

# IMPROVING THE CARE OF TRANS AND GENDER DIVERSE INDIVIDUALS

A.C. Demidont, DO  
 Director – Chief Medical Office- Anchor Healthcare Initiative  
 Assistant Professor of Medicine  
 Quinnipiac University Frank K. Netter, MD School of Medicine  
 Email: ademidont@anchorhealthinitiative.org

---

---

---

---

---

---

---

---

---

---

---

---

## Conflict of Interest Disclosure

*I anticipate referencing the unlabeled / unapproved use(s) of HRT (estrogen, testosterone, anti-androgens) for gender affirming hormone therapy is not approved by the FDA and the use of anti-androgenic agents for puberty suppression is not approved by the FDA*

*I have a affiliation (Speaker's Bureau) with this commercial entity: Gilead BioSciences*

**ROME** 2019 NEW ENGLAND  
 PROVIDENCE, RI, AUGUST 8 - 11

**RISOPS** **COMS**

---

---

---

---

---

---

---

---

---

---

---

---

## Where we are...

The screenshot shows a Google search for "transgender" with several news results. Visible headlines include: "IT IS A BOY! Mom celebrates son coming out as transgender with...", "A transgender man... 18 hours ago", "The transgender military ban is damaging America and those who...", "South Dakota lawmakers defeat bill giving parents right to deny...", and "Colorado transgender birth certificate bill moves forward".

---

---

---

---

---

---

---

---

---

---

---

---



The people most worried about my gender know the least about their own.

---

---

---

---

---

---

---

---

Exploring your own relationship to gender

When did you first realize that you had a “gender” – in other words, that you were a “girl” or a “boy” or “female” or “male”? Consider stories about your own evolving awareness of gender.

---

---

---

---

---

---

---

---

Gender is not decided here...

Image of delivery room immediately after baby's birth

---

---

---

---

---

---

---

---

Gender is not decided here...

Cartoon showing teacher with two lines of young students. One student not in line asks: "Sorry, Teacher, but where do the kids whose most salient identity isn't gender and instead self-identify as 'awesome' line up?"

---

---

---

---

---

---

---

---

Gender is not sexual orientation

- × Lesbian and Gay:
  - People who have (or desire to have) and intimate relationship with individuals of the same gender
- × Bisexual:
  - People who have (or desire to have) an intimate relationship with individuals of the same or different gender
- × Heterosexual:
  - People who have (or desire to have) an intimate relationship with individuals of different gender

---

---

---

---

---

---

---

---

Sex vs. Gender

- × Sex: strictly biological (e.g. man or woman)
- × Gender: biological, cognitive, and social aspects of a human being, including identity, experience, and the expectations of others (e.g. masculine or feminine)

---

---

---

---

---

---

---

---

## Sex v. Gender

× Gender

- ▣ The way that people are expected to act based on how their bodies look.
- ▣ E.g., the baby's parents buy it certain clothes, books, and toys; sign the baby up for certain classes; teach the baby certain manners

---

---

---

---

---

---

---

---

Image of four coatracks with both black & white jackets, scarf and bright pink hats, scarves, etc.

Caption reads:  
"Think about a coat rack: sex is the physical structure of the coat rack, gender is what you hang on the coat rack."

---

---

---

---

---

---

---

---

Image of a human torso wearing tee shirt. Tee shirt reads:

Gender, with arrow pointing up toward face  
Sex, with arrow pointing down

---

---

---

---

---

---

---

---





### MMWR Survey on TG Students

MMWR / January 25, 2019 / 68(3);67-71

---

---

---

---

---

---

---

---

---

---

### MMWR Survey on TG Students

- × 10 times more likely to have used heroin or methamphetamines
- × 6 times more likely to have attempted suicide (and been treated by medical provider for suicide attempt)
- × 6 times more likely to have been forced to have sexual intercourse
- × 4 times more likely to have been threatened with a weapon at school
- × 3 times more likely to have had sex before the age of 13

MMWR / January 25, 2019 / 68(3);67-71

---

---

---

---

---

---

---

---

---

---

### Stigma

- × The disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society. Social stigmas are commonly related to culture, gender, race and health.
- × Transgender stigma limits opportunities and access to resources in a number of critical domains (e.g., employment, healthcare), persistently affecting the physical and mental health of transgender people.

