

HEALTHCARE EXPERIENCES OF TRANSGENDER INDIVIDUALS:

PRACTICE IMPLICATIONS & EVIDENCE-BASED STANDARDS

Sherry Hendrickson, PhD, APRN, ACNS-BC
 University of Texas at Austin School of Nursing

Acknowledging: David Walsh, MSN, RN, PMHNP-BC; Claire Contreras, MSN, Erika Sells MSN, RN, PMHNP-BC

PURPOSE

- To share healthcare experiences of transgender individuals and related EBP guidelines applicable to CNS practice
- GOAL of increasing CNS transgender care competency & cultural humility

BACKGROUND

- CNS recognize a transgender person with a gender identity and/or gender expression other than the one assigned at birth, does have unique health care needs.
- AND ... likely aware: of HP 2020 added objective, & of World Professional Association for Transgender Health (WPATH) Standards of Care.
- Less aware of the urgency of listening to individuals behind statistics and of changing their practice.

DEMOGRAPHICS

U.S transgender population is estimated >1.4 million people (Flores, Herman, Gates & Grown, 2016).

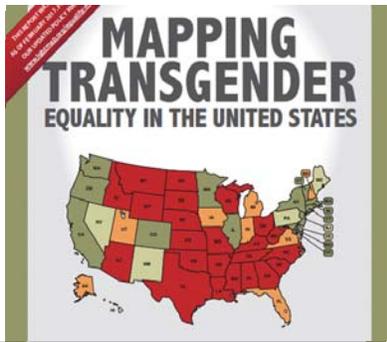
Compared with nontransgender individuals:

- more likely to be non-White (40.0% vs 27.3%)
- & below the poverty line (26.0% vs 15.5%);
- as likely to be married (50.5% vs 47.7%),
- " living in a rural area (28.7% vs 22.6%), &
- " employed (54.3% vs 57.7%); &
- less likely to attend college (35.6% vs 56.6%) Behavioral Risk Factor Surveillance System, 2014

URGENCY

25 States with *Negative* Legal Equality for Health & Safety r/t gender identity

- 5 Measures of Non-Discrimination: 1) Youth Laws/Policies; 2) **Health/Safety**; 3) Correct Name & Gender; 4) Adoption 5) Parenting



URGENCY

- Conversion Therapy: an est. 20,000 teens 3 to 17 y.o will receive the treatment from a healthcare professional before 18 for being LGBT.

- approx 57,000 will undergo conversion therapy by a religious or spiritual advisor.

Jan. 2018: <https://williamsinstitute.law.ucla.edu/category/research/>



URGENCY

Compared with cisgender people:

- more days per month of poor physical and mental health
- more likely to have had myocardial infarction.
- a lower proportion of transgender people had a regular health care provider and dental care.

Behavioral Risk Factor Surveillance System, 2014

However, did *not* differ from in other aspects of health including:

- chronic diseases, cancers
- depressive disorders
- health behaviors
 - smoking,
 - binge drinking,
 - always wearing a seatbelt

DISCRIMINATION IN MEDICAL CARE

- One-third (33%) of respondents in US Transgender Survey reported having at least one negative experience with a health care provider in the past year related to being transgender, such as verbal harassment or refusal of treatment.
- In the past year, 23% of transgender respondents postponed medical care because of fear of being mistreated, and 33% did not see a doctor because of cost. (<http://www.lgbtmap.org/file/mapping-trans-equality.pdf>)

STATISTICS DON'T TELL THE WHOLE STORY

I'm treated as emotionally unstable and patronized by many providers. It's like they think I'm stupid and child-like. They might use the right pronouns at first, but then they give a knowing smile, switch to "sweetie" and talk down to me. I have an Ivy-league education, a professional license, and could crush you in Trivial Pursuit, for goodness sakes. I'm not an idiot! I just go along with it though.

(Phase 1 participant)

HEALTHCARE EXPERIENCES OF TRANSGENDER IDENTIFIED PEOPLE LIVING IN CENTRAL TEXAS

2 Phase mixed-methods study

- Phase 1: 47- item, anonymous, online survey with multiple choice & free-response questions, taken by 14 participants
- Phase 2: guided by Phase 1 data to create semi-structured interviews with 12 transgender individuals, one who also identified as non-binary.

