

Transgender Training for Health Care Providers: Issues, Needs and Solutions

Presented by

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Overview

- Review of issues and needs for transgender patients
- Identify specific HIV-related risks
- Transgender Training of Trainers Project: Pacific AIDS Education and Training Center
- Future Directions and applicability to other RWCA programs

Provider Study Findings

Face-to-face key informant interviews with providers around New England, funded with support of New England AETC

2001-2002 Needs Assessment of Health Care Providers

- Experience with a range of transgender expressions but lacked information on populations, terminology, differences
- Desire to treat TG patients respectfully, but admitted discomfort and lack of tools for interviewing/assessments
- Frustration with lack of information and research
- Frustration with lack of guidelines, referrals, and ways to advocate
- Time constraints create an overarching barrier in building trusting relationships, which are integral to quality care



Four Steps to Providing Care

- 1) Understand **range** of gender expressions and differences in desire for and access to surgical or hormonal interventions.
- 2) Recognize **distinctions** between gender identity and sexual orientation and understand differences (and similarities) in health care delivery needs.
- 3) Understand **access to care** is affected by negative experiences with providers and role providers can play in improving quality of life for trans people.
- 4) Making **agencies** more trans friendly

Recognize Range of Expressions and Desires

- Many words to identify gender-variance, including:
MTF, FTM, transman, transwoman, bi-gendered, gender-blender, phallic woman, passing man, she-male, femme queen, non-op, boi, two-spirit, new man, new woman, etc.

Terms:

- *Transgender vs. Transexual*
- *FTM, Transman*
- *MTF, Transwoman*
- *Hormones*
- *Pre-op, post-op, non-op*
- *Intersex*
- *Transition, SOFFA*

Hormones overview

- Masculinizing hormones work much faster and more thoroughly than feminizing hormones. A few months vs. a few years.
- Effects: change in body shape, facial and body hair, sex drive, emotions.
- Maintenance of taking hormones is diagnostic of need for hormones. If not right, client will stop taking them.
- Not a lot of studies; off-label usage.

Range of Expressions, con't

- Identities can and do change, based on context, culture, geography, and individual's place on their life journey
- Hormones and surgical interventions may be desired in an order or degree other than what protocols dictate.
- Watch for pathologizing/medicalizing situation (even words like "pre-op" and "post-op" assume "op" as final outcome. Also, emphasis is on genitals, not person.)

Gender identity and sexual orientation are different things

- **Every individual has a biological sex, a gender identity and a sexual orientation**
 - All can be considered fluid.
- **But being transgendered does not mean you're gay and being gay does not mean you're transgendered**
 - There is overlap, in part because gender variance is often seen in gay context
 - Masculine females and feminine males are assumed to be gay
 - "anti-gay" discrimination and violence often targets because of gender expression, not sexuality

Traditional Binary Gender Model

- Biological Sex:**
*Hormones, genitalia
 secondary sex
 characteristics*

Male Female



- Gender Expression**
*Dress, posture,
 roles, identity*

Masculine Feminine



- Sexual Orientation**

Attracted to Women Attracted to Men

Revolutionary Gender Model

- Biological Sex:**
*Hormones, genitalia
 secondary sex
 characteristics*

Male Intersexed Female



- Gender Expression**
*Dress, posture,
 roles, identity*

Masculine Androgynous Feminine



- Sexual Orientation**

Attracted to: women men both neither other



Revolutionary Gender Model

Many configurations are possible

- Biological Sex:**
*Hormones, genitalia
 secondary sex
 characteristics*

Male Intersexed Female



- Gender Expression**
*Dress, posture,
 roles, identity*

Masculine Androgynous Feminine



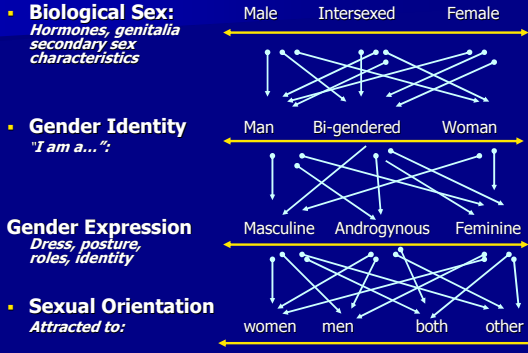
- Sexual Orientation**

Attracted to: women men both neither other



Revolutionary Gender Model

Many configurations are possible



Reminders

- Homophobia is different than Transphobia
- Trans people are often outcast in G/L context.
- Pfc. Barry Winchell



Calpernia Adams

Photos from her website at www.calpernia.com



Risks and Need

- Not many studies, but all show painfully high rates of HIV infection.
 - From 22% in recent LA study to 68% in 1993 study in Atlanta
- 35% in SF MTFs; 63% African-American MTFs (Clements-Nolle, Am. Journal of Public Health, June 2001)
- Often people don't know they are infected, or have no access to care
 - In SF study, 50% of those who knew status not receiving care
- CDC places TG people in MSM category for funding and prevention programs

Barriers to Care and Treatment

- Providers lack basic knowledge and are uncomfortable
- Lack of research and information
- Topic still derided by other professionals
- Not enough people doing the work
- Extensive negative experiences with health care (judgmental, patronizing and humiliating treatment that medicalizes and pathologizes)
- In-take forms, office environment, alienating process
- Insurance issues and long waiting lists
- Workers and agencies come from a deficit perspective

