

Promoting Justice for Trans People in the Primary Care Setting

Irene Guerra, PhD

Jackie Newton, MD, MPH

Lindsay Cross, MSW

Marce Abare, MD, MPH



**2019 NATIONAL HEALTH
CARE FOR THE HOMELESS
CONFERENCE & POLICY
SYMPOSIUM**

MAY 22-25 | WASHINGTON, D.C.

WORKING TOGETHER FOR JUSTICE

Disclosures

We have no financial relationships with commercial interest.

Santa Clara Valley Medical Center defines a commercial interest as ownership or part ownership of commercial interests; membership on boards of directors or trustees or advisory committees of commercial interest, grants or research support from commercial interests, consultant for commercial interests, stock holder, and member of speaker's bureau of commercial interests.

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.

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, collaboration, and community partnership strategies to improve care and promote justice and equity for TGNB/GD people across a hospital system and county

Sex Assigned at Birth

- 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.

Gender Identity

- 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.

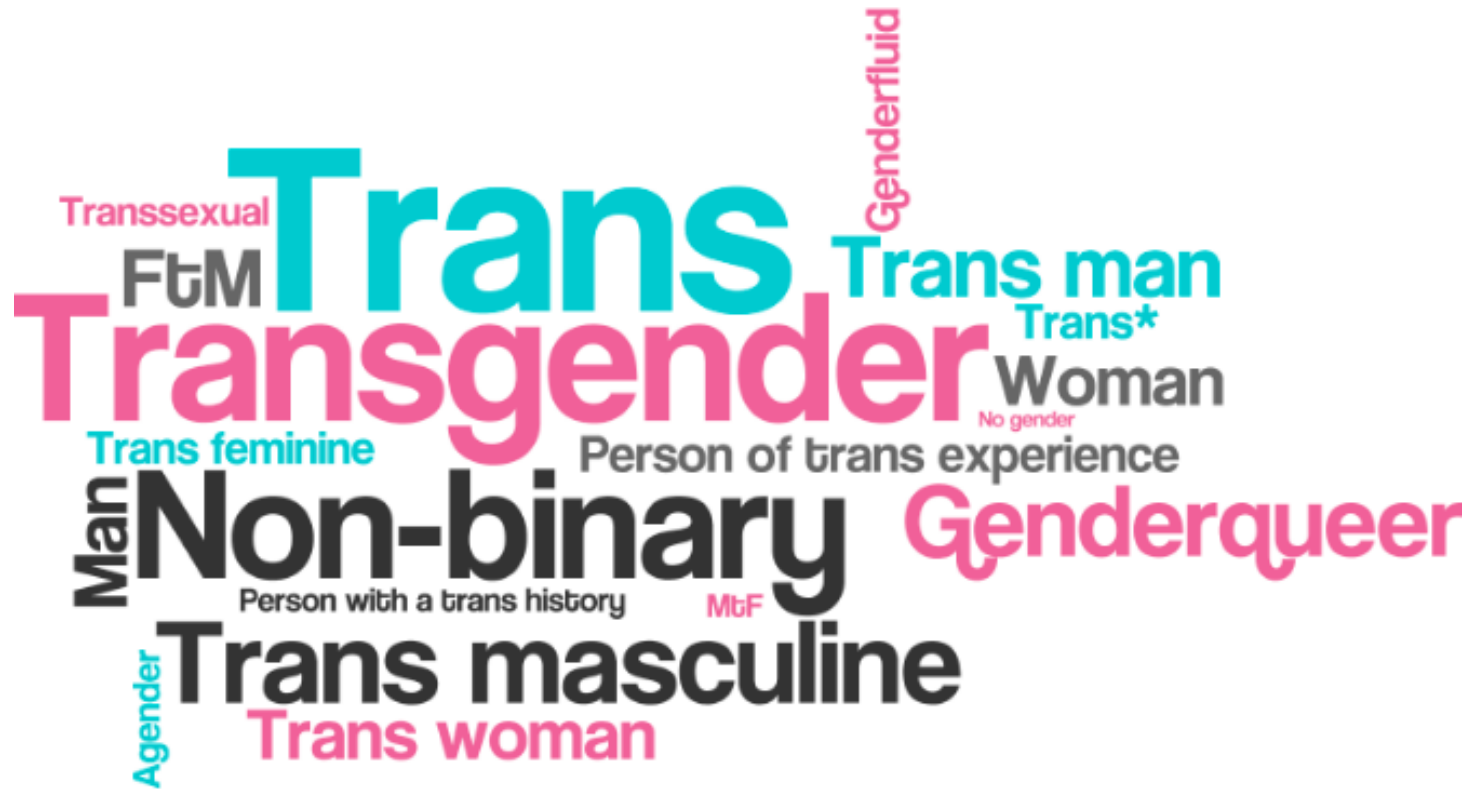
Transgender

- 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**.

Sex Assigned at Birth

- 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.

Other Terms To Know



GO PUBLIC!

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.

