoria around organs/body parts.**
 - Ex: Transgender men may prefer the term "top" or "chest".
 - Ask a patient how they would prefer you to refer to certain body parts or organs.
- **Stick to what is relevant for the visit**
 - If someone has a sore throat, you do not need to inquire about one's surgical status



- **Provide training to staff members on gender diversity**
 - Free online training available through multiple websites
 - HRC.org
 - LGBTHealthEducation.org
 - transhealth.ucsf.edu
- **Make sure there are gender neutral restrooms available for patients**
- **Does your office have LGBTQ+ friendly signs/material in patient areas?**

Health Maintenance

- **Cancer screenings**
 - limited evidenced based screening guidelines, still recommend screening for cancer based on organs present
 - Transwomen with breast development will need breast cancer screening.
 - Likely a lower risk of breast cancer than ciswomen. Many providers will start screening at 50 and after at least 5 years of feminizing hormonal therapy.
 - Transman will need pap smears if they have not had a hysterectomy, follow usual guidelines for cervical cancer screening.
 - Transwomen will need prostate cancer screening discussions, again likely lower rates of prostate cancer than cisgender population.
- **STI/HIV screenings**
 - PreExposure Prophylaxis (PrEP) for HIV reduction
- **Depression screenings**
- **Substances of abuse screening**
- **Screening for history of abuse**

Deutsch, Madeline B. "Center of Excellence for Transgender Health." *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People: Mental Health Considerations with Transgender and Gender Nonconforming Clients*. transhealth.ucsf.edu/trans?page=guidelines-cancer.

Resources for Transgender and Gender Non-Conforming Patients



International Resources

World Professional Association of Transgender Health (WPATH)
<https://wpath.org>

-Standards of Care v7 (guidelines for transgender care, gender affirming surgeries, gender affirming hormonal therapy)

National Resources

University of California San Francisco Center of Excellence for Transgender Health
<http://transhealth.ucsf.edu/>

-Transgender primary care guidelines including gender affirming hormonal therapy guidelines

Fenway Health in Boston, MA
<https://fenwayhealth.org/>
 Largest LGBTQ+ Health Center in the US



Local Resources

In Ohio

TransOhio
<http://www.transohio.org/>

Clinics:

Equitas Health
<http://equitashealth.com/>
Transgender Primary Care Clinic (Columbus)
<https://wexnermedical.osu.edu/primary-care/transgender-primary-care-clinic>

THRIVE Program (Columbus, OH)
<https://www.nationwidechildrens.org/specialties/thrive-program>
 -Pediatrics and adolescents

Pride Network (Cleveland, OH)
<https://www.metrohealth.org/primary-care/pride-network>

Local LGBTQ Mental Health Resources

Mental Health Services

Equitas Health (Columbus and Dayton)
www.equitashealth.com

Clintonville Counseling and Wellness
(Columbus)
www.clintonvillecounselingandwellness.com

Affirmations Counseling (Columbus)
<https://www.affirmationstherapy.com/>

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