OBJECTIVES

- Review gender terminology and transition paths
- Illustrate health care barriers for patients and providers
- Learn how to create a welcoming clinical environment for transgender persons
- Discuss sexual health care for transgender persons
CLINICAL EDUCATION

- Clinical training (?)
- Self-taught on the job
- WPATH Standards of Care
- UCSF Center of Excellence
- National LGBT Health Education Center
TERMINOLOGY & TRANSITION
**Biological sex:** primary and secondary birth characteristics; anatomy, chromosomes and hormones

**Intersex:** a variety of conditions in which a person is born with reproductive or sexual anatomy that does not correspond to typical definitions of female or male

**Gender identity:** psychological quality; individual’s self-perception as male, female, both, or neither

**Cisgender (cis):** sex assigned at birth same as gender identity

**Sexual orientation:** term used to signify sexual attraction, behavior, and/or identity
**TERMINOLOGY**

Transgender woman/trans woman: assigned male at birth with a female/feminine gender

Transgender man/trans man: assigned female at birth with a male/masculine gender

Genderqueer/gender non-conforming: identify as neither entirely male nor female, or a combination of both, or who present in a non-gendered way
The Gender Unicorn

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

Gender Expression/Presentation
- Feminine
- Masculine
- Other

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

Sexually Attracted To
- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To
- Women
- Men
- Other Gender(s)

Design by Landyn Pan
To learn more go to: www.transstudent.org/gender
PRONOUNS –VERY IMPORTANT!

- Binary pronouns
  - he, him, his
  - she, her, hers

- Non-binary pronouns
  - they, them, theirs
  - ze, hir

- If you misgender someone...

APOLOGIZE AND PROCEED

TERMINOLOGY: WHAT NOT TO SAY

Words that are offensive to transgender people:
- She-male or He-she
- It
- Trannie or tranny
- “Real” woman or “real” man
- Transgendered or a transgender

Unhelpful questions or comments:
- When did you decide to be a man/woman?
- You look so real. I never would have known.
- Have you had/ do you want THE surgery?
- What is your real name?

Gender transition/gender affirmation – the process of coming to recognize, accept, and express one’s gender identity

- When a person makes changes that are visible to others (e.g., changes to appearance, changes to their name and gender presentation); “pass” also used

- “Affirmation” used because it allows people to recognize one’s gender identity externally

STEPS OF A TRANSITION JOURNEY

- Psychological (sense of self)
- Medical (hormone therapy)
- Social (outward expression)
- Surgical
- Legal (identity documents)

Image from: https://thinkprogress.org/study-transgender-people-experience-discrimination-trying-to-use-bathrooms-34232263e6b3
Transgender people may decide to transition at any age.
Not all transgender people wish to transition completely to one gender.
They may or may not change their name or pronouns.
They may or may not use hormones or have surgery.
POPULATION HEALTH
HOW MANY PEOPLE ARE TRANS*?

There are 1.4 million adults who identify as transgender in the U.S. or 0.6% of the adult population.

State-level estimates range from 0.3% in North Dakota to 0.8% in Hawaii. 2.8%: Washington D.C. has the highest percentage of transgender-identified adults.

States with highest percentages of transgender-identified adults:

- Hawaii: 0.78% (8,450)
- California: 0.76% (218,400)
- New Mexico: 0.75% (11,750)
- Georgia: 0.75% (55,650)
- Texas: 0.66% (125,350)
- Florida: 0.66% (100,300)

Younger adults are more likely than older adults to identify as transgender.

- 18 to 24 year olds: 0.7%
- 25 to 64: 0.6%
- 65 and older: 0.5%

Williams Institute analysis of data from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) by Andrew R. Flores, Jody L. Herman, Gary J. Gates, and Taylor N. T. Brown
HEALTH CONCERNS

- HIV
- Mental health
- Suicidality and non-suicidal self-harm
- Substance use and abuse
- Tobacco use
- Violence and victimization
- Discrimination
- Delay seeking health care
- Health insurance non-coverage
- Lack of culturally competent care
2015 US TRANSGENDER SURVEY REPORT

Violence
- 1 in 10 reported family violence
- K-12: 54% verbal assault, 24% physical assault, 13% sexual assault
- 30% mistreated at work or fired because of gender

Social
- 29% living in poverty vs. 14% general US population
- 15% unemployed vs. 5% general US population
- 30% experienced homelessness at some point

Mental Health
- 40% attempted suicide in their lifetime vs. 4.6% US general population
- 39% experienced serious psychological distress

Restrooms
- 59% avoided using public restrooms out of fear
- 32% limited amount of food/drink
- 8% had UTI or kidney infection

Substance Use
- 25% used MJ vs. 8% general US population
- 29% reported illicit/MJ/nonprescribed vs. 10% US
- 49% working in underground economy reported binge drinking

Police
- 58% reported mistreated if known to be transgender
- 57% would feel uncomfortable asking police for help if they needed it

**San Francisco 2006-2009, 60 trans men, 223 trans women**
- Rates of gonorrhea of any site equal between trans men/women
- Trans men = higher rates of urogenital chlamydia
- No significant difference in syphilis or HIV rates

**San Diego 2008-2014, 30 trans men, 151 trans women**
- About 13% reported history of STIs
- HIV rate 2% vs. 3% for trans men and trans women-not significant

**Boston 2001-2010, 12-29 y/o: 63 trans women, 82 trans men**
- Almost half engaged in condomless sex
- Similar STIs except higher gonorrhea in trans women
- More sex work & casual partners in trans women, more primary partners in trans men

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**CDC STD Surveillance Report**

