Healthy People 2020 Spotlight on Health: Transgender Health Webinar

Office of Disease Prevention and Health Promotion

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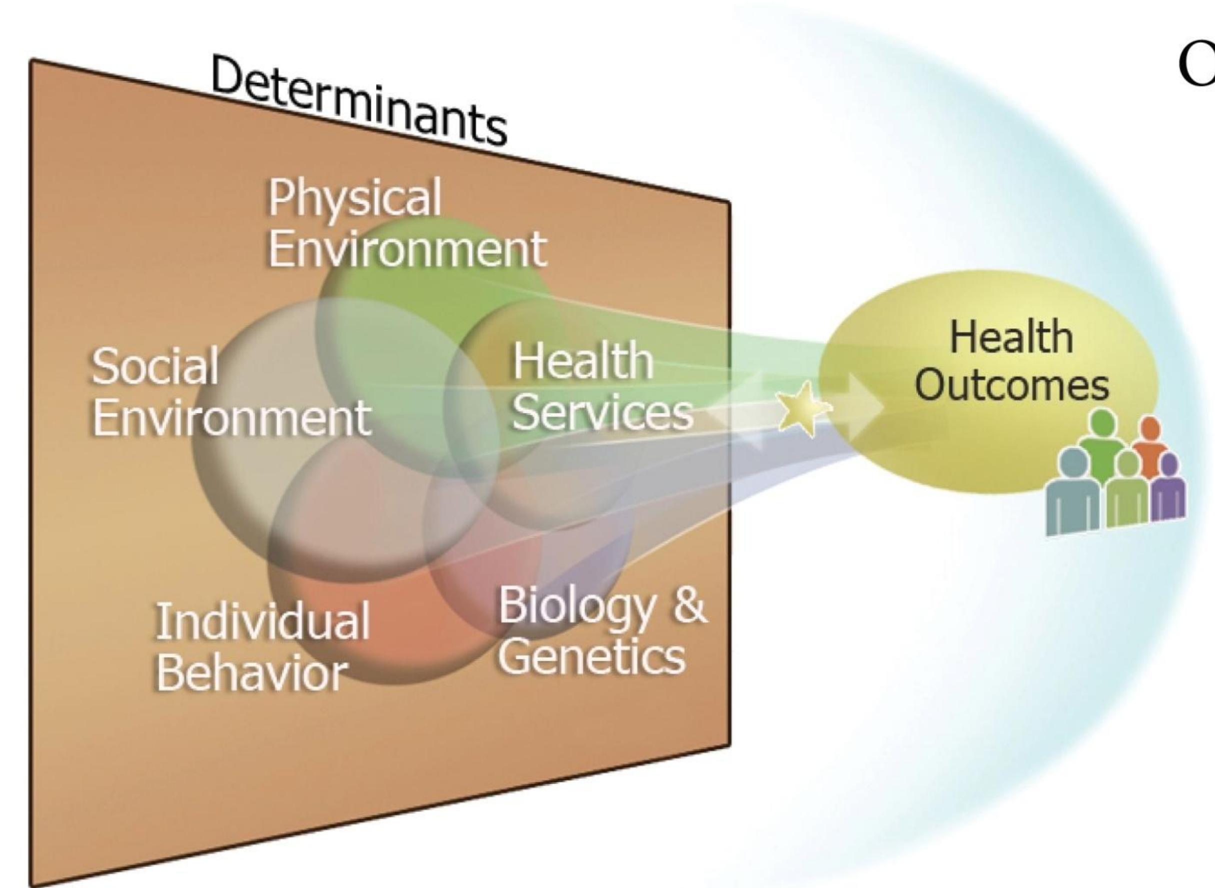
What Is Healthy People?

- A ***national agenda*** that communicates a vision for improving health and achieving health equity
- Creates a comprehensive ***strategic framework*** uniting health promotion and disease prevention issues under a single umbrella
- A set of science-based, ***measurable objectives*** *with* ***targets*** to be achieved by the year 2020
- Requires tracking of ***data-driven outcomes*** to monitor progress and to motivate, guide, and focus action

Healthy People 2020

A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

Healthy People: Evolution of Key Elements

Target Year	1990	2000	2010	2020
Overarching Goals	• Decrease mortality: infants–adults • Increase independence among older adults	• Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all	• Increase quality and years of healthy life • Eliminate health disparities	• Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	42
# Objectives/ Measures	226/NA	312/NA	467/1,000	1200/1200
Leading Health Indicators	N/A	N/A	22*	26*

*selected from the full set of Healthy People objectives

Topics & Objectives Index - Healthy People

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Select a Topic Area from the list below to get started. Each topic area includes a topic area overview, objectives and data , and evidence-based resources.

Download all Healthy People 2020 objectives [PDF - 2 MB].

Download all Healthy People 2020 objectives in spreadsheet format [XLSX - 159 KB].

If you experience problems viewing documents, please download the latest version of the Viewer or Player.

