CREATING A TRANSGENDER-AFFIRMING PRACTICE

Tonia Poteat, MD

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Creating a Transgender Affirming Practice [video transcript]

[00:00:06] Good afternoon everybody. It is noon. So we’re going to go ahead and get started. So hello and welcome to this month in HIV. Our January presentation is Creating a Trans-Affirming Practice and it will be presented by Dr. Tonia Poteat Assistant Professor of Social Medicine at the University of North Carolina. My name is Jessica Steinke I'm a program coordinator for HIV AIDS Education and Training department with the Mt. Sinai Institute for Advanced Medicine. Before I officially introduce our speaker I would like to thank our funder the New York State Department of Health AIDS Institute Clinical Education Initiative the Mt. Sinai Institute for Advanced Medicine serves as a co-sponsor of This Month in HIV. A couple housekeeping notes for the duration of today's presentation. All lines will be muted to ensure that there will be no distractions during Dr. Poteat’s presentation. If you have a question at any time please type it into the chat box and direct it to all panelists. Alternatively you can use the Q and A box at the bottom of your Zoom screen at the end of the presentation. I will read your questions out for Dr. Poteat. Later today you will also receive an email with instructions on how to evaluate today's presentation and claim CME CNE or CPE credits. Please remember that this month an HIV is supported by our New York State Department of Health CEI Grant and your participation in the evaluation process helps us to keep the program free of charge for all attendees. So at this point I would like to introduce our speaker Dr. Poteat Dr. Poteat. It is is an assistant professor of social medicine at the University of North Carolina and the Center for Health Equity Research. Her research teaching and Clinical Practice focus on HIV and LGBTQ health with particular attention to the role of stigma in driving health disparities certified as an HIV specialist by the American Academy of HIV medicine. She is a leader in HIV research and care with transgender persons. She has a special interest in the intersections of gender sexuality race class and health. Dr. Poteat received a Master of medical science degree from Emory University's physician assistant program a Master’s of Public Health from Roland School of Public Health and PhD in the social and behavioral interventions program in the Department of International Health at Johns Hopkins School of Public Health. So we're very excited to have her here today. And at this point Dr. Poteat I'm going to turn it over to you.

[00:02:33] Thank you very much. It's my pleasure to be here and I wish I could actually see the faces of the people who are on the line. But I appreciate your presence nonetheless. I’d like to start with just my disclosures that I've receive research grant support from the institutions you've listed here and that my pronouns are she and her. For the next forty five minutes or so I’d like for us to adjust the learning objectives that you see listed here to discuss the role of medical providers in caring for transgender people to describe the barriers and ways to overcome them. When delivering health care and attention to individuals and to identify best practices in establishing and implementing affirming and supportive models of transgender of care transgender individuals.

[00:03:16] So that's why I hope to focus on. I’m going to start with a few introductory slides that might be review for many of the people on the call but I think it’s important to start with. Anyway this is a cartoon that folks might be familiar with called the genderbread person. It's been floating around the Internet for many years and some colleagues and I have used it in trainings on gender and sexuality really around the globe. One of the things I like about this is it makes concepts that can seem kind of esoteric and academic very practical and so I'm going to take just a few seconds going over the genderbread person. So you see there's an arrow that points to the brain which talks about that being...
where our identity lies. And it reminds us that the only way we know someone's identity is by asking and talking with them about it. There's an arrow that goes to the heart that talks. That's meant to depict that our attraction is in our hearts and not in our genitals. There's an arrow that goes to the genitals for sex. But with the understanding that this is a more simplified understanding of biological sex that also includes chromosomes hormones and other things that we can't see externally. And then the dotted line on the outside reminding us that the exterior is how people express their gender to others and what's not here. But that is appearing more and more often in discussions of sex and gender is gender attribution. So how we might interpret someone's gender expression to being their gender and how expression and interpretation of that might not always be the same. The other important thing to notice about this side is that there are two arrows for each of those sections. That one pointing towards sort of more femininity or woman-ness and one pointing towards masculinity or man-ness and then a section towards the left hand side that says that has a sort of the end sign and that's meant to indicate that people may exist along a spectrum of gender and can be both. And so what one might be far to the right end of the arrow towards woman-ness and far to the right end of the arrow man is depending on what aspect of gender identity we're talking about or they might not ascribe to that sense of gender at all. And at the bottom when we're talking about attraction this particular graphic is disaggregated sexual attraction from romantic attraction. So all those things are important to keep in mind as we go through a few simple definitions of terminology and then to the type anticipated. So for this presentation I just have three definitions. The first is the term transgender or trans which I'll be using in this conversation to refer to people whose gender identity is different from the assigned sex at birth gender queer or gender non binary is a term that's often used to identify people who are neither entirely male male or female man or woman or a combination of both. Or see themselves outside of this whole gender conversation altogether. And then since there's cisgender refers to people whose gender identity aligns with their assigned sex at birth.

