TRANSGENDER 
HEALTH ISSUES IN 
RISK MANAGEMENT

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Learning Objectives

- Identify health and mental health issues relevant for the transgender population
- Examine the transgender transition experience
- Discuss factors that promote health and mental health disparities in the transgender population using ecological systems theory
- Describe the developmental transgender identity process
- Explain potential recommendations to reduce health disparities and increase quality of services to the transgender community
"The Future is Now" Embracing Different Perspectives
Words have power.
LGB- T
State of the Knowledge Base

- Base research: HIV/AIDS and LGBT Oriented

- Most studies are gay-identified or non-gay identified M-S-M

- Coming out and Disclosure process of transgender individuals is derived from the gay and lesbian literature
LGBT refers to lesbians, gays, bisexuals and transgender individuals

Due to difficulties recruiting lesbians, gays, bisexuals and transgender individuals in research studies, researchers will often categorize them as one group.
**Sex**
- Biological Differences
- Chromosomes
- Hormones
- Internal/External Genitalia
- Biological Male or Female

**Gender**
- A category to which an individual is assigned by self or others, on the basis of sex.
- Expression of Gender Identity
- Social and Cultural Norms
- Stereotypical notions of masculinity or femininity
- Behaviors, roles, expectations, and activities in society

**Neither sex nor gender refers to orientation**
USE OF ACRONYMS

- **MTF** -- male-to-female - transgender individual who is born biologically male but are female-gendered (Collazo, Austin & Craig, 2013)

- **FTM** - female-to male - transgender who is born biologically female but male gendered (Collazo et. al., 2013)
TRANSGENDER AND TRANSEXUAL

- Transexual individuals are those who want reassignment and are committed to doing so.

- Transgender individuals may not have gone through the reassignment through hormonal therapy or surgical process or they only want a partial reassignment.
UNDERLYING ASSUMPTIONS OF TRANSGENDER DEFINITION

- Sociocultural assumptions
  - “Appropriate” sex-based behaviors
  - “Appropriate” sex-based expressions

- Deviation often deemed as pathological
0.3% of adults in the United States identify themselves as transgender (Gates, 2011).

This translates to approximately to 1 million people (Gates, 2011).

Others have indicated that 1 out of 500 identify as transgender (Bradford & Mayer, 2008).
LGBT- higher rates of:
- Tobacco
- Drug Use
- Alcohol use

Compared to heterosexuals and LGB individuals, Transgender:
- Higher rates of HIV/STDs
- Lower rates of health insurance
Hormone Therapy Risks:
- Heart disease
- Stroke
- Cancer

For the MTF individual, reduction in muscle mass and redistribution body mass elevates risk of hypertension

FTM and MTF individuals- increased risk of breast cancer due to hormonal therapy
TRANSGENDER AND HEALTH ISSUES (CONT)

- FTM patients higher risk for ovarian cancer

- MTF patients who undergo androgen and estrogen substitution may be at higher risk for metabolic disorders

- SRS can have urological implications, MTF-malignant tumors in the prostrate
Use of physician non-prescribed hormonal treatment is common.

60% of MTFs and 22% of FTMs used a non-prescribed hormones to make the transition

There have also been rare instances of “do-it-yourself” surgeries to remove breasts and testes
The National Transgender Discrimination Survey found the following:

- 25% denied fair and equal treatment at a doctor’s office or a hospital
- 25% stated they were disrespected or harassed at the doctor’s office or a hospital
- 13% stated they were denied equal treatment at the ER
- 16% reported they were disrespected or harassed at the ER
Injustice at Every Turn, 2011

- **MD Office or Hosp.**
  - Denied Equal TX: 24%
  - Harrassed or Disrespected: 25%
  - Physically Assaulted: 2%

- **ER**
  - Denied Equal TX: 13%
  - Harrassed or Disrespected: 16%
  - Physically Assaulted: 1%

- **Mental Health Clinic**
  - Denied Equal TX: 11%
  - Harrassed or Disrespected: 12%
  - Physically Assaulted: 1%

- **Ambulance/EMT**
  - Denied Equal TX: 5%
  - Harrassed or Disrespected: 7%
  - Physically Assaulted: 1%
Transgender needed but did not receive the following services:

- Hormonal therapy (31%)
- Transgender-related surgery (25%)
- Gynecological care (19%)
Mental Health Issues

- Increased rates of anxiety, & suicide
- High rates of depression
- High risk of eating disorders
- Recurring trauma when attempting to access care
TRANSGENDER AND MENTAL HEALTH ISSUES (CONT).

