



# IMPROVING HEALTH OUTCOMES IN THE TRANSGENDER COMMUNITY

Strategies for Healthcare Professionals

# Disclaimer

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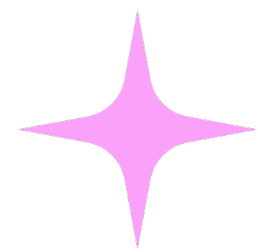
## MATEC Statement on Equity and Inclusion

MATEC has a strong commitment to fair, respectful and unbiased representation of humankind. We strive to be anti-racist, gender affirming and honor all people in an authentic way. This is our goal in all of our work, including this presentation.

Our commitment to you is that we take this stance seriously and invite you to do the same. We ask that if you find something offensive, off-putting, or inaccurate to please let us know.

We continue to grow and evolve and welcome you on our journey.

*“When we know better we do better.”*  
–Dr. Maya Angelou

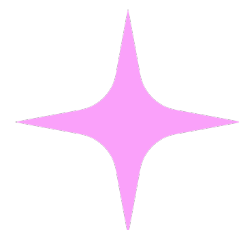


# *Presenter*

**Kipp Ellis RN-BSN**

**they/them/theirs**

Background: transgender health, pediatrics, reproductive healthcare, education, and community organizing



# *Presentation Objectives*

The goal of this presentation is to provide a better understanding of:

- 1. Language and cultural concepts related to the transgender community**
- 2. Issues currently facing the transgender community, including HIV-related stigma and discrimination**
- 3. How you can directly improve health outcomes of transgender persons**



# *Back to Basics*

## A Review of Transgender Terms and Concepts

**Sex/Assigned Sex:** Assigned by health care provider. Listed on legal documents.

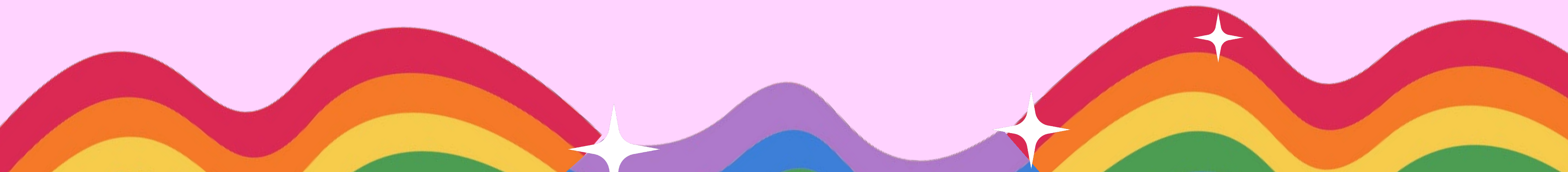
**Gender:** Social concept used to categorize people based on their characteristics.

**Gender Identity:** Inner perception of how a person relates to assigned sex and gender.

Common gender identity labels include man, woman, and non-binary.

**Transgender:** Identity label for people whose gender does not match their sex assigned at birth.

**Transitioning:** Process of aligning external traits with your gender identity. Can be social, medical, or both.



# Language Etiquette

## A Grammar Review

Incorrect	Correct	Why?
<p>Jane is transgendered.</p> <p>Jane is a transgender.</p>	<p>Jane is transgender.</p> <p>Jane is a transgender person.</p>	<p>Person-first language centers the individual over identity.</p>
<p>Jane became a female in 2022.</p> <p>Jane is fully a woman now.</p>	<p>Jane began transitioning in 2022.</p> <p>Jane has undergone bottom surgery/GAHT/etc.</p>	<p>Transition does not determine how trans someone is. Jane was always a woman.</p>
<p>Jane was born male.</p>	<p>Jane was assigned male at birth.</p> <p>Additional etiquette notes:</p>	<p>Again, Jane was always a woman.</p>

**Do:** ALWAYS ask someone their preferred name and pronouns

**Don't:** "Out" (reveal) someone as transgender unless you have their permission to do so

# *Review Quiz*

Jane has “Male” listed on her birth certificate. She identifies as a woman. This means that Jane is:

- A. Transgendered**
- B. A transgender woman**
- C. A transgender man**
- D. Assigned female at birth**





# *Legal Issues Facing Transgender Kansas Citizens*

## **Missouri**

-43 Anti-trans bills introduced in 2023

## **Kansas**

-18 Anti-trans bills introduced in 2023



# MO HB1157

Allows health care workers to refuse treatment to transgender people based on religious beliefs.

