Gender Affirmative Health Care: Terminology, Demographics, and Epidemiology

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- **Disclosures**: No relevant financial relationships. Presentation does not include discussion of off-label products.

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THE HOGFISH STARTS OUT FEMALE, THEN BECOMES MALE.

THROUGH THE TRANSFORMATIVE POWER OF ROCK BALLADS

Let your imagination swim wild

New England Aquarium
WHAT PEOPLE ASSUME GENDER IS

WHAT GENDER ACTUALLY IS

alterpride.org
sexuality matters.
Basic Terminology

- **Sex** – identified by visual observation of genitals at birth and designated ‘male’ or ‘female’ usually

- **Gender** – identified internally by self-knowledge and understanding and falling somewhere in the spectrum including masculinity, femininity, androgyne, and other terms
Sexual Orientation
Gender Nonconformity vs. Gender Dysphoria

- **Gender Nonconformity** – extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex\(^1\)

- **Gender Dysphoria** – discomfort or distress caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)\(^2,3\)

\(^1\) Institute of Medicine, 2011
\(^2\) Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010
\(^3\) WPATH, 2011, p. 5
Experience of Gender Nonconformity

Gender Norms

Gender Role Expression
Basic Terminology

- **Transgender** – community term of self-identity encompassing anyone who differs from cultural norms for gender identity, expression, and/or role

- **Transsexual** – diagnostic term from medicine (ICD-10: F64.0) designating a person who wants to live as opposite of their birth assigned sex and seeks medical treatment to make their body congruent with their identity through hormones and/or surgery
**Basic Terminology**

- **Gender Queer/ Neutral/ Diverse/ Expansive/ Awesome** – community terms of self-identity claimed by people who may feel the traditional gender binary is not an accurate representation of their gender. May identify with two, or more, or no, genders.

- **Passing** – accurate recognition of and reflection of one’s gender expression by others

- **Stealth** – choice not to disclose one’s medical history including gender affirmation treatments
Common Health Issues & Barriers to Care for TGNC People

- Lack of competent primary care
- Finances – little to no insurance coverage
- Dysphoria interferes with care compliance
- Malicious or uninformed mistreatment by medical & mental health professionals
- High risk behaviors and situations
- Substance use and abuse as coping methods
- Psychological and health issues – marginalization – discrimination – violence – minority stress
National/MA State Medical Care

- 5% MA TGNC residents report being refused care by a medical provider
  - 19% nationally
- 24% denied equal treatment in doctor’s offices & hospitals
- 29% MA TGNC residents report having to teach their health care provider
  - 50% nationally
- 25% harassed in places of medical care
- 2% physically assaulted in medical facilities
- 76% are taking hormones (DIY or Rx)

Grant et al., 2010
Project Voice, 2014
Impact of Stigma & Transphobia

- One third TGNC people avoid health care
- Most trans people have been harassed (90%)
- More than half have been rejected by family (57%)
- TGNC people have higher rates of unemployment, low income, homelessness
- 2x-4x higher rates of HIV infection (esp. in urban areas)
- TGNC people have higher incidences of alcohol, drug abuse, and suicide

The Adult Transgender Suicide Attempt Rate in the United States is 41%
(The MA adult attempt rate is 0.6% / USA 1.6%)

Grant, et al. (2010).
Suicide Prevention Resource Center (SPRC) at Education Development Center, Inc. (EDC). (2008).
Where do we go from here?

I saw the angel in the marble and carved until I set him free.

~ Michelangelo
Moving Forward in Hope

- Decreasing barriers through education, supports, and policy
- Building resiliency and providing timely and relevant services
Trans Health Program Growth

- 1997 (EHR Starts in Use)
- 2000 ('04 THP Starts)
- 2005 ('06 New Coord.)
- 2009 ('07 New Protocols)
- 2012 ('10 New Pgm Asst.)
- 2013 (11/'12 New Med Dir)
- 2015 (Decentralization)
Understanding the Social Context of Transgender Health Disparities

Sari L. Reisner, ScD
Overview

- Health Disparities
- Sex, Gender, and Transgender
- Global Health Burden in Transgender People
- Situated Vulnerabilities
- Working With Communities
Health Disparities

A particular type of difference in health...

“...in which disadvantaged social groups—such as the poor, racial/ethnic minorities, women, or other groups who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups.”