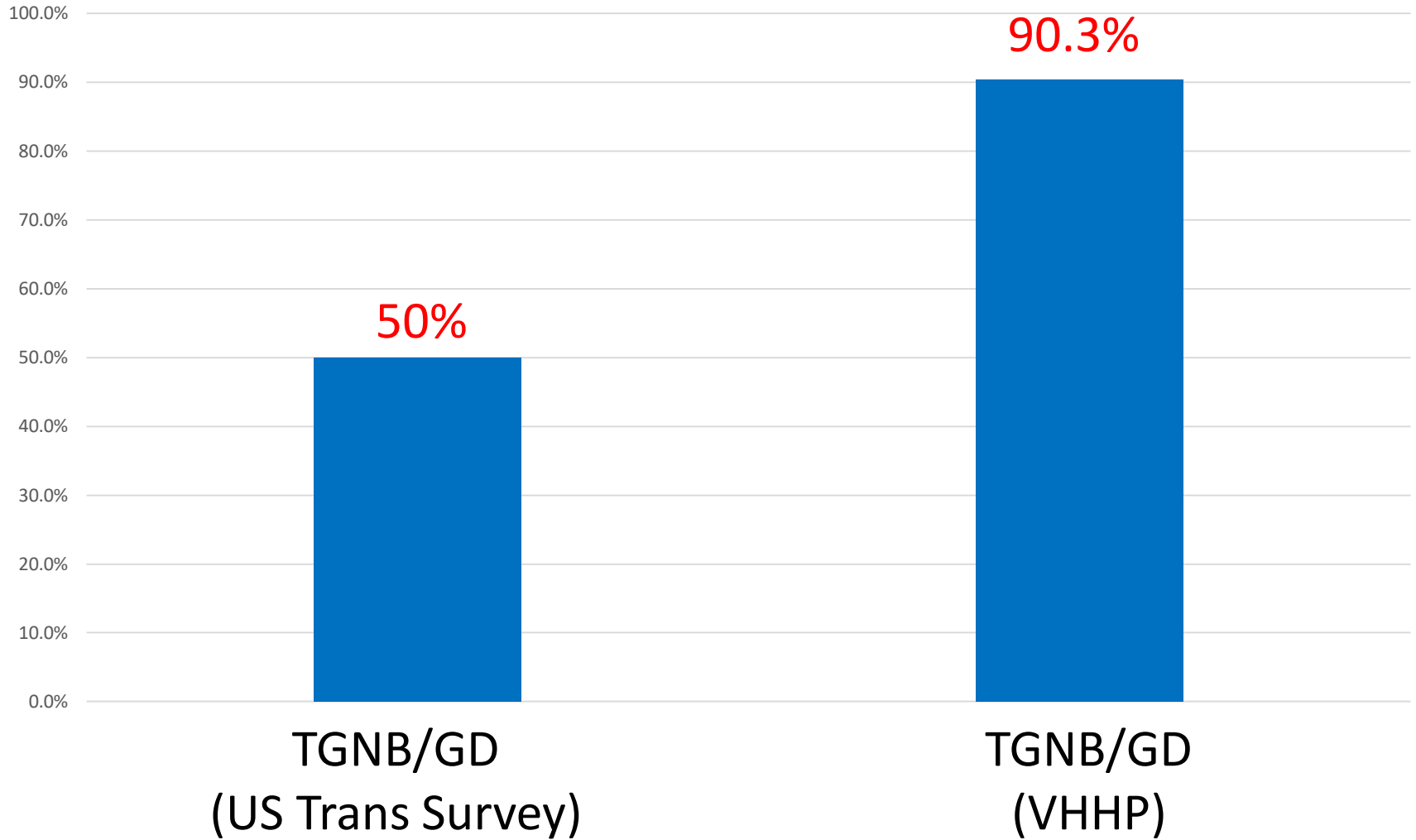
Objectives

- 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

Is Kay's Experience Unique?

- 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.

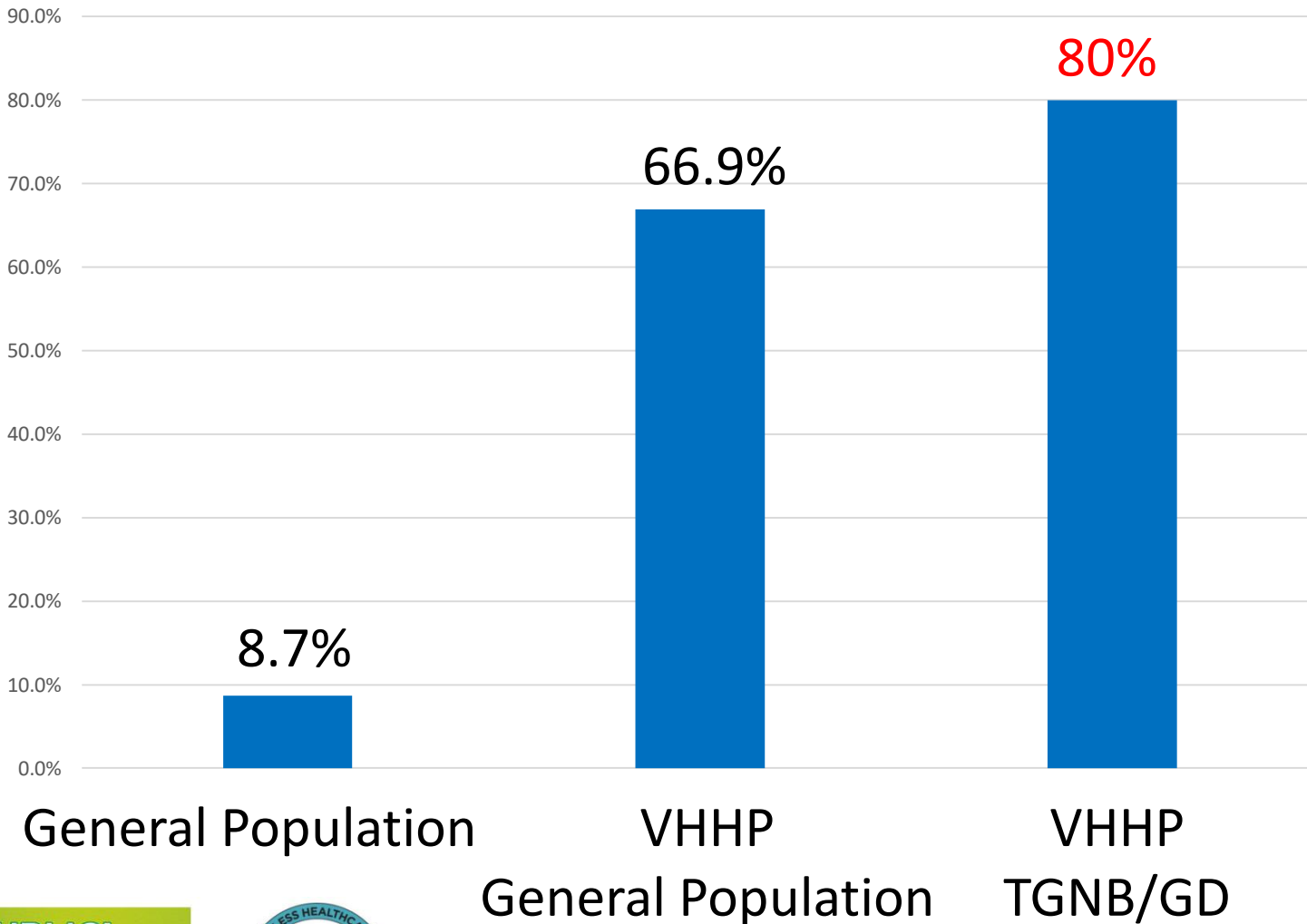
Rejection by an Immediate Family Member



Is Kay's Experience Unique Among Those Experiencing Homelessness?

- 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.

Adverse Childhood Experience Score ≥ 5



Is Kay's Experience Unique Among Those Experiencing Homelessness?