**Impact:** Transgender people may be denied emergency healthcare.

**How to Help:** Hospital policies, education, and public statements on non-discrimination.



**MO HB419, HB463, HB540, HB916, SB164, SB236,  
SB281, SB598 \*SB49; KS SB12, SB233, SB26**

Creates legal penalties for health care workers who provide gender-affirming care for persons under 18 up to revoking of license. MoHealthNet will no longer pay for gender-affirming care.

**Impact:** Restricts access to affirming care.

**How to Help:** Refer minors for out-of-state care. Provide low-cost care for those on Medicare.



**MO HB1258, HB137, HB170, HB183, HB192, HB337, HB634, SB134, SB158, SB2, SB29, SB390, SB42, SB48, SB497, \*SB39; KS \*HB2138, \*HB2238, SB207**

Related to transgender students in schools. Prohibits use of preferred pronouns, restricts restroom and locker room access, prohibits participating in gender-divided sports. Prohibits education about gender and sexuality.

**Impact:** Increased harassment of transgender students, increased suicide rates

**How to Help:** Increased mental health resources for transgender youth





## MO HB1364, HB494, HB498, SB429, SB693, KS SB149, SB201

Related to drag performers, however, definition of drag performers includes trans people. Restricts public performances to adult sexual entertainment venues only.

**Impact:** Puts transgender performers at risk of criminal liability, increases harassment of non-passing transgender people.



## KS \*SB180

Legally defines gendered terms such as “male” and “female” as being related to “biological sex”.

**Impact:** Prohibits transgender people from being housed in prisons or domestic violence shelters that align with their gender identity.

Puts transgender people at risk of violence in high-risk situations, especially trans women of color.

## MO SB14

Prohibits transgender people from modifying their name and sex on their birth certificates.

**Impact:** Complicates legal proceedings for transgender people when their legal documents do not match.



# *Improving Trans Lives through Healthcare*

**Best practices**

**for health care workers**





# Historical Context



- AIDS epidemic
  - The Denver Principles
    - NAPWA
    - ACT UP
  - Ward 5B

- San Diego Blood Sisters
- Current blood donation bans for gay & bisexual men





# Minority Stress Theory and Trans Healthcare Access

## Experience of Discrimination

Half of all trans people reported negative experiences or mistreatment by mental health professionals.