- 11% - Denied fair and equal treatment at a mental health clinic
- 12% - Disrespected and harassed at a mental health clinic
- 20% - Denied fair treatment by a police officer
- 29% - Disrespected or harassed by a police officer
- 6% - Physically assaulted by a police officer
TRANSGENDER AND MENTAL HEALTH ISSUES (CONT).

- 38% Experienced a physical attack by the age of 13 years
- 27% Experienced violence as an adolescent and/or adult
- 25% Needed counseling services but did not receive it
Insurance and Overall Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Hetero</th>
<th>LGB</th>
<th>Trans</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>82%</td>
<td>77%</td>
<td>57%</td>
<td>77%</td>
</tr>
<tr>
<td>Delay in Medical Care</td>
<td>17%</td>
<td>29%</td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>Report Good Health</td>
<td>83%</td>
<td>77%</td>
<td>67%</td>
<td>77%</td>
</tr>
</tbody>
</table>
The transgendered patient sees a urologist and asks the provider to perform an orchiectomy on healthy testes. The patient is self pay.

This is a procedure he is fully capable of performing and does so frequently (mostly related to testicular cancer).

The physician is uncomfortable doing this.

Is it discrimination if he says no?
OVERVIEW OF HORMONAL THERAPIES

**Male-to-Female**
Estrogen therapy options
- Estradiol 2.0-6.0 mg PO daily
- Estradiol patch 0.1-0.4 mg TD twice weekly
- Estradiol valerate 5-30 mg IM every 2 weeks

Antiandrogen therapy options
- Progestosterone 20-60 mg PO daily
- Medroxyprogesterone acetate 150 mg IM every 3 months
- Cyproterone acetate 50-100 mg PO daily
- GnRH agonist (leuprolide) 3.75-7.5 mg IM monthly
- Histrelin Implant 50mg implanted every 12 months
- Spironolactone 100-200 mg PO daily
- Finasteride 1 mg PO daily

**Female-to-Male**
Testosterone therapy options
- Testosterone enanthate or cypionate 100-200 mg IM every 2 weeks
- Testosterone undecanoate 1000 mg IM every 12 weeks or 160-240 mg PO daily
- Testosterone gel 1% 2.5-10 gm TD daily
- Testosterone patch 2.5-7.5 mg TD daily

*IM*, intramuscular; *PO*, oral; *TD*, transdermal.

*Not currently available in the United States.*

Adapted from the Endocrine Society Guidelines, 2009 and Spack, 2013.
OVERVIEW OF SURGICAL OPTIONS

Male-to-Female
- Breast/chest surgery: augmentation mammoplasty (implants/lipofilling)
- Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty
- Feminizing procedures: facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction (tracheal shaving), gluteal augmentation

Female-to-Male
- Breast/chest surgery: subcutaneous mastectomy, chest contouring
- Genital surgery: hysterectomy + salpingooophorectomy, metoidioplasty/phalloplasty +/- implantation of penile/scrotal prostheses, vaginectomy, scrotoplasty
- Virilizing procedures: liposuction, lipofilling, voice surgery, pectoral implants
SCOPE OF REASSIGNMENT SURGERIES

- 1 in 30,000 women per year undergo sex reassignment treatment

- 86% reported having had facial feminization surgery,

- 100% had gender reassignment surgery, and

- 98% had both
HEALTH CARE COVERAGE

- Medicaid coverage to SRS
  - Connecticut (March 2015)
  - New York (Dec. 2014)
  - Oregon
HHS Issues Guidance on Transgender Inclusive Preventive Services (May 11, 2015)

HHS issued strong guidelines to clarify “[h]ealth insurers cannot limit preventive services based on a person’s birth gender, gender identity or recorded gender.”