U.S. HIV Prevalence Rates

Trans men: 0.4-4.3%

Trans women: 2-29.9%

Trans women: 22% prevalence 34 fold higher

实验室转性女性: up to 40.1%

BARRIERS TO CARE
MARGINALIZATION & HEALTH

Insurance Coverage

- 13% were denied insurance coverage for gender specific health services
- 25% were denied insurance coverage for hormones
- 55% denied insurance coverage for surgery

Access to Care
- 23% feared mistreatment and did not seek care
- 33% did not seek care due to cost
- 3x more likely to travel >50 miles for transgender specific care
- 78% wanted hormone therapy treatment; 49% actually received it
**Health Care Providers (HCP)**

- **Lack of knowledge**
  - 40% reported their HCP knew they were transgender
  - 24% had to teach HCP about transgender care

- **Discrimination**
  - 1 in 3 had negative experience with HCP
    - Asked them unnecessary questions about transgender status (15%)
    - Refused to give transition care (8%)
    - Used harsh/abusive language (5%)
    - Were physically or sexually assaulted (1%)
“Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I’m afraid of what harassment or discrimination I may experience in a hospital or clinic.” Anonymous, USTS Report, 2015
WELCOMING TRANSGENDER PATIENTS
GENDER AFFIRMING MEDICAL CENTER TIPS

Ask everyone their sexual orientation, gender identity, and pronoun
(And write it down in their chart, tell your team, etc.)

1. What is your current gender identity?
   □ Male
   □ Female
   □ Transgender Male/Transman/FTM
   □ Transgender Female/Transwoman/MTF
   □ Genderqueer
   □ Additional category (please specify): _________________________________
   □ Decline to answer

2. What sex were you assigned at birth?
   □ Male
   □ Female
   □ Decline to answer

3. What pronouns do you prefer (e.g., he/him, she/her)? ___________

Do not assume anything about one’s identity…

Gender identity does NOT equal sexual orientation!

Do Ask, Do Tell

A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings
# Front Line Staff – Customer Service

<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Examples</th>
<th>Customer Service Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid specific gender markers</td>
<td>“How may I help you today?”</td>
<td>RESPONSIVENESS</td>
</tr>
<tr>
<td>Politely ask if you are unsure about a patient’s preferred name or pronoun</td>
<td>“I would like be respectful—how would you like to be addressed?” or “What name and pronoun would you like me to use?”</td>
<td>OPEN-MINDEDNESS</td>
</tr>
<tr>
<td>Ask respectfully about names</td>
<td>“Could your chart be under another name?” Avoid: “What is your legal name? What is your real name?”</td>
<td>COMMUNICATION</td>
</tr>
<tr>
<td>Did you goof? Politely apologize</td>
<td>“I apologize for using the wrong pronoun. I did not mean to disrespect you.”</td>
<td>ACCOUNTABILITY</td>
</tr>
<tr>
<td>Gender neutral language</td>
<td>Use “they” instead of “he” or “she”.</td>
<td>RELIABILITY</td>
</tr>
<tr>
<td>Only ask information that is required</td>
<td>Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way?</td>
<td>RESPECT</td>
</tr>
</tbody>
</table>

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**NATIONAL LGBT HEALTH EDUCATION CENTER**

A PROGRAM OF THE FENWAY INSTITUTE

GENDER AFFIRMING MEDICAL CENTER TIPS

- Display photos or ads of gender diversity
- Offer single occupancy or gender neutral bathrooms
- Post non-discrimination policy
- Change patient intake and HR forms to include gender identity options
- Ensure safety in lobby and parking areas
MOST IMPORTANTLY...
Practice TRUE patient centered care!

- Being transgender does not always lead to being a victim or negative health outcomes
- Resilience and survival instincts are strong
- Ask about their experiences and listen to what they need
- Many have positive health care experiences and want to be an active partner in their care

New Mexico Trans Women of Colour Coalition

http://tdor.co/adelina-cruz-for-new-mexico-trans-women-of-color-coalition/
SEXUAL HEALTH
GENDER AFFIRMING
SEXUAL HEALTH CARE TIPS

- Do not ask irrelevant questions about their transition
- Do not perform genital exams unless necessary
- Be aware of gender-neutral language for anatomy
  - Mirror their language or ask what they prefer
  - Chest, pelvic area, “front hole”
- Be open about knowledge deficiency
  - Offer to ask colleague
  - Work as a team

GENDER AFFIRMING
SEXUAL HEALTH CARE TIPS

- Perform comprehensive sexual history
  - Include anatomical inventory
- Order extragenital testing
  - Trans women AND trans men
- Review pregnancy and fertility planning
  - Trans women AND trans men
- Employ harm reduction
  - Openness to sex trade, condomless sex, multiple partners, etc.
- Advise HAV, HBV, MCV, HPV vaccines

Trans men AND trans women are candidates
  - Get comfortable with your sexual history questions!
No known interactions between hormones and Truvada
Trans men on testosterone will have increased muscle mass
  - Use male ranges of creatinine during evaluation
Counsel trans men who have receptive frontal sex that it will take 20 days for Truvada to penetrate vaginal tissues
Focus on bone health for trans women (especially s/p orchiectomy) on Truvada

Image from: http://www.tth.org.uk/sexual-health/About-HIV/Pre-exposure-Prophylaxis
RECOMMENDATIONS

- Ask SO/GI and consistently use stated name and pronoun
- Seek training online or in person
- Remember transgender people have varied sexual experiences
- Practice trauma-informed and integrated care
- Refer patients when needed for specialty care
- Share your experiences with colleagues!