## Expectation of Rejection

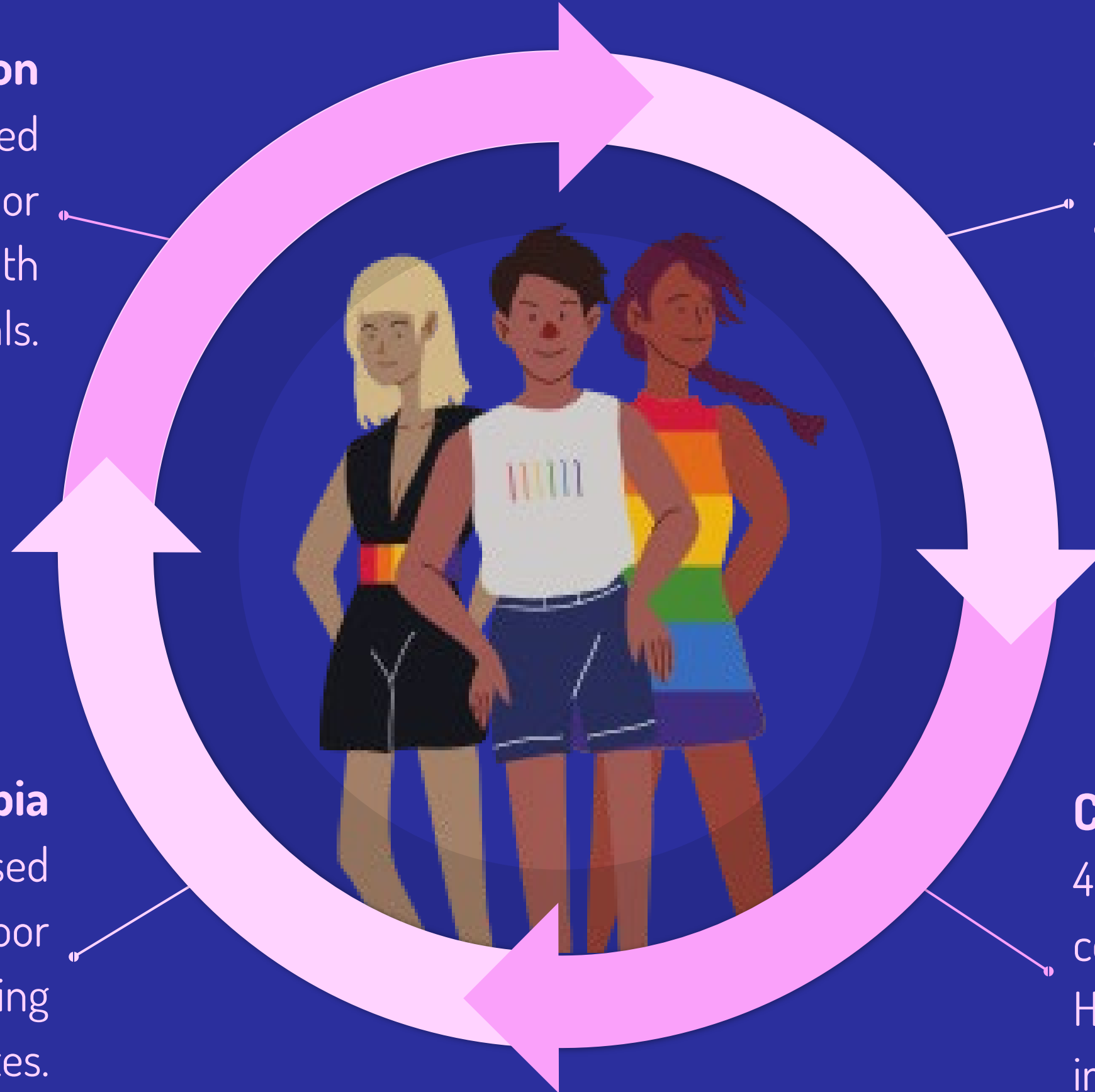
1 in 3 transgender persons avoided or postponed necessary medical care due to discrimination and disrespect.

## Internalized Transphobia

Lower self esteem, increased rates of substance abuse, poor relationship quality, eating disorders, and suicide rates.

## Concealment of Identity

46% of transgender youth reported concealing their identity from their HCP despite believing it was important.