[00:06:31] We have increasingly better data on the number transgender people living in the United States. This particular graphic was taken from the Williams Institute report on the number of transgender people in the United States. They drew this from the Behavioral Risk Factor Surveillance survey which is the largest national surveillance study of Americans. And 19 states include a module about gender identity and they use that data to estimate the number of trans people in the United States. You see it's about one point four million people representing about point six percent of the U.S. population. And as you can see and are probably not surprised by the percent of the population that identifies as transgender varies by age with larger proportions of younger people feeling comfortable identifying as transgender on a national survey.

[00:07:21] Trans people are not equally distributed across the United States.

[00:07:25] Like most minority groups as you can see from this side the states with the lowest proportion of trans people are states with the lowest number of people. Iowa Montana North and South Dakota and Wyoming. In the states with the highest proportion of trans identified people are California Georgia Hawaii New Mexico and then the highest overall is the District of Columbia Columbia with two point eight percent of the population identifying as transgender.

[00:07:51] So now I'm going to dive in to some of the potentially disturbing.
So to give a trigger warning data about trans people experiences a stigma discrimination this sort of frame some of the disparities you might see and to emphasize how important it is for us as health care providers to really create a welcoming environment that doesn't perpetuate harm. I'm trying to make it as brief as possible so I summarize a bunch of data here.

Most of this data is taken from the US trans survey which is the largest survey of transgender people in the United States and probably globally included twenty seven thousand individuals across the United States and was completed in 2015. The report was published in 2016. So in that report they found that 46 percent of trans people reported being harassed in public in the prior year and almost half have been sexually assaulted in their lifetime. More than two thirds did not have any identity documents that included their preferred name and gender so the name that they go by and their gender identity their correct gender identity. Over half of them been mistreated by law enforcement simply because they were trans.

And they had they reported three times the national unemployment rate 30 percent had been fired denied a job or not hired because they were trans and 3 percent reported being homeless during their lifetime. So these are dramatically different from what we see in other populations across the United States. And at the most extreme and experiences of violence is murder and there's a global organization called the Trans murder monitoring project that updates the data that they receive across the globe on the murders of transgender people and contribute to the Transgender Day of Remembrance that's held in November every year.

And in 2018 they reported three hundred and sixty nine documented murders of transgender people. And it's important to keep in mind that this is the number of reported cases of people who are known to be transgender and that that information is reported forward to them monitoring projects so likely this is an underestimate of the number of transgender people who are murdered.

So let's keep that in the back of our mind as we frame the rest of this discussion. A colleague Jason Sebelius at the Center of Excellence for Transgender Health at the University of California San Francisco used impaired data to develop what's called a gender affirmation framework. So it's a framework for understanding. She designed it for understanding HIV related risk among transgender women of color and it has since been extrapolated to examine HIV related risk among transgender men and other non HIV related risks. And to summarize very briefly stigma leads to social oppression and psychological distress and social oppression means that trans people have less access to gender affirmation and in the next slide I'll say more about what what I mean by that term and the psychological distress means that there's an increased need for gender affirmation. So they're more likely to be a gap between the availability of gender affirmation and someone's need for gender affirmation and this unmet need is what leads to high risk contexts and high risk behavior and forms of HIV and other health disparities. When I say gender affirmation. It's a concept that goes beyond just medication and medical gender affirmation.

Reisner and colleagues identified at least four aspects of gender affirmation. One being social so having people use the correct name and the correct pronoun to refer to to someone who is transgender. Psychological gender affirmation. So someone feeling as if their gender is respected and
validated and having the support that they need to resist internalized stigma and transphobia. Medical
gender affirmation includes things like puberty blockers hormone therapy gender confirming surgeries
and other types of medical interventions to help someone's physical body along with their gender
identity. And legal gender affirmation which refers to name changes and gender marker changes on
legal documents. This more simplified graph was developed by Dr. Asa Radix at Callen-Lorde Community
Health Center one of the largest LGBT health centers in the United States it provides care for thousands
of transgender people. And I'm going to walk through some of the aspects of this slide. As we go
through subsequent sites to connect the dots so again we have transgender stigma being a source
leading to barriers to health care. Various education and employment stress and depression those
leading to higher rates of survival sex work than we see in other populations substance use and higher
rates of HIV. So let's start with discussing barriers to health care. Again most of this data is taken from
the US trans survey and we can see the chance people who participated in the survey reported delays in
getting health care due to past experiences of discrimination. Twenty eight percent of folks delayed care
when they were ill or injured and 33 percent delayed care that was preventive in nature. Over half we're
afraid that they would be refused care. Almost three fourths worry that they would be treated
differently when they tried to get care. And almost 90 percent felt that there were too few health care
providers who were trained to provide appropriate care for them. And almost one in five reported being
denied medical care because of their gender identity when they met to seek care. And sometimes
people say well these are people's worries and fears and concerns but are those grounded in reality.

[00:13:37] And I've pulled well a little bit from the media and also from recent legal cases to know that
there are actually no legal protections and increasingly fewer legal protections.

[00:13:50] For transgender people in this country.

[00:13:52] So on your left you'll see an article from December 2016 that reports on a judge a federal
judge who agreed that doctors have the religious freedom to refuse to treat people who have conditions
that conflict with their religious beliefs and that includes refusing to treat transgender patients.