A

Access to Health Services

Adolescent Health *New*

Arthritis, Osteoporosis, and Chronic Back Conditions

B

Blood Disorders and Blood Safety *New*

C

Cancer

Chronic Kidney Disease

D

Dementias, Including Alzheimer's Disease *New*

G

Genomics *New*

Global Health *New*

H

Health Communication and Health Information Technology

Healthcare-Associated Infections *New*

Health-Related Quality of Life & Well-Being *New*

Hearing and Other Sensory or Communication Disorders

Heart Disease and Stroke

HIV

I

N

Nutrition and Weight Status

O

Occupational Safety and Health

Older Adults *New*

Oral Health

P

Physical Activity

Preparedness *New*

Public Health Infrastructure

R

Respiratory Diseases

HealthyPeople.gov

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Home | About Healthy People | 2020 Topics & Objectives | Implementing Healthy People | Consortium & Partners | Stay Connected | Leading Health Indicators

C

Cancer

Chronic Kidney Disease

D

Dementias, Including Alzheimer's Disease *New*

Diabetes

Disability and Health

E

Early and Middle Childhood *New*

Educational and Community-Based Programs

Environmental Health

F

Family Planning

Food Safety

Being *New*

Hearing and Other Sensory or Communication Disorders

Heart Disease and Stroke

HIV

I

Immunization and Infectious Diseases

Injury and Violence Prevention

L

Lesbian, Gay, Bisexual, and Transgender Health *New*

M

Maternal, Infant, and Child Health

Medical Product Safety

Mental Health and Mental Disorders

P

Physical Activity

Preparedness *New*

Public Health Infrastructure

R

piratory Diseases

S

Sexually Transmitted Diseases

Sleep Health *New*

Social Determinants of Health *New*

Substance Abuse

T

Tobacco Use

V

Vision

Topics marked "*New*" are topic areas that were not included in Healthy People 2010.

Lesbian, Gay, Bisexual, and Transgender Health *New*

Print E-mail Share

Overview | Objectives

Expand All Objectives

LGBT-1 (Developmental) (Proposed) Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual, and transgender (LGBT) populations.

LGBT 1.1 (Developmental) Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, and bisexual populations. View Details ▼

LGBT 1.2 (Developmental) Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify transgender populations. View Details ▼

JoAnne G. Keatley, MSW
Center of Excellence for Transgender Health
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Exploring Healthcare Needs of Transgender People

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A working definition of Transgender

A person whose gender identity or gender expression differs from the sex assigned to them at birth.

"Trans" can be shorthand for transgender and transsexual.

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Mission

Our mission is to increase access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities.

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National Advisory Board

We include community perspectives by actively engaging a national advisory body (NAB) of 12 transgender identified leaders from throughout the country.

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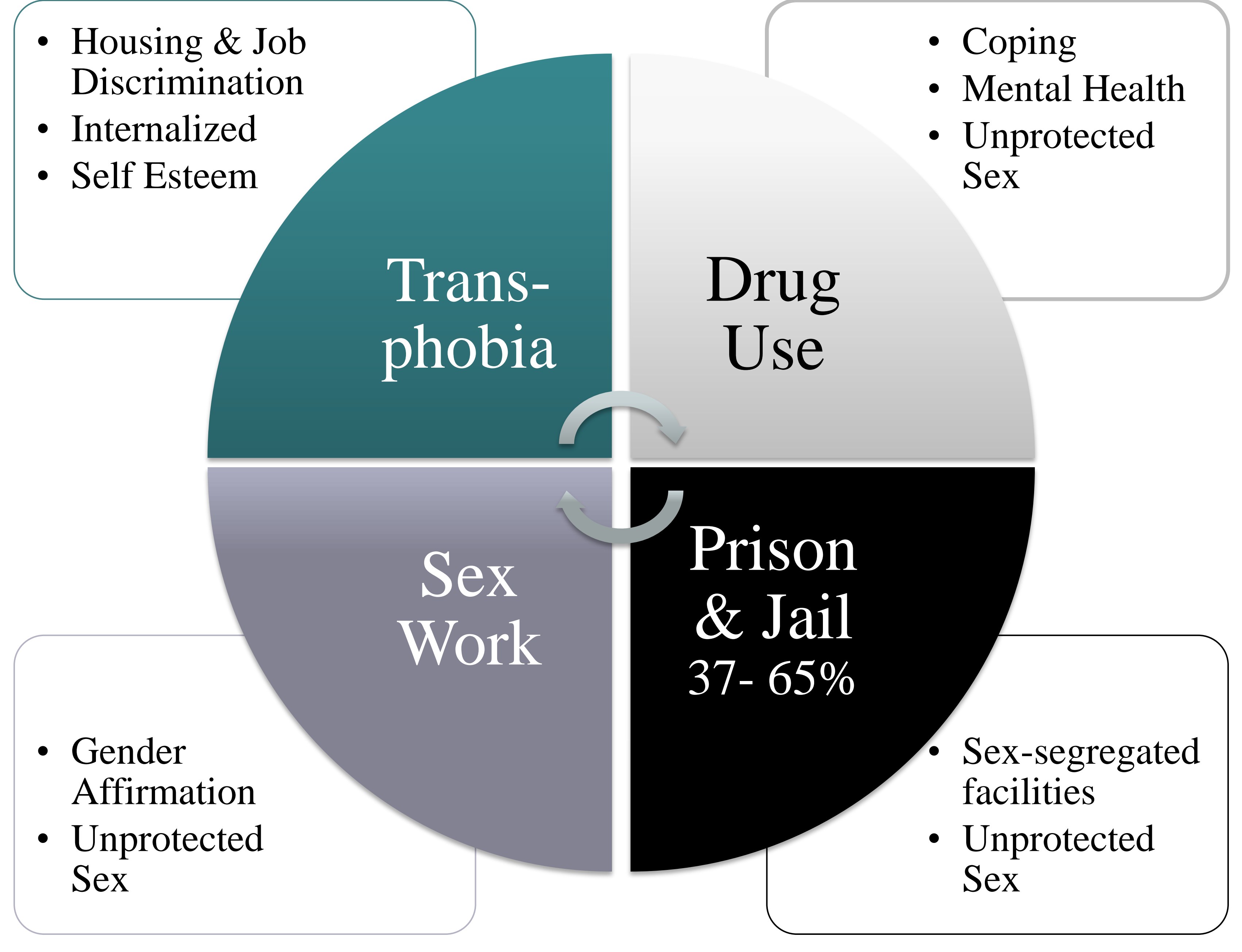

