Promoting Justice for Trans People in the Primary Care Setting

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Objectives

I. Describe transgender, non-binary, and gender diverse (TGNB/GD) terminology

II. Identify major socioeconomic and healthcare disparities in the TGNB/GD community experiencing homelessness

II. Learn the key principles to guide trauma-informed and gender-affirming medical and psychosocial services

IV. Apply advocacy strategies to improve care and promote justice and equity for TGNB/GD people across a hospital system and county
Kay

• 23 y/o Native American person presents for a new patient visit.
• Kay was raised as a girl but remembers thinking as early as 2 y/o that “God had made a mistake.”
• Diagnosed with Turner’s syndrome at 7 y/o.
• Kay’s parents and doctors didn’t ask Kay about their gender identity. Kay’s doctors started estrogen at 14 y/o and Kay was on it for 6 years.
• At 20 y/o, Kay finally came out to their family as an intersex, transgender man.
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Sex Assigned at Birth

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Gender Identity

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Transgender

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Other Terms To Know

Transsexual
FtM
Transgender
Trans feminine
Non-binary
Trans masculine
Trans woman
Trans man
Trans* Woman
No gender
Gender fluid
Person of trans experience
Kay

• After Kay came out, his family said to him, ”You can be a tranny out there, but not in this house.”
• His step father was emotionally and physically abusive.
• His father tried to kill him when he found out he was trans.
• He was kicked out and became homeless.
• He alternated between the shelter, streets, and couch surfing.
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Is Kay’s Experience Unique?

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Rejection by an Immediate Family Member

<table>
<thead>
<tr>
<th></th>
<th>TGNB/GD (US Trans Survey)</th>
<th>TGNB/GD (VHHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>50%</td>
<td>90.3%</td>
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</table>

2015 US Transgender Survey
Is Kay’s Experience Unique Among Those Experiencing Homelessness?

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• He was kicked out and became homeless.
• He alternated between the shelter, streets, and couch surfing.
• He had been called hateful names and was afraid of the shelter.
• He was currently living in an abandoned asylum with another trans person.
Is Kay’s Experience Unique Among Those Experiencing Homelessness?

• 1 in 3 have experienced homelessness

• 7 out of 10 who have stayed in a shelter in the past year reported some form of mistreatment because of being transgender

• Not able to stay at shelters as their identified gender

• Avoidance of shelters due to fear of violence and harassment from staff and other residents

• 97.4% VHHP TGNB/GD with h/o unsheltered homelessness (n=39)

• 61% unsheltered at the time of first engagement (n=41)
Kay

- He is on prozac for diagnoses of PTSD, MDD and anxiety.
- At 14 y/o he began self-harm and anorexia to “try to fix” his gender.
- He has tried to commit suicide twice.
- He has been raped twice.
Kay

• He is on prozac for diagnoses of PTSD, MDD and anxiety.
• At 14 y/o he began self-harm and anorexia to “try to fix” his gender.
• He has tried to commit suicide twice.
• He has been raped twice.
Ever Experienced Sexual Assault

- TGNB/GD (US Trans Survey): 47%
- TGNB/GD (VHHP): 86.2%
• He is on prozac for diagnoses of PTSD, MDD and anxiety.
• At 14 y/o he began self-harm and anorexia to “try to fix” his gender.
• He has tried to commit suicide twice.
• He has been raped twice.
All of our patients have a mental health diagnosis.

Ever Attempted Suicide

- General Population: 4.6%
- TGNB/GD (US Trans Survey): 40%
- TGNB/GD (VHHP): 61.1%

2015 US Transgender Survey
Bottom Line

The TGNB/GD community is one of the most vulnerable sub-populations in homeless health care.

