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Providing Primary Care to Transgender and Gender-expansive Youth

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Providing Primary care to Transgender and Gender-expansive youth

WHAT FAMILY MEDICINE PROVIDERS NEED TO KNOW

MAGGIE GRAHAM M3

Problem

- ▶ At least 0.3% of the US population identifies as Transgender
- ▶ Transgender and gender-expansive youth are presenting to primary care providers in increasing numbers
- ▶ Many primary care providers in Vermont are not armed with sufficient information to care for and guide gender-expansive youth and their families
- ▶ Trans* patients are at increased risk for discrimination and poor health outcomes:
 - ▶ 50% report having to teach providers about transgender health
 - ▶ 41% report having attempted suicide
 - ▶ 28% have postponed medical and behavioral health care due to discrimination
 - ▶ 19% have been refused care because they are transgender

Intervention

- ▶ Create a basic guide for Family Medicine providers for providing primary care to trans* and gender-expansive youth
- ▶ Distribute a referrals and resources list to Family Medicine providers so they may help guide families to the care they need
- ▶ Distribute these items to each Family Practice office affiliated with UVM.
- ▶ Future directions: distribute information to more providers in more primary care specialties

Methodology

- ▶ Information for the pamphlet was gathered from many sources:
 - ▶ Presentations at the Philly TransHealth Conference (June, 2016)
 - ▶ Data from research papers and surveys
 - ▶ Discussions with parents of trans-identified children and trans-identified youth themselves
- ▶ Information for the referral/provider list was gathered from current UVM providers as well as resources distributed by the University of Vermont Children's Hospital's Youth Gender Service

Results: Pamphlet

Providing Primary Care to Transgender and Gender-Expansive Youth:

What you need to know



THE BASICS FOR FAMILY
MEDICINE PROVIDERS

DID YOU KNOW? IN THE US TRANSGENDER POPULATION:

- At least 0.3% of the population identifies as transgender—about the same prevalence as Type I Diabetes
- 50% reported having to teach providers about transgender health
- 41% reported attempting suicide
- 28% have postponed medical and behavioral health care due to discrimination
- 19% have been refused care because they are transgender

Community Resources:

- **Outright Vermont:** holds social and support groups such as Gender Creative Kids, Parents Group, Trans Youth Group, Camp Outright.
Contact: www.outrightvt.org;
Erika@outrightvt.org; 802-865-9677
- **Pride Center of Vermont:** holds social and support groups, has resources for families.
Contact: www.pridecentervt.org
- **Camp Aranu'tiq:** A summer camp in New Hampshire for trans* kids ages 8-16 as well as family camps.
Contact: www.camparanutiq.org

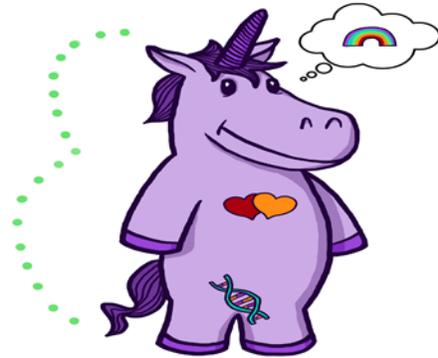
Organizations and online resources:

- **The Family Acceptance Project:**
www.familyproject.sfsu.edu
- **Gender Spectrum Training and Education:**
www.genderspectrum.org
- **The Fenway Center:** www.fenwayhealth.org
- **UCSF Center of Excellence for Transgender Health:**
www.transhealth.ucsf.edu

Results: Pamphlet

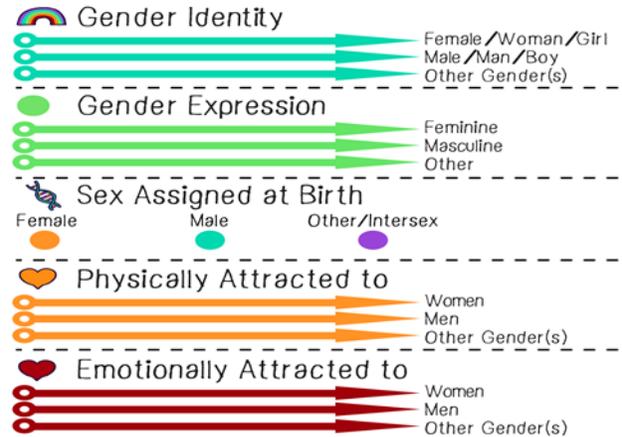
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



Results: Pamphlet

Important Practices

Refer to the child by his/her preferred name and pronoun. Instruct **staff** to do the same.

Develop staff/office **protocols** to manage patients who have differing names/pronouns on charts than are preferred.

Maintain **privacy**. Do not discuss gender status in front of uninformed staff.

