Transgender Health in Washington State

Presentation for Clinicians and Service Providers: Transgender Health Competency

Aug 10, 2022 Seattle Trans & Non-binary Sexual Health (STARS) Advisory Board

Seattle Trans and Non-binary Sexual Health (STARS) Advisory Board



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Overview

- Demographics, Economic & Health Inequities
- 2. Policy & Legal Landscape
- 3. Discrimination
- 4. Health Care Access
- 5. Sexual Health
- 6. Resources
- 7. Q&A

From *Cultural Competency* To **Structural Competency**

"The trained ability to discern how a host of issues defined clinically as symptoms [e.g., depressions, substance us, or "non-compliance"] ... represent the **downstream implications of a number of upstream decisions**."

"Oft-invisible structural level determinates, biases, inequities, and blind spots **shape definitions of health and illness** long before doctors or patients enter examination rooms."

Cisnormativity POWER White Supremacy **STRUCTURES Heteropatriarchy** Misogyny Ableism **INSTITUTIONS Health Care Public Health** Housing **Criminal-Legal** Education SOCIAL Immigration **PROCESSES** Gendering Racializing **Pathologizing** Criminalizing Class **Exploitation TRANS** HEALTH Inequitable <u>Access</u> **INEQUITIES Inequitable Outcomes**

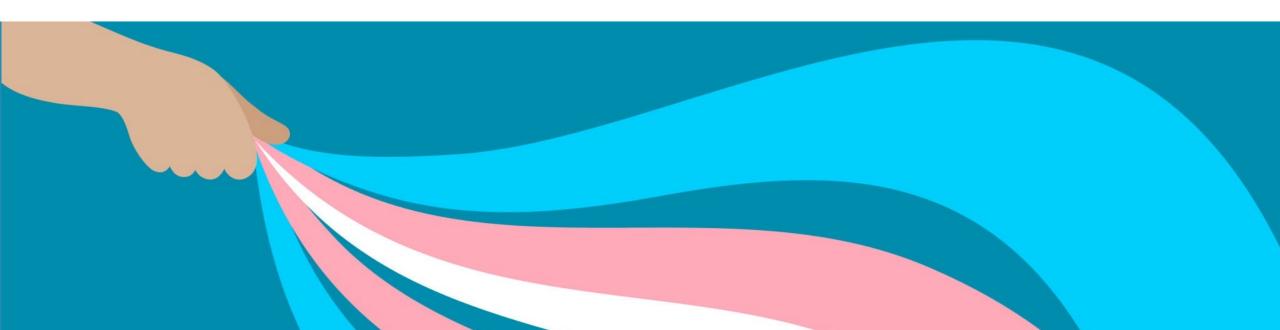
Metzl & Hansen (2014) Soc Sci Med. structuralcompetency.org

Adapted from the Intersectional Research for Transgender Health Justice Framework (Wesp et al. 2019)

Terms and Abbreviations

- **AFAB** = assigned female at birth
- **AMAB** = assigned male at birth
- **Cis or Cisgender** = not transgender
- **Cisnormativity** = the expectation/assumption that all people are cisgender
- **Non-binary** = umbrella terms used to describe a person who doesn't identify with binary genders man/woman or boy/girl. Includes many different genders: genderqueer, gender fluid, non-binary, agender, bigender, and more.
- **Trans or Transgender** = an umbrella term to describe a person whose gender differs from their sex assigned at birth