Terminology and Definitions: Sex and Gender

- **Sex** and **gender** core social determinants of health
- **Sex** – biological differences
- **Gender** – social and cultural distinctions mapped onto biology
  - Multidimensional
  - Psychological, social, behavioral
  - Gender identity, gender expression, gender roles
Terminology and Definitions: Transgender

- Gender identity or expression different than assigned sex at birth
  - Male-to-Female (MTF), transgender women, transgender girls
  - Female-to-Male (FTM), transgender men, transgender boys
  - Other diverse genders (genderqueer, bigender)

- Gender diversity ≠ pathology
Terminology and Definitions: Gender Affirmation

- Process by which individuals are affirmed in their gender identity or expression

- Gender affirmation is a human right
  - Social
  - Psychological
  - Medical
  - Legal

Reference: Reisner et al., in press, Lancet Special Issue on Transgender Health
Framing: Standards of Care

N = 116 studies
What do we know and where?

Reference: Reisner et al., in press, Lancet Special Issue on Transgender Health
Global Health Burden: Health Outcome Categories in Transgender Health (n=981 Data Points), 2008-2014

Reference: Reisner et al., in press, Lancet Special Issue on Transgender Health
Situated Vulnerabilities

- Discrimination
- Depression
- Substance Use
- Incarceration
- Violence
- Family, Peer Rejection
- Sex Work
- Homelessness
- Sexual Networks

HIV
Situated Vulnerabilities

Discrimination

Depression

Substance Use

Incarceration

Violence

Sex Work

Family, Peer Rejection

Sexual Networks

Homelessness

“Of course I am worried that I might get it [HIV]. But it seems to be all people talk about.” – MTF age 17

“Preventing HIV in us girls is complicated. We need jobs, places to stay, doctors. HIV is just one of the many problems we deal with.” – MTF age 19
“Of course I am worried that I might get it [HIV]. But it seems to be all people talk about.” – MTF age 17

“Preventing HIV in us girls is complicated. We need jobs, places to stay, doctors. HIV is just one of the many problems we deal with.” – MTF age 19
### Transgender vs Cisgender Patients

<table>
<thead>
<tr>
<th>N=155</th>
<th>Trans</th>
<th>Cis</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination in Employment</td>
<td>42%</td>
<td>11%</td>
<td>5.67</td>
<td>2.19, 14.82</td>
</tr>
<tr>
<td>Discrimination in Healthcare Setting</td>
<td>19%</td>
<td>4%</td>
<td>5.71</td>
<td>1.32, 24.73</td>
</tr>
<tr>
<td>Any Abuse as a Child, Age &lt; 15 yrs</td>
<td>55%</td>
<td>25%</td>
<td>3.64</td>
<td>1.62, 8.19</td>
</tr>
<tr>
<td>Any Victimization as Adult, Age 18+ yrs</td>
<td>74%</td>
<td>42%</td>
<td>3.98</td>
<td>1.68, 9.41</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>58%</td>
<td>30%</td>
<td>3.26</td>
<td>1.49, 7.10</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>29%</td>
<td>13%</td>
<td>2.76</td>
<td>1.01, 7.54</td>
</tr>
<tr>
<td>HIV-Infected</td>
<td>13%</td>
<td>19%</td>
<td>0.65</td>
<td>0.20, 2.10</td>
</tr>
<tr>
<td>Substance Abuse History</td>
<td>33%</td>
<td>34%</td>
<td>0.93</td>
<td>0.41, 2.09</td>
</tr>
<tr>
<td>Cigarette Smoking</td>
<td>55%</td>
<td>60%</td>
<td>0.82</td>
<td>0.38, 1.77</td>
</tr>
</tbody>
</table>

**Mean Age 39.7 (12.6); 14% people of color; 57% high school diploma or less**

2,653 Fenway patients were initially sampled. Transgender patients sampled were matched 4:1 to 2 non-trans females and 2 non-trans males on: age (+/- 3 yrs), race/ethnicity, education, income. Transgender n=31. Cisgender n= 124. GEE models estimated ORs. Bold indicates p<0.05.

