WHY COMPETENT TRANSGENDER PATIENT CARE MATTERS – A CALL TO HEALTH PROFESSIONS EDUCATORS

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DISCRIMINATION AND DELAYED HEALTH CARE AMONG TRANSGENDER WOMEN AND MEN: IMPLICATIONS FOR IMPROVING MEDICAL EDUCATION AND HEALTH CARE DELIVERY

Andersen Behavioral Model of Health Care Use

Environment

Health care system
External environment

Population characteristics
Predisposing characteristics
Enabling resources
Need

Health behavior
Personal health practices
Use of health services

Outcomes
Perceived health status
Evaluated health status
Consumer satisfaction

Source: Laurie K. Weed, Jan Geyer: Evidence into Practice, Integrating Judgment, Values, and Research
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NATIONAL TRANSGENDER DISCRIMINATION SURVEY (NTDS)

• 70-question online survey about variety of experiences

• Developed by interprofessional team of researchers, lawyers, grassroots organizers, and LGBT movement leaders

• 6436 transgender respondents
CSRA NEEDS ASSESSMENT SURVEY

- 436 participants who identify as Lesbian, gay, bisexual, and/or transgender (LGBT)
  - 349 Cisgender Sexual Minorities
  - 56 Transgender
- Items that reviewed past and present health and mental health concerns
- Looked at negative provider interactions
  1. Refused Care
  2. Treated Poorly due to Sexual Orientation
  3. Treated Poorly due to Gender Identity
  4. Refused to Touch me/Used Excessive Precautions
  5. Used Harsh or Abusive Language
  6. Blamed me for my Health Status
  7. Need More LGBT Education
TRANSGENDER HEALTH DISPARITIES (NATIONALLY)

• Four times the national average of HIV infection
• 26% of respondents misused drugs or alcohol to cope with the mistreatment due to gender identity or expression
• 30% reported smoking daily
  • Compared to 20.6% general population
• 41% attempted suicide
  • Compared to 1.6% of the general population
• 26% had been physically assaulted at some point in their lives
• 10% had been sexually assaulted at some point in their lives
TRANSGENDER HEALTH DISPARITIES (CSRA)

• 53% experienced some form of discrimination in their lives
• 62% reported experiencing depression
• 33% considered attempting suicide
• 14 days on average/month of poor mental health
• Non-cisgender identity correlated to having used tobacco at some point in their lives
BARRIERS TO SEEKING HEALTH CARE (NATIONALLY)

• When sick or injured, reported postponing medical care due to:
  • 28% Discrimination
  • 48% Inability to afford it
• 28% reports verbal harassment in a doctor’s office
• 19% had been refused treatment because of transgender identity
• Four times more likely to have a household income of less than $10,000/year compared to general population
• Lacked health insurance compared to general population
  • 19% vs. 17% general population
BARRIERS TO SEEKING HEALTH CARE (CSRA)

- 59% reported having no primary care provider
- 42% reported having no insurance
- Higher rates of reporting low household income
- More mistreatment by healthcare providers
  - Excessive precautions used or provider refused to touch patient (27%)
  - Patient blamed for their healthcare status (27%)
  - Harsh or abusive language toward patient (32%)
  - Physically rough or abusive behavior toward patient (8%)
STUDY FINDINGS

Trans men
More likely to delay care related to discrimination than trans women
Factors: minority race, sexual orientation, education level, age, employment, needing to teach health care providers about people who are transgender.

Trans women
Factors: minority race, age, income, being uninsured, needing to teach health care providers about people who are transgender.

In both populations: having to teach health care providers about people who are transgender were 4x more likely to delay health care due to discrimination than those that did not.
PROVIDER BARRIERS

• Lack training that provide knowledge and understanding about transgender communities, identities, health disparities, language
  --Discomfort, uncertainty, creating an unwelcoming environment
• Conscious and unconscious bias
• More likely than not, the health care environment does not encourage provides to increase competency
DISCUSSION QUESTIONS

• What challenges or barriers, if any, have you experienced or think exist for educators in integrating transgender health into the curriculum?

• What advances, if any, has your health profession made to promote a climate that values provider competency in transgender health?

• What could we do to more effectively implement transgender health education into the curriculum?
  • Carve-out verses integrated approach?
  • When in the curriculum?
  • Classroom verses clinical experience?
JOURNAL OF HOMOSEXUALITY SPECIAL ISSUE:

AN INTERDISCIPLINARY APPROACH TO LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CLINICAL COMPETENCE, PROFESSIONAL TRAINING, AND ETHICAL CARE

M. BIDELL AND L. STEPLEMAN (EDS)

• Contextualizing Competence: Language and LGBT-Based Competency in Healthcare
• What Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Patients Say Doctors Should Know and Do: A Qualitative Study
• Sexual and Gender Minority Health Curricula and Institutional Support Services at US Schools of Public Health
• Advancing LGBT Healthcare Policies and Clinical Care within a Large Academic Healthcare System: A Case Study
• A Qualitative Study Examining Young Adults’ Experiences of Disclosure and Non-Disclosure of LGBTQ Identity to Healthcare Providers
• The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS): Establishing a New Interdisciplinary Self-Assessment for Health Providers
REFERENCES