---

---

---

---

---

---

---

---

---

---

**Stigma**

**state anti-transgender bathroom bills threaten transgender people's health and participation in public life**

**POLICY BRIEF**

*'Transgender' Could Be Defined Out of Existence Under Trump Administration*



Donald J. Trump  
@realDonaldTrump

Transgender Americans make our country less safe. So, time to prohibit Trans Arms! #MAGA

2:55 AM · 27 Jul 2017

26,848 Retweets 80,465 Likes

[https://fenwayhealth.org/wp-content/uploads/2015/12/COM-2485-Transgender-Bathroom-Bill-Brief\\_v8-pages.pdf](https://fenwayhealth.org/wp-content/uploads/2015/12/COM-2485-Transgender-Bathroom-Bill-Brief_v8-pages.pdf)

---

---

---

---

---

---

---

---

---

---

---

---

**Implicit Bias in Medicine**

- ✦ Explored the implicit and explicit sexual prejudice among medical doctors, nurses, mental health providers and non medical healthcare providers using Harvard Implicit Association Test (IAT)
- ✦ Data from over 6 year period. N = 351044
- ✦ Self identify as heterosexual, lesbian, gay, bisexual
- ✦ Evaluated >2,000 physicians (76% heterosexual), >5,000 nurses (85% heterosexual), >8,000 mental health providers (75% heterosexual)
- ✦ Total >200,000 took Sexuality IAT (77% heterosexual)

[Sabin, Am J Public Health. 2015 Sep;105\(9\):1831-41](#)

---

---

---

---

---

---

---

---

---

---

---

---

**Implicit Bias in Medicine**

- ✦ Heterosexual providers ALWAYS favored straight people, similar to non-providers
- ✦ Across all groups heterosexual men showed stronger implicit preference for straight people than did straight women
- ✦ Lesbian and gay providers hold an implicit and explicit preference for lesbian and gay patients
- ✦ Heterosexual male physicians held strong implicit preference for straight men and women
- ✦ Heterosexual female physicians held strong implicit preference for straight men and moderate implicit preference for straight women
- ✦ Heterosexual female nurses held strong implicit preference for straight men and moderate implicit preference for straight women
- ✦ Heterosexual male mental health providers held strong implicit preference for straight men and moderate implicit preference for straight women

[Sabin, Am J Public Health. 2015 Sep;105\(9\):1831-41](#)

---

---

---

---

---

---

---

---

---

---

---

---

## Implicit Bias in Medicine

- ✦ Lesbian providers in all categories showed an implicit preference for lesbian women and gay men
- ✦ Gay male providers in all categories showed an implicit preference for lesbian women and gay men
- ✦ Bisexual providers held mixed preference
- ✦ Straight, lesbian and gay providers and non-providers showed an explicit preference for people who share their sexual identity
- ✦ Except heterosexual female mental health providers who reported an explicit preference for lesbian women and gay men over straight people

[Sabin, Am J Public Health, 2015 Sep;105\(9\):1831-41](#)

---

---

---

---

---

---

---

---

---

---

## Transgender Disparities

### Social Determinants of Health:

- The unemployment rate among respondents (15%) was **three times higher than the unemployment rate in the U.S. population**
- Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (14%)
- In the past year, one in eight (12%) respondents experienced homelessness because of being transgender.
- Forty percent (40%) have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.8%).
- Seven percent (7%) attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%).



Herman et al. 2016.

---

---

---

---

---

---

---

---

---

---

## Transgender Disparities

### Social Determinants of Health:

- Only 11% of respondents reported that *all* of their IDs had the name and gender they preferred, while more than two-thirds (68%) reported that *none* of their IDs had the name and gender they preferred.
- The cost of changing ID documents was one of the main barriers respondents faced
- CT ID Change Cost:
  - Name Change = \$225
  - Passport = \$100
  - Birth Certificate = \$30
  - Drivers License = \$30
  - Total – Fees alone = \$395

Herman et al. 2016.

---

---

---

---

---

---

---

---

---

---

## Transgender Disparities

- × One in five (20%) have participated in the underground economy.
- × Those who have done income-based sex work were also more likely to have experienced violence.
- × 72% have been sexually assaulted. Out of those who were working in the underground economy at the time they took the survey, over one-third (36%) were sexually assaulted during that year.

Herman et al. 2016.