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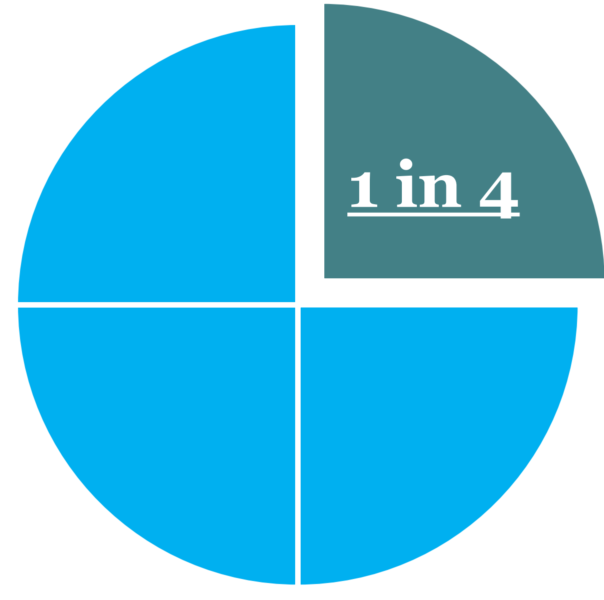
HIV Prevalence Estimates among Trans People

- The average prevalence for transwomen is 28%
  - (lab-confirmed)
- 12% (self report)



- African American transwomen have the highest prevalence (56%), compared to other racial/ethnic groups.

(Herbst, et.al, 2008; Nemoto, Operario, Keatley, et.al,2004)

HIV Testing at CDC-Funded Sites

- Highest newly identified confirmed HIV positivity was found among transgender persons in 2008 and 2009 (2.4% and 2.6%, respectively)
- Black/African Americans (4.5% and 4.4%, respectively)
- Hispanics (2.7% and 2.5%, respectively)

(Centers for Disease Control and Prevention, 2011)

HIV Testing at CDC – Funded Sites

	Highest newly Identified confirmed HIV positivity by race		Highest newly Identified confirmed HIV positivity					
			Male		Female		Transgender	
	2008	2009	2008	2009	2008	2009	2008	2009
Black/African Americans	0.9%	0.8%	1.2%	1.1%	0.5%	0.5%	**4.5%**	**4.4%**
Hispanics	0.7%	0.6%	1.1%	1.0%	0.2%	0.2%	**2.7%**	**2.5%**
White	0.5%	0.5%	0.8%	0.7%	0.2%	0.2%	**0.6%**	**0.7%**
American Indian or Alaska Native	0.4%	0.4%	0.6%	0.7%	0.2%	0.1%	**2.4%**	**0.0%**

(Centers for Disease Control and Prevention, 2011)

Data collection recommendations

- The Center of Excellence for Transgender Health (www.transhealth.ucsf.edu) makes the following recommendation for trans-inclusive data collection:
  - What is your current gender identity?
  - What was your assigned sex at birth?

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Patient Intake

- What is your current gender identity?
  - Male
  - Female
  - Transgender Male/Transman
  - Transgender Female/Transwoman
  - Genderqueer
  - Other: please specify______________________________
  - Decline to state

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Patient Intake

- What sex were you assigned at birth?
  - Male
  - Female
  - Decline to state

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Transgender women living with HIV less likely to receive good care

- A study of four US cities found that **transgender women living with HIV were less likely to receive highly active antiretroviral therapy (HAART)** than a non-transgender control group (59% vs. 82%, $p < .001$).

