

# IMPROVING THE CARE OF TRANS AND GENDER DIVERSE INDIVIDUALS

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## Conflict of Interest Disclosure

*I anticipate referencing the unlabeled / unapproved use(s) of HRT (estrogen, testosterone, anti-androgens) for gender affirming hormone therapy is not approved by the FDA and the use of anti-androgenic agents for puberty suppression is not approved by the FDA*

*I have a affiliation (Speaker's Bureau) with this commercial entity: Gilead BioSciences*

ROME  
 2019 NEW ENGLAND  
 PROVIDENCE, RI, AUGUST 8 - 11

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## Where we are...

The screenshot shows a Google search for 'transgender'. The results include news articles from various sources such as Washington Post, CNN, and USA Today, covering topics like military service, parental rights, and birth certificates.

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The people most worried about my gender know the least about their own.

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Exploring your own relationship to gender

When did you first realize that you had a “gender” – in other words, that you were a “girl” or a “boy” or “female” or “male”? Consider stories about your own evolving awareness of gender.

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Gender is not decided here...

Image of delivery room immediately after baby's birth

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Gender is not decided here...

Cartoon showing teacher with two lines of young students. One student not in line asks: "Sorry, Teacher, but where do the kids whose most salient identity isn't gender and instead self-identify as 'awesome' line up?"

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Gender is not sexual orientation

- × Lesbian and Gay:
  - People who have (or desire to have) and intimate relationship with individuals of the same gender
- × Bisexual:
  - People who have (or desire to have) an intimate relationship with individuals of the same or different gender
- × Heterosexual:
  - People who have (or desire to have) an intimate relationship with individuals of different gender

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Sex vs. Gender

- × Sex: strictly biological (e.g. man or woman)
- × Gender: biological, cognitive, and social aspects of a human being, including identity, experience, and the expectations of others (e.g. masculine or feminine)

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## Sex v. Gender

× Gender

- ▣ The way that people are expected to act based on how their bodies look.
- ▣ E.g., the baby's parents buy it certain clothes, books, and toys; sign the baby up for certain classes; teach the baby certain manners

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Image of four coatracks with both black & white jackets, scarf and bright pink hats, scarves, etc.

Caption reads:  
"Think about a coat rack: sex is the physical structure of the coat rack, gender is what you hang on the coat rack."

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Image of a human torso wearing tee shirt. Tee shirt reads:

Gender, with arrow pointing up toward face  
Sex, with arrow pointing down

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What if sex and gender don't match?

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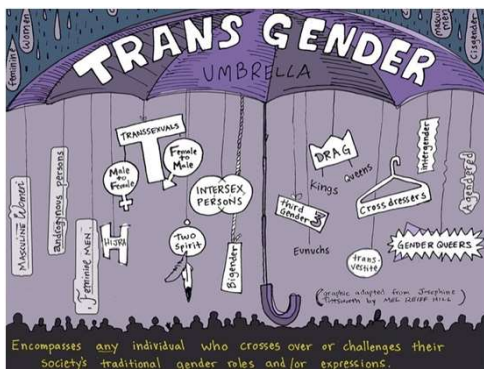
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Encompasses any individual who crosses over or challenges their society's traditional gender roles and/or expressions.

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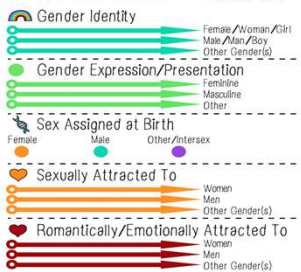
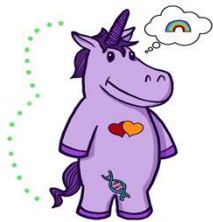
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## Gender/Postmodern Theory

### The Gender Unicorn

Graphic by: TSER



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)  
Design by Landyn Pan

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## Demographics

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Drawn image of a very crowded beach

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### HOW MANY PEOPLE IDENTIFY AS TRANSGENDER?

