

# Gender Affirmative Health Care: Terminology, Demographics, and Epidemiology

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# Continuing Medical Education Disclosure

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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



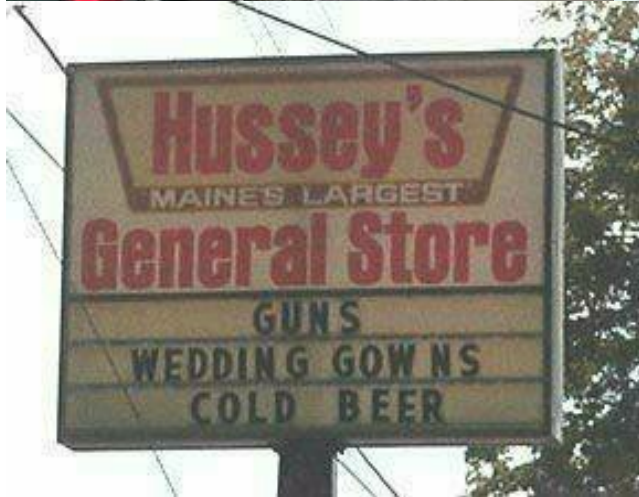
WHAT GENDER  
ACTUALLY IS



alterpride.org  
sexuality matters.



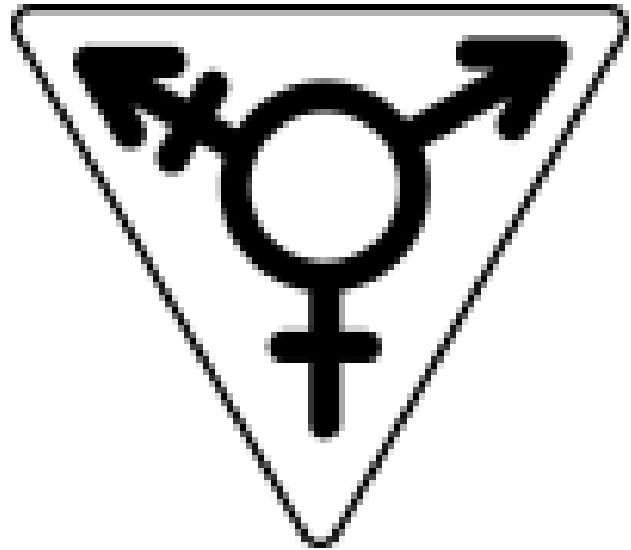




# Basic Terminology

- **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, androgyny, 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<sup>1</sup>
- **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)<sup>2,3</sup>

<sup>1</sup> Institute of Medicine, 2011

<sup>2</sup> Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010

<sup>3</sup> 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

Clements-Nolle, K., Marx, R., and Katz, M. (2006).

Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., and Keisling, M. (2010).



**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).

Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). *The OAS Report*, 34 (2006).