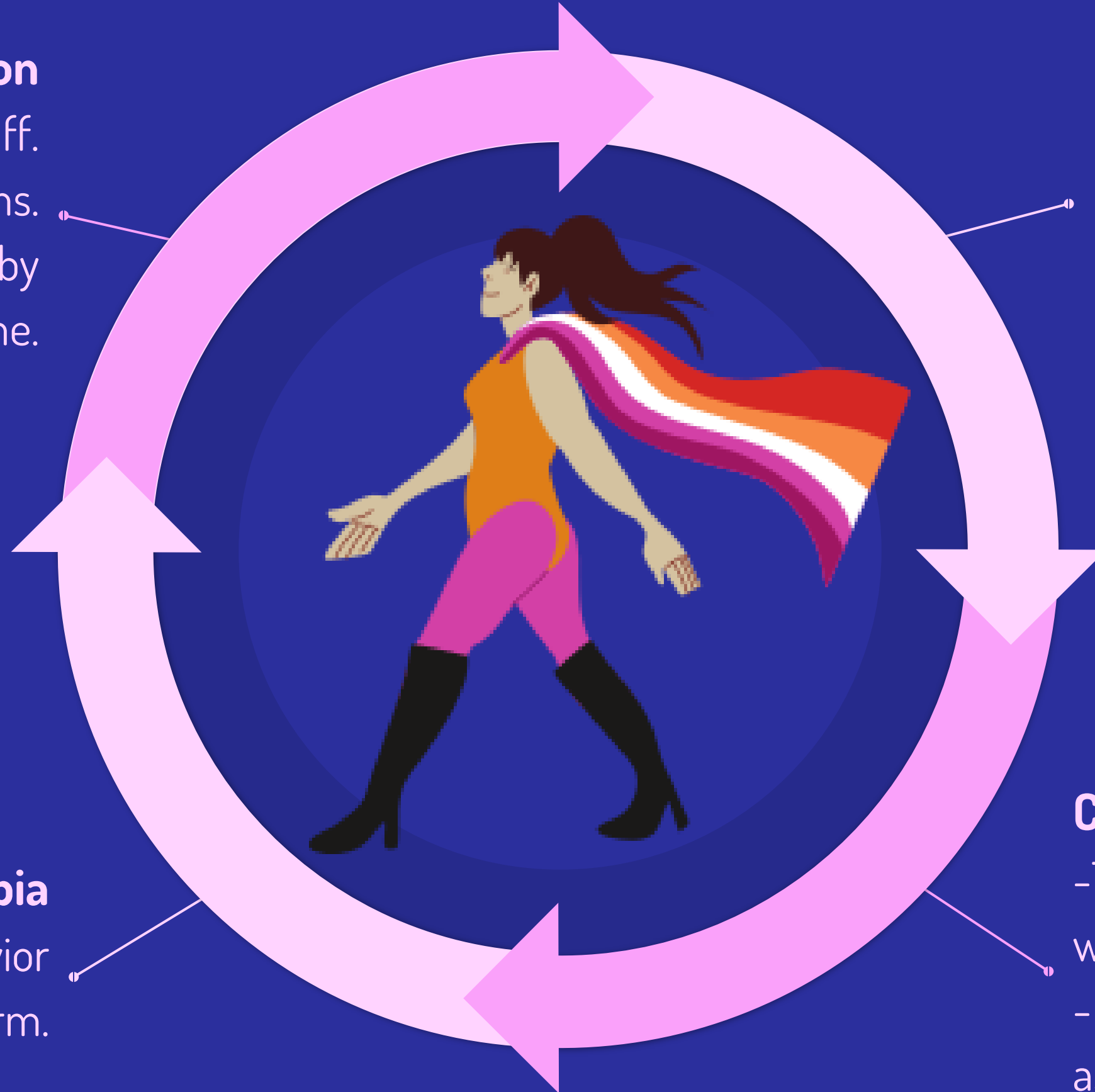
# Sample Case Study: Daisy Velasquez

## Experience of Discrimination

- Misgendered by front desk staff.
- Birth sex only option on forms.
- Called back to room by deadname.

## Expectation of Rejection

- Determines it is not safe to come out, assumes provider will be discriminatory as well.
- Does not return for follow up.



## Internalized Transphobia

Increase in high-risk behavior due to thoughts of self harm.

## Concealment of Identity

- Tells provider she has sex with women.
- Provider advises based on assumption of identity as straight man.