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- The answer to this question is not known because very few surveys ask about gender identity.
- 2016 meta-regression model looking at 12 national surveys suggested a current US population size of 390 adults per 100 000, or almost **1 million adults nationally**. This estimate may be more indicative for younger adults, who represented more than 50% of the respondents in our analysis. (Meenwijk and Sevelius, AJPH 2017)
- There has been very little research on transgender people and their health needs. Research has also shown that about 60–76% of transgender people have had hormonal therapy, and about 20–40% have had some surgery to help their bodies match their gender identity.
- The decision of whether to have medical or surgical treatment is based on personal choice for some; others would like to get treatments but cannot afford the cost (most insurance policies do not offer coverage).

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## Transgender Disparities

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### MMWR Survey on TG Students

**MMWR TRANSGENDER TEENS NEED SAFE & SUPPORTIVE SCHOOLS**

**TRANSGENDER STUDENTS IN SCHOOL**  
ALMOST 2% OF HIGH SCHOOL STUDENTS IDENTIFY AS TRANSGENDER

**TRANSGENDER STUDENTS FACE HEALTH RISKS**  
27% FEEL UNSAFE AT OR GOING TO OR FROM SCHOOL  
35% ARE BULLIED AT SCHOOL  
35% ATTEMPT SUICIDE

**SAFE AND SUPPORTIVE SCHOOLS CAN HELP!**  
• CREATE AND ENFORCE ANTI-BULLYING POLICIES  
• IDENTIFY AND TRAIN SUPPORTIVE SCHOOL STAFF

MMWR / January 25, 2019 / 68(3);67-71  
WWW.CDC.GOV

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### MMWR Survey on TG Students

- × 10 times more likely to have used heroin or methamphetamines
- × 6 times more likely to have attempted suicide (and been treated by medical provider for suicide attempt)
- × 6 times more likely to have been forced to have sexual intercourse
- × 4 times more likely to have been threatened with a weapon at school
- × 3 times more likely to have had sex before the age of 13

MMWR / January 25, 2019 / 68(3);67-71

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### Stigma

- × The disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society. Social stigmas are commonly related to culture, gender, race and health.
- × Transgender stigma limits opportunities and access to resources in a number of critical domains (e.g., employment, healthcare), persistently affecting the physical and mental health of transgender people.

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**Stigma**

**state anti-transgender bathroom bills threaten transgender people's health and participation in public life**

**POLICY BRIEF**

*'Transgender' Could Be Defined Out of Existence Under Trump Administration*



Donald J. Trump  
@realDonaldTrump

Transgender Americans make our country less safe. So, time to prohibit Trans Arms! #MAGA

2:55 AM - 27 Jul 2017

26,848 Retweets 80,465 Likes

[https://fenwayhealth.org/wp-content/uploads/2015/12/COM-2485-Transgender-Bathroom-Bill-Brief\\_v8-pages.pdf](https://fenwayhealth.org/wp-content/uploads/2015/12/COM-2485-Transgender-Bathroom-Bill-Brief_v8-pages.pdf)

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**Implicit Bias in Medicine**

- \* Explored the implicit and explicit sexual prejudice among medical doctors, nurses, mental health providers and non medical healthcare providers using Harvard Implicit Association Test (IAT)
- \* Data from over 6 year period. N = 351044
- \* Self identify as heterosexual, lesbian, gay, bisexual
- \* Evaluated >2,000 physicians (76% heterosexual), >5,000 nurses (85% heterosexual), >8,000 mental health providers (75% heterosexual)
- \* Total >200,000 took Sexuality IAT (77% heterosexual)

[Sabin, Am J Public Health. 2015 Sep;105\(9\):1831-41](#)

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**Implicit Bias in Medicine**

- \* Heterosexual providers ALWAYS favored straight people, similar to non-providers
- \* Across all groups heterosexual men showed stronger implicit preference for straight people than did straight women
- \* Lesbian and gay providers hold an implicit and explicit preference for lesbian and gay patients
- \* Heterosexual male physicians held strong implicit preference for straight men and women
- \* Heterosexual female physicians held strong implicit preference for straight men and moderate implicit preference for straight women
- \* Heterosexual female nurses held strong implicit preference for straight men and moderate implicit preference for straight women
- \* Heterosexual male mental health providers held strong implicit preference for straight men and moderate implicit preference for straight women

[Sabin, Am J Public Health. 2015 Sep;105\(9\):1831-41](#)

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## Implicit Bias in Medicine

