


2019

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Recommended Citation

Sacco, Alden York, "Fostering Competent Healthcare for Transgender and Non-binary Patients" (2019). *Family Medicine Clerkship Student Projects*. 471.

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Fostering Competent Healthcare for Transgender and Non-binary Patients

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The Problem

- ▶ Many transgender and non-binary individuals are hesitant to seek medical due to past traumatic encounters with physicians and medical staff, receiving sub-optimal care, having to educate providers about their bodies, perceived bias, and fear of mistreatment.¹
- ▶ According to a Lambda Legal study, nearly 90 percent of transgender respondents believe that not enough medical personnel are properly trained to provide culturally competent care for them.¹

The Problem

Among Transgender and Non-binary People in Vermont:²

- ▶ **29%** had at least one negative experience related to being transgender with a healthcare provider in the past year, including being refused treatment, verbally harassed, or being physically or sexually assaulted.
- ▶ **27%** had problems in the past year related to being transgender with health insurance, including being denied coverage for transition-related care or routine care because they were transgender.
- ▶ **12%** had not sought needed healthcare due to fear of being mistreated.
- ▶ **21%** did not see a doctor when they needed because they could not afford it.
- ▶ **36%** of respondents experienced serious psychological distress in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale).

Public Health Costs

- ▶ Many transgender individuals maintain their assigned gender role, fearing stigmatization, and many (including those who have undergone a medical transition) **do not disclose their transgender status** to their physician due to perceived provider insensitivity.^{3, 4}
- ▶ This reluctance to seek medical care and to disclose transgender status can result in “**poorer health outcomes** because of delays in diagnosis, treatment or preventive measures.”¹
- ▶ The current healthcare system fails to adequately address the specific health needs of transgender individuals, who are at **higher risk of cardiovascular disease, substance abuse, depression and anxiety, partner violence, sexually transmitted infections, youth homelessness, and harassment.**^{5,6}

Community Perspective

“It is vitally important to have **well-trained and trans-competent health care providers and staff** to improve health care and health outcomes for trans folks. Many transgender patients delay care due to experiences with stigma, discrimination, disrespect, and/or lack of knowledge from medical providers. **Delayed care leads to poorer health outcomes.**”

Health care providers need to be equipped to foster open communication with their patients - the trust required for this can be built through both cultural and medial competency. Using someone's self-identified name and pronouns, for example, will **increase their comfort** in sharing relevant health information with their care provider. Understanding the potential concerns or sensitivities of trans folks will enable a health care provider to provide **more compassionate care**, which can translate into more regular care and promote increased wellness. Trans competent health care providers also need training about the medical considerations of physical transition so that they can offer the **best and most relevant information to their patients.**”

- Michal Duffy, Trans Community Organizer

Community Perspective

“...having trans competent providers has been **an essential part of my care** during all of the stages of my transition. These providers have supported my **physical, mental, and emotional well-being** through times I have needed it most by creating a safe place where I can honestly share my health needs and concerns...”

- Thomas Scheibner, Trans Community Member

Intervention and Methodology

- ▶ An **in-office training** was designed to introduce clinicians and office staff at Hinesburg Family Practice with the following objectives:
 - ▶ Review **health care disparities** for transgender and non-binary people
 - ▶ Define key terms related to **sex, gender, and identity**
 - ▶ Introduce the importance of **appropriate pronoun-use and terminology**
 - ▶ Review **strategies for creating a welcoming and gender-affirming environment** for trans and nonbinary patients and staff, including on intake forms, in the electronic health record, in the waiting room, and in the exam room
 - ▶ Review useful **resources and guides for clinical settings**
- ▶ The training was evaluated by a **pre- and post- survey** to evaluate changes in clinician and staff perspectives and understanding.

Results/Response to Intervention

	Pre-Training Average*	Post-Training Average*
I understand health challenges facing transgender and nonbinary communities	3.58	4.42
I understand the difference between sex and gender identity	4.08	4.5
I understand the importance using someone's self-identified pronouns	3.92	4.58
I know how to ask a patient or colleague's pronouns	3.08	4.08
I understand the value in using neutral pronouns if I do not yet know how someone identifies their gender	3.75	4.5
I can identify multiple ways to make our clinic more welcoming for transgender and non-binary patients	3.5	4.17
I know what resources are available for transgender and nonbinary patients and their healthcare providers in the local community and online	2.58	4.42

*1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

Evaluation of Effectiveness & Limitations

- ▶ Pre- and post- training surveys demonstrated an **increase in participant's knowledge and comfort** around topics of transgender and non-binary healthcare.
- ▶ The training took place over a single lunch-hour session, and thus **did not include time for interactive training elements**, such as pronoun practice or simulated clinical encounters.
- ▶ While the survey was able to assess immediate changes in staff and provider perspectives and knowledge, it **could not assess the long-term impact** of these changes on transgender and non-binary patients in the community.
- ▶ The training was able to address the need for specific changes in the clinic's environment (such as collecting preferred name and pronouns, sexual orientation, and gender identity data on intake forms) but was **unable to assure implementation of these changes** in the clinic moving forward.

Recommendations for Future Interventions

- ▶ Develop a **uniform training** focused on trans and nonbinary healthcare to be implemented in clinical settings across Vermont.
 - ▶ This training would ideally include interactive elements, including **practice using non-binary pronouns, asking patients' names and pronouns, avoiding gender-specific language** until a patient has been asked for their preferences, and **walking through simulated clinical encounters** with trans and non-binary patients.
- ▶ Update **intake forms** used by UVMHC to collect sexual orientation and gender identity (SO/GI) data and pronouns, which will soon be stored in the electronic medical record.
- ▶ Make sure **signage, patient handouts, questionnaires, and educational materials** intended for patients are inclusive with respect to gendered language and various identities and practices.

References & Resources

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