---

---

---

---

---

---

---

---

---

---



**TRANSGENDER DAY OF REMEMBRANCE / NOV 20<sup>TH</sup>**  
 Today, we remember and honor transgender people around the world whose lives have been lost to anti-transgender violence.

- × 2016-2017: was the deadliest year to date for murders of transgender individuals in the US
- × 27 transgender individuals were murdered in the US solely for their transgender status



**Nine Transgender Women Have Been Murdered In Just The First Four Months Of 2017**  
 "Trans women don't want any special privileges. We should have the right to live our lives open and free."

---

---

---

---

---

---

---

---

---

---

## Discrimination of TGNC in Medicine

- × More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.
- × One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care
- × In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford it.

James, S. E., Herman, et al(2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

---

---

---

---

---

---

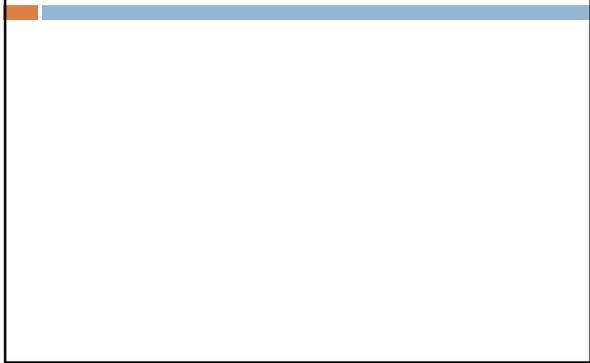
---

---

---

---

## Trans-Inclusive Healthcare Spaces



---

---

---

---

---

---

---

---

## Structural Changes



---

---

---

---

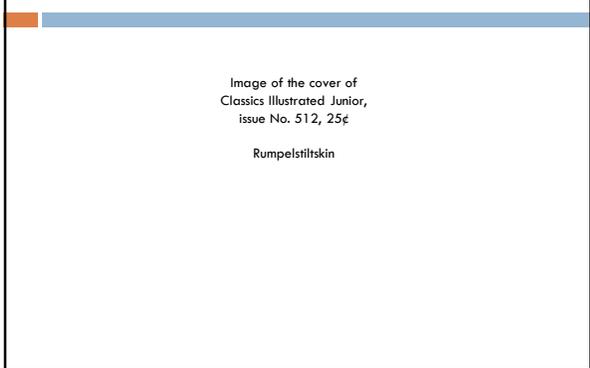
---

---

---

---

## CORRECT NAMES/PRONOUNS



---

---

---

---

---

---

---

---

## Addressing Patients

- It is not always possible to know someone's gender based on their name or how they look or sound. This is the case for all people, not just transgender people.
- Address people without using any terms that indicate a gender. Instead of asking: "How may I help you, sir?" you can simply ask, "How may I help you?"
- Avoid using "Mr./Mrs./Miss/Ms." by calling someone by their first name (if this is an acceptable practice in your organization) or by using their first and last name together.

---

---

---

---

---

---

---

---

## Let's Practice ... Pronouns

	Subject	Object	Pronoun	Pronunciation
Gender Binary	she	her	hers	as it looks
	he	him	his	as it looks
Gender Neutral	they*	them*	their*	as it looks
	ze	hir	hirs	zhee, here, heres
	ze	zir	zirs	zhee, zhere, zheres
	xe	xem	xyr	zhee, zhem, zhere

\*used as singular

---

---

---

---

---

---

---

---

## Addressing Patients

- APOLOGIZING FOR MISTAKES**
- Clearly, it is not always possible to avoid making mistakes, and simple apologies can go a long way. If you do slip, you can say something like: "I apologize for using the wrong pronoun/name. I did not mean to disrespect you."
- PRACTICING**
- Making changes in your speech can be a challenge at first. Most of us have learned to use gender terms like "ma'am" and "sir," in order to be polite. Practicing with your colleagues may be helpful.