# Where do we go from here?

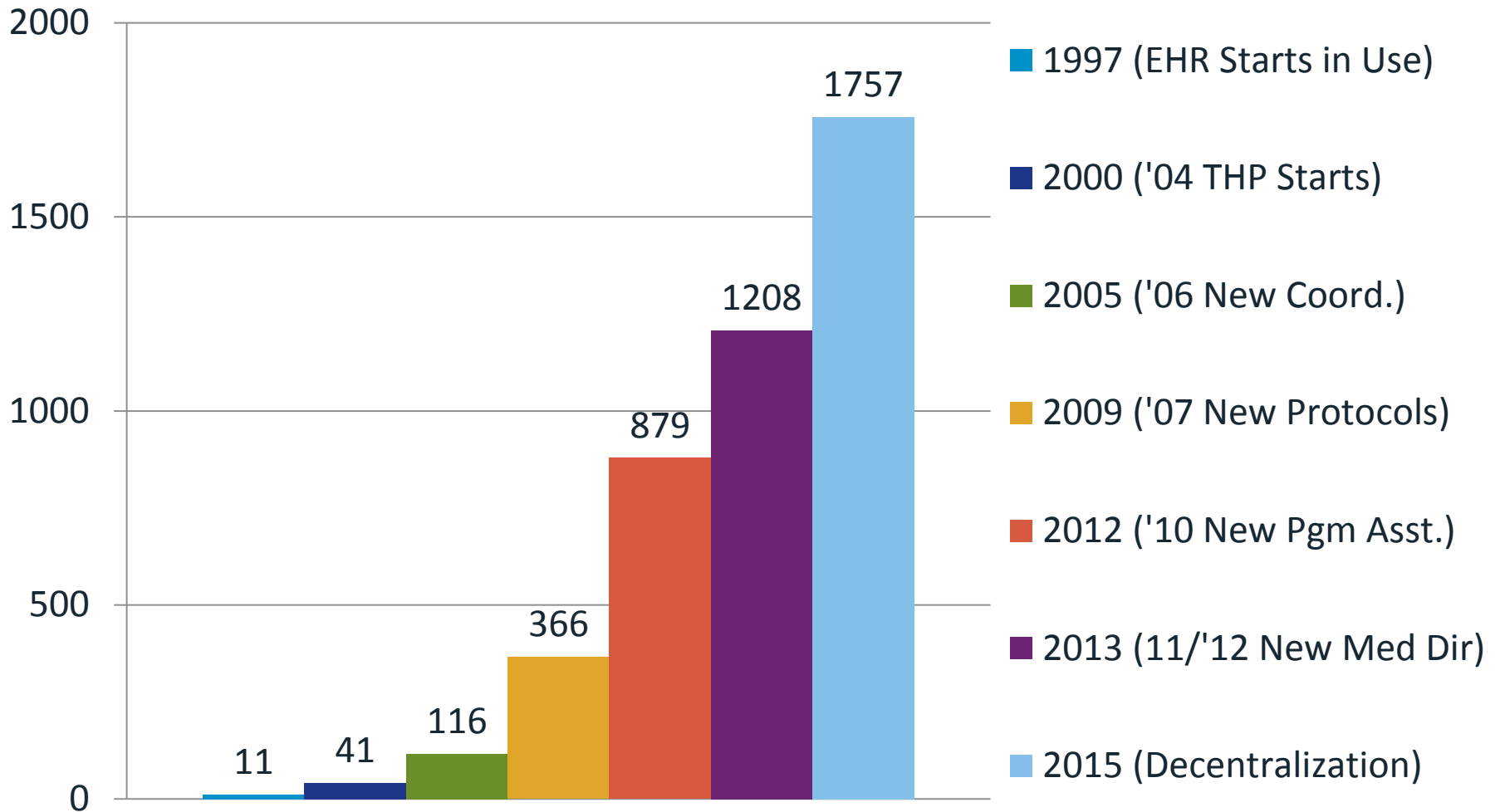


**I saw the angel in the marble and carved until I set him free.  
~ Michelangelo**

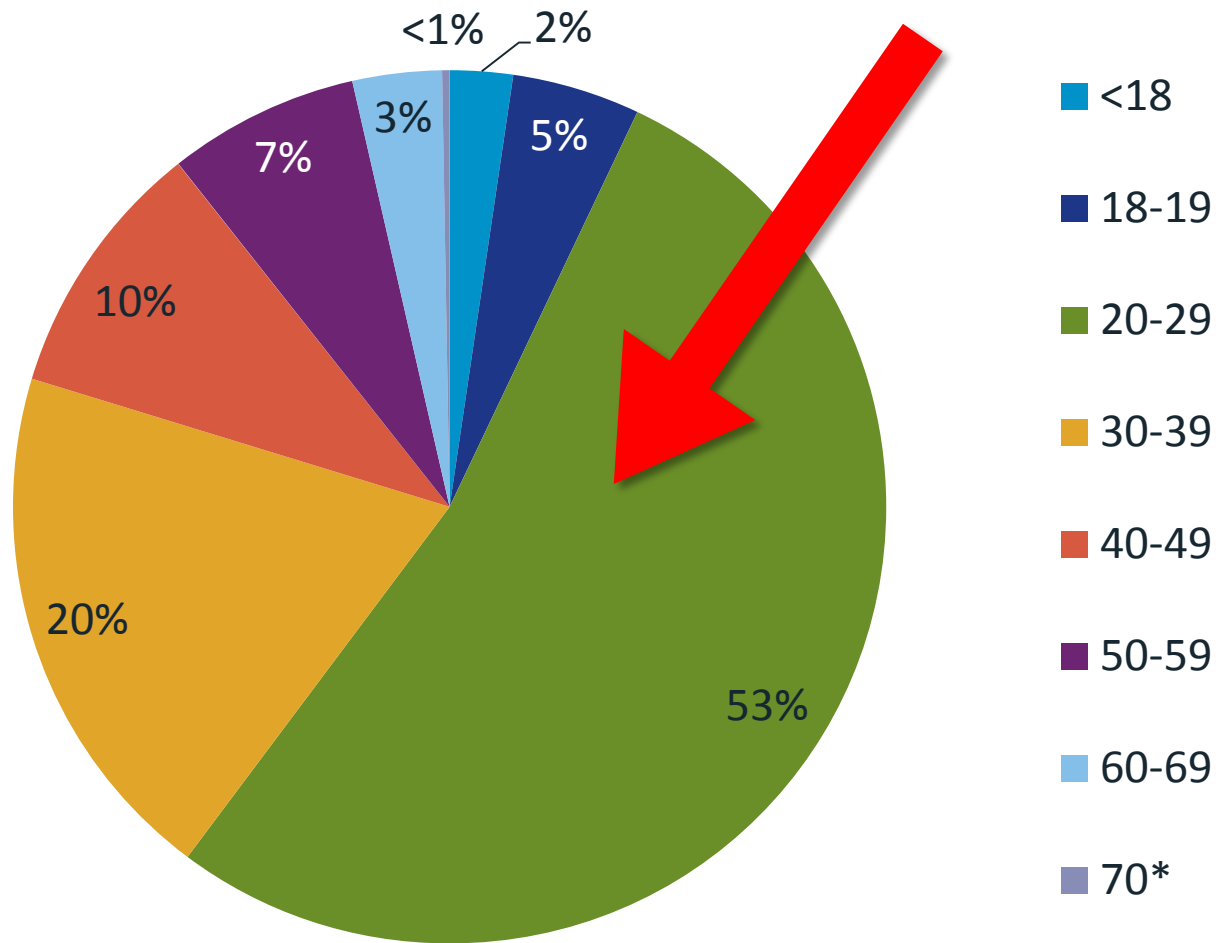
# Moving Forward in Hope

- Decreasing barriers through education, supports, and policy
- Building resiliency and providing timely and relevant services

# Trans Health Program Growth



# Age



# 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.”

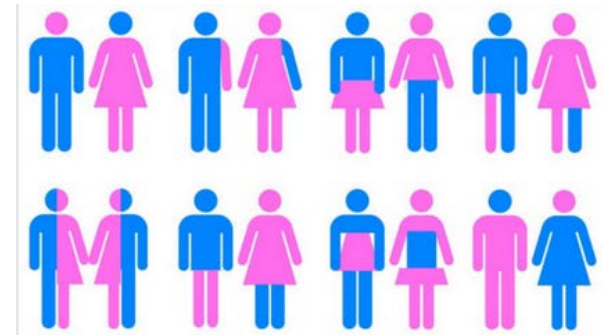
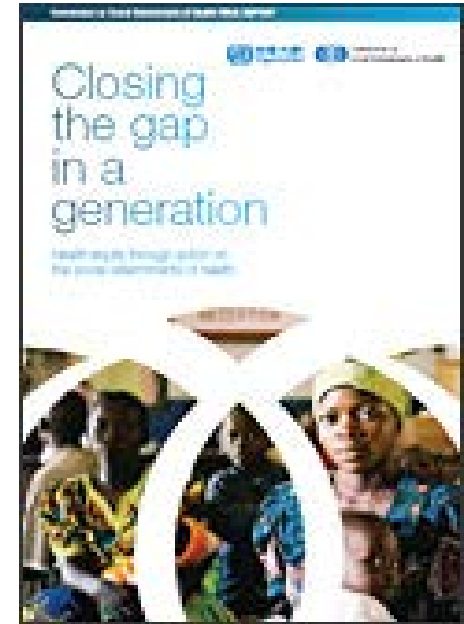
Braveman P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*, 27, 167-194.





# 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

Deserves the same care,  
no matter  
which pronoun is used.



Transgender, gay, lesbian, and bisexual people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And *stay* well.

**The Gay, Lesbian, Bisexual and Transgender Health Access Project**  
**MASSACHUSETTS DEPARTMENT of PUBLIC HEALTH**  
[www.glbthealth.org](http://www.glbthealth.org)