# *Sample Case Study: Daisy Velasquez*



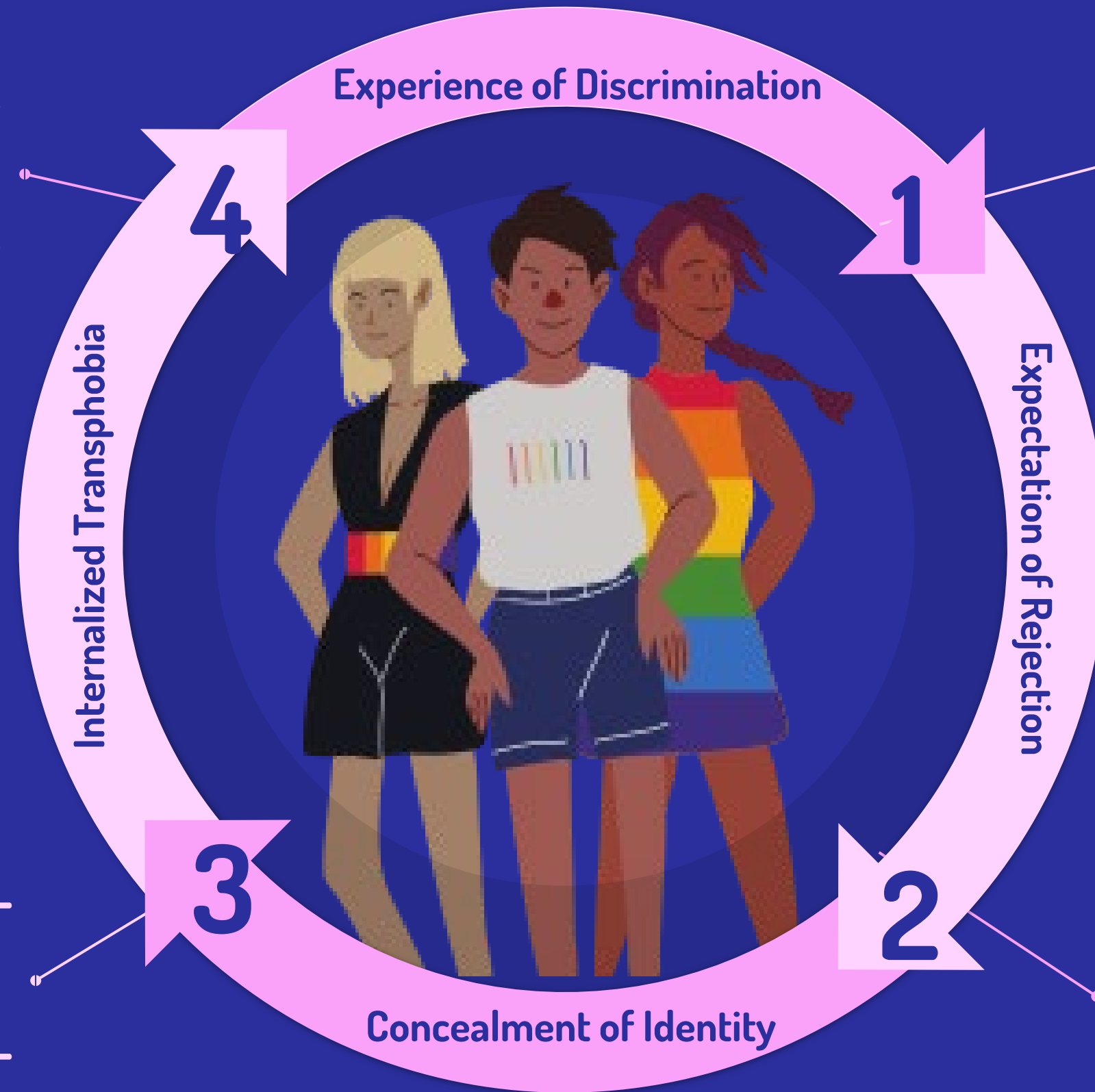
## **HIV among Trans Women**

- 4 in 10 trans women are HIV positive.
- 1 in 3 hispanic trans women.
- 2 in 3 black trans women.

## **Intersection of Discrimination**

- Solutions need to consider transphobia, racism, and socioeconomic disparities.
- Missouri is one of the CDC's target jurisdictions for new HIV diagnoses.