Section 1: Demographics, Economic & Health Inequities

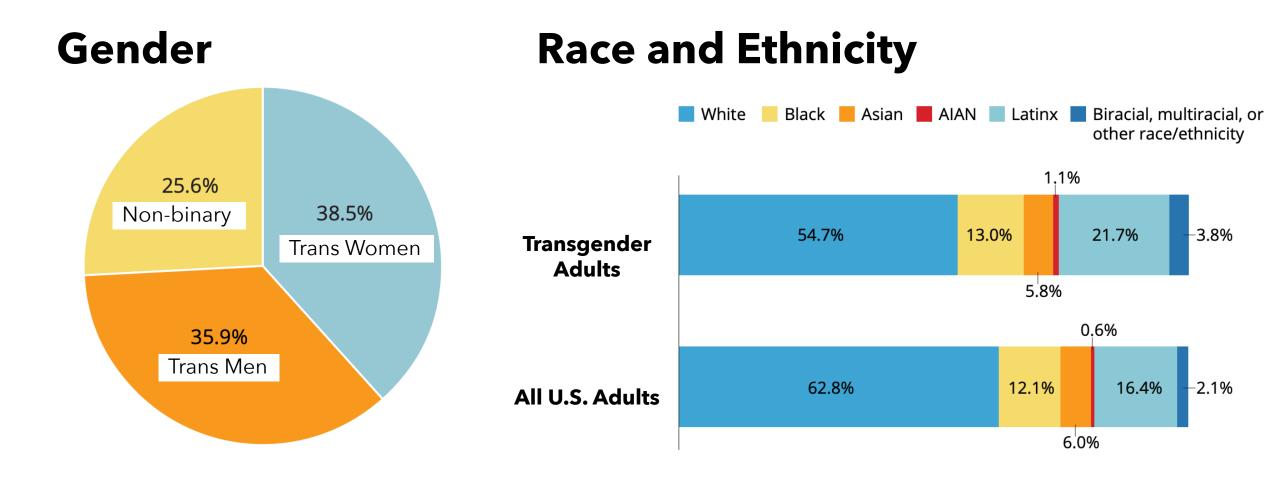


Transgender People in WA State

- At least **0.6%** of the adult and **1.1%** adolescent population is transgender
 - **33,300** transgender **adults** age 18+ in WA state
 - **5,000** transgender **adolescents** age 13-18 in WA state



Transgender People in the US



Herman et al. (2022) Williams Institute

Experiences of Poverty in Washington State

30% of trans adults have incomes below \$15,000 **35%** of trans adults experienced **food insecurity** in the past year



Income < \$15,000

Experiences of Poverty in Washington State

13% of trans adults experienced homelessness in the past year

37% of trans adults ever experienced homelessness

26% of trans adults experienced some form of **housing discrimination** in the past year, such as being **evicted** from their home or **denied a home or apartment** because of being transgender

2015 US Transgender Survey - WA Report, ustranssurvey.org/reports

Health Inequities in Washington State

Compared to cisgender adults, transgender adults were:

- 2.5x as likely to have incomes <200% federal poverty level
- 4x as likely to report **poor mental** health
- 2x as likely to report **poor physical** health
- **3x** as likely to be living with a **disability**
- Reported a higher number of **chronic conditions**, including: arthritis, asthma, diabetes, cardiovascular disease, and obesity.

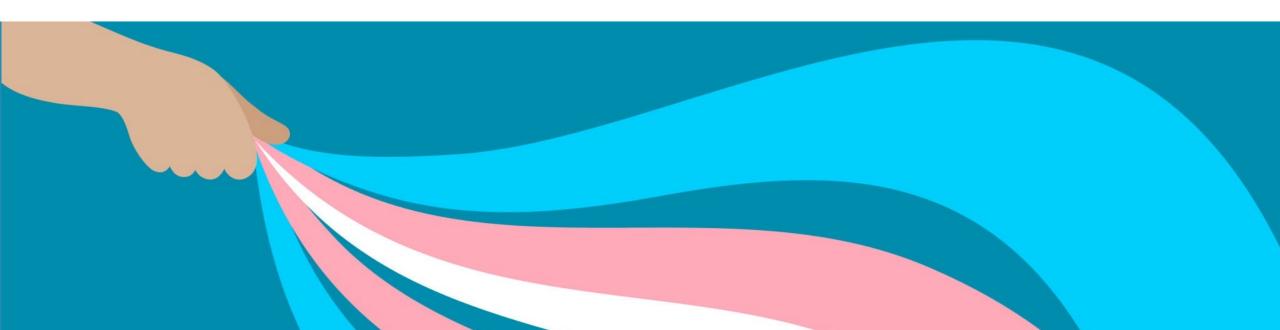
Health Inequities in Washington State

Overall, among transgender adults:

- 56% have incomes <200% federal poverty level
- 43% report poor mental health
- 23% report poor physical health
- 44% living with a disability
- On average, reported living with **1 chronic condition**, including: arthritis, asthma, diabetes, cardiovascular disease, and obesity.

2016-2019 data from the WA state Behavioral Risk Factor Surveillance System (BRFSS) Goldsen et al. (2022) Preventative Medicine

Section 2: Policy & Legal Landscape



Why do providers need to understand laws and policies?

