

# 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

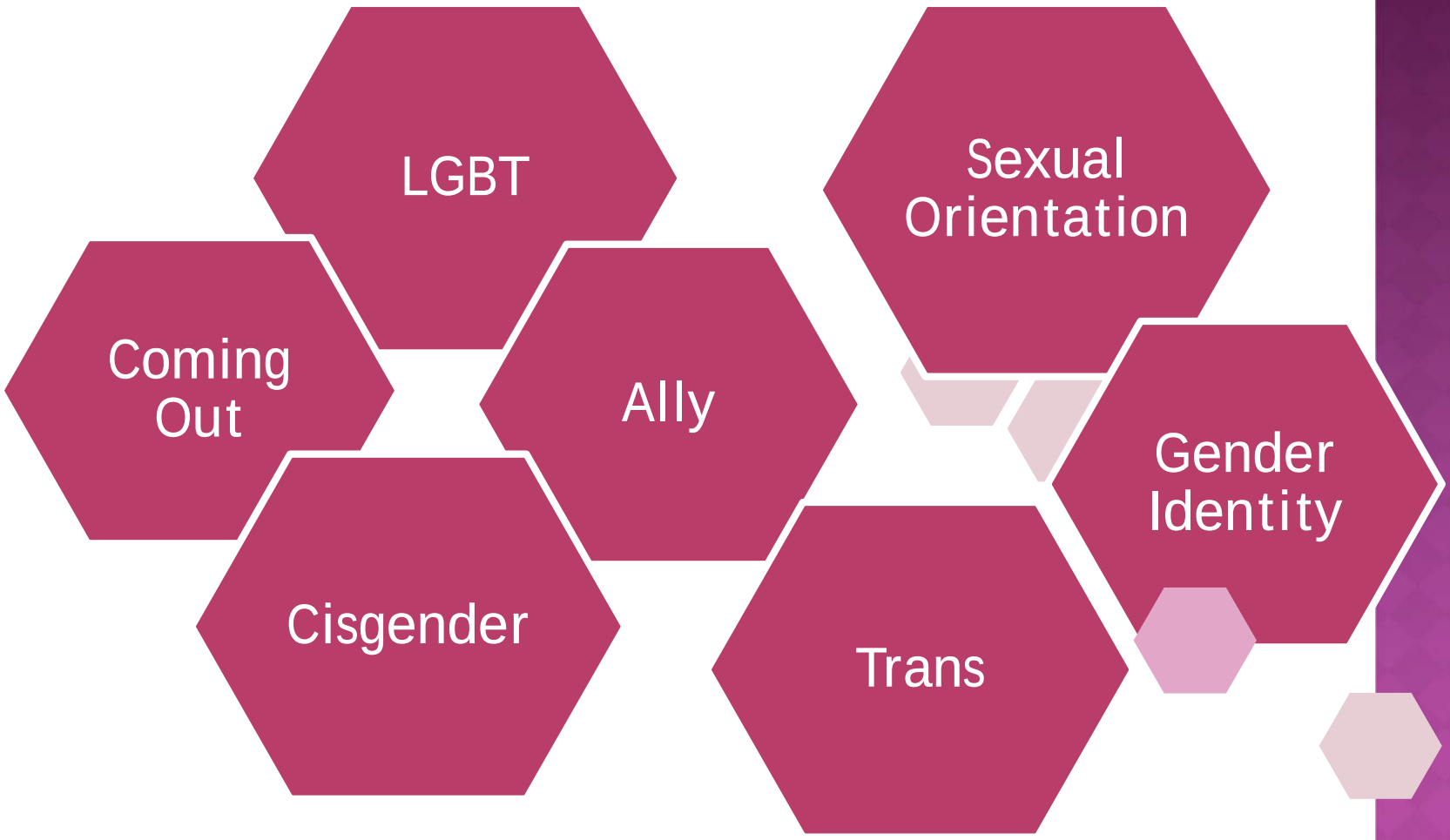
# CONFERENCE THEME

**“The Future is Now" Embracing Different Perspectives**



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# LGBT TERMS


LGBT
Sexual Orientation
Coming Out
Ally
Gender Identity
Cisgender
Trans

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

# USE OF ACRONYM "LGBT"

- 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 AND GENDER

## 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

# WHAT IS THE PREVALENCE OF THOSE WHO IDENTIFY AS TRANSGENDER?

- 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).