- ✦ Lesbian providers in all categories showed an implicit preference for lesbian women and gay men
- ✦ Gay male providers in all categories showed an implicit preference for lesbian women and gay men
- ✦ Bisexual providers held mixed preference
- ✦ Straight, lesbian and gay providers and non-providers showed an explicit preference for people who share their sexual identity
- ✦ Except heterosexual female mental health providers who reported an explicit preference for lesbian women and gay men over straight people

[Sabin, Am J Public Health, 2015 Sep;105\(9\):1831-41](#)

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## Transgender Disparities

### Social Determinants of Health:

- The unemployment rate among respondents (15%) was **three times higher than the unemployment rate in the U.S. population**
- Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (14%)
- In the past year, one in eight (12%) respondents experienced homelessness because of being transgender.
- Forty percent (40%) have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.8%).
- Seven percent (7%) attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%).



Herman et al. 2016.

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## Transgender Disparities

### Social Determinants of Health:

- Only 11% of respondents reported that *all* of their IDs had the name and gender they preferred, while more than two-thirds (68%) reported that *none* of their IDs had the name and gender they preferred.
- The cost of changing ID documents was one of the main barriers respondents faced
- CT ID Change Cost:
  - Name Change = \$225
  - Passport = \$100
  - Birth Certificate = \$30
  - Drivers License = \$30
  - Total – Fees alone = \$395

Herman et al. 2016.

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## Transgender Disparities

- × One in five (20%) have participated in the underground economy.
- × Those who have done income-based sex work were also more likely to have experienced violence.
- × 72% have been sexually assaulted. Out of those who were working in the underground economy at the time they took the survey, over one-third (36%) were sexually assaulted during that year.

Herman et al. 2016.

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**TRANSGENDER DAY OF REMEMBRANCE / NOV 20<sup>TH</sup>**  
 Today, we remember and honor transgender people around the world whose lives have been lost to anti-transgender violence.

- × 2016-2017: was the deadliest year to date for murders of transgender individuals in the US
- × 27 transgender individuals were murdered in the US solely for their transgender status



**Nine Transgender Women Have Been Murdered In Just The First Four Months Of 2017**  
 "Trans women don't want any special privileges. We should have the right to live our lives open and free."

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## Discrimination of TGNC in Medicine

- × More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.
- × One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care
- × In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford it.

James, S. E., Herman, et al(2016) Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

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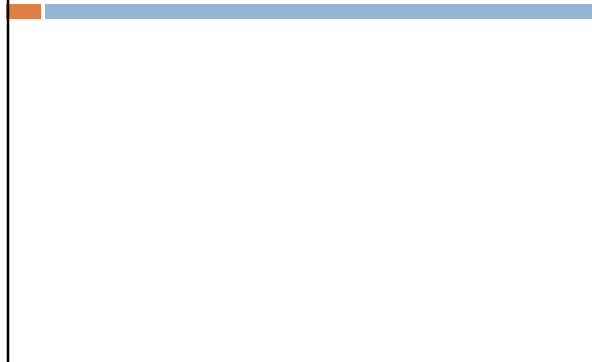
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## Trans-Inclusive Healthcare Spaces



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## Structural Changes



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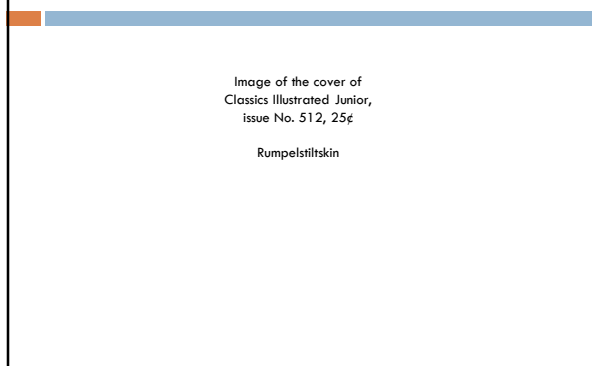
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## CORRECT NAMES/PRONOUNS



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## Addressing Patients

- It is not always possible to know someone's gender based on their name or how they look or sound. This is the case for all people, not just transgender people.
- Address people without using any terms that indicate a gender. Instead of asking: "How may I help you, sir?" you can simply ask, "How may I help you?"
- Avoid using "Mr./Mrs./Miss/Ms." by calling someone by their first name (if this is an acceptable practice in your organization) or by using their first and last name together.