Medical appropriateness of preventative care is determined by the individual’s attending physician.
PUBLIC BATHROOMS

- Bathroom Bans - Transgender
  - Public
  - School

- EEOC:
  - Transgender and US Army
  - OSHA
PUBLIC ACCOMMODATION

- **Refusing Care**
  - California- Plastic surgeon refusing breast augmentation surgery to transgendered patient (2015)
  - Taylor v. Lystila (2014)

- **Poor Care**
  - Rumble v. Fairfield Health Services and Emergency Physicians PA (2013)
The average amount of time spent on LGBT-related health:
- Approximately 5 hours
- 7% - Preclinical years
- 33% - No during clinical hours

Assumption of heterosexuality

Health practitioner’s attitude about their sexual identity is important to care
Contributing Factors:

- Lack of awareness and LGBT training in medical and nursing school,
- Presumption of a heterosexual orientation by caregivers,
- Discomfort when asking about or discussing sexual orientation, and
- Lack of LGBT presence in health care settings and leadership roles
QUESTION

How do we address the demographics of a patient who is biologically male - but identifies as a female?
Transition is defined as the change from the roles and expectations that are linked with one’s sex at birth to the new gender assignment.

Unique to the individual.

Some view the transition and adjustment process as being ongoing and lifelong.
Early societal expectations and socialization based sex and gender labels

A recreation process

Experience self as other

Onset of puberty and adulthood prior to transitioning are two significant phases in the transgender identity process

“Breaking point” - could not continue as is
TRANSGENDER IDENTITY PROCESS (CONT).

- Disclosing

- The disclosure and “coming out” process is different for transgender individuals.

- Earlier in the stages of the identity and transition process, transgender individuals tend to use avoidant coping styles

- Avoidant coping correlated with depression
## Comparing coming out process:

<table>
<thead>
<tr>
<th>Transgender Individuals</th>
<th>Gays and Lesbians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous process</td>
<td>One time event</td>
</tr>
<tr>
<td>Cannot “come out” to themselves first and then decide to be private about it (Cannot be selective about who to disclose)</td>
<td>Can “come out” to themselves first and decide not to disclose others (Can be selective on who they choose to disclose)</td>
</tr>
<tr>
<td>Conscious decision to appear in public as a transgender</td>
<td>Does not entail a conscious decision to make a “public appearance”</td>
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</tbody>
</table>
Name change and all the legal implications

Only 21% of the those who transitioned changed/updated all their legal documents

33% did not update at all

Loss of legal gender recognition
Some rejected by family and friends

Victimization rates are high, more than 75% experienced harassment

Stigmatized when accessing healthcare, mental health, social services, and in other sectors

Marginalization
Higher health risks due to hormone therapy

Barriers to health care services due to transgender status
Minority Stress Paradigm
Systems Theory
Minority stress paradigm:

- Stress triggered by hypervigilance to discrimination places vulnerable populations such as transgender individuals at higher risk of engaging in high risk behaviors.

- High risk behaviors can lead to poorer health outcomes and other health comorbidities.

- Stress emanating from discrimination also adversely impacts on access to care.
Interactions between systems in order to understand social problems:

- **Micro** (individual) level
- **Mezzo** (family) level
- **Exosystem** (community, neighborhoods) level
- **Macro** (society and institutions) level
MICRO-LEVEL AND DISPARITIES

- Anxiety of transphobic responses of providers
  - rough internal exams
  - providers refusing care
  - communication that their sexuality is pathological and deviant

- Mistrust of providers (their lack of sensitivity)

- Feeling of unsafe
Fear of externalized transphobia

Internalized transphobia

Financial difficulties - transgender individuals are twice as likely to be unemployed.
 MEZZO-LEVEL AND DISPARITIES

