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Perceptions of Primary Care Physicians and other Healthcare Professionals by Transgender/Gender Non-conforming Adults (*Finding our Strength*)

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BACKGROUND

The transgender and gender-nonconforming (t/gnc) community faces significant socio-economic and health disparities. Health care practices are beginning to solicit and identify authentic gender, though many lack knowledge and experience in ensuring gender-affirming care. As the estimates of the t/gnc population sharply increases, this need becomes even more important for practitioners to have competency in providing t/gnc and gender-nonconforming care. Little is known about this community's perceptions and experiences with healthcare providers. This survey sought to provide information that could inform practice procedures and care provisions in order to create trans-affirming experiences, generate positive health outcomes, and combat avoidance of health services.

METHODS

An online survey of self-identified t/gnc adults gathered responses regarding discrimination worry, perceptions of competency, and actions to avoid discrimination as related to primary care physicians (PCP), psychiatrists, pharmacists, and t/gnc-specialists.

RESULTS

There were 316 usable responses. Most respondents were less than 45 years of age, white, had low household incomes, high levels of anxiety, and low self-reported health status.

Use of services by t/gnc specialists, primary care providers (PCPs) and pharmacists was reported by 41%, 79% and 86% of respondents respectively. Barriers to care included cost, lack of access, and lack of gender-affirming providers.

Trans-specialists were viewed as being highly gender-affirming and competent compared to generalists. Results revealed 98% perceived their specialists to be competent (80% of surveyors considered their specialists highly competent).

In comparison, only 34% believed their PCP was very competent in providing gender-affirming care, and 24% found their provider to be 'somewhat' competent. Conversely, 41% of respondents viewed their PCP as 'very little' or 'not at all competent'. Compared to PCPs, fewer respondents viewed pharmacists as competent in gender-affirming care (58% versus 48%, respectively).

Respondents reported worry about discrimination from healthcare providers. With regard to PCPs and pharmacists, 55% and 42% of respondents, respectively, reported at least some worry. Contrastly, only 11% of respondents had 'some' level of concern with t/gnc-specialists (0% reported 'a lot').

To avoid discrimination, 80% refrain from disclosing their gender diverse status. Other coping actions to avoid healthcare discrimination included following the health and medical advice from friends or others (67%), using natural products to avoid asking for a prescription (56%), as well as securing prescriptions from friends (20%) or from illegal online pharmacies (19%).

Of the respondents, 90% have avoided healthcare unless absolutely necessary. In addition to anticipated discrimination, other reported reasons for avoiding healthcare included discomfort with body examinations, concern regarding not having authentic legal documents, past experiences of embarrassment from healthcare professionals or medical personnel, and difficulty locating trans-affirming providers.

DISCUSSION

Examining how to generate t/gnc-affirming and inclusive environments within healthcare practices is critical, given the experiences and perceptions of the t/gnc community.

Because the t/gnc community more often uses PCPs and pharmacists than specialists, there are opportunities for generalists to enhance health outcomes for this population. However, worries about discrimination may hinder the use of such services. Understanding the importance of cultural and medical competency can help improve healthcare practices, lending to an inclusive environment for the t/gnc population. This may combat avoidance, as well as increase comfort in full disclosure of gender status, and other sensitive information important to healthcare treatment.

Further analysis of this dataset explores the overall, positive impact of receiving gender-affirmative medical resources on long-term mental health. Therefore, it is important to understand the perceptions and experiences of the t/gnc community in order to generate comfort of disclosure and seeking care. Further analysis may explore positive relations with healthcare providers, and how this may positively impact overall health and combat social alienation.

CONCLUSION

This research supports the significance of a gender-affirming approach, training, and competency. Not doing so can be harmful, and contribute to anxieties about discrimination and greater avoidance of healthcare. Cultural competency is important in building trust and an open relationship with the t/gnc community member. The t/gnc community's experience of a gender-affirming approach to care will contribute to improved health outcomes.