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## Let's Practice ... Pronouns

	Subject	Object	Pronoun	Pronunciation
Gender Binary	she	her	hers	as it looks
	he	him	his	as it looks
Gender Neutral	they*	them*	their*	as it looks
	ze	hir	hirs	zhee, here, heres
	ze	zir	zirs	zhee, zhere, zheres
	xe	xem	xyr	zhee, zhem, zhere

\*used as singular

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## Addressing Patients

- APOLOGIZING FOR MISTAKES**
- Clearly, it is not always possible to avoid making mistakes, and simple apologies can go a long way. If you do slip, you can say something like: "I apologize for using the wrong pronoun/name. I did not mean to disrespect you."
- PRACTICING**
- Making changes in your speech can be a challenge at first. Most of us have learned to use gender terms like "ma'am" and "sir," in order to be polite. Practicing with your colleagues may be helpful.

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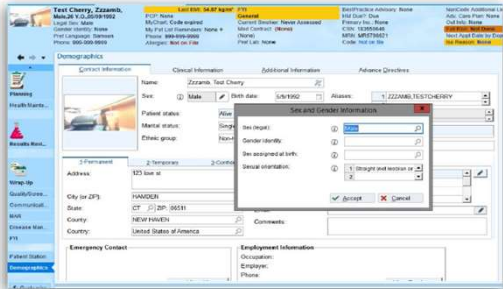
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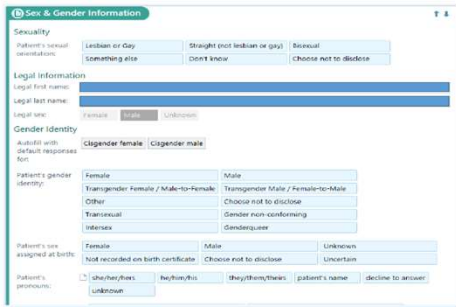
# Trans-Inclusive EMR

THE POP-UP BOX IS ACCESSED BY CLICKING ON 'LEGAL SEX' UNDER PATIENT'S NAME IN TOP BAR



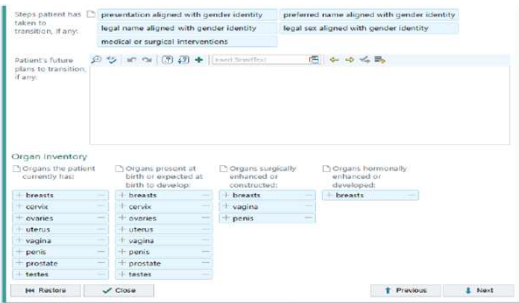
# Trans-Inclusive EMR

THE FOLLOWING IS FROM THE 'ROOMING TAB' (TYPICALLY ACCESSED BY MEDICAL ASSISTANTS / RNs)



# Trans-Inclusive EMR

OUTPATIENT VIEW (CONT'D)



## Legal Rights and Processes



TRANSSEXUAL EQUALITY

About Transgender People • Issues • Know Your Rights • ID Documents • Take Action • Blog

### ID Documents Center - Pennsylvania

Welcome to our one-stop hub for name and gender change information. Find out how to get a legal name change where you live and update your name/gender on state and federal IDs and records.

**Name Change, Driver's License & Birth Certificate Policies**

- Choose State/Territory -

**Federal IDs and Records**

- Choose -

**Transsexual Legal Gender Research**  
[Research](#)

**Pennsylvania Name Change Laws**

To obtain a legal name change in Pennsylvania, an individual must submit a petition to the court. The applicant must publish notice of the hearing, in non-transgendered, but publication requirements can be waived and records can be sealed for the applicant's benefit. Individuals with a felony conviction may change their name if more than two years have passed since the end of the sentence and if not under probation or parole, or if the individual has been pardoned. Individuals who have been convicted of violent crimes are not eligible to change their name. Upon approval of the name change, the court will notify the Attorney General and the State Policy who keep the name change information in a central repository. DA Pa. State, Title 17, §§ 1101-1102.

**Resources**  
 The National Center provides direct legal assistance for name and gender changes. The National Center guides on changing identity documents.