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

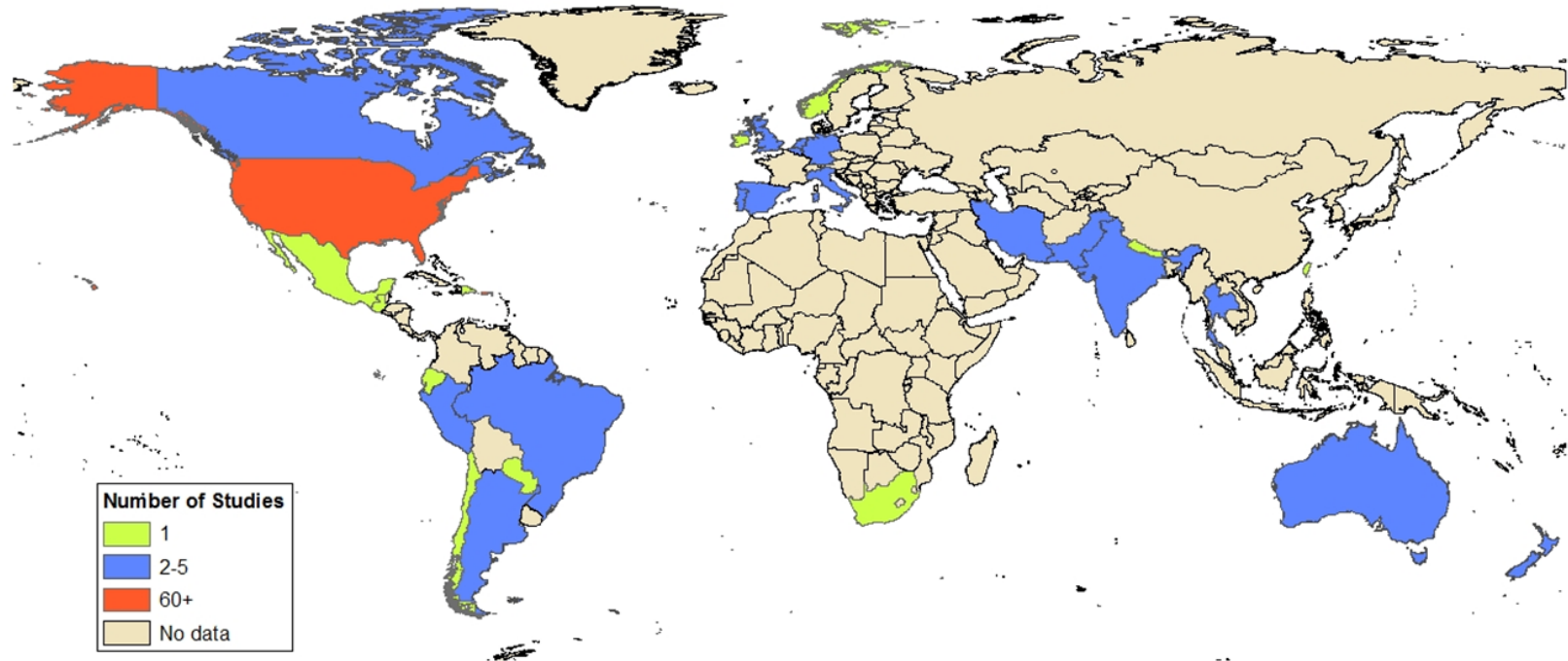
# Framing: Standards of Care



# Global Health Burden: Studies in Transgender Health, 2008-2014

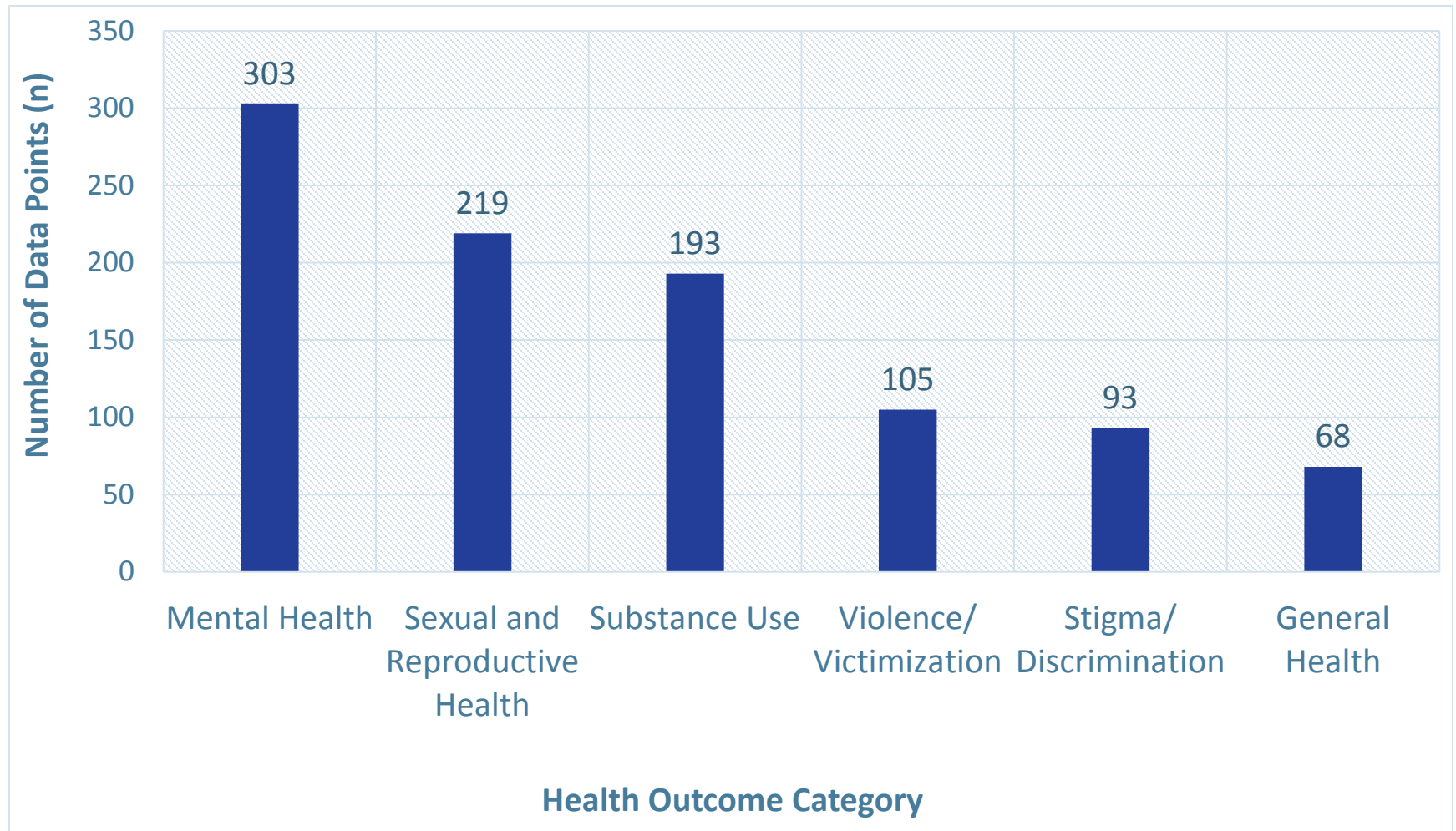
N = 116 studies

What do we know and where?



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

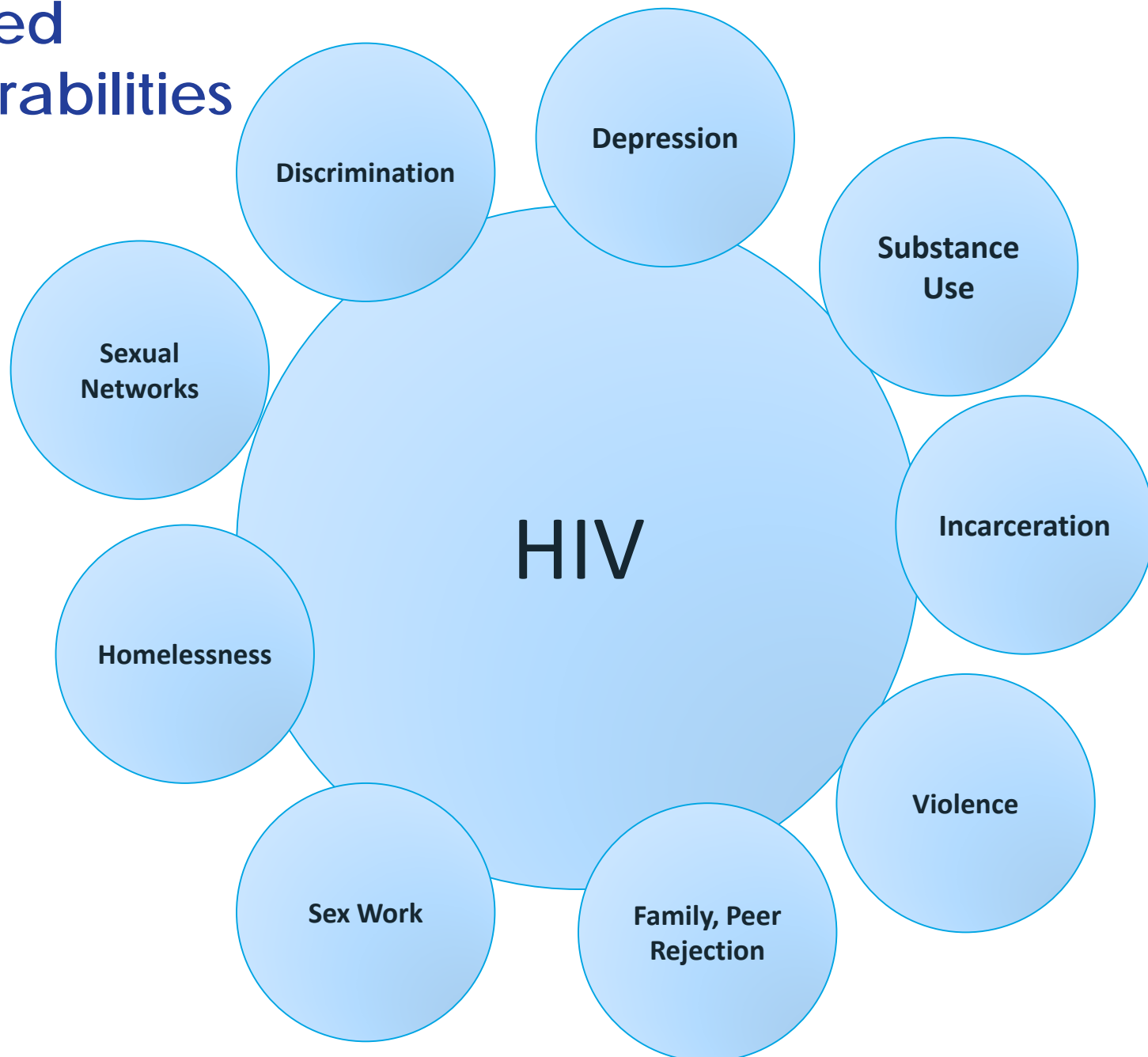
# Global Health Burden: Health Outcome Categories in Transgender Health (n=981 Data Points), 2008-2014



