



## Meeting the health care needs of transgender patients: an overview

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### + Objectives

- Define some key terms and concepts
- Describe some of the major health and health care disparities facing transgender people.
- Share what resources and strategies we are employing for creating a welcoming and gender-affirming environment for transgender people



## + Key terms

- **Gender Identity** - An individual's internal sense of being male, female, both, neither; often this identity along a spectrum, rather than binary. Since gender identity is internal, one's gender identity is not necessarily visible to others.
- **Gender Expression** - How a person represents or expresses one's gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

## + Key terms

- **Transgender**: A term for people whose gender identity is different from their assigned sex at birth.
  - "Trans" is shorthand for "transgender."
  - Please note that transgender is correctly used as an adjective, not a noun, thus "transgender people" is appropriate but "transgenders" is often viewed as disrespectful.
  - According to 2011 findings from the Williams Institute, the transgender population in the U.S. represents about 700,000 people, 0.3% of American adults (this is likely under-reported)
- **FTM**: A person who transitions from "female-to-male," meaning a person who was assigned female at birth, but identifies and lives as a male. Also known as a "transgender man."
- **MTF**: A person who transitions from "male-to-female," meaning a person who was assigned male at birth, but identifies and lives as a female. Also known as a "transgender woman."

## + Key terms

- Gender transition/ gender affirmation: the process of coming to recognize, accept, and express one's gender identity.
  - Most often, refers to the period when a person makes changes that others can see (e.g., changes to appearance, changes to their name and gender presentation).
  - Called gender affirmation, because it allows people to affirm their gender identity by making outward changes.
  - Involves social, medical, legal components.
  - Gender affirmation can greatly improve a person's mental and general well-being.

## + Key terms

- Sexual Orientation - How one identifies their physical and emotional attraction to others.
  - Being transgender is not the same as being gay.
  - Transgender people can be of any sexual orientation

## + Stresses among transgender people negatively impact overall health

- According to the National Transgender Discrimination Survey:
  - 57% of people who identify as transgender have faced family rejection
  - 53% have been verbally harassed or disrespected in a place of public accommodation (e.g., hotel, restaurant, bus, etc)
  - 40% have been harassed when presenting ID
  - 26% have lost a job, and transgender individuals are twice as likely to be unemployed compared to general U.S. rate
  - 19% have been refused a home or apartment
  - Transgender individuals are 4x more likely to live on < \$10,000 annually compared to average American

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)

## + These stresses, which may be combined with internal stigma, have significant health impacts

- **Forty-one percent** of transgender people surveyed in one study said they had attempted suicide, compared with 1.6 percent of the general population.
- Risk increased for those who reported bullying, sexual assault and job loss.
- Analysis by the Williams Institute found 78% of transgender respondents who had endured physical or sexual violence at school had attempted suicide
- Healthy People 2020 reports that “Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals.”

Grant et al. (2011). Injustice at Every Turn:  
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## + Health care disparities among transgender people

- So, the concern is decreased access to health care in a setting of increased health risks
- A 2010 survey by the National Center for Transgender Equality and the National Gay and Lesbian Task Force found, among transgender respondents, that:
  - 19 percent said they had been refused health care due to their gender status, with higher numbers among people of color.
  - Twenty-eight percent said they had been harassed in a medical setting.
  - About half said they had to teach their medical providers about transgender care.

## + Health care disparities among transgender people

- Which leads to transgendered individuals not seeking medical services
  - 28% of transgender respondents postponed necessary medical care when sick or injured due to feared discrimination by health care providers
  - 33% delayed or did not try to get preventive healthcare due to feared discrimination by health care providers

## + So how are we, as health care providers, addressing this issue

- Recognizing that transgender health care is health care
  - Office policies affirming inclusion

## + Inclusive office policies

- There are a number of relatively simple things that can be done in an office to make transgender patients more comfortable, including:
  - Gender-neutral bathrooms
  - Forms which provide a blank space after the question on gender, or offering a “transgender” option on intake forms
  - Signage and forms in gender neutral language, such as using the word partner when asking about a patient’s sexual or relationship history
- Train all staff about transgender identity, terms, concepts
- Train all staff to use patients’ preferred names and pronouns

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  - Inclusive provider education and policies: Gender neutral language, appropriate screenings (If you have it, check it)

## + Inclusive provider policies

- All medical providers should provide competent, sensitive care for all of their patients, including transgender patients
- The core comprehensive history for transgender patients is the same as for all patients (keeping in mind unique health risks and issues of transgender populations)
- Use same, basic, gender-neutral initial questions for all patients
- Refer to transgender patients by their preferred name and pronouns, and recognize that preferred pronouns may change over time
- Listen to how people describe their own identities and partners; use the same terms, if comfortable
- Recognize that the need to affirm one's gender identity can supersede other health concerns at that time
- Realize that many have had negative experiences in the past and may perceive "slights," even when not intended
- Avoid asking questions out of curiosity; only ask what you need to know

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- Screening for concerns with increased incidence in transgender individuals, including:
  - Substance abuse
  - HIV/STDs
  - Tobacco use
  - Violence and victimization
  - Mental health, including suicidality and self-harm
- Pursuing standards of care for gender affirmation medications and procedures from national organizations, such as WPATH and Center of Excellence for Transgender Health at UCSF

## + Medical care related to gender affirmation

- Initial evaluation should be conducted by a clinician who has experience in transgender health (established gender care clinic at UC Davis Student Health)
- Some patients have more difficulty than others in their steps towards gender affirmation
  - Consider the impact of stigma and how to overcome it, esp. help identify sources of support
  - Work closely with counseling and psychiatry colleagues (often resistance to mental health care based on prior experiences or perceived judgment, and informed consent model is increasingly recommended, but team approach with appropriate resources is invaluable for many patients)
- What does success look like – understanding goals can help guide therapy
  - Hormones
  - Surgeries (top – breast removal or augmentation, bottom – genital surgeries, and other (tracheal shave, facial feminization, others)
  - Adjunctive (hair removal procedures, voice training, fertility preservation)



## + Conclusions

- Transgender individuals are at high risk for health concerns
  - Daily stress caused by stigma and discrimination can lead to adverse mental and physical health outcomes
  - Internalized stigma can cause self-harm and unhealthy risk behaviors
  - Fear of discrimination by health care providers affects access to care
- It is essential to both address the underlying contributors towards these health care disparities and provide competent, compassionate, and comprehensive health care to help address these concerns

## + Resources

- The National LGBT Health Education Center  
<http://www.lgbthealtheducation.org/>
- WPATH: World Professional Association for Transgender Health [www.wpath.org](http://www.wpath.org)
- Endocrine Society  
<http://www.endocrine.org/>
- Center of Excellence for Transgender Health  
<http://transhealth.ucsf.edu/>