- 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.
- 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)

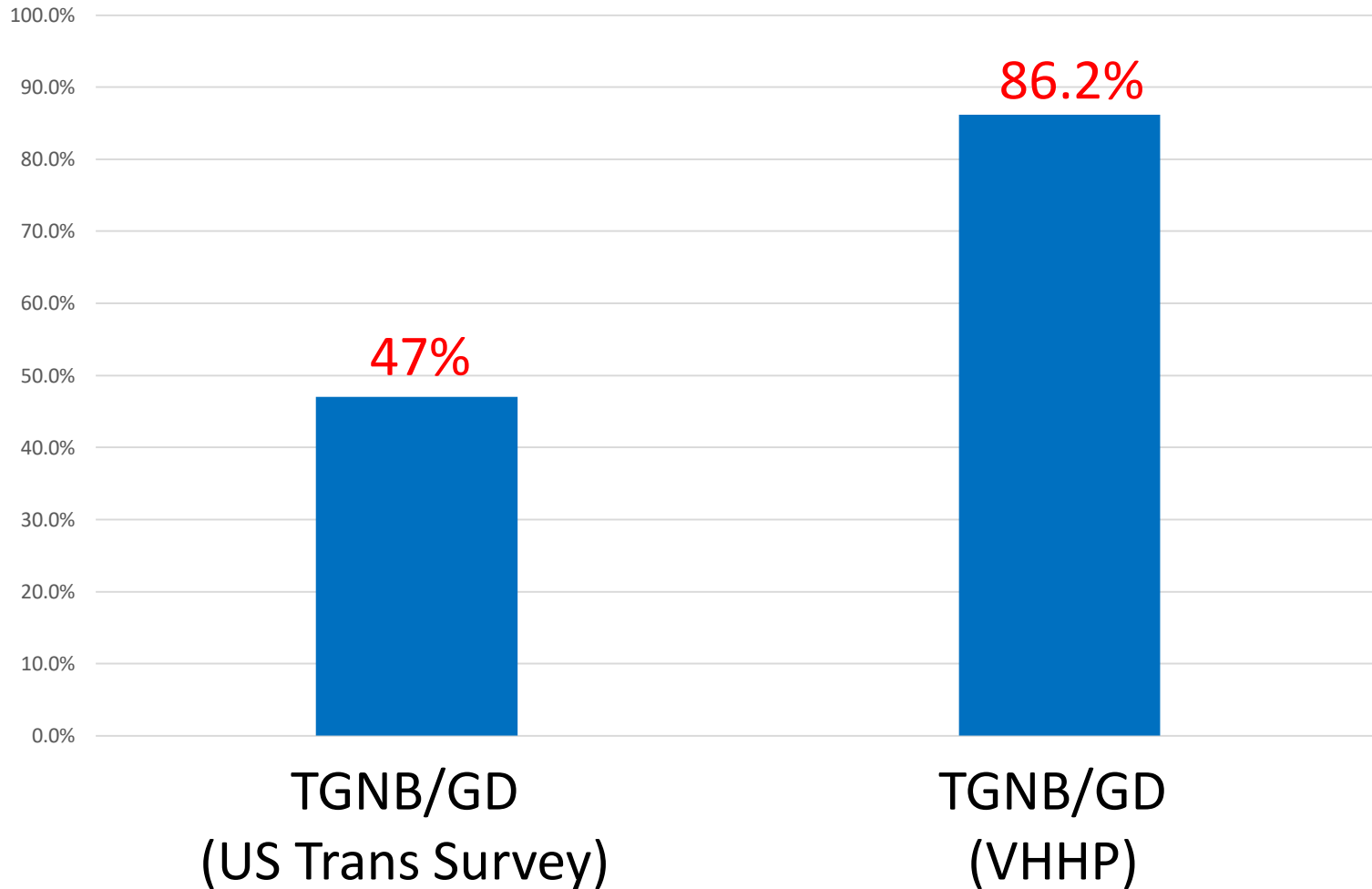
Kay

- 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

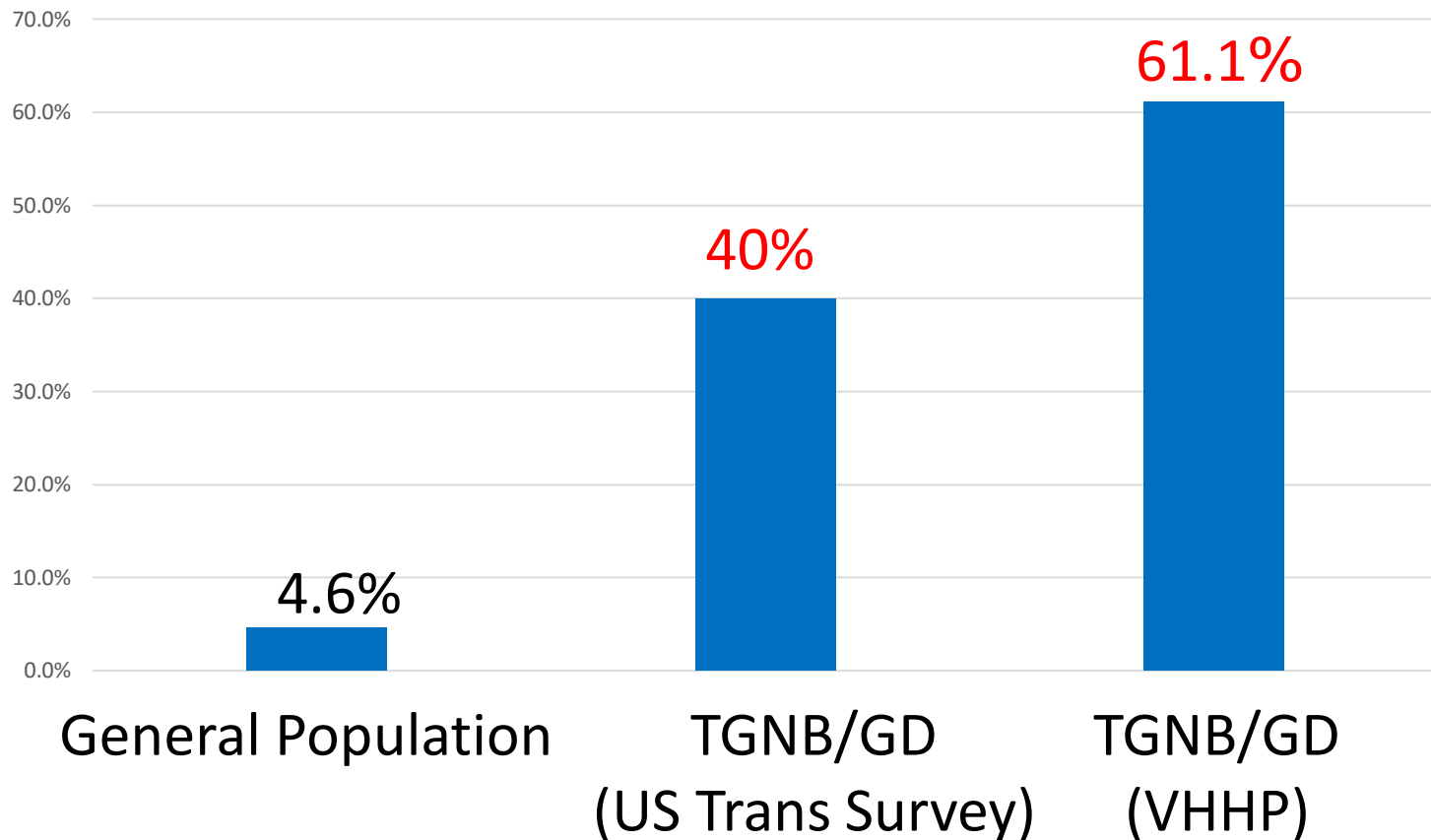


Kay

- 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.