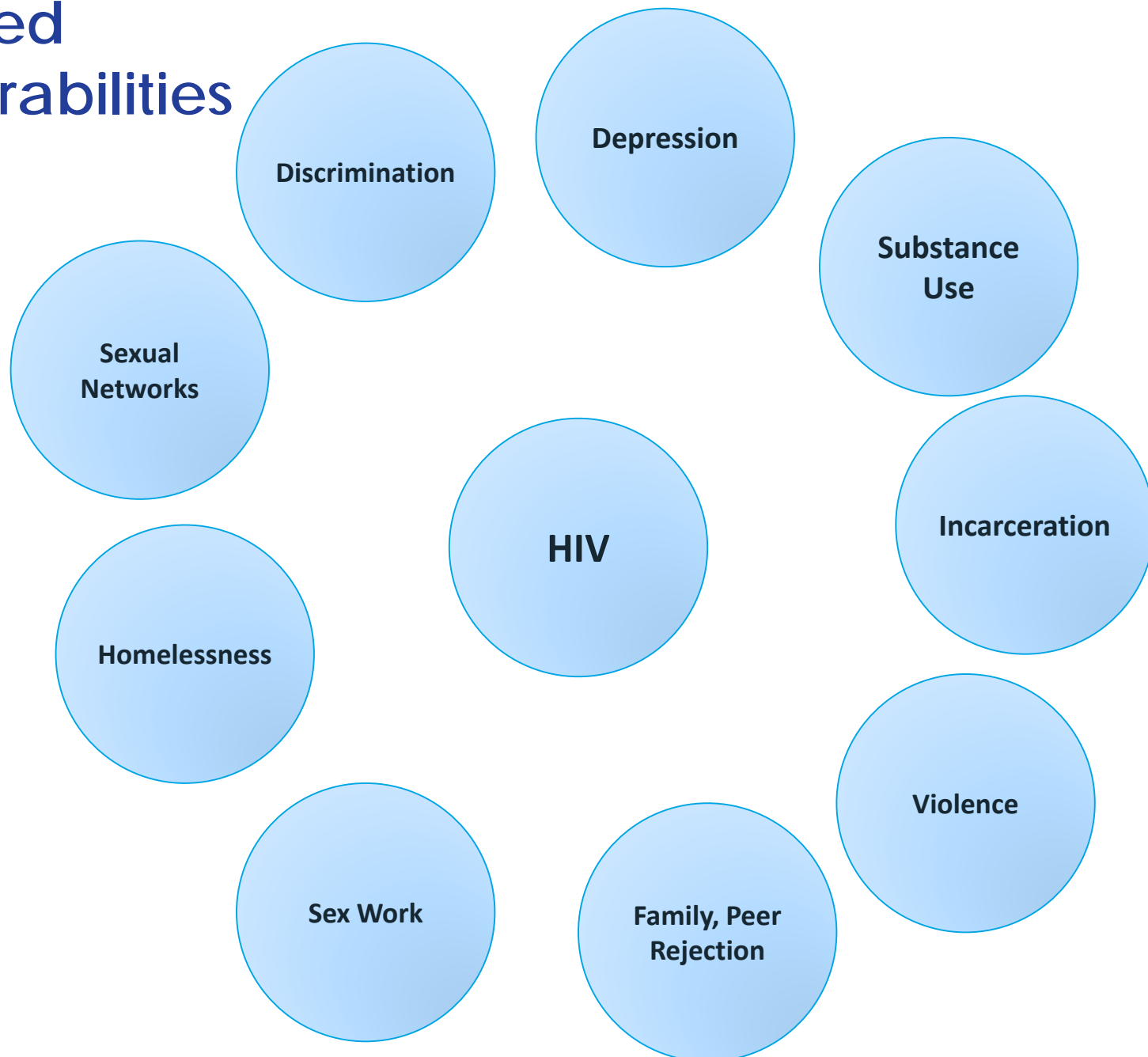
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# Situated Vulnerabilities