Update **forms** to be trans* inclusive and advocate for changes to your EHR format

Make your office trans*-friendly:

Have **signs** and **posters** in your waiting area that depict gender nonconforming children and different family types

Display LGBTQ **safe-space**/ally signage

Have **gender-neutral** bathrooms in your office. Use bathroom signs such as "All genders welcome."

During a visit with a transgender patient:

Don't be shy: ask how they would like to be addressed.

"What pronouns do you prefer?" Or, "How do you like to be addressed?"

Ask questions in a nonjudgmental manner and listen to child's response.

"Some of my patients feel like they're more like a girl or a boy or something else entirely on the inside. What about for you?"

"Does anyone ever pick on you for how you express being a boy or girl?"

Be sensitive to the child's comfort during genital exams; explain why the exam is important.

Avoid using terms such as "boy's body" or "girl's body" when working with transgender children. Use language like "people with penises" or "people with vaginas."

Avoid labeling behavior as "just a phase"

Screen for family acceptance and provide resources for support (see back)

Continuity

Provide as many services in-house for your patients as possible. Trans people often delay care due to stress of explaining themselves to new providers.

Educate yourself about available resources and competent providers in your community for trans* youth.

When making a necessary referral to a provider who does not specialize in gender, consider calling ahead to communicate your patient's needs.

Know the Data

Parents and families will come to you with questions. Let them know that current data suggests:

Some gender variant children will persist through their lives as gender variant or become transgender adults, and some will not.

The biggest predictor of positive health outcomes for trans* young adults is **family acceptance**. It is also protective against negative health outcomes.

Family rejection is strongly predictive of increased suicidality of young trans* people

A study of families choosing the affirmative approach showed similar levels of gender variance, but **less pathological tendencies**.

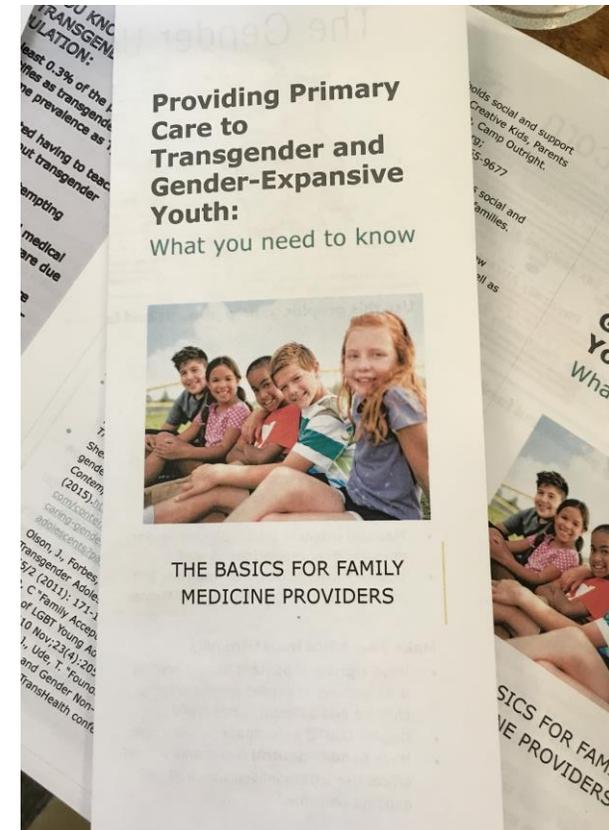
Mental health struggles are not necessarily inevitable for transgender youth

Results: Referral Guide

- ▶ List of providers in the area who are competent in providing care to transgender and gender-expansive individuals.
 - ▶ Providers included transition-related care, psychiatric consultation, and general mental health care

Results: Distribution

- ▶ Hard copies of pamphlets and referral guides were distributed to UVM Family Medicine providers at Hinesburg, South Burlington, Colchester, and Milton.
- ▶ Electronic copies of both guides were sent to the above sites as well as UVM Family Medicine in Berlin



Results: Feedback

- ▶ Providers reported being pleased to have these resources
- ▶ Within a day of distribution, providers reported having already used the resources and given referrals to patients
- ▶ Providers circulated the resources electronically to providers in other disciplines

Limitations

- ▶ The information given in the pamphlet very basic, and some providers may need more in-depth information
- ▶ The pamphlets were only distributed to Family Med providers within the UVM system.
- ▶ Because there has been so little research done in this population, data was based on a small amount of literature

Future Directions

- ▶ Increase distribution of materials to other Family Med providers (such as at the Community Health Centers of Burlington, to private practice providers, etc)
- ▶ Distribute materials to other disciplines such as Pediatrics and Psychiatry
- ▶ Survey users of materials to ascertain their efficacy as well as what is missing
- ▶ Use this information to inform future trainings and policies for primary care providers regarding providing care to trans-identified youth
- ▶ Help more providers become comfortable providing as much care as possible to their trans-identified patients

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