All of our patients have a mental health diagnosis

Ever Attempted Suicide



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?

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

Key Principles



**TRAUMA-
INFORMED**

**Gender-
Affirming**

CULTURAL HUMILITY

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

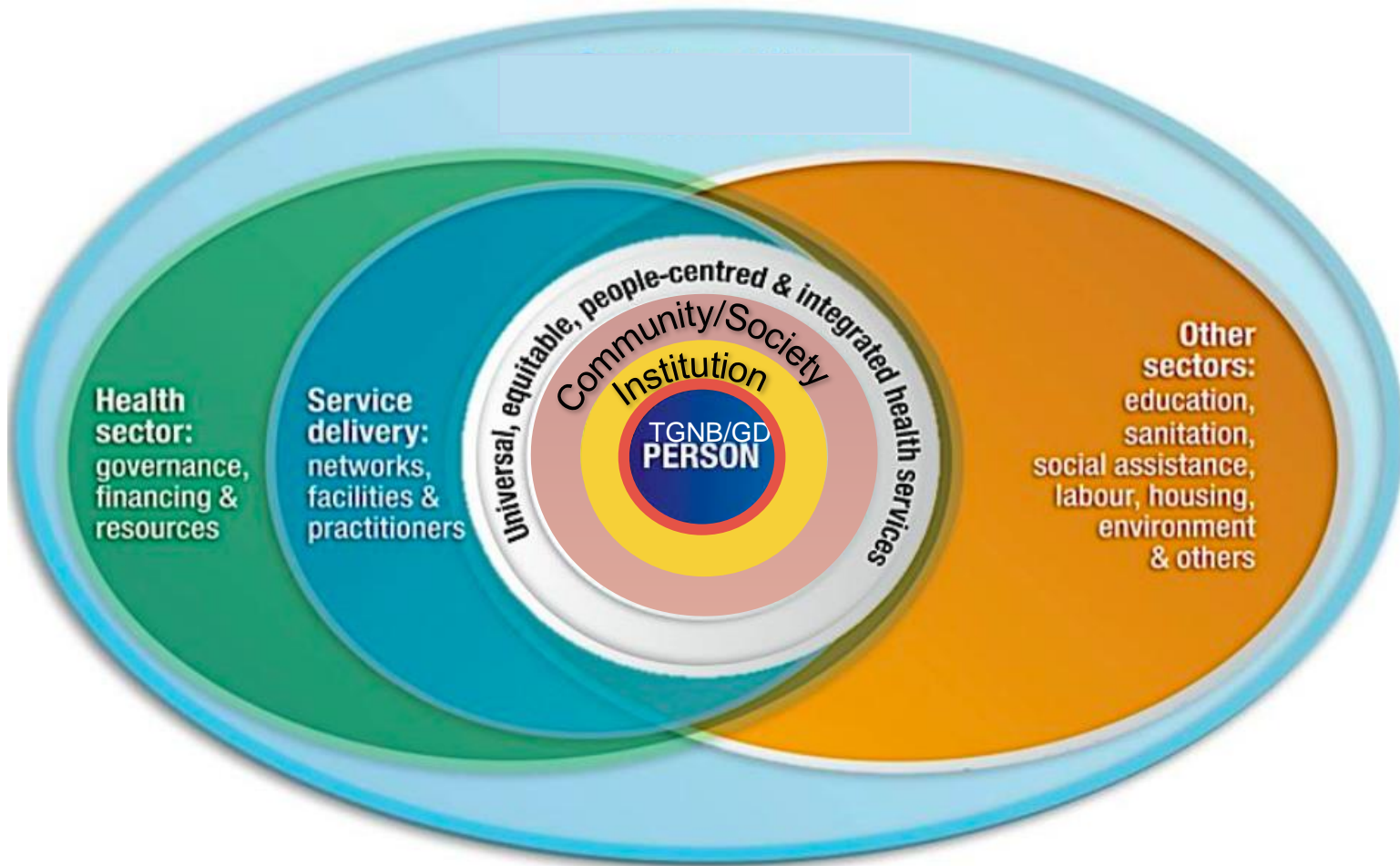


But we can only do so much within the confines of our clinic.