[00:14:12] And then in January of 2018 about a year ago the Department of Health and Human Services
announced a new conscious and religious freedom division and one of the goals of that division is to in
parentheses and quote protect health care providers who want to refuse to care to certain individuals
because of their religious beliefs.

[00:14:30] So at the highest levels of government there is no lack of protection to ensure that
transgender people have access to care.

[00:14:38] If you look at the state level this is a figure that's drawn from the Williams Institute.

[00:14:45] I think it was from the Williams Institute publication. But you can see it's from the Movement
Advancement Project. And it shows the states that don't have any public accommodations
nondiscrimination laws that cover sexual orientation or gender identity and that's twenty nine states.
There are two states that cover sexual orientation only and only 19 states plus the District of Columbia
have public accommodations laws that include sexual orientation and gender identity. So more than half
of the states in the United States have no protective legislation ensuring that transgender people have
access to public accommodations including health care.
On the brighter side there was a study that was published last year. I guess now in the Annals of Family Medicine that interview primary care clinicians and found that most providers were willing to and wanted to provide quality care. And a colleague and I at the American published something in the Journal of American Academy Physician Assistants also describing the primary care providers role in transgender health care.

That's on the positive side and the negative side. Most of the providers who completed this study in the Family Medicine Journal reported that they didn't necessarily feel prepared to provide quality care detention of people even though they had a desire to do so. And this is not that different from transgender people's description of their negative experiences in health care. So again the US trans survey reported that a third of people who had sought health care in the prior year reported one or more negative experiences. And the top two negative experiences were being asked unnecessary or invasive questions about their transgender status. And I can imagine that happening in a situation where a provider was inexperienced and had a lot of questions and had a transgender person in front of them and sought to get those questions answered from that particular person.

And then the most common was having to teach their provider about transgender people. So you see all of these pieces coming together. Right.

You see data from the US trans survey where people are feeling like 90 percent of trans people are feeling like the health care providers are not prepared to provide them with care. We see people reporting having to teach a health care provider about trans people and we see data from health care providers saying that they want to provide quality care but they're not sure how to do so. So I'm really grateful that all of you are on the call today to help fill in information around providing care for trans people.

Luckily there is an increasing amount of data available to people who want to provide quality care to transgender people on how to do so. This was a systematic review that some colleagues and I published a few years ago that looked at the research on research on trans health. And you can see that around 2012 we think it's probably related to the Institute of Medicine report that really called for an increased levels of Research in LGBT Health but in particular pointing to the gaps in data in transgender health then we see this exponential rise in the number of publications on transgender health. There are now three peer reviewed specialty journals that focus heavily on transgender health the oldest being the international journal transgenderism that's been around for a very long time LGBT health list an external that's been around a little over five years at this point and has a focus also on trans health within the LGBT umbrella and most recently Transgender Health is an open access peer review journal that focuses entirely on publications related to transgender health. We also see community led research publications of the U.S. trans survey that I referred to several times was published by the National Center for Transgender Equality and then the Transgender Law Center has published data on their research with transgender people living with HIV in the United States. And beyond the sort of empiric literature there's also guidelines and tools that are available to help providers and sort of the nitty gritty of developing programs and providing specific medical care for transgender people. HIV specialty journals have done special issues on trans gender health even DP. The United Nations Development Program and other partners including transit organizations develop an
implementation guide for HIV STI programs and then national societies like the World Professional
Association for Transgender Health the integrated Society of North America and multiple LGBT health
centers around the country have developed into more specific guidelines for care. So there's lots of
resources available for providers.

[00:19:32] What I'd like to focus the rest of our talk on is not the nitty gritty of writing prescriptions or
hormone therapy but how do we create that welcoming environment so that people come to us. It's the
kind of care that we are qualified to provide. And I'm going to do that by walking through simulated case
of a patient named C.C. So C.C. is a transgender woman who is calling your clinic to make an
appointment. So when she's calling to make that appointment lots of things might be going through her
mind right.

[00:20:03] She's thinking about OK when I get to the site there's going to be security at the front desk.
Am I going to have to show an I.D. what's going to happen if the I.D. doesn't match what your
expectations are of me if I get to security and I get to your office and there's a front desk staff.

[00:20:20] How are they going to treat me. What kinds of thing. What kind of questions am I going to
have to answer.

[00:20:24] Is it going to be private or not private. What is her attitude going to be towards me.

[00:20:30] And then she's thinking if she goes through that process what is it going to be like for her to
be sitting in the waiting room. Who else is going to be there. How are those people going to treat her.
And just to keep that in mind. As you think about his experience coming to your health center and think
about wherever you practice what does it look like there. So C.C. keeps her new patient appointment
that she's called to make. When she arrives she makes it through security with no problem and receives
an intake form from the front desk.

[00:20:59] There's no place on that intake form to put her current gender. There's only outline for sex if
she's lost her sex is male because she hasn't had any Gender Affirming surgeries and she thinks that that
is the question that's being asked of her.

[00:21:13] She's asked for her name and there's no distinction made between her legal name and the
name that she goes by so she puts her legal name Charles.

[00:21:20] Because that's what's on her insurance documents.