(Melendez et al, 2005)

Medical Advisory Board

Dan Karasic, MD

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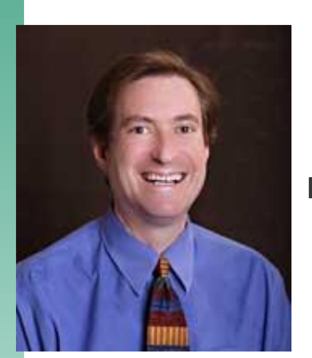

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Jennifer Burnett, MD

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Protocol for Transgender Patient Care: Project Goals

- Create a concise, yet comprehensive primary care protocol for transgender patient care
- Maintain CoE Web site for health providers
- Provide in-person trainings
- Inform & empower primary healthcare providers
- Increase access to high quality, evidenced-based health care for trans people

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Project Background

- Supported by The California Endowment
- Establishment of 9-member Medical Advisory Board (MAB)
- MAB Conference calls & in-person meetings as needed
- Protocols seen as “living” document, revisions to be made as necessary

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Project Background

- Extensive Literature review & gap analysis
- Draft protocol developed by the MAB with support from Jamison Green
- Peer reviewed by faculty of the Family and Community Medicine Department, UCSF
- Launched at National Transgender Health Summit at UCSF (April 2011)

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Protocol Content Overview

- Accurate, peer-reviewed medical guidance
- Basic Information; deeper levels of awareness
- Cultural humility
- Based in part on "best practices" from the field.

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Asking Sensitive Questions

- *First ask yourself…* **Is my question necessary or am I just asking it for my own curiosity and thus not appropriate?**
    - *Example:* Are you going to have surgery?

- **Some important guidelines to keep in mind so that you ask questions that are appropriate to your work:**

  1) What do I know?

  2) What do I *need* to know?

  3) How do I ask in a sensitive way?

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Pronouns!

- Don't sweat it. Politely ask!
- Remember individual trans people:
  - May have a preference of he or she
  - May not have a preference and it's okay to use he or she
  - May prefer you use a gender neutral pronoun such as "ze"
  - May prefer you not use any pronoun at all

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Physical Exam

- Assess for immediate health needs
- Treat the presenting issue and assess the health of organs/body parts that are present
- Respect patient's gender identity
- Delay sensitive exams until they are necessary

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Good Treatment Practices

- Use proper pronouns with all clients
- Get clinical supervision if you have issues or feelings about working with trans individuals.
- Support trans clients to continue the use of hormones
- Facilitate trans clients using “street” hormones to obtain competent medical care

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Good Treatment Practices

- Develop bathroom policy based on gender self-identities and gender roles
- Create and maintain a safe environment for all trans clients
- Develop and post nondiscrimination policy that explicitly includes gender identity
- Provide and encourage training on trans healthcare issues

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Gender Identity Development and Mental Health

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Original research supported by NIDA and NICHD

Outline

- Development of sex and gender
- Transgender identity development
- Stigma, mental health, and resilience
- Recommendations

Sex and gender identity

Sex is <u>multifaceted</u>, and includes:

- Chromosomal sex
- Pre-natal hormonal sex
- Gonadal sex
- Morphology of the external genitalia
- Morphology of the internal genitalia
- Sex assigned at birth / sex of rearing
- Post-natal hormonal sex
- Hypothalamic sex
- Gender identity/role

(Money & Ehrhardt, 1972)

Please describe how you identify in terms of your transgender identity? (*N* = 1,229)

<u>Dichotomy</u>

- Female (MtF) / Male (FtM)
- Woman with a correctible birth defect
- Woman with a transsexual history
- Displaced male (FtM)
- Formerly transsexual
- Survivor of transsexuality
- Closet transsexual
- God just made a slight error

<u>Diversity</u>

- I was born with a female body but I am on the male end of the gender spectrum, but I am more than just male
- Post-op man of transsexual experience
- 75% female, no plans on surgery or hormones
- Bigender/two spirit
- Gender neutral / genderless / neither male nor female
- Ambiguous/intergendered
- 3rd gender
- Dynamically gendered/gender fluid
- Gender queer: female-bodied, but not necessarily female in gender, and possibly not male either
- In-between and beyond

(Bockting, 2008)

Gender role vs. gender identity

- Gender role behavior and gender identity are often conflated.
- Nonconformity in gender role is more common than nonconformity in gender identity: 4.8 vs. 1% for boys and 10.6 vs. 3.5% poor girls (Zucker et al., 1997).
- Most children with gender role nonconformity do not develop an adult transgender identity. A lesbian and gay identity is most common: 12% vs. 62% for boys and 12% vs. 32% for girls (Zucker et al., 1995). Not every transgender man or transgender woman reports childhood gender role nonconformity.
- The degree of gender role nonconformity may affect identity development via enacted and felt stigma.