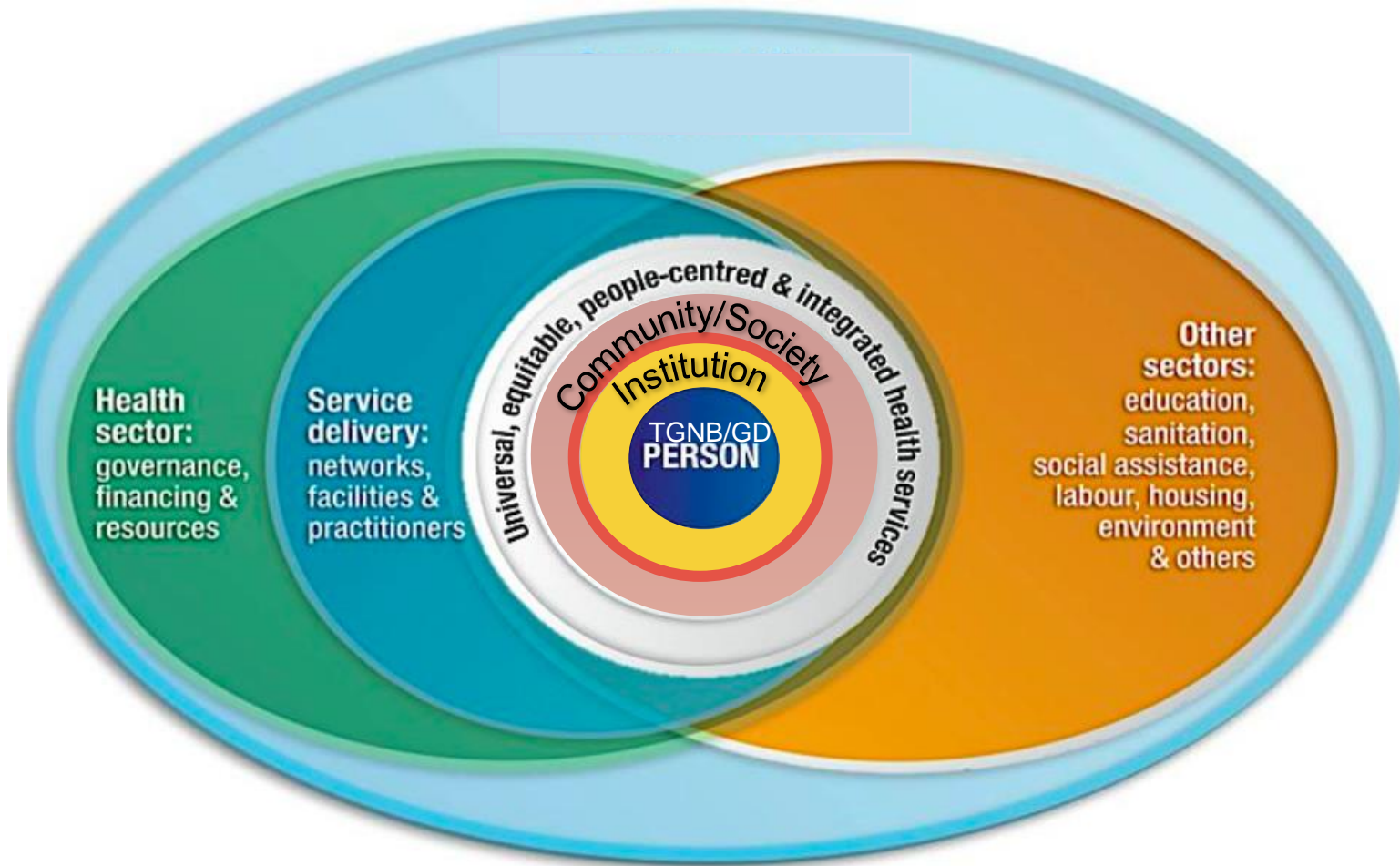


Objectives

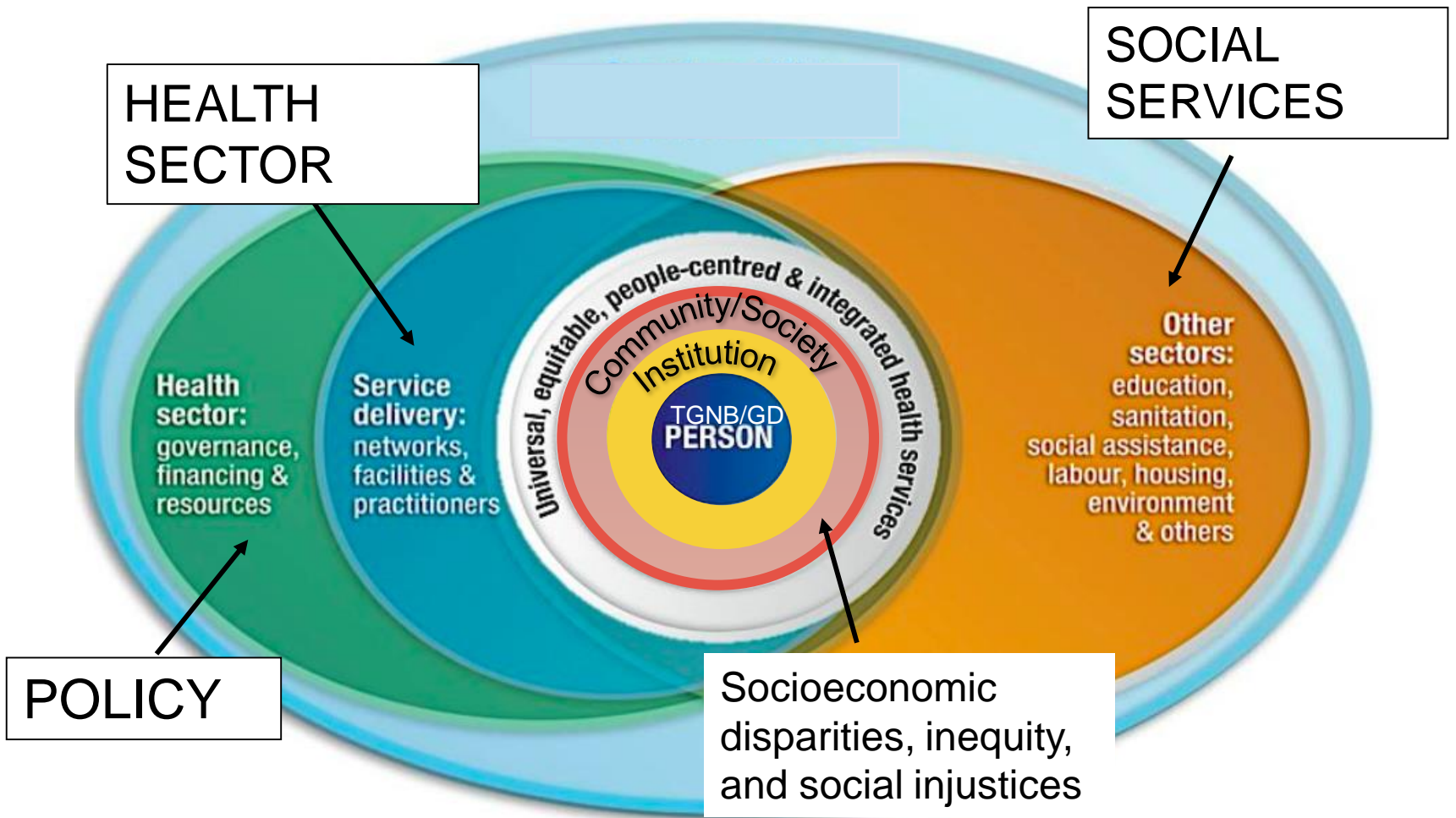
- I. Describe transgender, non-binary, and gender diverse (TGNB/GD) terminology
- II. Identify major socioeconomic and healthcare disparities in the TGNB/GD community experiencing homelessness
- II. Learn the key principles to guide trauma-informed and gender-affirming medical and psychosocial services
- IV. Apply advocacy strategies to improve care and promote justice and equity for TGNB/GD people across a hospital system and county



Courtesy of "The future of TGNB/GD care: integrated, people-centered care," Chyten-Brennan, 2019.



Courtesy of "The future of TGNB/GD care: integrated, people-centered care," Chyten-Brennan, 2019.



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



re: integrated, people-centered care," Chyten-Brennan, 2019.