[00:21:25] She sits in the waiting room and while she's waiting she has to get to the women's restroom
while she's in the restroom another patient leaves and there's two staff at the front desk and reports
that there is a man using the women's restroom.

[00:21:39] One of the staff members goes in and checks sees that C.C. is there and comes back and says
that everything is fine nothing is wrong. C.C. leaves the restroom and sits in the waiting area to be
called.

[00:21:51] The medical assistant appears with a chart and calls for Charles.
C.C. does not want to respond to the name Charles. So she just sits there and hopes that the medical assistant will remember that she told her that she goes by C.C. when she was at the front desk.

But the medical assistant then calls again for Charles so C.C. figures that if she's going to be seen that day she's gonna need to stand up and respond and go into the exam room and when she gets up to do that the patient who had reported there was a man in the restroom laughs. So this is obviously not an ideal situation for C.C. and not something that would encourage her to go back for care. So let's walk through some of the things that have could have gone better so far. This graphic is taken from the Center of Excellence for Transgender Health online training and providing trans-affirming care that is available to all of you and to anyone for free on their website.

And so you'll see some of some pop up boxes in the coming slides that come from that training. And then my own additions and assessments at the top of those slides.

Here's a fictional waiting room.

One of the things that could have gone better is the form that was given to C.C. to complete.

Could have asked about her current gender as well as her sex assigned at birth. Then she wouldn't have to try to guess and figure out what was being asked of her would've been really clear.

One was asking about her sex that was on her birth certificate and one was asking about the gender that she has right now.

And when thinking about what that form should include it's also important to think about the options that should be available under current gender identity.

I have seen some forms such as a male female transgender man woman transgender but even within the category of transgender making sure that people have multiple options and understanding that most people who identify as transgender identify as either a transgender man or transgender woman although there are a growing number of non binary people so making sure those options are available. Also making sure that the form includes a place for the person's preferred name and their and their pronouns.

We have many patients that go by a name that might not be their legal name and being able to be called the name that they prefer to go by is really important for many patients.

So it's important if you include that information in the documents that staff are trained to use the preferred name and pronoun. So figure out how to find it on electronic medical records system. I've used epic for a long time and at the the last facility where I worked in the preferred name was in a tiny little box in the corner.

So no one had told me it was there I might never have noticed it. Amidst all the other things there on the screen so making sure that people know where to find information and to use it when calling patients in the waiting room and speaking with the patients directly.

It's also important to train the staff on making sure that they create a comfortable environment and respectful environment for all the patients that come to your practice regardless of
gender. Obviously that's going to be really important but sometimes people are surprised and not expecting transgender people they're not really clear about what is respectful communication and so making sure all staff are trained in that as well.

[00:25:13] Other things that can be helpful is having all gender or what people sometimes refer to as gender neutral restrooms. Especially if you have a setting where they're single stall restrooms there's not really any essential reason to gender those restrooms. Making sure that those are available having inclusive visual signs posted statements about non-discrimination. If you have pictures of individuals on the walls in your practice having those the trans inclusive. If you have patient education material making sure that material is appropriate inclusive about transgender people and if there are parts of your setting that you know are going to be challenging for trans people acknowledging that to your patients and letting them know that you're either in the process of trying to make that better or if there's some reasons why you can't make that better what you're doing to work around that can be really helpful and help people know that they're being seen their their experience as being understood and addressed.

[00:26:12] So after all that C.C. gets to see you and then you as a health care provider are thinking like how can I make sure with this experience. Visit with me is as positive as possible. I find myself it's important to remember that my intentions might not be the same as my impact and then making sure that I check in with patients about their experience with me. And this is a picture of a dog who is clearly trying to do something good bringing you a great treat but those intentions will end up with bad results.

[00:26:46] So I think that's important to keep in mind.

[00:26:51] One of the things that we can do is when we're making introductions especially for a new patient that we don't know. Avoid using gendered language though avoid saying ma'am or sir or Mr. or Ms. until you know for sure what the person's gender identity is and using gender neutral forms of address. I'm someone who is from the south and currently reside in the south and I was raised to always say ma'am or sir speaking to adults.

[00:27:17] That's a sign of respect and it took a lot of training for me to undo that and really focus on using other language that's respectful but not gendered. It's also important to take a look carefully at the medical record to make sure that you have the person's correct name and pronoun before you talk with the patient. And below on the bottom half of the slide you see.

[00:28:04] Here is an example taken from the Center of Excellence for transgender health and how you can ask that two step question that separates sex and gender on the forms so asking what someone's current gender identity is and then you can see the list of multiple options that the person can choose from including an additional category and then asking what sex they were assigned at birth. It's also really important.

[00:28:04] And I wanted to focus specifically on that even though I've talked a lot about using the appropriate name and pronouns about the impact of misgendering so using the wrong name or the wrong program for somebody. It can feel humiliating and disrespectful it damages your rapport with a patient depending on where it happens like in the waiting room once C.C. was called Charles. It can out someone as transgender and make them not only feel emotionally unsafe but also physically unsafe. If there are people who are very negative attitudes towards transgender people that might result in even
violence and obviously as we saw from the earlier data it can deter care seeking. So pronouns are a really big deal in the balloon.