---

---

---

---

---

---

---

---





### Informed Consent for Hormones in Primary Care Setting

- × Informed consent model: Patient only needs to be able to understand risks and benefits and be sure about desire to transition

---

---

---

---

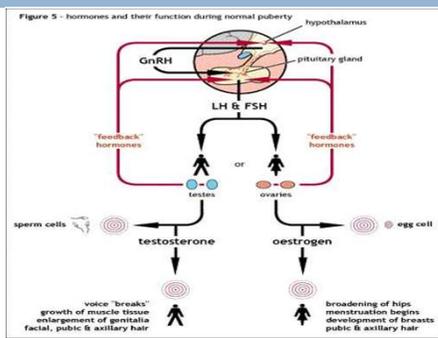
---

---

---

---

### Puberty Suppression



---

---

---

---

---

---

---

---

### Primary Medical Treatment Options

- × **HRT (Hormone Replacement Therapy):** the masculinizing or feminizing hormones that transgender people utilize in order to develop the secondary sex characteristics of the gender with which they identify
- × **GCS (Gender Confirming Surgery):** surgery undergone by some transgender people in order that their physical sex will match their gender identity

---

---

---

---

---

---

---

---



## HRT for Transwomen: Changes

- × Breast growth (smaller than bio woman)
- × Body hair growth will lessen within several years, but facial hair will never completely disappear
- × Skin becomes thinner and less oily
- × Fat redistribution
- × Infertility is likely, but not definite

---

---

---

---

---

---

---

---

## Gender Confirmation Surgery

- PCPs may recommended gender confirming surgeries to help meet patients' needs
- Multidisciplinary process
- Some of the procedures are relatively simple (e.g., mastectomy or electrolysis) while others are more complex operations (e.g., genital reconstructive surgery).
- Depending on access to medical services and/or preferences, transgender individuals may undergo anywhere from one to several of these procedures throughout their lifetimes.



---

---

---

---

---

---

---

---

## Trans Allies



---

---

---

---

---

---

---

---

### Ways to be an Ally for TGNC folks

- ✦ Never Out Anybody
- ✦ Know TGNC Terms: (AMAB, AFAB)
- ✦ Know What's Offensive: "Have you had the surgery?"
- ✦ Realize that the world can be a PAINFUL place for TGNC individuals: Rejection. Discrimination. Hate.
- ✦ Never Make Assumptions: *The point A to B myth*
- ✦ Listen: You WILL Learn Everything you need to know about how to respect me if you hear me.
- ✦ Fight with Sensitivity
- ✦ Keep Your Curiosity to Yourself: Ask yourself why Am I asking this?
- ✦ Get Political

---

---

---

---

---

---

---

---

---

---

### Where is I.D. now? Case Revisited

- ✦ Started on HRT at second visit, currently on HRT x 2.5 years and s/p breast augmentation
- ✦ Name change completed and all legal documents changed to match gender identity
- ✦ Started on PrEP at second visit, has maintained adherence and HIV negative status
- ✦ Graduated HS and planning on CC for MA and possibly nursing
- ✦ Attending local HS Alateen meetings regularly

---

---

---

---

---

---

---

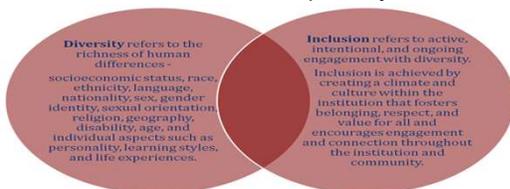
---

---

---

### Finally....

- ✦ This is a complicated journey for patients
- ✦ Collaboration of all healthcare providers is essential, as is cultural competency and




---

---

---

---

---

---

---

---

---

---

### Educational and Clinical Resources

- × [Center of Excellence for Transgender Health](#), University of California, San Francisco, Department of Family and Community Medicine.
- × [World Professional Association for Transgender Health](#) (WPATH)
- × [Gender Spectrum](#) (trans youth focus)
- × The National LGBT Health Education Center: Fenway Health




---

---

---

---

---

---

---

---

### Legal and Patient Advocate Resources

- × [Transgender Law and Policy Institute](#)
- × [Sylvia Rivera Law Project](#)
- × [Transgender Law Center](#)
- × [National Center for Lesbian Rights](#)
- × [National Center for Transgender Equality](#)
- × [Lambda Legal](#)

---

---

---

---

---

---

---

---

“Hope will never be silent.” - Harvey Milk

A.C. Demidont, DO AAHIVS  
 Director – Chief Medical Officer-Anchor Healthcare Initiative  
 Stamford, CT and New Haven, CT  
 Assistant Professor of Medicine  
 Quinnipiac University Frank K. Netter, MD School of Medicine  
 Email: [ademidont@anchorhealthinitiative.org](mailto:ademidont@anchorhealthinitiative.org)  
 Phone: 203.903.8308

QUESTIONS?




---

---

---

---

---

---

---

---