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

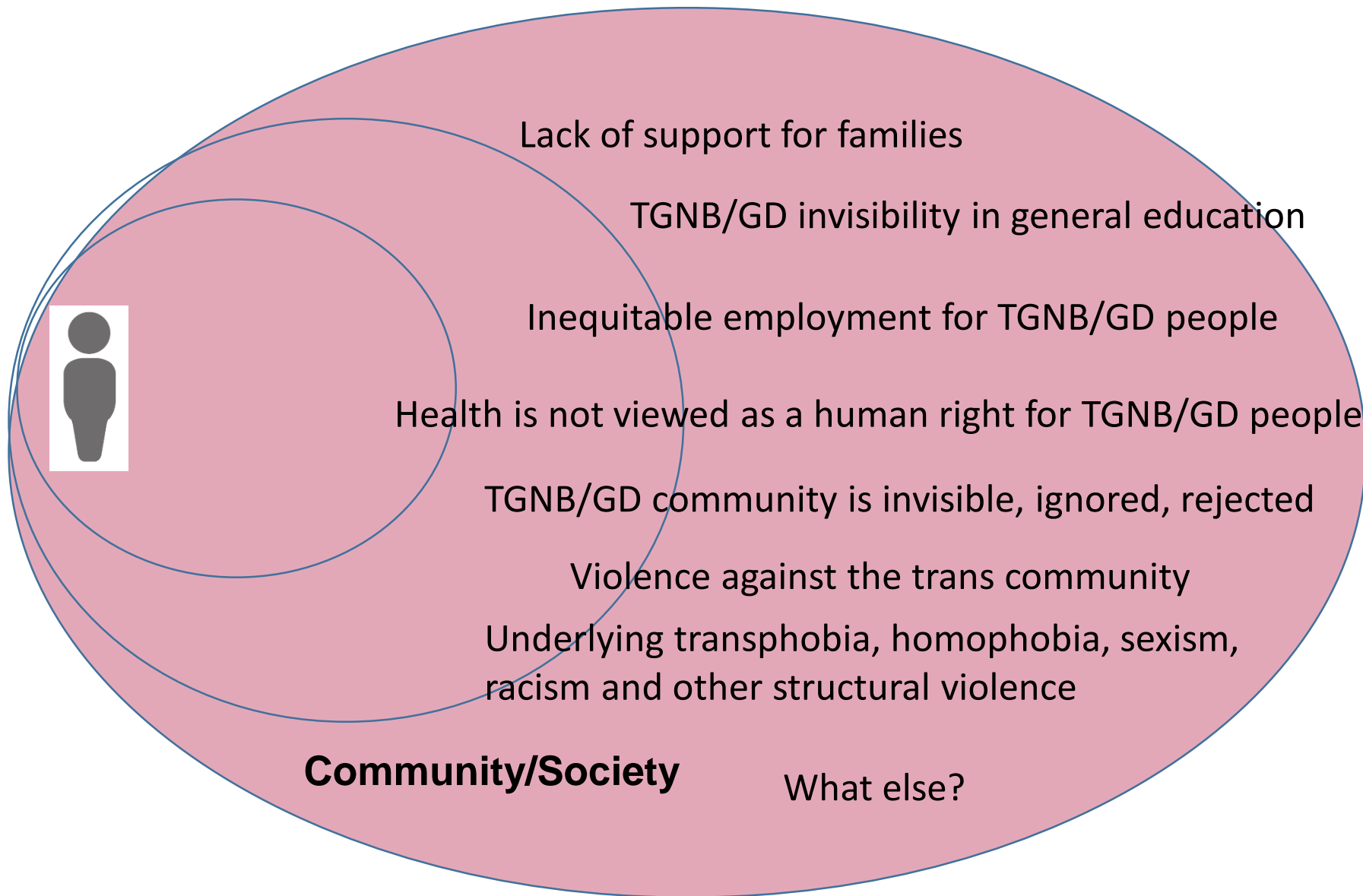
Creation of gender-affirming housing is not a priority

What else?