# Breaking the Cycle: Affirming, Trauma-Informed Care



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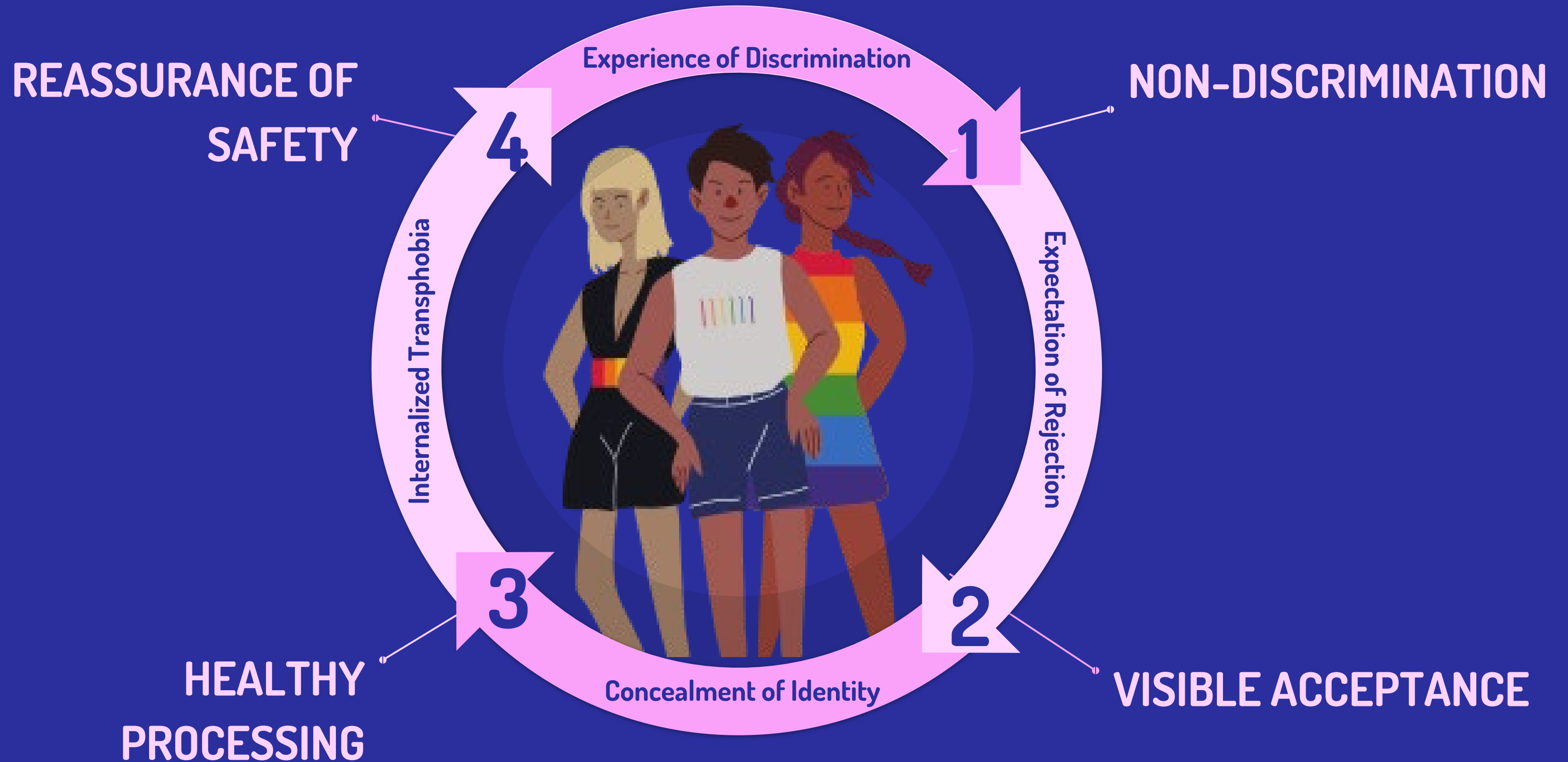
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# Breaking the Cycle: Affirming, Trauma-Informed Care



## Affirming Care Reduces Disparities

Feeling welcomed increases healthcare usage

Affirming healthcare practices promote engagement and retention in HIV care

Seeing signs of acceptance increases trust

Rainbow flags, intake forms, depictions of LGBT people

Trust in providers increases preventative care



# *Best Practices for Healthcare Workers*

**“See me as I am, not as you want me to be”**





# Best Practices for **Healthcare** Workers

## Chosen Name and Pronouns

Hi, I'm Skylar!  
I use he/him  
pronouns. What  
name and pronouns  
do you go by?



I go by Ace and I use  
they/them  
pronouns. Thanks so  
much for asking!





# *Best Practices for Healthcare Workers*

## **Informed Consent Treatment Model**

“regret” rates <1%-1%

“detransition” rates 8%



# Best Practices for **Healthcare Workers**

## Gender-Neutral and Gender-Affirming Language

- Focus on anatomy, conditions & symptoms instead of gender
- Become aware of gendered language, change one phrase at a time
  - Let the patient be your guide on what language to use

If you have a **partner**, **they** are welcome to attend, next time.

Great. Let your **husband** know **he** is welcome to do so.



Yes. My **husband** said **he** would like to join.