Etiology

- Unknown: Most likely a complex interaction between biological and environmental factors.
- Research found some support for separation anxiety among gender nonconforming boys and psychopathology among mothers (Zucker et al., 1996, 2003), but this could not be fully replicated(Wallien et al., 2007).
- Prenatal hormonal influences affect gender role behavior but not gender identity (Hines, 2006).
- Genetic factors appear to play a role (Coolidge et al., 2002; van Beijsterveldt et al., 2006).
- Current research focuses on the sexual differentiation of the brain; some structural brain differences in the hypothalamus were found.
- My theory: Gender is not binary, transgender is matter of diversity (inverted bell shape curve).

Transgender identity development

1. Pre-coming out
   - Feeling different
   - Stigma—two paths: early resilience or identity split
2. Coming out
   - Acknowledgment to self and others
   - Calculated risks
3. Exploration (Adolescent developmental tasks)
   - Experimentation
   - Stereotyped notions of masculinity and femininity
   - Personal attractiveness and competence
   - Transformation of shame into pride
   - Importance of peer support

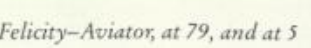
(Bockting & Coleman, 2007)

Felicity–Aviator, at 79, and at 5

Transgender identity development

4. Intimacy
   - Desire for intimacy and first relationships in the preferred gender role
   - Facing fear of abandonment/not being lovable
   - Sexual orientation identity
5. Identity integration
   - Grief
   - Transgender no longer the most important signifier of identity, but one of several
   - Less preoccupation with identity labels and pronouns
   - Passing less and less important; tolerance of ambiguity

(Bockting & Coleman, 2007)



Felicity–Aviator, at 79, and at 5

Family and friends

- Family and friends go through their own coming out process
- Common feelings are shock, denial, fear, anger (self-blame, betrayal), sadness, and acceptance
- Extended stigma

Stigma, mental health, and resilience

Previous research has found disproportionate rates of depression and suicidal ideation among small samples. For example, among 207 transgender seminar participants in Minnesota:

- 52% reported depression (38% among MSM, 40% among WSWM)
- 47% considered or attempted suicide in the last 3 years (31% among MSM, 32% among WSWM)

(Bockting et al., 2005)

Theory

- Minority stress hypothesis:

  Stigma and discrimination create a hostile and stressful social environment that causes mental health problems. Key to the concept of minority stress is that it is unique, meaning it is additive to general stressors experienced by all people.

- Resilience: Good adaptation in the face of adversity.

(Meyer, 2003; Masten, 2001; Masten & Reed, 2002)

Instruments and procedure

- Online survey (50 min.), compensation: $30 gift certificate
- Completion rate was 83%
- Mental health was assessed with the BSI-18 (Derogatis, 2000)

http://genderstudies.client.b-swing.com/index.asp - Microsoft Internet Explorer provided by B-Swing, Inc.

TGSTUDY

CONTACT US ADVISORS RESEARCHERS PRIVACY POLICY

HOME YOUR SURVEY

What is TGStudy all about? TGStudy is an online study that examines the influence of gender on HIV risk among transgender people. We believe that people who are transgender have unique experiences and insights that can help us to better understand the role of gender in HIV risk.

CLICK HERE TO GET STARTED

- You will receive a $40 Gift Certificate for participation.
- It takes approximately 1 hour to complete the survey.
- Your privacy will be protected.

photos by Mariette Pathy Allen

Returning to TGStudy:

- Are you returning to TGStudy to complete your survey or participate in a private, online interview? Click here to log-in.

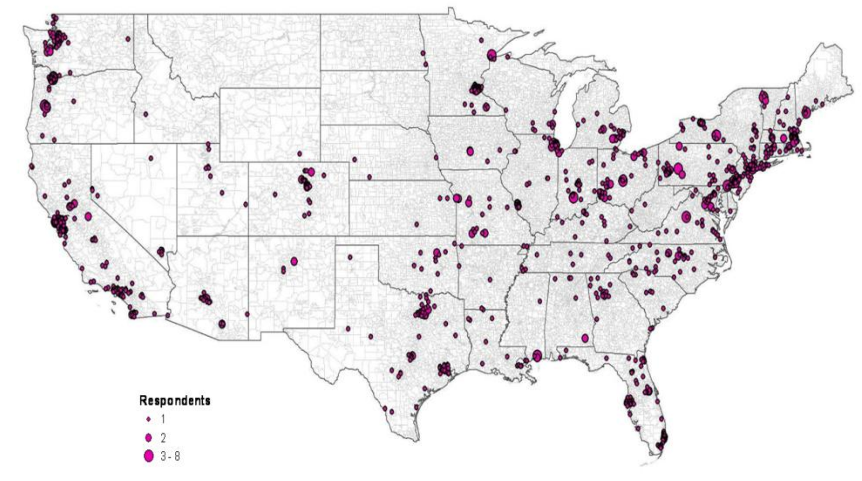
Helpful Links:

- Forget your password? Click here to have your password e-mailed to you.
- Invite a friend! Click here to send an invitation to a friend.