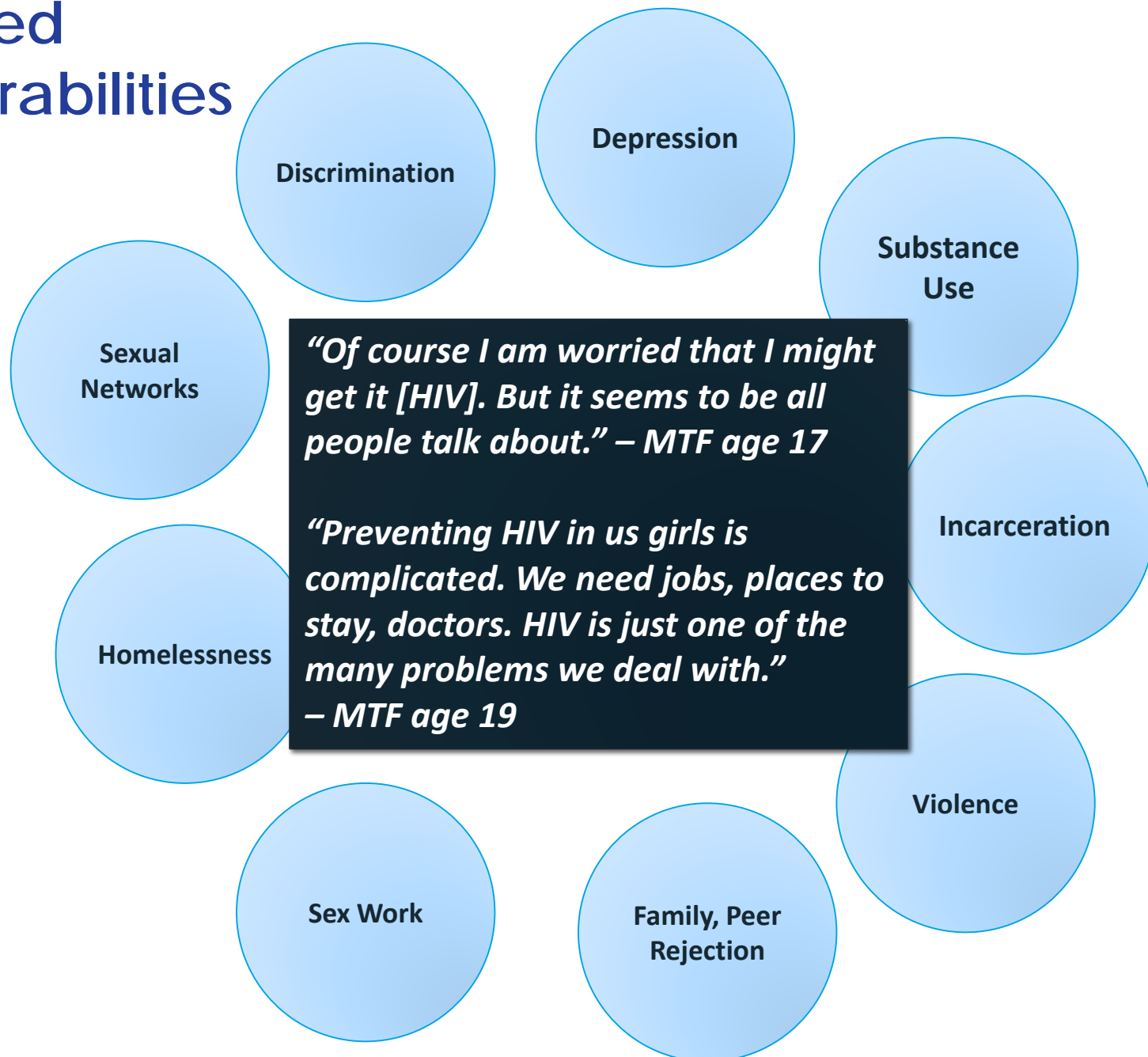


# Situated Vulnerabilities





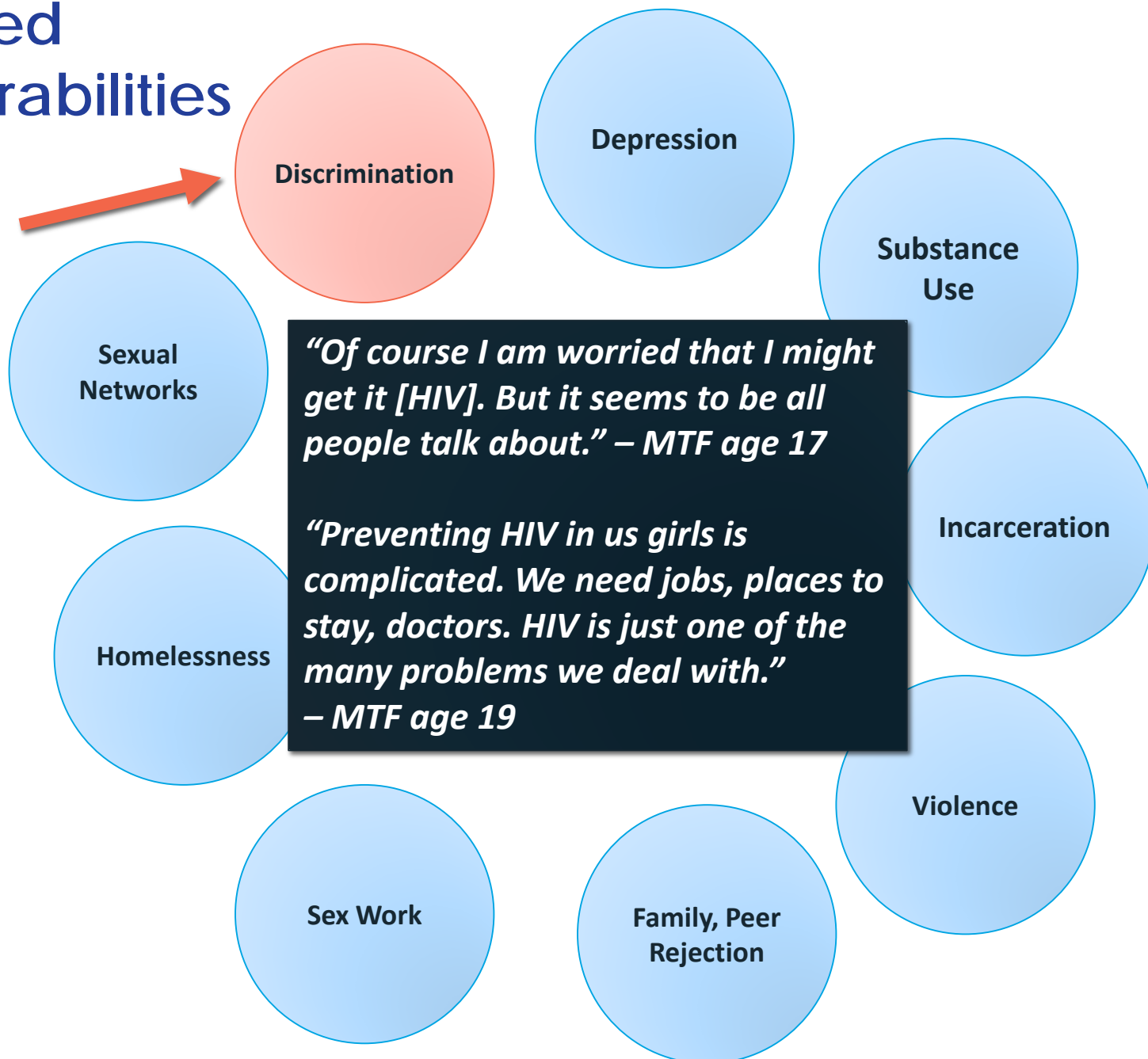
# Situated Vulnerabilities



*“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 vs Cisgender Patients

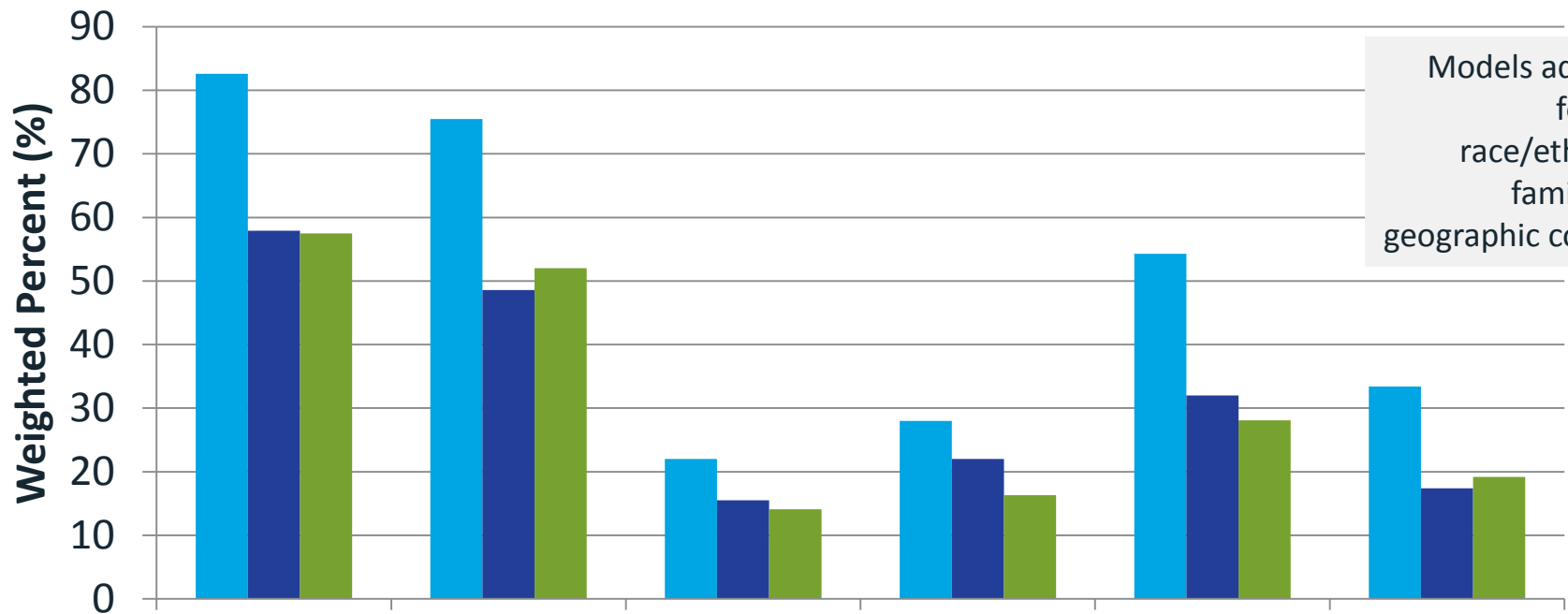
N=155	Trans	Cis	OR	95% CI
Discrimination in Employment	<b>42%</b>	<b>11%</b>	<b>5.67</b>	<b>2.19, 14.82</b>
Discrimination in Healthcare Setting	<b>19%</b>	<b>4%</b>	<b>5.71</b>	<b>1.32, 24.73</b>
Any Abuse as a Child, Age < 15 yrs	<b>55%</b>	<b>25%</b>	<b>3.64</b>	<b>1.62, 8.19</b>
Any Victimization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