[00:28:44] Here is a quote that's taken from US trans survey as someone describes their experience of being misgendered. And I'll read it to you. I was consistently misnamed and misgendered throughout my hospital stay. I passed a kidney stone during that visit on the standard one to ten pain scaled at somewhere around a nine but not having my identity respected.

[00:29:03] That hurt far more so it helps me to remember that using the wrong pronoun for somebody is not just a simple mistake like it might feel to us but to the person who's experiencing it it can feel as painful as a kidney stone.

[00:29:20] So how do we know the right pronouns to use if you're not sure it's okay to ask politely and in private.

[00:29:27] Some examples of binary pronouns that we are all used to are listed he or she her hers. He and his. There are also more increasing numbers of people who are using more gender neutral pronouns. I would say most commonly I hear people use they them theirs as singular to refer to one person. And that's perfectly acceptable and fine even though we were all trained in school that that was a plural pronoun it can be used to describe individuals.

[00:29:55] Ze hir are also pronouns you might hear you use but are less common and some people just want you to use their name pronouns used at all. So C.C.'s in the office with you.

[00:30:08] You have used her correct name used her correct pronoun and you find that she is newly diagnosed with HIV and you know that your goals for today's visit are to understand her sexual history as part of providing her quality HIV care and to perform a physical exam.

[00:30:25] So how do we do a trans inclusive sexual history. I know when I was in school and even after I was out of school my training in terms of asking about sexual partnerships was to ask somebody if they had sex with men women or both. And it should be pretty obvious that that excludes a whole lot of people. So how do we ask a question that allows somebody to answer any gender that is appropriate. So some options might be. Tell me about your recent sexual relationship. How many partners have you had. What are the genders of your partners. And then what you're trying to get to that question is not just the gender of their partners but you really want to know what kind of sex they're having. That might put them at risk for exposure to sexually transmitted infections or expose their partners to HIV. You can ask those kinds of questions which behaviors have you engaged in that might expose you to other people's body fluids. What might expose others to your body fluids. How do you protect yourself. How do you protect your partners. Do you use barriers. How often. Tell me about what kinds of areas you use when you use them when you don't. All those kinds of questions will get you the information that you're seeking around protecting your your patient and their partners without requiring any use of gendered languages.

[00:31:40] What can also be really important is to find out what words the patient uses for their body parts and then the second part of that that's not on the slide is what words that they feel comfortable with you were using to describe their body parts. They may not be the same.
For the physical exam part there are a couple little chips to facilitate sensitive physical exams.

I think it's important to take what we'll call an anatomical inventory to avoid erroneous assumptions and an element of surprise during the physical exam. Right so finding out from the person have they had any kind of surgeries. And if so what kinds of surgeries they've had. And also just knowing some basics about what is what's done during some of the surgeries. So for example if the patient has had a vaginal plasty prostate glands are not removed during the vaginal plasty. So that person will need screening prostate screening according to whatever the guidelines are in the facility where you practice. Also discussing that choice of language that they want you to use to describe their anatomy whenever possible using gender neutral terms and I have an upcoming slide about that avoiding the possessive pronouns and this may be particularly true for trans patients who might be experiencing gender dysphoria. So for example if your patient is a trans man and they have chest tissue referring to that chest tissue as breast and then saying your breast especially more than months can really trigger dysphoria and people are trying to avoid doing things like that. Developing creative collaborations for getting through difficult exams especially genital exams. Are there things that you can do that provide the patient with more control in that setting. So for example if you need to insert a speculum. Is that something the patient can do themselves to give them more control if you need to collect samples for sexually transmitted infections. Do you have an office setup that allows a patient collected swabs things like that. Now we should anticipate that. Patients have probably had negative experiences with other providers before they got to me and they've had other negative experiences related to the genital exam. We know that the history of sexual abuse and trauma is quite common amongst transgender people and the developing trust to report can take longer than it usually does. You might be the nicest most gentle caring provider in the world but that person will take a little while to know that that's true about you even develop trust and rapport and the more that you can be consistent about using the correct pronouns names and gender markers. I think the faster the trust will be built in principles of trauma informed care relevant to most of our patients and particularly relevant to transgender patients. So there are whole other talks on trauma informed care relevant to most of our patients and particularly relevant to transgender patients. So I'd say this some of the simplest things that I do in my practice is to always ask permission for even the simplest things before I touch a patient. I always ask Is it OK if I listen to your lungs or is it OK if I look in your ear. And again as I mentioned earlier giving the patient as much control as possible if they feel comfortable and want to say insert the speculum or if they want to do self collected swabs those types of things. Can be really helpful. This site has a list of less gendered options for some of the language that we commonly used in medical practice. It's adapted from Jennifer Potter. And. You can see examples for things like instead of saying vulva penis or testicles you can say external pelvic area or outer parts instead of saying your lips. You can say outer folds. You can refer to the vagina as genital opening or the internal canal. The frontal opening Uterus ovaries and prostate can be referred to as internal organs or internal parts on breast and chest might be a little more complicated depending on the gender of your patient and how comfortable they feel with those body parts. Instead of saying a pap smear or a prostate exam which are often perceived by patients as very gendered say cancer screening or HPV screening referring to their undergarments as undergarments instead of sort of gendered things like bras and panties pads and tampons can be referred to as absorbent products and period and menstruation can simply be referred to as bleeding. So those are just some examples but I'm sure you can think of examples in your own
practice of less gendered ways to describe some of that. Some of the things we talk about often women doing genital exams or performing genital exams.