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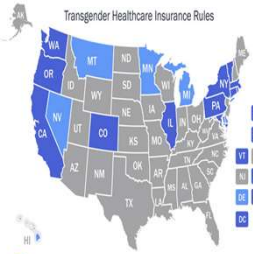
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## Protections and Insurances



Legend:  
● Explicit policies favoring trans inclusions in both private insurance and Medicaid coverage  
● Explicit policies favoring trans inclusions in either private insurance or Medicaid, but not both  
● No explicit policy resulting equal coverage in private insurance or Medicaid

Last updated 1/20/16



Legend:  
O Insurances not determined to have equal private and gender parity (19 states + DC)  
X Insurances not determined to have equal private insurance, though favoring trans in private insurance (16 states)  
+ Insurances not determined to having equal insurance in private and Medicaid (9 states)  
N All other states (26 states)  
D States that are awaiting coverage or enforcement of their nondiscrimination laws

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## Trans-Inclusive Medicine



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### Informed Consent for Hormones in Primary Care Setting

- × Informed consent model: Patient only needs to be able to understand risks and benefits and be sure about desire to transition

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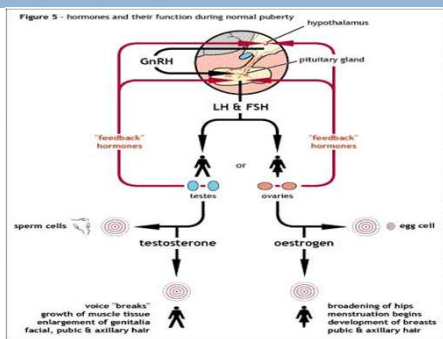
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### Puberty Suppression




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### Primary Medical Treatment Options

- × **HRT (Hormone Replacement Therapy):** the masculinizing or feminizing hormones that transgender people utilize in order to develop the secondary sex characteristics of the gender with which they identify
- × **GCS (Gender Confirming Surgery):** surgery undergone by some transgender people in order that their physical sex will match their gender identity

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**Primary Care Provision of HRT**

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CLINICAL PRACTICE GUIDELINE

**Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline**

Wylie C. Hembree,<sup>1</sup> Peggy T. Cohen-Kettenis,<sup>2</sup> Isaac Gooren,<sup>3</sup> Sabrina E. Havrilesky,<sup>4</sup> Wylie J. Meyer,<sup>5</sup> M. Hassan Mujumdar,<sup>6</sup> Stephen M. Rosenthal,<sup>7</sup> Joshua D. Soto,<sup>8</sup> Van Tangpricha,<sup>9</sup> and Eric O. Spelman<sup>10</sup>

New York: Professor Michael Coleman University Medical Center, New York, New York, 10032 (Hembree); University Medical Center, 10075 St. Louisville, Kentucky, 40203, (Cohen-Kettenis); Radboud University Medical Center, 6500 HB, Nijmegen, 6525 XD, Nijmegen, The Netherlands (Gooren); Kaiser Permanente Medical Center, 4300 La Tijera Blvd., Torrance, California, 90503 (Havrilesky); Kaiser Permanente Medical Center, 2001 First Street, San Francisco, California, 94115 (Meyer); Kaiser Permanente Medical Center, 1000 University Avenue, Berkeley, California, 94703 (Mujumdar); Kaiser Permanente Medical Center, 2225 R Street, Sacramento, California, 95811 (Rosenthal); Kaiser Permanente Medical Center, 1000 University Avenue, Berkeley, California, 94703 (Soto); Kaiser Permanente Medical Center, 1000 University Avenue, Berkeley, California, 94703 (Tangpricha); Kaiser Permanente Medical Center, 1000 University Avenue, Berkeley, California, 94703 (Spelman)

**Center of Excellence for Transgender Health**  
 Department of Family & Community Medicine  
 University of California, San Francisco  
 2nd Edition - Published June 17, 2016  
 Editor: Malinor R. Dornell, MD, MPH

**Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff**  
Updated Fall 2016

Endocrine Society, American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Endocrine Pathology, European Society of Endocrinology, International Endocrine Society, and World Professional Association for Transgender Health

**ENDOCRINE SOCIETY**  
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS  
**NATIONAL LGBT HEALTH EDUCATION CENTER**  
A MEMBER OF THE TRANS INSTITUTE

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**Medical Transition: HRT**

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Goal of HRT: promote secondary sex characteristics of the opposite sex (Israel & Tarver, 1997)

Hormones must be taken throughout entire life to maintain changes (Department of Health, 2007).