**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  $p < 0.05$ .

# Past 12 Month Bullying Victimization

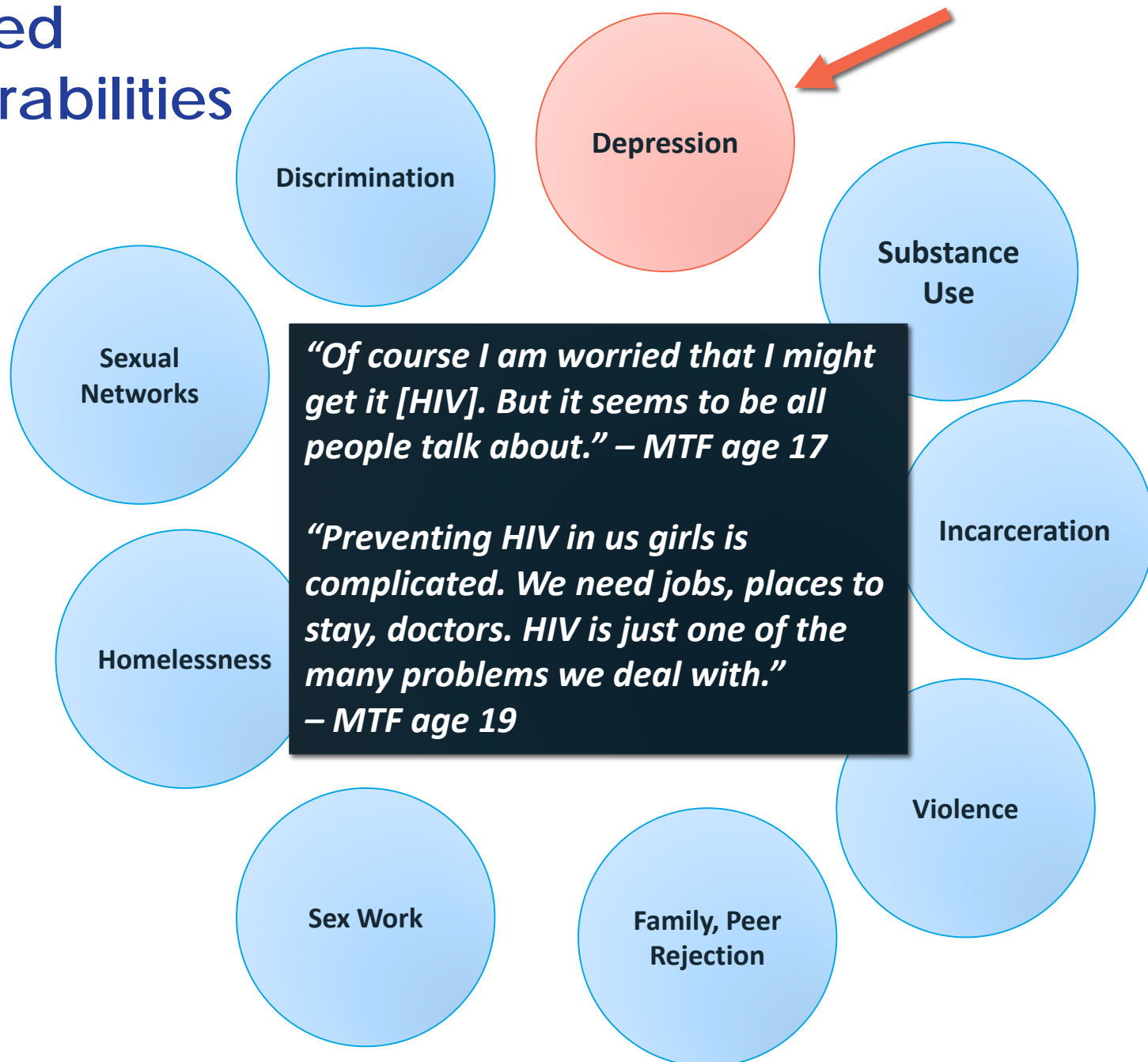
■ Transgender n=442    
 ■ Non-Transgender Female n=2840    
 ■ Non-Transgender Male n=2260



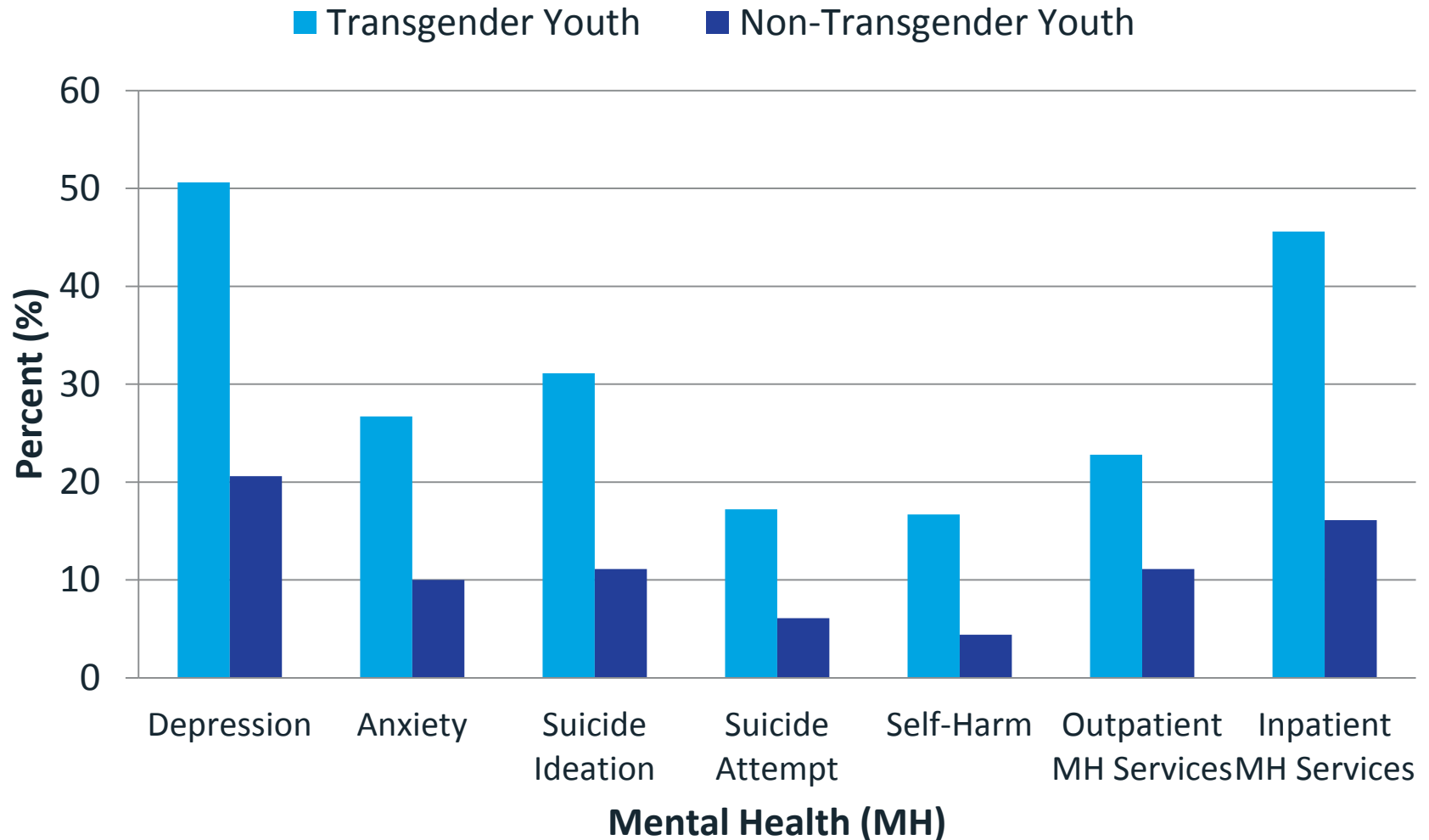
Models adjusted for age, race/ethnicity, family SES, geographic context.