[00:36:24] Moving on to mental health and the impact the stigma on mental health and what we as health care providers can do to address mental health concerns in trans communities. This is data taken from the US trans survey in that survey. Thirty nine percent of respondents reported having serious psychological distress and that was compared with 5 percent in the general U.S. population that year. Very high rates of lifetime suicide attempts suicide ideation and suicidal plans. And unfortunately of those who had ever attempted suicide, 71 percent of them had attempted suicide more than once and almost half had attempted suicide three or more times. So is an incredibly heavy burden of psychological distress in trans communities. Fortunately we have more and more data that's confirming what many of us have often suspected is that Gender Affirming care actually improves mental health. There were. There is a systematic review that looked at studies pulled together the studies on accessing medical gender affirmation through hormones and found improvements in psychological functioning. There is another review that looked at hormones as well as genital surgery and found improvements in quality of life.

[00:37:48] For me one of the most compelling studies I've read was by researcher out of Canada who looked at what would it take to prevent suicides.

[00:37:59] Using data that they collected from the population in Canada trans population in Canada. And she found that high levels of parental social support would reduce attempts by 82 percent having concordance identity documents could reduce suicides by 74 percent reducing transphobia both internalized so self stigma usually absorbed from external stigma as well as enacted stigma. So being treated differently or poorly because you're trans lessening that kinds of transphobia reduced at least attempts by 76 percent and ensuring that people have hormone therapy when its desire can reduce suicidal ideation by 48 percent.

[00:38:43] And one of the take home messages from this article is that facilitating medical transition when it's desired would prevent as many as two hundred and forty suicide attempts per thousand transgender people. So it's important to keep that in mind how we treat people. Ensuring that they have access to gender affirmation about social legal psychological and medical can actually save lives.

[00:39:08] I'm going to spend the last few minutes of my time talking. Addressing some of the things you know about affirming practices specific to HIV. We know there's a high burden of HIV among children of people in the United States. And just a month or so ago this study was published by the CDC. Looking at all the data from 2006 to 2017 on HIV among transgender adults they found that 14 percent prevalence among transgender women. Three point two percent prevalence among transgender men and the laboratory confirmed that it's actually lower than the prevalence found itself reported studies. I thought that was quite interesting and I think more information is needed there but not surprising at all with some of the racial disparities that was found in HIV prevalence among transgender women in the US. And you can see in the chart here that HIV prevalence was highest 44 percent among black transgender women 25 percent 26 percent among Latinos trans women and then lower among other groups.
Of transgender people living with HIV. Data from the Ryan White AIDS program which has more than five thousand I think five thousand eight hundred fifty one data on more than five thousand eight hundred fifty one transgender people getting care in the United States in twenty seventeen found that they had lower rates of viral suppression compared to cisgender.

Men and women in the Ryan White dataset.

We also have data from this study that I mentioned earlier conducted by transgender Law Center among transgender people living with HIV. So this study included about 400 transgender people living with HIV. Trans masculine trans feminine and non binary people. And they reported on one hundred and fifty seven people who had complete data.

They ask the participants to list their top five priorities in terms of their health. And you can see the top priority was Gender Affirming and non-discriminatory care. The second priority was hormone therapy and its side effects followed by mental health personal care. And fifth last out of the top five is antiretroviral therapy and its side effects. So. This brings home the point that. Gender affirmation is a top priority for most trans communities and can be a greater priority than antiretroviral therapy. We need to keep that in mind.

When we think about how we provide HIV care on the bottom half of the side is data baseline state data taken from the HRSA project a special project of national significance looking at engaging children and women of color in care.

And this included about 400 participants from across the US.

And it found that participants whose HIV primary care provider was also their hormone prescriber were more likely to have had a primary care visit in the prior six months and more likely to have an undetectable viral load. So the greater we're able to integrate and locate care the more likely people are to be engaged and care.

This is a side that is taken from the National Transgender Law study National transgender Law Center study that looks at provider interactions and its relationship to viral suppression. What we also see is that when providers restricted access to hormones based on their patient compliance with antiretroviral therapy that there was also more retroviral suppression. So while co-located an integrated care can be a real benefit for viral suppression among trans patients it's also important to remember that it can't. It could be a carrot. But when it's used as a stick it's ineffective and actually results in lower prevalence of viral suppression.

So I want to end with just a couple of slides on this practice pearls which I bring together the things that we've talked about so far. When creating affirming clinical environments using the patient's correct to choose pronouns and names. Is essential asking what they prefer.
If you're not sure and including that on the medical record intake forms that separate sex from gender and allow for non binary choices training staff in a culturally competent care and hiring parents and their staff whenever possible can be really powerful form of gender affirmation and including all gender bathrooms.

And images of transgender people.

If you have images of people in and integrating gender care along with HIV care or other forms of primary care.