This study is being conducted by Walter Bockting, PhD, Michael Miner, PhD, Laura Gurak, PhD, Simon Rosser, PhD, MPH, Bean Robinson, PhD, and Eli Coleman, PhD of the Program in Human Sexuality, Department of Family Practice & Community Health, University of Minnesota Medical

Participants recruited via transgender community websites, listservs, blogs, and forums (*N* = 1,093)

- Mean age was 33 years old (*SD* = 12.0, range 18-70)
- 57% was male-to-female, 43% female-to-male
- 32% lived full-time in the preferred gender role
- 79% White, 21% of color (72% of the U.S. population is White)
- 85% completed at least some college
- Median annual household income $34k, 32% ≤ $20k
- 64% single, never married; 20% married/civil union; 16% separated/divorced/widowed



(Rosser et al., 2007)

Results: Enacted stigma

Type of stigma	Total sample (N=1,093)	MtF (N=629)	FtM (N=464)	p-value
Verbal abuse	769 (71%)	405 (65%)	364 (79%)	< .05
Problems getting a job	414 (38%)	189 (30%)	225 (49%)	< .01
Problems getting health services	271 (25%)	120 (19%)	151 (33%)	< .001
Physical abuse	258 (24%)	143 (23%)	115 (25%)	n. s.
Lost a job	255 (24%)	146 (23%)	109 (24%)	n. s.
Sexual abuse	163 (15%)	95 (15%)	68 (15%)	n. s.
Denied or lost housing	127 (12%)	61 (10%)	66 (14%)	n. s.

Differences between the two gender groups were tested while controlling for demographic differences.

(Bockting, 2012)

Results: Mental health (BSI-18)

Clinical levels of depression, anxiety, somatization, and overall distress

	Total (N = 1,093)	MTF (n = 629)	FTM (n = 464)	p-value
Depression	44%	49%	37%	< .001
Anxiety	33%	33%	33%	n. s.
Somatization	28%	23%	34%	< .05
Global Severity Index	39%	39%	39%	n. s.

Percentages reflect a score above a T-score of 63, corresponding to the 90th percentile of community norms of 605 nontransgender males and 517 nontransgender females; p-values are based on (logistic) regression to test for differences between MtFs and FtMs while controlling for significant demographic differences between the two gender groups. (Bockting et al., 2012)

Results: Stigma and mental health

- Both enacted and felt stigma were positively associated with psychological distress

  (β = .137, $p < .001$; β = .108, $p < .001$, respectively)

Results: Resilience

Classification of participants based on enacted stigma and mental health (N = 486)			
Enacted stigma	Mental health		
	Poor		Good
Low	Highly vulnerable n = 55 (5%)		Competent n = 133 (12%)
High	Maladaptive n = 190 (17%)		Resilient n = 108 (10%)
Classification is based on lower vs. upper 25th percentile in enacted stigma and lower 70th percentile vs. clinical cut-off point corresponding to upper 10th percentile on the BSI-GSI nontransgender norms.			

Comparisons among resilient, competent, highly vulnerable, and maladaptive groups (N = 486)

<table>
<tr><th>Group</th><th>Mean (SD)</th><th>Mean difference</th><th>Mean (SD)</th><th>Mean difference</th></tr>
<tr><th colspan="5">Family support</th></tr>
<tr><td>1. Resilient</td><td>3.84 (2.26)</td><td>.75 ($p < .01$)</td><td rowspan="2">3.47 (2.23)</td><td rowspan="4">.45 ($p < .05$)</td></tr>
<tr><td>2. Competent</td><td>3.17 (2.17)</td><td>.07</td></tr>
<tr><td>3. Highly vulnerable</td><td>2.75 (2.11)</td><td>-.34</td><td rowspan="2">3.02 (1.96)</td></tr>
<tr><td>4. Maladaptive</td><td>3.10 (1.91)</td><td></td></tr>
<tr><th colspan="5">Peer support</th></tr>
<tr><td>1. Resilient</td><td>3.32 (1.65)</td><td>.40 ($p < .05$)</td><td rowspan="2">2.90 (1.67)</td><td rowspan="4">.11 (n.s.)</td></tr>
<tr><td>2. Competent</td><td>2.56 (1.61)</td><td>-.36</td></tr>
<tr><td>3. Highly vulnerable</td><td>2.35 (1.55)</td><td>-.58</td><td rowspan="2">2.79 (1.65)</td></tr>
<tr><td>4. Maladaptive</td><td>2.92 (1.66)</td><td></td></tr>
<tr><th colspan="5">Identity pride</th></tr>
<tr><td>1. Resilient</td><td>4.90 (1.22)</td><td>.62 ($p < .0001$)</td><td rowspan="2">4.62 (1.32)</td><td rowspan="4">.36 ($p < .01$)</td></tr>
<tr><td>2. Competent</td><td>4.39 (1.36)</td><td>.10</td></tr>
<tr><td>3. Highly vulnerable</td><td>4.16 (1.31)</td><td>-.13</td><td rowspan="2">4.26 (1.35)</td></tr>
<tr><td>4. Maladaptive</td><td>4.29 (1.36)</td><td></td></tr>
</table>

Two different comparisons were carried out using contrasts. **First, the resilient group was compared to the maladaptive group**; p-values are given for the mean differences. Second, the combined resilient/competence group was compared to the combined maladaptive/highly vulnerable group. Due to multiple comparisons, the overall type I error might be higher than .05.