	Any Bullying	In Person	By Phone Call	Via Text Message	Online	Some Other Way
<b>Adj. OR (95% CI)</b>	<b>3.58 (2.74, 4.68)</b>	<b>2.93 (2.30, 3.72)</b>	<b>1.68 (1.29, 2.19)</b>	<b>1.98 (1.55, 2.53)</b>	<b>3.02 (2.43, 3.75)</b>	<b>2.04 (1.62, 2.58)</b>
<b>p-value</b>	<b>&lt;0.0001</b>	<b>&lt;0.0001</b>	<b>&lt;0.01</b>	<b>&lt;0.0001</b>	<b>&lt;0.0001</b>	<b>&lt;0.0001</b>

# Situated Vulnerabilities



# Mental Health: Transgender and Non-Transgender Youth (n=360)



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

# Situated Vulnerabilities

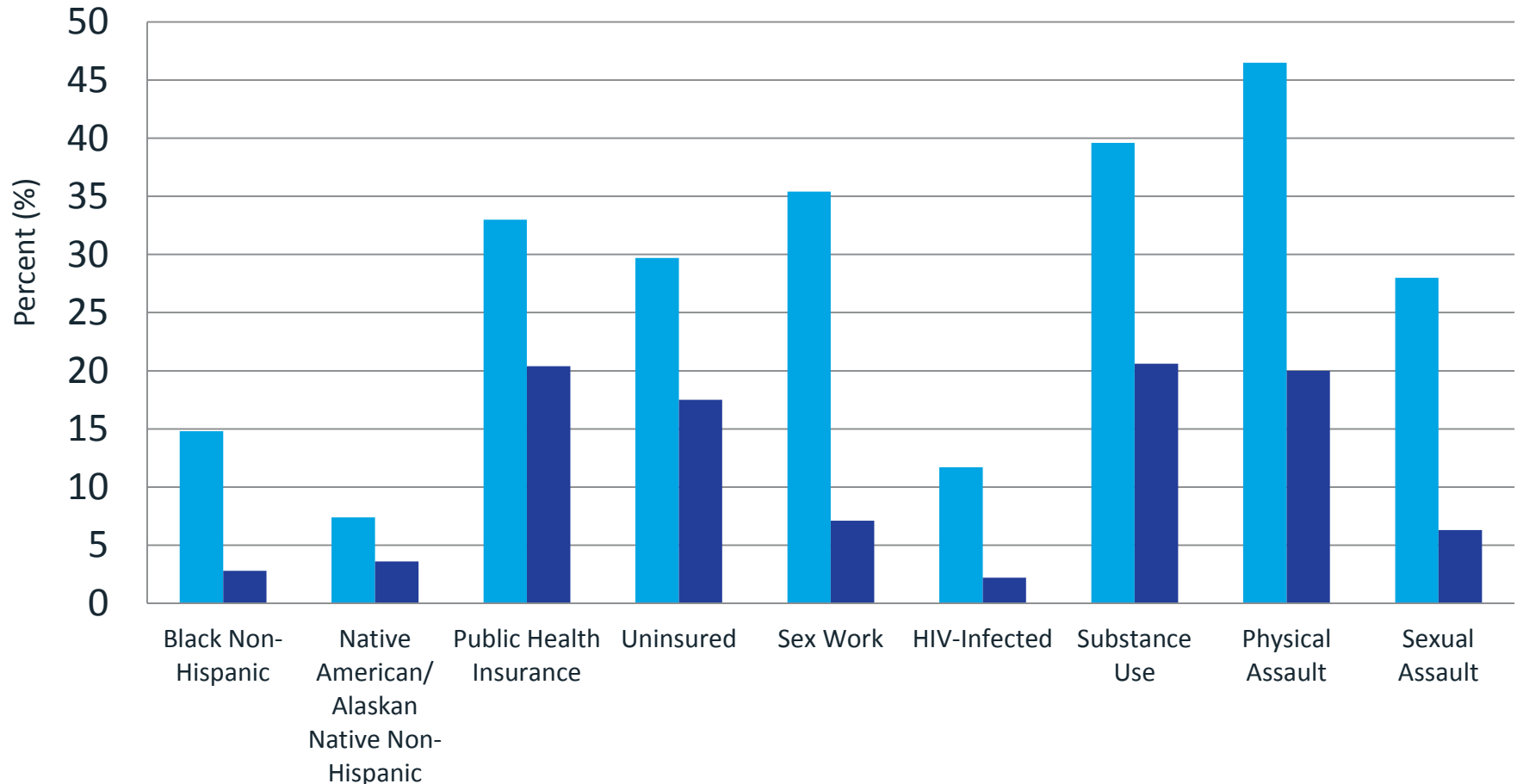


# U.S. Transgender Women (n=3,878)

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

■ Jail/Prison ■ No Jail/Prison

All RRs  $p < 0.05$



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.



# Situated Vulnerabilities



Sexual Networks

Discrimination

Depression

Substance Use

Incarceration

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***

Sex Work

Family, Peer Rejection

Violence

# Situated Vulnerabilities: Transgender Youth (n=145)

	MTF n=63	FTM n=82	p-value
Mean Age (SD)	19.4 (3.2)	20.5 (2.6)	0.02
People of Color	52.4%	15.8%	<0.0001
HIV Infection	7.9%	2.4%	0.13
Condomless Anal and/or Vaginal Sex	52.4%	43.9%	0.31
Casual Sex Partner	69.8%	42.7%	0.001
Main/Primary Sex Partner	25.4%	48.8%	0.004
Sex Work	33.3%	1.2%	<0.0001
Depression	42.9%	54.9%	0.15
Current Alcohol Use	50.8%	58.5%	0.35
Current Drug Use	39.7%	32.9%	0.40
Unstably/Marginally Housed	25.4%	13.45	0.07