- Family rejection

- Perceived lack of support from family. Transgender individuals feel they receive less social support from their family compared to their heterosexual siblings
EXOSYSTEM LEVEL AND DISPARITIES

- Lack of transgender-sensitive services and support groups in communities
- Poor social support in neighborhoods and communities
- Lack of transgender knowledgeable and friendly physicians
MACRO-LEVEL AND DISPARITIES

- Lack of health insurance covering services for newly assigned gender
- Lack of health insurance providers covering transitional services
- Discriminatory practices
- Societal stereotypes of transgender individuals
MACRO-LEVEL AND DISPARITIES (CONT).

- Cultural and societal emphasis on heteronormativity
- Biases in psychology, psychiatry and medicine
- Minimal NIH funding for transgender studies on health
Don’t conflate sex and gender in the trans community or overemphasize sexual orientation in the LGB community.

Take the time to find out a trans person’s preferred pronoun.

Don’t focus on a trans person’s anatomy, past or present.

Never out a person without their permission.

Don’t assume you’ll recognize an LGBT person and avoid stigmatizing.

Don’t make it a thing if it’s not.
Establish LGBT cultural competency programs

- Inclusive and LGBT welcoming policies
- Inquire about sexual orientation and gender identity
- Ask the patient their preferred pronoun
- Recognize the diverse tapestry of modern families
- Provide access to advocacy groups for high-risk populations
CULTURAL COMPETENCY

1. Adopt a nondiscrimination policy.
2. Develop patients' right to identify.
3. Incorporate a broad definition of family consistent with the law.
4. Monitor organizational efforts care to provide culturally competency
5. Identify an individual leader who will be accountable.
6. Support champions with special expertise and experience.
**RECOMMENDATIONS - OPERATIONAL**

- Treat the patients with respect and do not challenge their stated sexual orientation or gender identity.
- Making privacy a priority in the office.
- Get consent from the minor before talking to parents.
- Demonstrating privacy in the environment through posters and other welcoming media.
Federal and state coverage of transitional services

Federal mandated policies to eradicate private health insurance companies in denying coverage for transitional services

Transgender affirmative or sensitive health care services

Environment in health care to be more transgender friendly (e.g., bathrooms)
RECOMMENDATIONS AND DISPARITIES (CONT.).

- Implementation of medical, insurance, and other forms to be more transgender friendly and inclusive

- Providers use gender neutral language

- Increase professional and continuing education for health care and mental health providers to increase knowledge and skills to work with transgender patients/clients

- Advocacy for transgender patients for health, mental health, legal, and social service needs
Need more transgender friendly and competent physicians which may involve revisiting curricula in medical schools

Compilation of transgender friendly and affirmative health care services for referrals

Importance in recognizing the intersection of race, ethnicity, age, socioeconomic status, culture and religion in health disparities among transgender individuals
RESOURCES

- CDC
  http://www.cdc.gov/lgbthealth/transgender.htm

- Fenway Health
  http://fenwayhealth.org/

- GLMA
  http://www.glma.org/

- The LGBTQ Task Force
  http://www.thetaskforce.org/
RESOURCES (CONT).

- The Lesbian, Gay, Bisexual & Transgender Community Center - Link below has specific transgender resources
  https://gaycenter.org/resources#gender-identity
- National Center for Transgender Equality
  http://transequality.org/
- National Resource Center on LGBT Aging
  http://www.lgbtagingcenter.org/
RESOURCES (CONT).

- TransGenderCare
  http://www.transgendercare.com/
- Transgender Law Center
  http://transgenderlawcenter.org/
- UCSF, Center for Excellence for Transgender Health
  http://www.transhealth.ucsf.edu/
- World Professional Association for Transgender Health
  http://www.wpath.org/
RESOURCES (CONT)

- U.S. Department of Health and Human Services Recommended Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Communities
  
  [Website Link](http://www.hhs.gov/programs/topic-sites/lgbt/enhanced-resources/reports/health-objectives-2011/index.html)


REFERENCES (CONT).