Results

- Participants who experienced high levels of enacted stigma, yet had good mental health, reported higher levels of family support, peer support, and identity pride.
- Note: Compared to MSM ($n = 480$), transgender seminar participants ($n = 207$) reported less peer support ($p < .0001$); compared to MSM and WSWM ($n = 122$), transgender seminar participants reported the least family support ($p < .001$).

(Bockting et al., 2005)

Recommendations

- Interventions need to confront stigma and discrimination (e.g., by taking a human rights approach to transgender health)
- Access to transgender-sensitive and competent mental health services needs to be improved (e.g., provider training)
- Treatment should promote effective stigma management strategies, strengthen social support, foster pride, and affirm the added value of being a person of transgender or transsexual experience (e.g., include family in therapy, encourage community involvement or provide group therapy, challenge internalized transphobia

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Health Disparities

During the spring and summer of 2008 the Transgender Law Center (TLC) conducted a study of the economic health of the transgender community in California. We gathered 646 responses from transgender adults living in the state, and found alarmingly high rates of discrimination in employment, housing and healthcare.

Health Care Access

Transgender Californians report alarmingly high rates of denial of basic health care services.

- 33% were denied surgery
- 27% were denied hormones
- 21% were denied counseling and mental health services

- 15% were denied gender-specific care (such as pap smears for transmen and prostate exams for transwomen)
- 10% were denied primary health care

Some 30% of the community reports that they postponed care for illness or preventive care due to disrespect or discrimination from doctors or other health care providers. Forty-two percent of respondents delayed seeking care because they could not afford it. Twenty-six percent report health conditions that have worsened because they postponed care.

Health Disparities

"I Don't Think This Is Theoretical; This Is Our Lives": How Erasure Impacts Health Care for Transgender People

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Rebecca Hammond, BA
Robb Travers, PhD
Matthias Kaay, MSW, MA
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Viewed through a social determinants of health lens, the existing body of literature clearly indicates that trans people frequently face a multiplicity of challenges to their health and well-being. These include challenges to accessing relevant health care services (Dewey, 2008; Sperber et al., 2005; Xavier,

The lack of research on trans lives and trans issues has resulted in a dearth of information on health-related topics, including issues related to family practice, mental health, and trans-specific health care, which includes transition-related as well as primary health care concerns. A participant elaborated on

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populations. Given oft-cited estimates from the Netherlands of 1 in 30,400 born females and 1 in 11,900 born males being transsexual (Bakker, Van Kesteren, Gooren, & Bezemer, 1993), there would be approximately 615 such people in Ontario, including children and infants. Although actual numbers are unknown, one publically funded community health centre in Toronto, which is mandated to provide primary health care services to LGBT communities, currently has more trans clients than should exist in the entire province, given these estimates. Moreover, this agency serves a local catchment area, and many trans people in Toronto (and all trans people in the remainder of the province) do not receive health care there. Several participants identi-

I got told by one of those three doctors that I should probably seek health care elsewhere…because, for some reason, he did not know [that I was trans] in advance, because that wasn't what I was seeing him for, and when he found out, he pretty much said word for word, "Please go someplace else," so that he wouldn't have to deal with it. Now, thankfully, this guy's leaving

What Do Transgender People Want from a Medical Provider?

- Hormones
- Surgery
  - Chest
  - Genital
  - Facial
  - Other

What do Transgender People Need?

- Care that is covered/paid for
- Accepting administrative and clinic staff
- Welcoming and inclusive clinic environment
- Open mindedness of others to not only accept, but incorporate their bodies’ differences into everyday medical care
- Primary, preventive, sexual healthcare, just like everyone else

What can those receiving patients do?

- Posters
- Literature, educational materials
- Intake and other paperwork
- Preferred vs. legal name/gender, pronoun
- Electronic Medical Records (EMR)
- Cultural sensitivity training
  - Community input and involvement

What can healthcare workers do?

- If unsure, ask patient for preferred name & pronoun
- Avoid assumptions about anatomy
- Transgender people may have complex feelings about gowns, changing, etc.
- Not all transgender people are obviously transgender
- Not all transgender people fit the same mold

What Can Hormones Do?