In terms of provider interactions direct your actions a change in their patients deferring any unnecessary questions or exams. Billing records possible before performing a gentle genital exam. Obviously if the person is there for genital complaint it's going to be necessary to do your genital exam on that first visit. But if it's not essential I usually try to defer genital exams on new patients until I get a chance to build rapport. And obviously you want to avoid doing an exam simply to satisfy your curiosity always be able to explain to the patient the reason that you're doing any part of the exam especially a genital exam. If a genital exam is necessary always explain the purpose of it use gender neutral terms if possible, avoid using terms like pre op or post op to refer to someone's genitals unless they're actually there for an assessment for surgery. Otherwise it implies that the person should be having the surgery or is simply someone for whom surgery is most relevant and when describing their genitals and actually people just have the genitals that they have. So you're not talking about surgery not to refer to them as pre op or post op. I don't hear that those terms used very often anymore but it used to be very common and asking patients what words they prefer for you to use to describe their anatomy. I think the most important things we can do is anticipate that we're going to see transgender in our patients and our practice.

I think probably most people on this call have already and if you haven't it is very likely that you will have a patient education material that's appropriate for transgender people so taking a look at the kinds of things that you have posted on the wall and in your waiting room is it. Is it something that is welcoming and inclusive of transgender people having trans affirming referrals. And community resources.

So if somebody needs to go have a sonogram or see a cardiologist are you able to send them to a practice that you know it's going to be affirming and having a transgender staff and every possible inclusive restrooms images those types of things. We've already discussed.

Well I just want to close with this last slide.

Now being an ally if you like me strive to be worthy of the term ally. These are just a few of the skills that are important. I think deep listening is one of the most important ones. It can be really hard to be wrong and to have people tell us that we've done something wrong when we know that our intentions are good. But being able to practice that deep listening embrace being wrong and then work towards removing the barriers and addressing the concerns that are raised with us can be really really powerful. Educating other cis gender people to interrupt stigma and to advocate for our patients are also really important so that the burden of addressing structural barriers to care doesn't always rest with our patients who are really there to seek care for themselves. And I found this quote by Bre who is
one of the people who participated in the Greater than AIDS campaign that was run by C.C. founder got to be really my timer telling me to stop talking. But to be really powerful said I want medical providers to understand that they are our access to living healthy and being our true authentic selves. And that's really a great honorable role that I think we as health care providers can have for our patients. And on this side are some resources linked to the implementation guide that I referred to earlier as well as the UCSF Center of Excellence for Transgender Health. It has lots and lots of educational material has the primary care guidelines for gender affirming care for transgender people. And some of the training video that I referred to earlier. So hopefully I have left enough time for questions and I would be happy to answer them.

[00:48:21] OK great. Thank you Dr. Poteat so much for that fantastic presentation to everybody on the line. You do have the opportunity to chat in questions.

[00:48:29] You can chat them into this Zoom chat box and direct them to all panelists or you can use the Q and A function. Also on the bottom of your Zoom screen. So we do have one question here right now. Do you think that asking pronouns can at times signal to the trans individual that their gender expression isn't translating effectively. I recently saw an article about how asking pronouns can be marginalizing as well.

[00:48:54] Thank you for raising that question. Yes you're absolutely right. I think that happens in the context of repeatedly asking. I used to in these training say that at every visit you need to ask a person's pronoun. And I think it does signal that somehow you don't really believe when I told you the first twelve times or something like that.

[00:49:15] So if it's a patient that you know and.

[00:49:18] You've asked their pronouns and I think repeatedly asking can be challenging to patients. I think it also one way to avoid it signaling that they're not clearly expressing their gender is if you ask every single person. Right.

[00:49:33] So then you're not just saying you I'm not really sure about your gender but I ask every every patient that's on intake no matter what they look like and what their gender expression is can be one way to address that because otherwise I think we don't do it at all then we risk being wrong in ways that are harmful and perhaps insulting to our patients.

[00:49:56] Thank you for that. Another question could you offer some advice around how to develop a reputation as a trans affirming clinic within the community and how to help market that to the trans community so they know they could come to your clinic.

[00:50:13] These are great questions. I have several thoughts. I think if if there are trans patients who come to your practice now and they have a really good experience because unfortunately it's not super common for people to have very positive experiences they will tell their friends and if they are a network the trans community is the word will get out. You can also.
[00:50:38] Share information if there are community organizations or community listserv or things like that and you started doing something different at your practice or continue doing something amazing at your practice to send that word out through trans community organizations that just make sure that your you are actually able to meet the expectations that you put out there because the reverse can happen where somebody comes in they have a bad experience and then they share that with their friends too. So I would say it’s a mixed bag. Be ready but I think it is going through community organizations and community networks is a great way to get the word out about your affirming practice.

[00:51:20] Thank you. What about for a clinic that is brand new to this and wants to know how they should start at all where they should start. What would what would be a couple bits of advice you could give to them.

[00:51:31] I would say connect with the local trans community.

[00:51:34] If you're in a place where there are community organizations or even just networks something as simple as a focus group and say you know hey we want to do a better job of providing services that are affirming for trans people in our community.