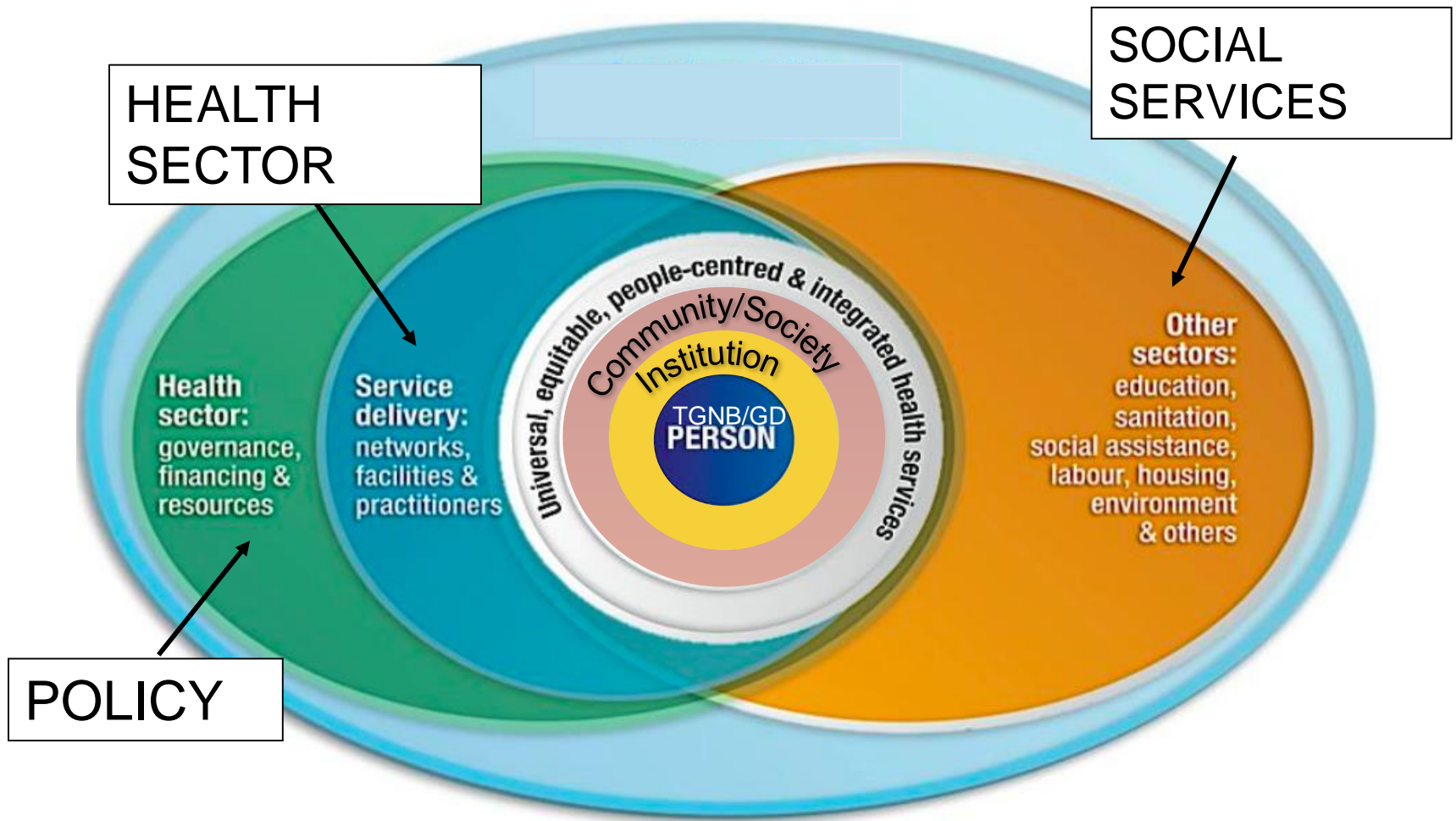
Institutional



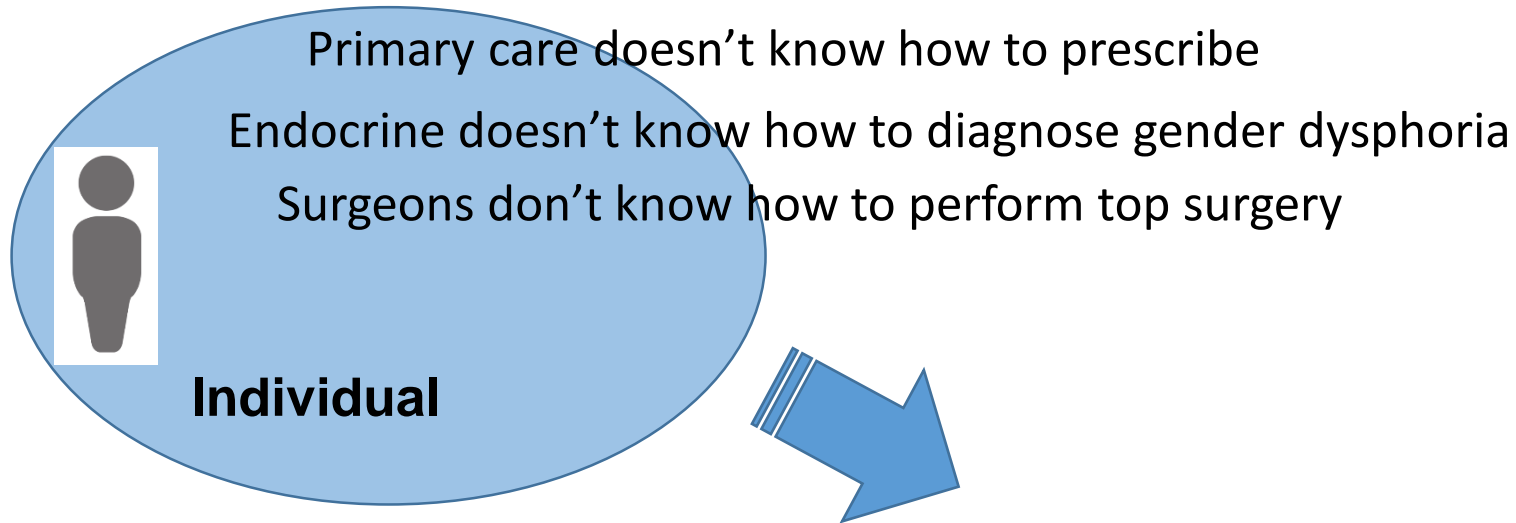
Where is the inequity and social injustice?



Where are the opportunities for advocacy?

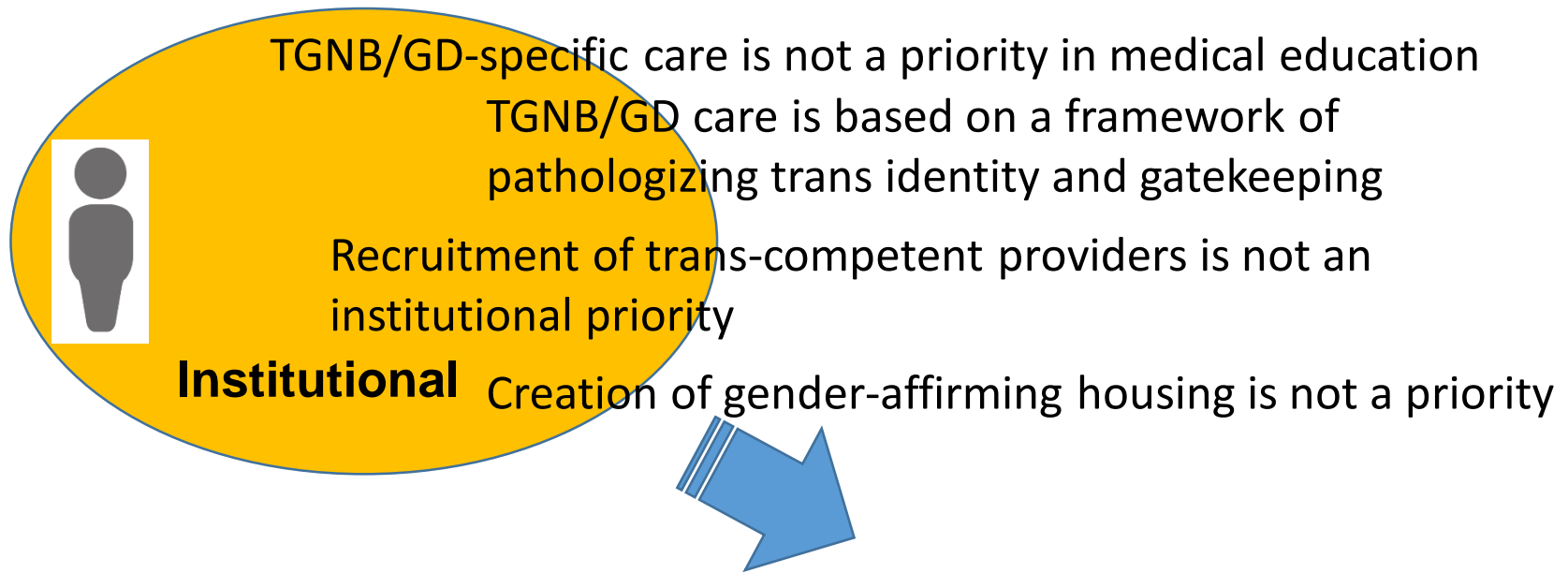


Where are the opportunities for advocacy?



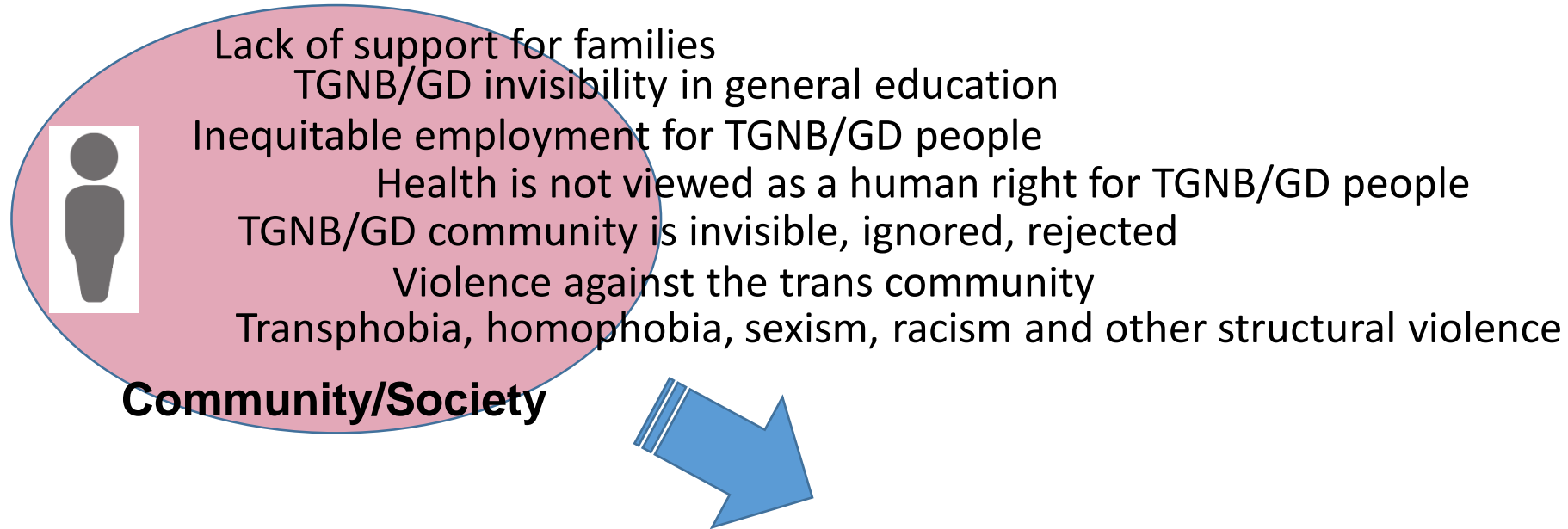
- Advocate for mandatory, compensated training across the hospital system, not only of providers, but all staff at every access point
- Advocate for trans care as a standard of care
- Advocate for collaborative care among multiple disciplines
- Advocate for peer navigators to support patients as they 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?