# OVERVIEW OF HEALTH ISSUES - TRANSGENDER

- 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

# TRANSGENDER AND HEALTH ISSUES (CONT).

- 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

# TRANSGENDER AND HEALTH ISSUES (CONT)

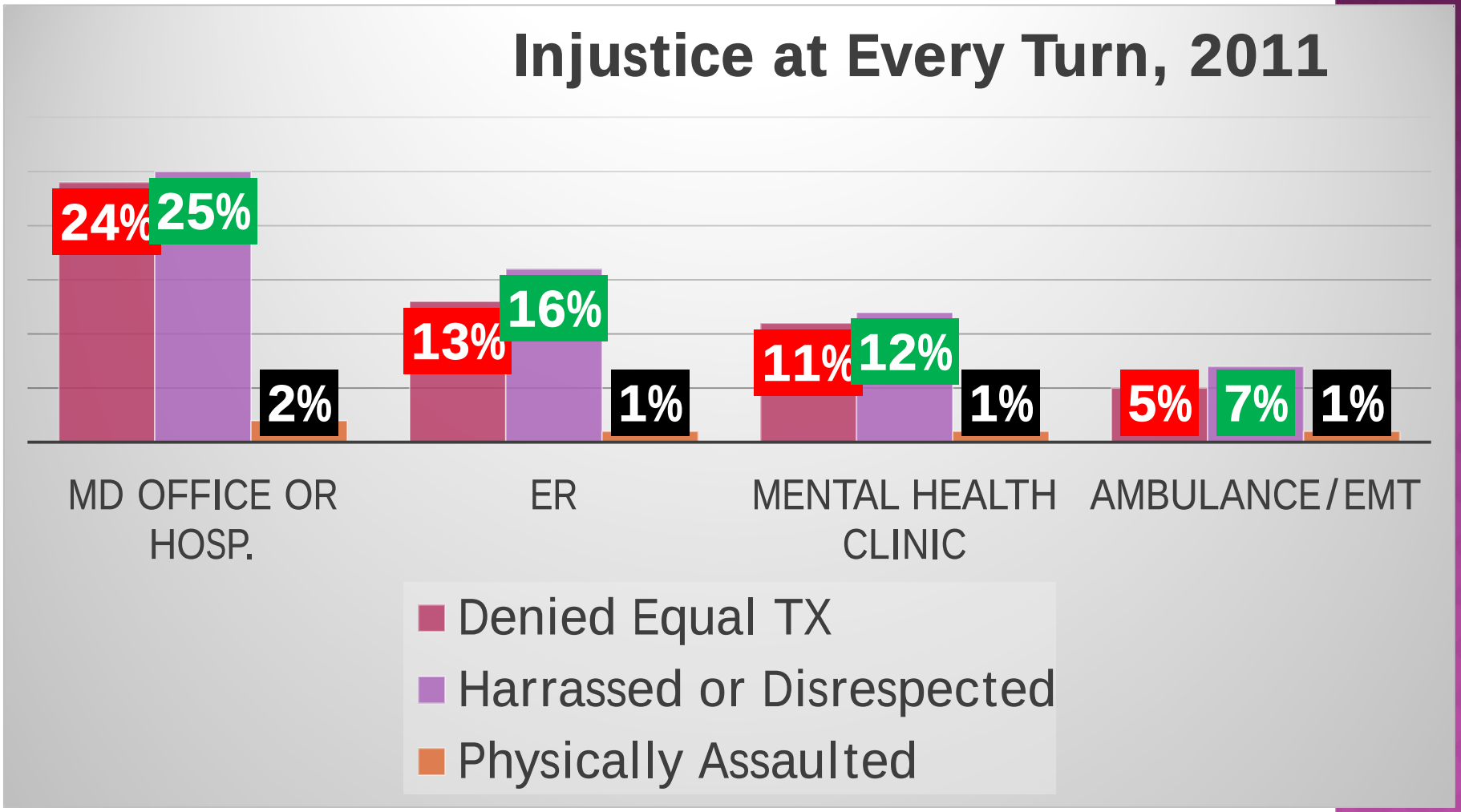
- Use of physician non-prescribed hormonal treatment is common.
- 60% of MTFs and 22% of FTMs used a non-prescribed hormones to make the transition
- There have also been rare instances of “do-it-yourself” surgeries to remove breasts and testes