RESEARCH PROCESS

Theory of Minority Stress was originally hypothesized in relation to double standard of mental health for women, & stigma and discrimination

- IRB approval
- Purposive sampling representation of transwomen, transmen & nonbinary perspectives
- 3 Domains for reports of qualitative research: COREQ 1) Research team, 2) Study design & 3) Analysis & findings

EVALUATIVE CRITERIA

- **Objectivity/Confirmability** - relative neutrality, freedom from unacknowledged researcher bias, explicitness about bias?
- **Reliability/Dependability/Auditability** is the process of the study consistent, reasonably stable over time?
- **Internal Validity/Credibility/Authenticity** - Truth value. Do the findings make sense?
- **External Validity/Transferability/Fittingness** - conclusions have any larger import?
- **Utilization/Application/Action Orientation** - What does the study do for participants?

<http://www.qualres.org/HomeMile-3675.html>

DATA ANALYSIS

- NVivo a qualitative data management and analysis software

Process included:

- 1) reading through the entirety of the transcript,
- 2) rereading transcripts noting transitions in meanings,
- 3) using the words of participants to identify meaning units,
- 4) translating meaning units into the structure of an experience,
- 5) integrating the structure of the experiences to clarify the essence of the lived experience.

PHASE 1: FINDINGS

- 14 participants: 6 transmen, 5 transwomen & 1 non-binary participant who also identifies as transgender.
- *trans friendly might not be trans competent. Those two are not necessarily the same things.*
- *When in the hospital I was really sick. I didn't only not feel up to explaining (transgender) but I was afraid if I did I might receive worse care.*
- *RE- "gender-confirming" surgery: If I do not have surgery to bring my body closer into line with my gender either because I don't feel the need, can't afford it, or are medically unable to, is my gender less confirmed?*

PHASE 1 FINDINGS

- *Maybe asking if people are HIV+ and have had their hormones used as a way to get them to comply with HIV treatment.*
- *They (pharmacists) didn't decline to give me the hormones but gave me a very hard time to purchase the syringes needed for my shots. Also took them a very long time to fill my prescription order and always finding a way to delay it.*
- *Doctor said she wouldn't talk to me about hormones until I lost 100 pounds and "looked more manly."*
- *I initially tried to use my insurance. But the constant fight for coverage wasn't worth it. I decided \$50 every 6 months was the price I was willing to pay not to talk to my insurance representatives.*

PHASE 1 FINDINGS SUMMARY

4 Main Themes Included: 1) "mispronouncing" by HCPs, meaning misgendering

2) lack of respect
3) lack of both clinical & cultural competence among HCPs 4) struggles with insurance coverage.

PHASE 2 FINDINGS

12 participants – missing demographics on 1 subject

- Age: 41.7% 25 to 34 year old age range; 16.7% in each of the other age ranges: 35-44, 55-64 & 65-74,
- Gender: 57% identified as female-to-male (FTM)
- Race: 67% White (8) & one person identifying in each of the following categories: Hispanic; Native American; & Multiracial/mixed race
- Household Income: from <\$10K to>\$150K
 - 16.7% < \$29K
 - 33.4% < \$50K
 - 25% \$70-90K
 - 8.3% \$90-100K & 8.3% >\$150K

PHASE 2 FINDINGS SUMMARY

4 Main Themes Included:
1) provider practices - both positive & negative;
2) discrimination

3) challenges to navigating the healthcare system &
4) need for transgender-specific provider education.

PROVIDER PRACTICES – POSITIVE

- *She was frank and open-ended and let me know a lot of details that I didn't know. She was helpful, and I got gendered correctly all the way through there, and everything was handled really well, I thought.*
- *Something that impressed me inordinately, I went in for a colonoscopy ... and I was filling out the forms & under sex, they had male, female, other ... I don't actually need that box, but the very fact that it exists...*
- *With one guy who drew blood, I was like, "that was really nice!" I was very early presenting femme, my body didn't look terribly femme, asked how I was, said I had a pretty necklace - just good, personal, bedside whatever.*
- *I feel like that's some kind of white, male privilege that I got - that a black trans woman wouldn't have been able to get. I feel like I've had a very privileged experience with mental healthcare & physical healthcare*

PROVIDER PRACTICES-NEGATIVE

- *I was very confused & very scared... doctors were reinforcing these stereotypes that transness didn't exist...in the 80's.*
- *The GP really had no sense of what I meant when I said I was trans. That was me informing her... she certainly wasn't warm & welcoming about me being trans. She didn't act like she took me very seriously. She didn't ask any questions about what that meant for me, which I kind of expected...no discussion of what it meant for my health.*
- *Whenever you started those conversations it was just like they - they slam that door. - it wasn't worth educating or fighting. It was just put my tail between my legs and, um, go along with a different identity that they were prescribing to me.*
- *It was really uncomfortable and awkward - it became less awkward over time, but was just kind of weird.*