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?

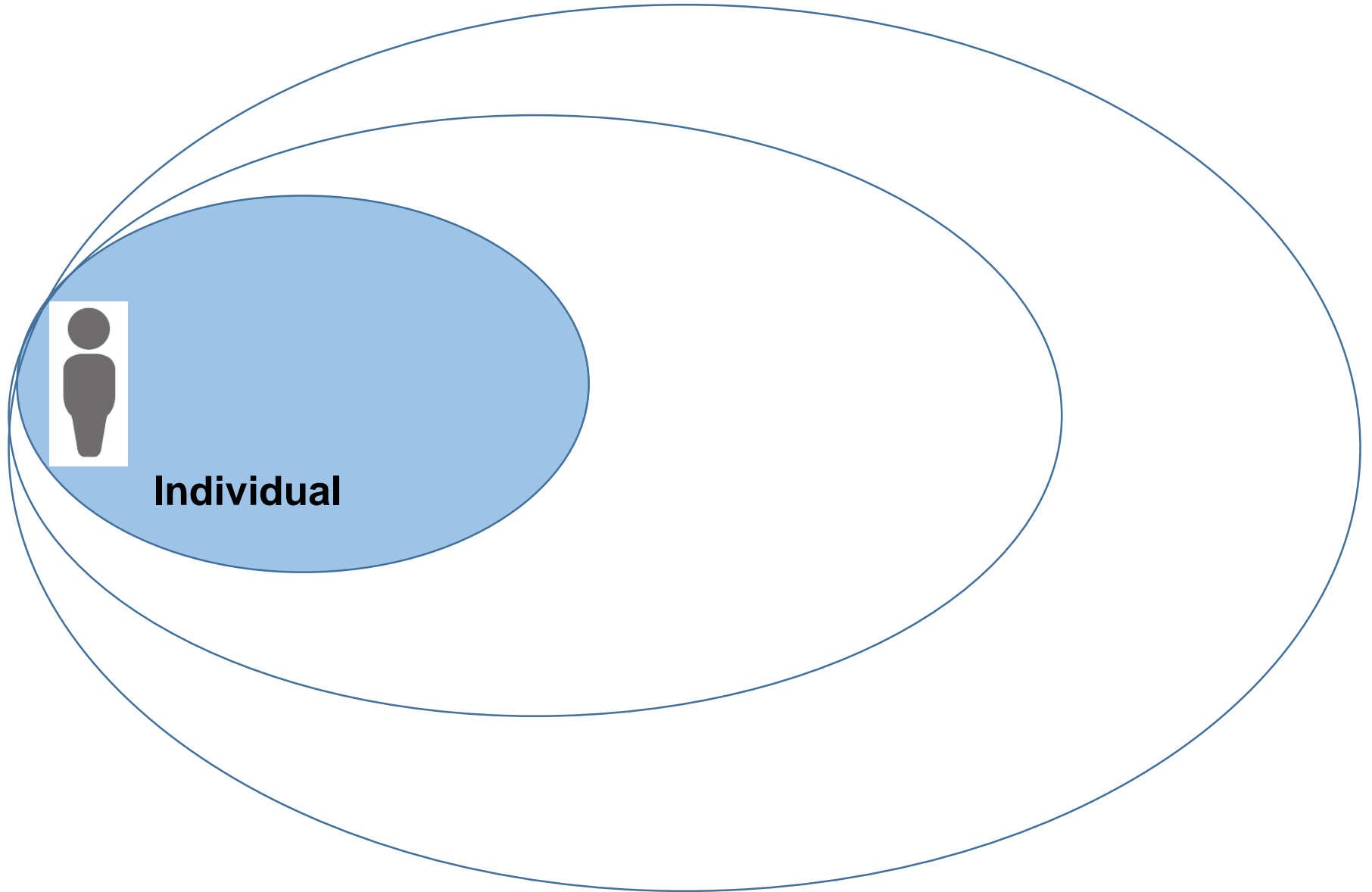
Ana

- 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.

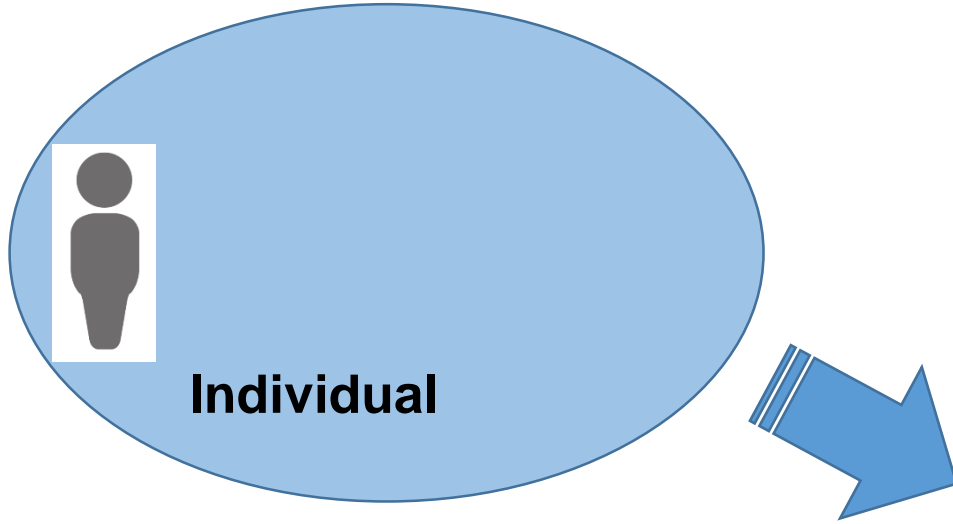
What Barriers to Care do You Come Across?



Where is the inequity and social injustice?



Where are the opportunities for advocacy?



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