How do we create services that fit the needs of the TGNB/GD community?
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Key Principles

**CULTURAL HUMILITY**

- Trauma-Informed
- Gender-Affirming
Multidisciplinary care to address the socioeconomic and healthcare disparities

- Receptionist
- Licensed vocational nurse
- Charge nurse
- Primary care providers
- Social worker
- Psychologist
- Psychiatrist
- Financial counselor
- Community health worker
But we can only do so much within the confines of our clinic.
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Socioeconomic disparities, inequity, and social injustices

HEALTH SECTOR
-Socioeconomic disparities, inequity, and social injustices

POLICY

SOCIAL SERVICES

Kay and Barriers to Care that We Come Across

- He asks you for masculinizing hormones, top surgery, mental health services, and housing support
- You don’t know how to prescribe hormones
- You need to refer him to endocrine, but he needs a mental health letter to “verify” that he is transgender and is mentally “clear”
- Surgery is only covered if he has a mental health letter, 12 months of continuous hormones, and housing
- There are no top surgeons in your institution
Universal, equitable, people-centred & integrated health services

Community/Society

Institution

TGNB/GD

PERSON

Where is the inequity and social injustice?

Primary care doesn’t know how to prescribe
Endocrine doesn’t know how to diagnose gender dysphoria
Surgeons don’t know how to perform top surgery

What else?

Individual
Where is the inequity and social injustice?

- TGNB/GD-specific care is not a priority in medical education
- TGNB/GD care is based on a framework of pathologizing trans identity and gatekeeping
- Recruitment of trans-competent providers is not an institutional priority
- Creation of gender-affirming housing is not a priority

What else?
Where is the inequity and social injustice?

TGNB/GD community is invisible, ignored, rejected

Inequitable employment for TGNB/GD people

Lack of support for families

Health is not viewed as a human right for TGNB/GD people

TGNB/GD community is invisible, ignored, rejected

Violence against the trans community

Underlying transphobia, homophobia, sexism, racism and other structural violence

Community/Society

What else?
Where are the opportunities for advocacy?
Where are the opportunities for advocacy?

- Advocates for mandatory, compensated training across the hospital system, not only of providers, but all staff at every access point
- Advocate for trans care as a standard of care
- Advocate for collaborative care among multiple disciplines
- Advocate for peer navigators to support patients as they interact with people who are “still learning”
- What else?
Where are the opportunities for advocacy?

- Advocate for the TGNB/GD community to lead/participate in service design
- Advocate for trans care as a standard of care
- Advocate for clear non-discrimination policies related to gender identity and sexual orientation
- Advocate for health disparities research
- Change insurance guidelines to be evidence-based, rooted in standards of care, and based on health care as a human right
- What else?

Institutional

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Where are the opportunities for advocacy?

- Participate in policy related to equitable education, employment, healthcare, housing, social assistance, civil rights
- Recruit and cultivate leadership and skill-building among TGNB/GD community to engage in policy work
- Advocate for and participate in programming that brings visibility to TGNB/GD communities
- What else?
Ana

• 56-year-old Latina transgender woman presents for a new visit.
• She was 5 years old when she first realized she was a girl.
• She has a h/o trauma and sexual abuse as a child and adult.
• She is actively using methamphetamines.
• She is newly diagnosed with HIV.
• She became homeless after she came out to her family. She does not speak to her daughter or siblings.
• She has been homeless for 4 years and staying at shelters, encampments, and substance use treatment programs.
• She asks you for hormones, to change her name/gender on her ID, and top surgery.
What Barriers to Care do You Come Across?
Where is the inequity and social injustice?
Where are the opportunities for advocacy?

Individual
Bottom Line

This work goes beyond our clinic walls. It is our duty to take the next step to advocate for our patients.
Additional Resources

- Handouts/Documents “How to Create a Gender Affirming Environment” and other clinical resources on Google Share Drive
  - Email for link: ireneguerraphd@gmail.com
- Marce Abare, MD, MPH (primary care), marce.abare@hhs.sccgov.org
- Lindsay Cross, MSW (social work) Lindsay.cross@hhs.sccgov.org
- Irene Guerra, PhD (psychology), irene.guerra@hhs.sccgov.org
- Jackie Newton, MD, MPH (primary care), jacqueline.newton@hhs.sccgov.org