# TRANSGENDER AND HEALTH ISSUES(CONT).

- 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

# TRANSGENDER DISCRIMINATION IN HEALTH CARE



# TRANSGENDER AND HEALTH ISSUES (CONT)

- 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

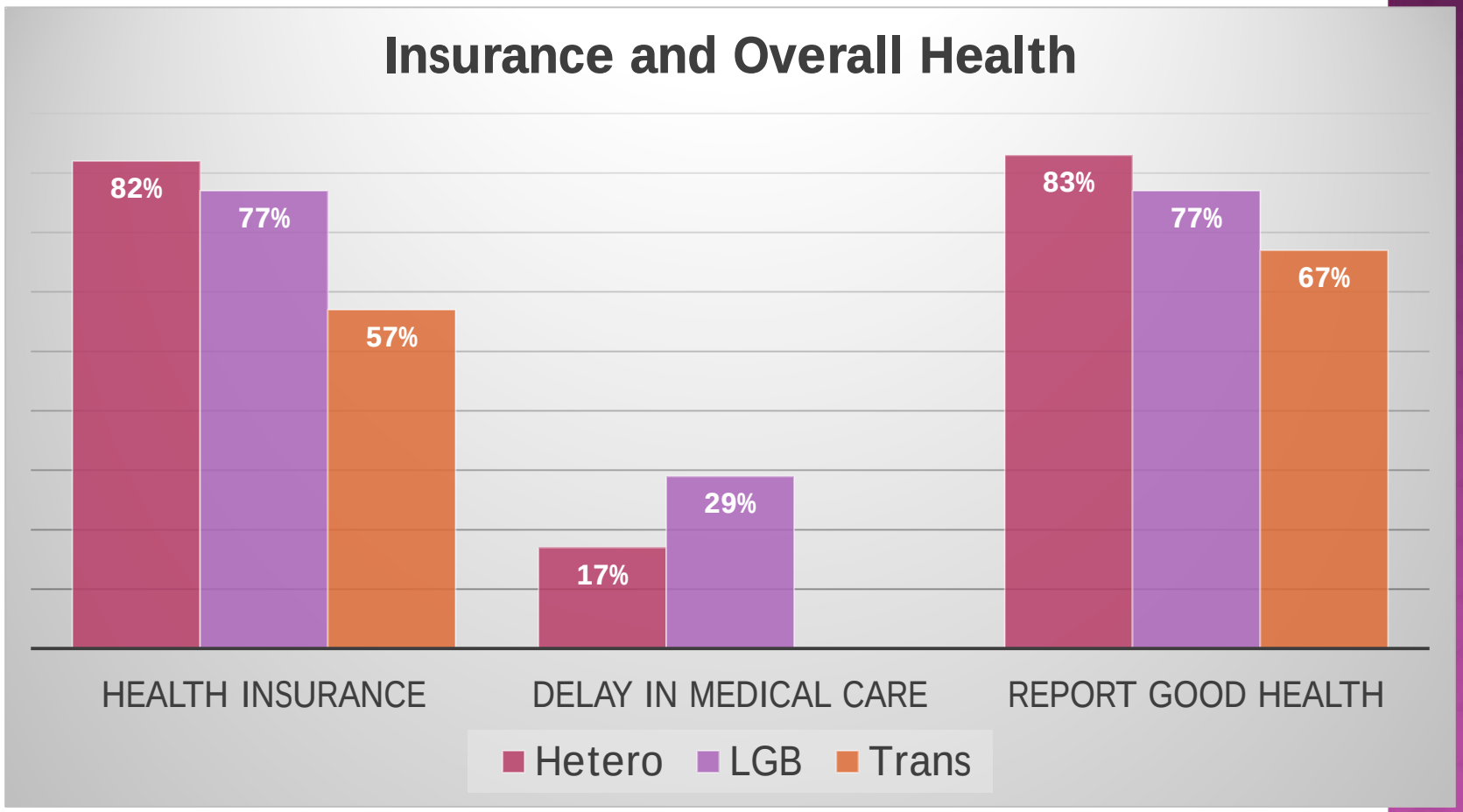
# TRANSGENDER AND MENTAL HEALTH ISSUES (CONT).

- 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

# DISPARITIES



# QUESTION

- 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

- Progesterone 20-60 mg PO daily
- Medroxyprogesterone acetate 150 mg IM every 3 months
- Cyproterone acetate 50-100 mg PO daily[a]
- 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[a]
- Testosterone gel 1% 2.5-10 gm TD daily
- Testosterone patch 2.5-7.5 mg TD daily

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

[a]Not currently available in the United States.