**Feminizing HRT:**  
 Anti-androgens, Lupron, spironolactone, finasteride  
**Feminizing Estrogen** oral, patches, gels IM & Progesterone oral  
 Process takes months to start (longer than TAM) and years to complete  
**Irreversible Changes:**  
 1) Breasts  
 2) Fertility  
 3) Fat Redistribution

**Masculinizing HRT:**  
 Testosterone Cypionate: Injection, Patches, Gels, Pellets  
 Goal of therapy is to maintain T level within normal range for cisgender male (350-1000) at trough Testosterone  
 Process takes months to start and years to complete  
**Irreversible changes:**  
 1) Beard/Facial Hair  
 2) Clitoral Growth  
 3) Infertility?  
 4) Voice

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**HRT for Transmen: Changes**

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- × Skin will become thicker and more oily.
- × Redistribution of weight
- × Hair will increase and thicken
- × Libido will likely increase
- × Periods decrease or vanish
- × Emotional changes

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## HRT for Transwomen: Changes

- × Breast growth (smaller than bio woman)
- × Body hair growth will lessen within several years, but facial hair will never completely disappear
- × Skin becomes thinner and less oily
- × Fat redistribution
- × Infertility is likely, but not definite

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## Gender Confirmation Surgery

- PCPs may recommended gender confirming surgeries to help meet patients' needs
- Multidisciplinary process
- Some of the procedures are relatively simple (e.g., mastectomy or electrolysis) while others are more complex operations (e.g., genital reconstructive surgery).
- Depending on access to medical services and/or preferences, transgender individuals may undergo anywhere from one to several of these procedures throughout their lifetimes.



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## Trans Allies



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### Ways to be an Ally for TGNC folks

- ✦ Never Out Anybody
- ✦ Know TGNC Terms: (AMAB, AFAB)
- ✦ Know What's Offensive: "Have you had the surgery?"
- ✦ Realize that the world can be a PAINFUL place for TGNC individuals: Rejection. Discrimination. Hate.
- ✦ Never Make Assumptions: *The point A to B myth*
- ✦ Listen: You WILL Learn Everything you need to know about how to respect me if you hear me.
- ✦ Fight with Sensitivity
- ✦ Keep Your Curiosity to Yourself: Ask yourself why Am I asking this?
- ✦ Get Political

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### Where is I.D. now? Case Revisited

- ✦ Started on HRT at second visit, currently on HRT x 2.5 years and s/p breast augmentation
- ✦ Name change completed and all legal documents changed to match gender identity
- ✦ Started on PrEP at second visit, has maintained adherence and HIV negative status
- ✦ Graduated HS and planning on CC for MA and possibly nursing
- ✦ Attending local HS Alateen meetings regularly

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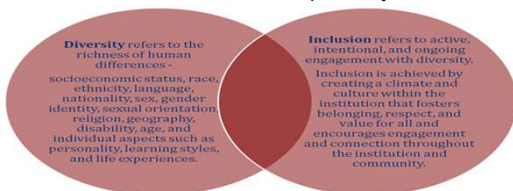
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### Finally....

- ✦ This is a complicated journey for patients
- ✦ Collaboration of all healthcare providers is essential, as is cultural competency and




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### Educational and Clinical Resources

- × [Center of Excellence for Transgender Health](#), University of California, San Francisco, Department of Family and Community Medicine.
- × [World Professional Association for Transgender Health](#) (WPATH)
- × [Gender Spectrum](#) (trans youth focus)
- × The National LGBT Health Education Center: Fenway Health




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### Legal and Patient Advocate Resources

- × [Transgender Law and Policy Institute](#)
- × [Sylvia Rivera Law Project](#)
- × [Transgender Law Center](#)
- × [National Center for Lesbian Rights](#)
- × [National Center for Transgender Equality](#)
- × [Lambda Legal](#)

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“Hope will never be silent.” - Harvey Milk

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QUESTIONS?




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