DISCRIMINATION

- *I know a couple of guys that live in very small town cities that don't have the access. They're almost close to suicide because every doctor that they know just rejects them or tells them, "You're a freak" or the Bible his or that. A lot of things come to play.*
- *... so he's a really good doctor, until he found out I was trans. All of a sudden, he didn't know how to treat me. His entire demeanor, bedside manner changed, in a matter of two minutes.*
- *She went into the hospital with abdominal pains and when she first got in, the treatment was excellent...taking care of her, very respectful. Then, they found out that she was trans. The doctor came in and took one look at her and said, "I'm not going to treat that." ... basically just refused treatment. They told her that she just needed to go home and take some Pepto Bismol They sent her home and she died of a ruptured appendix and septicemia.*
- *not just rural areas of the South, but in other parts of the country where they aren't necessarily known for being prejudice or conservative, even there you know trans people really are not treated very well by the medical profession.*

NAVIGATING THE HEALTHCARE SYSTEM

- *it's just it's really hard to find trans friendly doctors, nurses, etc., etc. I'm lucky enough to live in a city where I have a couple of doctors that are like that. But even then, even going into the office, it's kind of like that fear. I still get some looks kind of like an experimental look which I'm used to now. You kinda just have to become numb to that.*
- *if you do have insurance and they will cover it, it's finding a doctor that will take that insurance and is competent. That's that's where it becomes tricky.*
- *I've looked on Facebook groups. I looked everywhere online that I could find because I hate talking to people in person. It makes me so super anxious. Yeah, but having to deal with the insurance and actually calling the offices was super stressful.*
- *Because if you just call them and say, "Do you all do hormonal treatment for that (transgender tx)?" Almost every single one of them said no or else they transferred me around and hung up on me.*

PROVIDER TRANS-EDUCATION

- *There's a lot of doctors out there right now who don't know and don't want to know. I think we are seen as drug seeking, by a lot of the old providers, as problem patients, as being unpleasant, demanding...lot of them still view us as suffering from mental illness.*
- *She straight up seemed like she had never heard of being trans whatsoever, had no concept of it. So I had to explain literally everything.*
- *The idea that practitioners do not know much about being trans at all, and have next to no education. It's really discomfoting in terms of... repeatedly, people saying "There's not enough research to know what you're doing to your body, it's horrible.*
- *I do identify as non binary... the healthcare system has not addressed that part of the transgender community yet and what that means as somebody who has not begun ... "transitioning" services. I feel like I don't get seen as a legit trans person through the healthcare system. The little things I have sought some healthcare for, I end up not ... addressing the trans thing ... it's hard to start a conversation that's too big.*

DISCUSSIONSOMETHING YOU CAN DO

Practice cultural humility - "ability to maintain an interpersonal stance that is other-oriented ... in relation to aspects of cultural identity ...most important to the [person]." (ww.apa.org)

Get pronouns & preferred name right

Ask how person is feeling today - "gender is fluid"

***Avoid gendering body parts** eg use "gonads" rather than ovaries or testicles in discussion with patient; or chest tissue not breast tissue

Support HP 2020 Recommendations

LGBT-1.4 collect standardized data to identify transgender populations

- SOGI (Sexual Orientation - *don't assume*- & Gender Identity) Info in your agency

USE "2-QUESTION" IDENTITY VALIDATION

1. What is your sex or gender? (Check ALL that apply)

- (1) Male
- (2) Female
- (3) Transgender Male/Transman
- (4) Transgender Female/Transwoman
- (5) Genderqueer
- (6) Additional Sex or Gender: Please specify: _____
- (7) Unknown or Question Not Asked
- (8) Decline to State

2. What sex were you assigned at birth? (Check one)

- (1) Male
- (2) Female
- (3) Unknown or Question Not Asked

SOMETHING YOU CAN DO

Tailor interactions with transgender clients using EBP

- The Cochrane Library (www.cochrane.org)
- World Professional Association for Transgender Healthcare - www.wpath.org
- Standards of Care
- Agency for Healthcare Research & Quality
- Ctr. of Excellence Transgender Hlth. UCSF <http://transhealth.ucsf.edu/trans?page=protocol-evidence>
- Healthy People 2020 & the CDC
- Transgender Education Network of Texas



THANK YOU!

• For being here & for being change agents! As CNS experienced working with other marginalized, minority populations, we know we best meet the needs of the under-served when we have a better understanding of who they are.