Adapted from the Endocrine Society Guidelines, 2009[15] and Spack, 2013.[46]

# 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



# ACA COVERAGE OF SEX-SPECIFIC RECOMMENDED PREVENTIVE SERVICES

- **HHS Issues Guidance on Transgender Inclusive Preventive Services**
  (May 11, 2015)

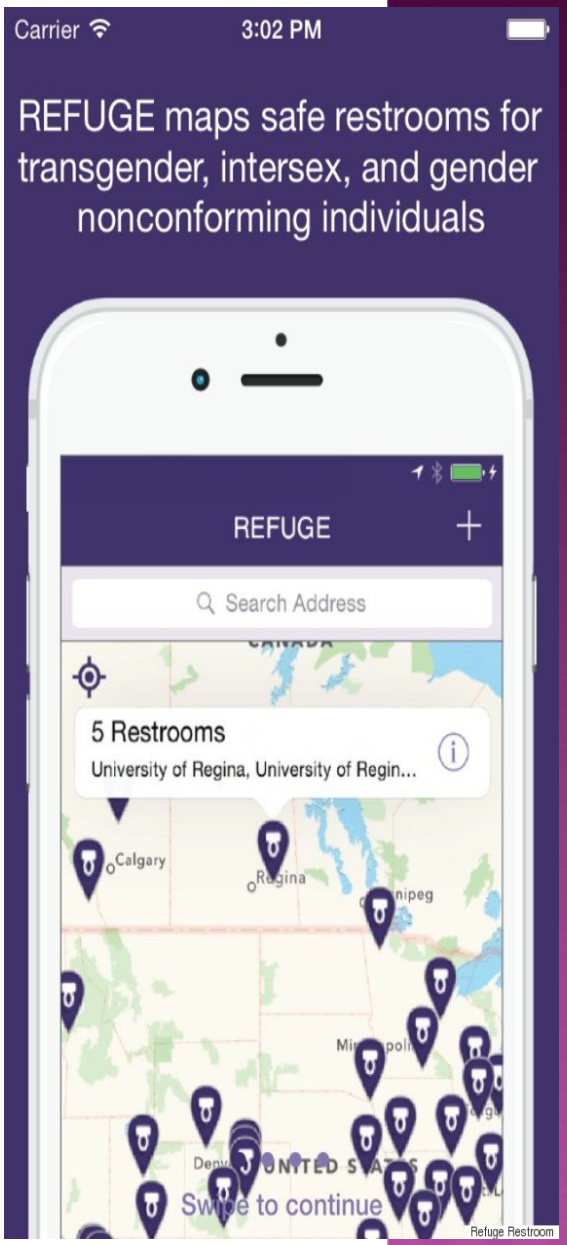
- HHS issued strong guidelines to clarify

  "[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)

# MEDICAL EDUCATION

- 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



# BARRIERS TO CARE

Contributing Factors:

- Lack of awareness and LGBT training in medical and nursing school,
- Presumption of a heterosexual orientation by care givers,
- 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 PROCESS

- 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

# TRANSGENDER IDENTITY PROCESS

- 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

# TRANSGENDER IDENTITY PROCESS (CONT).

Comparing coming out process:

| Transgender Individuals | Gays and Lesbians |
|---|---|
| Continuous process | One time event |
| Cannot "come out" to themselves first and then decide to be private about it (Cannot be selective about who to disclose) | Can "come out" to themselves first and decide not to disclose others (Can be selective on who they choose to disclose) |
| Conscious decision to appear in public as a transgender | Does not entail a conscious decision to make a "public appearance" |

# LEGAL TRANSITION

- 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

# SOCIAL TRANSITION

- 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

# MEDICAL TRANSITIONS

- Higher health risks due to hormone therapy
- Barriers to health care services due to transgender status

# POTENTIAL FRAMEWORKS TO EXPLAIN HEALTH AND MENTAL HEALTH DISPARITIES

- Minority Stress Paradigm
- Systems Theory

# MINORITY STRESS PARADIGM

**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**

# ECOLOGICAL SYSTEMS THEORY

- 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**

# MICRO-LEVEL AND DISPARITIES (CONT)

- **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

# RECOMMENDATIONS- COMMUNICATION

- 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.

Adapted from a TED Talk article: **03/31/2014**
HOW SHOULD WE TALK ABOUT TRANSGENDER ISSUES?
BY: Thu-Huong Ha

# RECOMMENDATIONS- OPERATIONAL

- 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

# RECOMMENDATIONS TO REDUCE HEALTH AND MENTAL HEALTH DISPARITIES

- 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

# RECOMMENDATIONS AND DISPARITIES (CONT).

- 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

http://www.hhs.gov/programs/topic-sites/lgbt/enhanced-resources/reports/health-objectives-2011/index.html

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