TRANSGENDER HEALTH: A PERSONAL PERSPECTIVE

Presented by Spencer Hardy, MT-BC
Cultural Competence Symposium
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TODAY’S GOALS

• To identify the barriers that transgender individuals face regarding access to healthcare.
• To demonstrate the use of inclusive language when interacting and communicating with transgender individuals.
• To identify ways to improve the quality of care given to transgender patients and families.
TRANSGENDER IDENTITY

• Transgender Identity is an Umbrella Term:
  • MTF – Male to Female, FTM – Female to Male
  • Gender variant (genderqueer, agender, gender non-conforming, gender expansive, gender creative)
  • “Trans”

• Sexuality vs. Gender Identity
  • Transgender individuals have many different sexual orientations, just like cisgender people

• Cisgender

• Preferred Pronouns
  • Gender neutral pronouns/singular “they”

• Coming Out/Transitioning
  • Not all transgender people chose to transition physically
The Gender Unicorn

Gender Identity
- Female / Woman / Girl
- Male / Man / Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other / Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

Design by Landyn Pan and Anna Moore

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

2010 Study by Lambda Legal

• 52% - “I will be refused medical service because I am…”
• 73% - “Medical personnel will treat me differently because I am…”
• 89% - “Not enough health professionals adequately trained to care for people who are…”
IN MY EXPERIENCE...

• Fear
  • that I will be treated different
  • That I will be judged
  • That I will have to out myself/explain the care I need
• Medical professionals not believing I am who I say I am
• Medical professionals asking questions that I didn’t find appropriate
• Insurance company denying coverage because of a gender mismatch with the CPT Codes
• Difficulty finding providers that work with trans folks/understand their health needs
  • And when I do find them, they’re not covered!
“Transgender and gender non-conforming people frequently experience discrimination when accessing health care, from disrespect and harassment to violence and outright denial of service... These realities, combined with widespread provider ignorance about the health needs of transgender and gender non-conforming people, deter them from seeking and receiving quality health care.”

(2011 Report of the National Transgender Discrimination Survey)
HEALTH DISPARITIES AND BARRIERS TO CARE

2009 Study by the Center for American Progress

• 57% of transgender individuals surveyed had access to health insurance vs. 82% of heterosexual respondents
• 50% of transgender individuals surveyed reported suicidal ideation vs. 5% of LGB and 2% of heterosexual respondents
HEALTH DISPARITIES AND BARRIERS TO CARE

2010 Study by Lambda Legal

- 26% of transgender individuals were refused needed health care
- 15% of transgender individuals reported that healthcare providers refused to touch them
- 20% reported that health care professionals blamed them for their health status
- 70% of transgender individuals reported one of the following scenarios: being refused medical care, medical professionals refusing to touch them, abusive language, being blamed for their health status, or physical abuse
- “In nearly every category, a higher proportion of respondents who are people of color and/or low income reported experiencing discriminatory and substandard care.”
HEALTH DISPARITIES AND BARRIERS TO CARE

2011 Study by the National Center for Transgender Equality

• 50% of transgender individuals reported having to educate their healthcare provider
• 28% postponed medical care due to discrimination
• 19% of transgender participants were denied access to healthcare
• 41% of respondents reported attempting suicide compared to 1.6% of the general population
• 26% report using or having used drugs and alcohol to cope with discrimination regarding their identity
• 2.64% reported being HIV positive compared to .6 of the general population
• 28% reported experiencing harassment in the medical setting
HEALTH DISPARITIES AND BARRIERS TO CARE

2011 Study by the National Center for Transgender Equality

“Discrimination was pervasive throughout the entire sample, yet the combination of anti-transgender bias and persistent, structural racism was especially devastating. People of color in general fare worse than white participants across the board, with African American transgender respondents faring worse than all others in many areas examined.”
(2011 Report of the National Transgender Discrimination Survey)
“Data suggest that discriminatory events are commonplace in the daily lives of transgender people and that this has a cumulative impact—from losing a job because of bias to losing health insurance; from experiencing health provider abuse to avoiding health care; from long-term unemployment to turning to work on the streets. The collective impact of these events exposed our respondents to increased risk for HIV infection, smoking, drug/alcohol use, and suicide attempts.”

(2011 Report of the National Transgender Discrimination Survey)
IN MY EXPERIENCE…

Here in Utah with Intermountain/Select Med:

• Access to care – finding transgender competent providers in network
  • Increased costs for out of network
  • Select Med wants to help – but system is not in place to provide this type of information

• Experience at the Front Line
  • Outing myself at the front desk when the receptionist assumed my wife was the patient
  • Requesting for staff to be informed about my trans identity before procedure

• Inpatient Experience
  • Gender marker mismatch/changing
  • Outing myself to nursing staff when she seemed confused
  • Making a personal connection with anesthesiologist
  • Conclusions: Overall I felt that I was treated kindly and with respect – the techs and nurses especially were incredible

• The system is just not set up YET to serve people like me, how can we change that?
HOW CAN WE IMPROVE OUR CARE?

• Listen to and reflect the patient’s choice of language
  • Preferred name and pronouns
  • If you are not sure, ask:
    • “how would you like to be addressed?”
    • “what name would you like to be called”
    • “which pronoun is appropriate”

• Do not make assumptions about an individual’s identity
  • Never assign a label to a person’s identity by inference
  • Reflecting the language used by the patient regarding their identity
  • Remember that any individual can be LGBTQ, regardless of appearance, behavior, age, self-identification, socioeconomic status, religion, race, ethnicity, ability/disability, or culture

• Do not ask questions about a person’s transgender status if the motivation for the question is only your own curiosity and is unrelated to care, it is inappropriate and can quickly create a discriminatory environment

*Adapted from the Intermountain Cultural Guide
HOW CAN WE IMPROVE OUR CARE?

• Be open and affirming in your interactions
  • Assess your own biases and beliefs
  • Interact without judgment
  • Respond respectfully if someone comes out to you
  • Appreciate the person’s willingness to share and trust in you
• Engage co-workers and colleagues regarding ways to create safer spaces
  • Respond to anti-trans behavior
  • Including the use of incorrect language by your coworkers
• Make remarks showing that you are aware and supportive of the transgender community
  • Display safe space sticker or something similar
  • Include diversity in your materials
  • Know the resources for transgender individuals in your community
RECOMMENDATIONS FOR INSTITUTIONS

• Establish non-discrimination policies
• Integrate transgender-sensitive care into professional standards
• Require professionals and students to undergo cultural competence training that is inclusive of transgender needs
• Insurance companies should cover transgender-related care
• Develop transgender-sensitive education and health care programs to address the rates of HIV infection, attempted suicide, drug and alcohol abuse, and smoking among transgender and gender nonconforming people
• Address the discrepancies that transgender people who are also people of color, low-income, seniors or members of other underserved populations may experience increase levels of discrimination in health care settings
• Providers should never base equal treatment and the attainment of appropriate government-issued identity documents on whether an individual has obtained medical transition or surgery, given that these are financially inaccessible for large majorities of transgender people
• Doctors and other health care providers who harass, assault, or discriminate against transgender and gender nonconforming patients should be disciplined and held accountable according to the standards of their professions
• Ending violence against transgender people should be a public health priority
• Additional research is needed to address the needs and health risks faced by the transgender community; research studies also need to include gender identity as a demographic

*adapted from the 2011 Report of the National Transgender Discrimination Survey and the 2010 Lambda Legal Survey of Discrimination Against LGBT People and People with HIV
REFERENCES


Thank you!!

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