Reisner, White, Bradford, Mimiaga, LGBT Health, 2014
### Past 12 Month Bullying Victimization

<table>
<thead>
<tr>
<th>Method</th>
<th>Transgender</th>
<th>Non-Transgender Female</th>
<th>Non-Transgender Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Bullying</td>
<td>70.1%</td>
<td>37.0%</td>
<td>25.4%</td>
</tr>
<tr>
<td>In Person</td>
<td>66.4%</td>
<td>33.0%</td>
<td>19.3%</td>
</tr>
<tr>
<td>By Phone Call</td>
<td>45.0%</td>
<td>21.5%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Via Text Message</td>
<td>23.5%</td>
<td>10.4%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Online</td>
<td>14.2%</td>
<td>6.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Some Other Way</td>
<td>9.7%</td>
<td>4.2%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

**Adjusted OR (95% CI)**

- **Any Bullying**: 3.58 (2.74, 4.68), *p*-value < 0.0001
- **In Person**: 2.93 (2.30, 3.72), *p*-value < 0.0001
- **By Phone Call**: 1.68 (1.29, 2.19), *p*-value < 0.01
- **Via Text Message**: 1.98 (1.55, 2.53), *p*-value < 0.0001
- **Online**: 3.02 (2.43, 3.75), *p*-value < 0.0001
- **Some Other Way**: 2.04 (1.62, 2.58), *p*-value < 0.0001

Models adjusted for age, race/ethnicity, family SES, geographic context.

Reisner et al., J Sex Research, 2015
“Of course I am worried that I might get it [HIV]. But it seems to be all people talk about.” – MTF age 17

“Preventing HIV in us girls is complicated. We need jobs, places to stay, doctors. HIV is just one of the many problems we deal with.” – MTF age 19
Mental Health: Transgender and Non-Transgender Youth (n=360)

Adjusted Risk Ratios Demonstrating Increased MH Burden: 2.36 to 4.30 (all p<0.01)

Reisner et al, J Adolescent Health, 2015
“Of course I am worried that I might get it [HIV]. But it seems to be all people talk about.” – MTF age 17

“Preventing HIV in us girls is complicated. We need jobs, places to stay, doctors. HIV is just one of the many problems we deal with.” – MTF age 19
U.S. Transgender Women (n=3,878)

National Transgender Discrimination Survey (NTDS): history of jail/prison 19.3% (n=748)

Single adjusted multivariable logistic regression model included: Age, gender identity, race/ethnicity, health insurance, income, education, hormones, surgery, geographic region, HIV status, sex work, substance use, smoking, physical and sexual assault, suicide attempt, data collection method.
"Of course I am worried that I might get it [HIV]. But it seems to be all people talk about." – MTF age 17

"Preventing HIV in us girls is complicated. We need jobs, places to stay, doctors. HIV is just one of the many problems we deal with." – MTF age 19
**Situated Vulnerabilities: Transgender Youth (n=145)**

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<tr>
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<th>MTF n=63</th>
<th>FTM n=82</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Mean Age (SD)</td>
<td>19.4 (3.2)</td>
<td>20.5 (2.6)</td>
<td>0.02</td>
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<tr>
<td>People of Color</td>
<td>52.4%</td>
<td>15.8%</td>
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<tr>
<td>Condomless Anal and/or Vaginal Sex</td>
<td>52.4%</td>
<td>43.9%</td>
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<tr>
<td>Casual Sex Partner</td>
<td>69.8%</td>
<td>42.7%</td>
<td>0.001</td>
</tr>
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<td>Main/Primary Sex Partner</td>
<td>25.4%</td>
<td>48.8%</td>
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<td>Sex Work</td>
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Bold indicates statistical significance. Reported p-values are from Fisher’s exact tests where cell sizes were small.

MTF=Male-to-Female, FTM=Female-to-Male
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**Adjusted Models**

**Outcome:** Condomless Sex
- **FTM Youth**
  - Casual Sex Partner: 3.06 increase in odds ($p=0.03$)
- **MTF Youth**
  - Main/Primary Sex Partner: 6.76 increase in odds ($p=0.01$)

*Bold indicates statistical significance. Reported p-values are from Fisher’s exact tests where cell sizes were small.*

*MTF=Male-to-Female, FTM=Female-to-Male*
Gender Affirmative Multi-Level Approaches

Multi-level determinants of HIV

Figure 1. Modified social ecological model for HIV risk in vulnerable populations (Baral et al., 2013)
Gender Affirmative Multi-Level Approaches

Multi-level determinants of HIV + transgender-specific determinants

- Gender affirmation
- Gender minority stressors
- “Syndemics” -- co-occurring risks and resiliencies

Figure 1. Modified social ecological model for HIV risk in vulnerable populations (Baral et al., 2013)
Work “With” Not “On” Transgender Communities

- Community-based
  - **Collaboration**: Work in partnership with communities
  - **Participation**: Engage community members (and allies) as change agents
  - **Accountability**: Develop local community capacity
  - “**Cultural humility**”: Commit to “self-evaluation and self-critique” to build trust

Thank you!

“Enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.”

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World Health Organization

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