[00:51:46] What are your suggestions so that is a couple of things. It probably will tell you things that I didn't say and you might not have thought of it signals to the community that hey maybe this this practice this organization cares enough about what we think and what we want that they brought us together and ask us what we wanted and what we could what they could do better. And then to implement as many of those things as possible.

[00:52:11] Thanks. And then one listener is just chiming in to add something I think to the pronoun question. Kayla is saying that I think it’s also important to remember that gender identity can change over time. So if you have a good rapport with someone they’re more likely to share that with you rather than you having to ask each time if you're open. Then people will share information with you more easily and she agrees that standardizing across the board with asking everyone who comes in the same questions. Just wanted to share that. One other question here. So how how do you deal with the issue if your agency is working on delivering care to trans patients but you have employees that have personal issues potentially around religion and front desk staff let's say how. How do you think an agency could go about dealing with that.

[00:53:03] I think there's a couple of ways. I guess the most hardcore way is to set workplace expectations.

[00:53:13] I am someone who feels most comfortable in my pajamas. It’s not a religion but I’m very comfortable in my pajamas. But I’m aware that when I go to work I cannot wear my pajamas right.

[00:53:23] So if your staff is aware that it's a workplace expectation that tension of people be addressed with respect and using the name and pronoun that they go by and it's clear from the top down that that's a workplace expectation that can help a lot. I think I believe I like to believe that all people in health care. Come to it with a sense of empathy and a sense of connection and wanting to help and serve the people who come there for care. And if you can have trainings or other experiences that help people tap into that empathy and that understanding that we all deserve care that is compassionate and
respectful and that you're not asking them to change what they believe you're asking them to behave in a workplace appropriate way that conveys respect to all of the patients who come there. I'm also open it sounds like there are people who have lots of experience on the line if other people have suggestions too but those are the things that I've tried.

[00:54:28] Great. Thank you. Oh we have one comment here. They said thank you for answering the question. You mentioned those were some of the things that you've tried. Could you maybe share some of the challenges that you face in this work. And a couple of things that I've helped address those positively.

[00:54:47] I think the question that was raised most recently about people's religious objections to providing care for transgender people is probably one of the most challenging and mostly for me because I don't understand it.

[00:54:56] I would think a person of faith would be someone who would want everybody to have access to a quality of appropriate respectful care no matter what. I have because I don't run a practice I just work in a practice I try to have one on one conversations with people about why I believe what I believe and how I think. If you have a spiritual practice or if you don't how most spiritual practices refer to respect and care for everyone. I'd seen another big barrier that I've faced is electronic medical record systems that are inflexible and don't actually provide the information that you need to be able to use the appropriate name and pronoun easily. And I think that's a matter of training and then making sure that everybody knows you know before you go to the the waiting room to call somebody if there's a place anywhere on the chart where you can all decide you keep the person's name that they go by and their preferred pronoun so everybody knows to look there before they call somebody from the waiting room.

[00:56:00] So those are two big issues.

[00:56:05] Thanks. We talked a little bit about intake forms and I know you shared some online resources are there someplace that you've seen the best intake forms that you think are most appropriate and most sensitive to this community that you would suggest people turn to if they're looking for suggestions.

[00:56:22] Yes I would say that's the Center of Excellence for Transgender Health has its examples of those forms on their website and at UCSF Center of Excellence for transgender health. If you Google that you should be able to get to their website.

[00:56:35] Thank you. We have a question here. How do you suggest vetting providers outside your institution to whom you might refer your trans patients. Not necessarily for Gender Affirming surgery but maybe general care as well. Cardio Pulmonary etc. are places you might send people for imaging.

[00:56:55] Yeah that's a challenge depending on if you live in a urban densely populated area or a rural area. I say for urban areas or sometimes that have local trans organizations.
You can ask them to help you develop a list of trans affirming providers of people in the community know who often know who is more affirming and who isn't. That might be one option.

I know that there is an organization in the south called Southern Equality but they just published their latest update to trans in the south their 2019 guide and that has a list of trans affirming health care providers at least in our region.

In more rural areas it might be more difficult and I've found that what I've done is called providers that I often refer to and talk with them and say I have some patients who are transgender and especially there's a specific patient I may refer to them they're gonna come on this day and this time I want you to know to make this about their anatomy and this is their pronoun and this is their name and assume that they will want to provide quality care and make that sort of an expectation out of my referral if that makes any sense to like nudging people to think about it and be aware of that.

That's a really good point. Are there any other questions from folks on the line either want to chat and or use the Q & A box. We got some great questions here. All right. If there are no more questions we're gonna go ahead and wrap up. So I want to thank you again Dr. Poteat for leading this presentation. It was really fantastic and informative and I hope everybody got something out of it. So thank you again to our funder of the New York State Department of Health the AIDS Institute Clinical Education Initiative. As a reminder to everybody you will receive an email later today with instructions on how to evaluate today's presentation and claim your CME CNE or CPE credits. Our next month this month in HIV webinar will be on February 20th with Dr. Kelly Ramsey presenting on buprenorphine in New York State a clinical overview. So thanks everybody for joining us. Thank you again Dr. Poteat. And we hope you'll join us next month.