- Cross Sex Hormone Therapy– Results
  - Skin/hair/nails
  - Subcutaneous and facial fat
  - Odors
  - Breasts
  - Body fat
  - Genitals
  - Mind
  - Voice

Cross Sex Hormone Treatment (csHT)

- MTF
  - Estrogens
  - Testosterone blockade
    - Spironolactone
    - 5-alpha reductase inhibitors (dutasteride, finast)
  - Progestagens
- FTM
  - Testosterone
  - Progestagens

Youth

- Identifying transgender youth at a prepubertal or pubertal age has many benefits
  - Prevent virilization, menarche or breast development
  - Reduce trauma associated with living in wrong gender/body
  - Allows socialization and development at same time and pace as peers

Youth – General Approach

- Provider works with child, family, school
  - Role of mental health
- Cross-dress at home only?
- Social transition? School?
- Puberty blockers?
- Cross – gender hormone treatment?
- Surgery?

Youth – Pubertal HRT

- Allows puberty to progress in chosen gender
- Begin at lower doses and increase to standard adult dose
- Include testosterone blockade when appropriate

Cancer Risk & Screening

- Breast
  - FTM
  - MTF
- Cervix
- Ovarian
- Prostate
- Uterus
- Pituitary
- Everything else

Hormone-related tumors in transsexuals receiving treatment with cross-sex hormones

European Journal of Endocrinology (2008) **159** 197–202

Andreas Mueller and Louis Gooren[1]

Methods: Review of the literature in PubMed.
Results: In male-to-female transsexuals receiving estrogen administration, lactotroph adenomas, breast cancer, and prostate cancer have been reported. In female-to-male transsexuals receiving treatment with testosterone, a single case of breast carcinoma and several cases of ovarian cancer have been reported. So far endometrial cancer has not been encountered though it remains a potential malignant development.
Conclusions: There are so far only a few cases of hormone-related cancer in transsexuals. There may be an underreporting. The probability of a hormone-related tumor increases with the duration of exposure to cross-sex hormones and the aging of the population of transsexuals.

Preventive Screening

- If you have an organ, it must be screened
- Prostate
- Breast
- Uterus
- Cervix
- Ovaries
- Bones

Long Term Considerations

- J Clin Endo Metab 1/08 Van Gooren et al
  - MTF transdermal 100mcg or 2-4mg orally/day of 17-beta estradiol (n=2236 over 29 years)
  - FTM 250mg every 2wk of IM testosterone esters (n=876 over 29 years)
  - "Mortality was not higher than in a comparison group"
  - Conclude "Cross sex hormone treatment of transsexuals seems acceptably safe over the short and medium term, but solid clinical data are lacking
  - Post-hoc analysis showed that the "6-8% mortality with [ethinyl estradiol]… was not seen with the use of other estrogens"

Quality of Life Outcomes

- Hormone therapy reduces anxiety, depression and improves social functioning
- Surgery improves global functioning and quality of life
- Regret rates are extremely low
- Malpractice risk effectively nonexistent

Miscellany

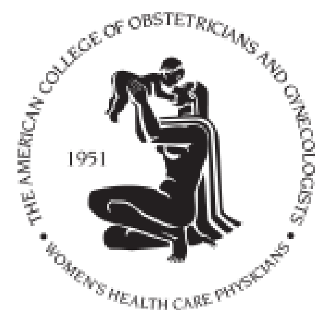
- Diagnostic coding
  - ICD-9, 10
  - DSM (US)
- Legal documentation
  - US State Dept
  - State-by-state ID documents
- Managing referrals (SOC v7)
  - Received from other providers
  - Initiating csHT
  - Referring to others for csHT or surgery

The future?

The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding

Suggested citation: IOM (Institute of Medicine). 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press.



The American College of Obstetricians and Gynecologists
Women's Health Care Physicians

COMMITTEE OPINION

Number 512 • December 2011

Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Health Care for Transgender Individuals

ABSTRACT: Transgender individuals face harassment, discrimination, and rejection within our society. Lack of awareness, knowledge, and sensitivity in health care communities eventually leads to inadequate access to, underutilization of, and disparities within the health care system for this population. Although the care for these patients is often managed by a specialty team, obstetrician–gynecologists should be prepared to assist or refer transgender individuals with routine treatment and screening as well as hormonal and surgical therapies. The American College of Obstetricians and Gynecologists opposes discrimination on the basis of gender identity and urges public and private health insurance plans to cover the treatment of gender identity disorder.

UCSF CoE Protocols

- Transhealth.ucsf.edu
- 2010 evidence and expert opinion based treatment protocols
- Recommendations very relevant to US community clinic care and other settings with limited resources
- Many other resources

Vancouver Guidelines

- Transhealth.vch.ca
- Very rational, complete set of guidelines
- WPATH version 6 vs. 7, Informed Consent
- Suggest that cross gender care belongs in a primary care setting, rather than endocrinology

Additional References

- Providing Care to Transgender Persons: A Clinical Approach to Primary Care, Hormones and HIV Management
  - *Williamson C; J Assoc Nurs AIDS Care, 2010(21) 221-229*
  - Most current review that makes sense and is based on evidence

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Questions & Answers

If you have any questions you would like to pose to the presenters, please type them into the Q&A window to the right. We will address as many questions as we can in the time allotted.