Trans Losses



Tyra Hunter



Billy Tipton



Robert Eads

Alexander John Goodrum



Photo by Mariette Pathy Allen

Photos from Remembering Our Dead, www.gender.org/remember
And Transsexual, Transgender and Intersexed History, www.transhistory.org

Protocols for HT: Resources

- **HBIGDA/Harry Benjamin Standards of Care:**
(www.hbigda.org)

- **Tom Waddell Clinic Protocols for Care**
San Francisco clinic incorporating hormone therapy as part of primary care for low income, homeless and at risk people

Agency-related issues to provide services

- Don't just add "T" without doing work to understand what it means
- Train all staff - receptionists, security guards, director
- Make intake forms trans friendly, i.e. include "chosen name" not just legal name; include more than M/F
- Don't make assumptions about sexuality or goals
- Respect confidentiality, choices and fluidity
- Honor presenting gender and self diagnosis
- Acknowledge limitations
- Challenge transphobia—in staff and community
- Have Unisex bathrooms!

Dr. Lori Kohler's summary

- All trans people are medically underserved
- Hormone treatment is not optional
- Providers who treat HIV disease have unique opportunity to improve medical care for trans people
- While there are many unanswered questions about long-term effects, benefits outweigh the risks for most patients.

Joy

"Working with someone going through a gender transition is a joyous part of medicine. It's very similar to feelings obstetricians have about facilitating birth."

-Edward Cheslow, MD

PAETC Transgender TOT Project

■ Year 1 Goals :

- To meet growing need for training clinical providers by identifying and training a cadre of training teams throughout multi-state region
- Teams would consist of trans community member and LPS faculty member.
- Commitment to minimum number of training undertakings throughout program year

Community Based Teams

- Local performance site participation
- Identification of trans community members to join with PAETC training faculty
- 8 sites and 22 participants
- 20 trainings conducted

Year 1 TOT Focus

- March 2003; West Hollywood, CA, 2 ½ days
- General Transgender information:
 - Multiple faculty presenting (Samuel, JoAnne, Lori)
- Platform skills
- Adult Learning Theory
- Trainer responsibilities
- Unique concerns with topic
- All teams led mini- trainings with feedback from entire group



Year 1 Comments

I as a transgender needed this training. Because everything I heard will help me to empower my sisters and brothers. Everything was great.

I am most impressed by the success of this model. I was somewhat skeptical of the potential to ask experienced trainers/academics to collaborate with people previously unknown to them who have less experience—especially given that in most groups the transgender person was the less experienced trainer. I was encouraged to see that the transgender trainer took the lead in some of the groups.

More Comments

All three trainers were world class. This was perhaps the best (and of many) training experiences have had.

The opportunity to practice training delivery skills was empowering.

Need more information on the culture of medical professional field to help trans trainers get message across more effectively/better reception.

Year 2 TOT Focus

- **2004, San Francisco, CA, follow upTOT, 2 days**
- **7 sites; 20 participants**
- **Training content based on needs assessment**
- **More advanced training**
 - Identify Successes and Challenges
 - Mission and Vision development
 - Work plan development
 - Marketing strategies
 - Program evaluation



Year 2, continued

- Evaluation sub-committee formed
- "Too much" technical information included
- In-depth discussion of issues particular to transgender people as trainers:
 - Concerns of tokenism
 - Difficulty of topic, some participant bias
 - Need for trainers to be able to trust and rely on each other

Year 3 Goals

- **Curriculum development and distribution**
- **Training materials, including video**
- **Evaluation of year 2 work will inform next phase**

How Can You Improve Access to Care for HIV+ Trans Patients?

- **What are your options?**

Resources

- **Protocols for Hormonal Reassignment of Gender** from the Tom Waddell Health Center, 2001, http://hivinsite.ucsf.edu/inSite.jsp?doc=2098_3d5a.
- Bockting, W and Kirk S, editors, **Transgender and HIV: Risks, prevention and care**. Binghamton, NY: The Haworth Press (2001) Originally published as a special issue of *International Journal of Transgenderism 3.1+2*. Available online at <http://www.symposiumijt>
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001, June). "HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention." *American Journal of Public Health, 91(6)*, 915-921.
- Goodrum, Alexander-John. **Gender Identity 101: A Transgender Primer**, ra publication of TGNet Arizona, www.tgnetarizona.org
- Harry Benjamin International Gender Dysphoria Association (February 20, 2001). **Standards of Care for Gender Identity Disorders, Sixth Version**. <http://www.hbgida.org/socv6.html>
- Keatley, J and Clements-Nolle, K. **Factsheet: What are the Prevention Needs of Male-to-Female Transgender Persons?** University of California, San Francisco, Center for AIDS Prevention Studies, (2001) (English and Spanish versions) www.caps.ucsf.edu

Resources continued

- Lev, Arlene Istar, **Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families**, (2004), Haworth Press.
- Mottet, Lisa and Ohle, John, **Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People**, (2004) National Gay and Lesbian Task Force and National Coalition for the Homeless, www.thetaskforce.org
- Oriel, K. A. (2000). **Medical care of transsexual patients**. *Journal of the Gay and Lesbian Medical Association* 4(4): 185-193
- Post, P., (2002). **Crossing to Safety: Transgender Health and Homelessness**, *Healing Hands: A publication of the Health Care for the Homeless Clinician's Network*, 5 (4), June 2002. www.nhchc.org/Network/HealingHands/2002/June2002HealingHands.pdf
- Intersexed Society of North America; www.isna.org, Advocacy and educational organization founded and led by intersexed people.