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*

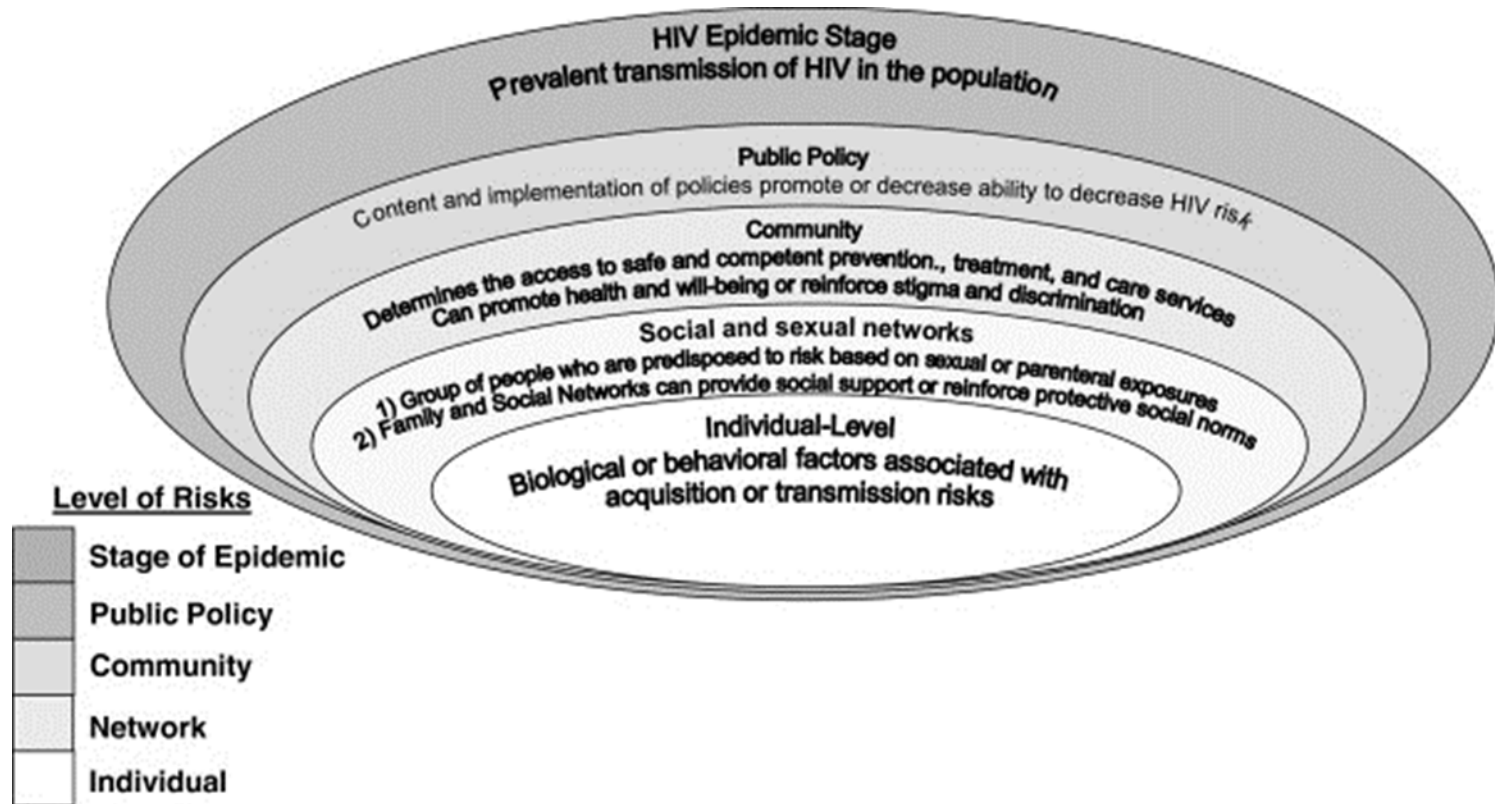


Figure 1. Modified social ecological model for HIV risk in vulnerable populations (Baral et al., 2013)

# Gender Affirmative Multi-Level Approaches

*Multi-level determinants of HIV + transgender-specific determinants*

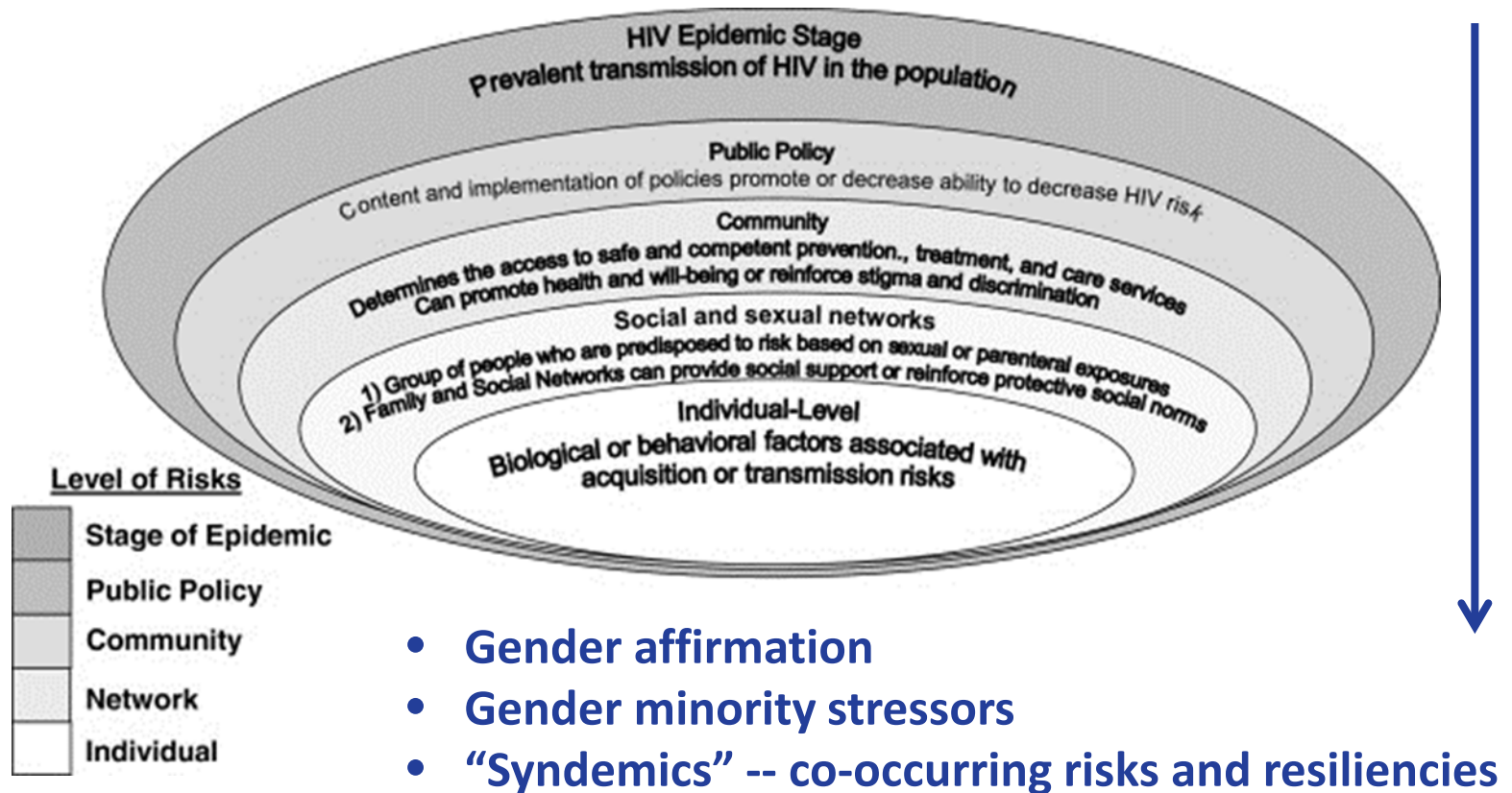


Figure 1. Modified social ecological model for HIV risk in vulnerable populations (Baral et al., 2013)



# 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

Sources: (1) Minkler. Community-Based Research Partnerships: Challenges and Opportunities. *Journal of Urban Health*, 82(2), 20015. (2) National Institutes of Health: <http://grants.nih.gov/grants/guide/pa-files/PAR-05-026.html>



# Thank you!

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



World Health Organization

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[sreisner@fenwayhealth.org](mailto:sreisner@fenwayhealth.org)

 THE FENWAY INSTITUTE

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