# *Language Practice*

**“I recommend that as someone assigned female at birth, you should have a breast exam and vaginal exam at this visit.”**

How can we make this sentence more welcoming for someone who is a transgender man and experiences body dysphoria?

Hint: Check worksheets for alternative phrasing

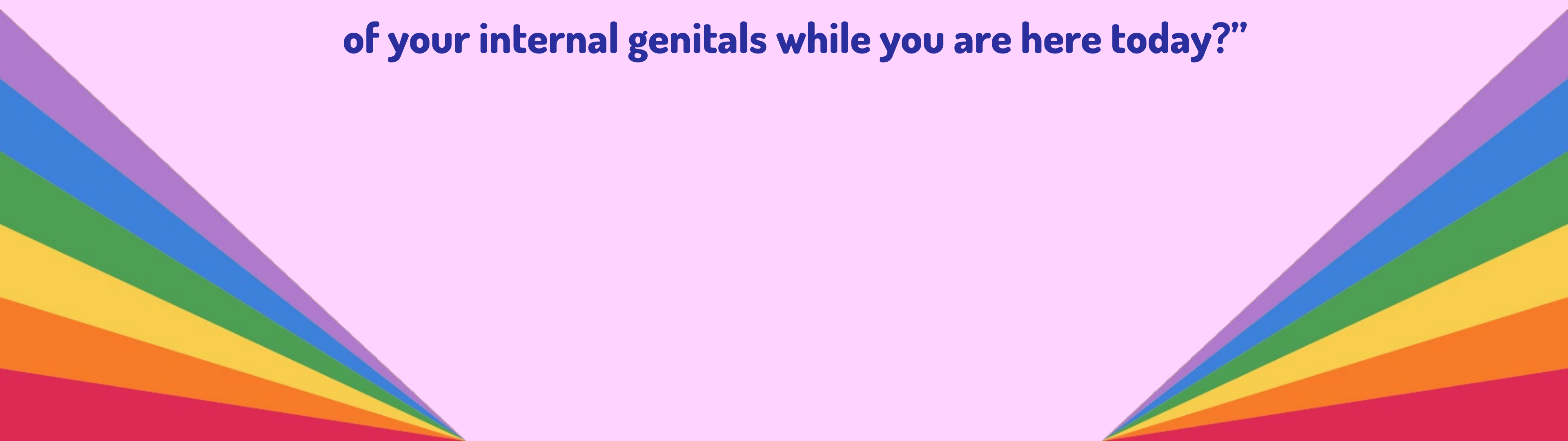
**Put your answers in the chat**





# *Language Practice*

**“Men your age should be screened for cancer of the pecs and internal  
genitals. Can I complete a physical exam of your upper body and pap test  
of your internal genitals while you are here today?”**





Q & A

*Time*





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## MATEC Resources

### Clinical Consultation Center

<http://nccc.ucsf.edu/>

- HIV Management
- Perinatal HIV
- HIV PrEP
- HIV PEP line
- HCV Management
- Substance Use Management

### AETC National HIV Curriculum

<https://aidsetc.org/nhc>

### AETC National HIV-HCV Curriculum

<https://aidsetc.org/hivhcv>

### Hepatitis C Online

<https://www.hepatitisc.uw.edu>

### AETC National Coordinating Resource Center

<https://aidsetc.org/>

### Additional Trainings

<https://matec.info>

## Interested in more? Clinician Scholars is for you!

- Eligibility
  - Minority and minority-serving Physicians, Physician Assistants, Advanced Practice Nurses and Clinical Pharmacists who are licensed to provide care in the Midwest and:
    - Provide direct clinical care services;
    - Understand HIV/AIDS fundamentals;
    - Seek to increase their capacity to diagnosis, manage and/or prevent HIV infection.
- Program Requirements
  - A minimum of 12 hours of clinical practicum in HIV care
  - A minimum of 40 hours of skill building training, including but not limited to: intensive two-day immersion institute; distance learning offerings; face-to-face meetings or trainings; and clinical consultation
  - Participation in the monthly Clinician Scholars Program Collaborative Learning Series
  - Presentation and review of Scholar cases
- Ashley Johnson: MATEC-MO Program Coordinator
  - [ashleyj@kccare.org](mailto:ashleyj@kccare.org)