- 66% did not know or weren't sure if they understood Washington State & Federal laws and rulings that guaranteed their rights and access to medical care.
- 56% were sometimes comfortable or almost never comfortable asking about what their rights are in their medical providers office when unsure or unclear as to what their rights are.

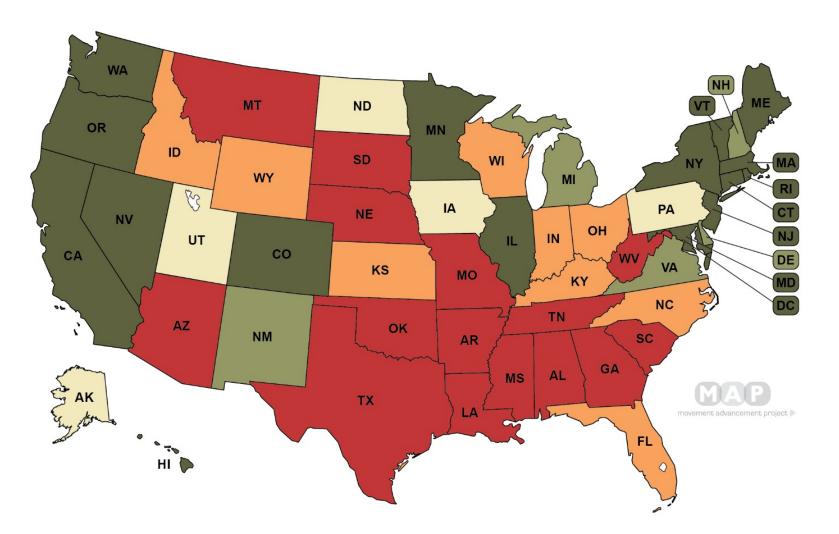
genaer affirming healthcare

For a future where our communities can feel whole, safe and at home in their bodies.



ingersollgendercenter.org/2019-healthaccessreport

Laws & Policies in Washington State



Transgender Law Center

Washington State's Gender Identity Policy Tally: 20 / 22

7th best behind California, Colorado, Maine, Nevada, New Jersey and New York

transgenderlawcenter.org/equalitymap hrc.org/resources/state-scorecards/washington

Laws & Policies in Washington State

Washington Law Against Discrimination (WLAD), explicitly prohibits discrimination because of "gender expression or identity," including actual or perceived identity, in the following ways:

- Places of **public accommodation** (i.e., places that serve the public), including restaurants, hotels, and public schools;
- Housing, including the renting, buying, and selling of homes;
- Employment, specifically in state, municipal, and private workplaces with eight or more employees;
- Credit transactions, including loans and credit cards; and
- **Insurance** transactions, including health insurance.

Washington law also protects people from:

- Violence and threats motivated by gender expression or gender identity, and
- **Student-on-student** harassment, intimidation, and bullying motivated by gender expression or gender identity in public schools.

aclu-wa.org/ hrc.org/resources/state-scorecards/washington

Gender Affirming Care Act (SB 5313)

In 2021, Earlier this year, Gov. Inslee signed the Gender Affirming Care Act (SB 5313) into law:

- Two-spirit, non-binary, intersex, and gender diverse people can be prescribed gender affirming care.
- Prevents insurance companies from classifying medically necessary gender affirming surgeries as "cosmetic" in order to limit access to services.
- Insurance company determinations must be made in consultation with medical providers experienced in gender affirming care.

This law took full effect on January 1, 2022.

Trans Women of Color (TWOC) Solidarity Network



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Trans Women of Color (TWOC) Solidarity Network

AN URGENT COMMUNITY ACTION REQUEST PART 2 (THE WORK AIN'T OVER YET!)

SUPPORT 255B 5313

TAKE ACTION AGAINST HEALTHCARE DISCRIMINATION IN WASHINGTON STATE

> We would like to thank the following Individuals and Organizations: Senator Liias for sponsoring this bill, Office of the Insurance Commissioner, Ashley Sutton,Dr. Kevin Wang & The Washington State Trans & Gender Diverse Community & Allies.

Trans Women of Color Solidarity Network, UTOPIA, Legal Voice, Q-law, Ingersoll Gender Center, Equal Rights Washington, GSBA, Gender Justice League, Lavender Rights Project, WA LGBTQ Commission, NoHLA, Washington Association for Justice, ACLU



Rapidly Changing Legal Landscape

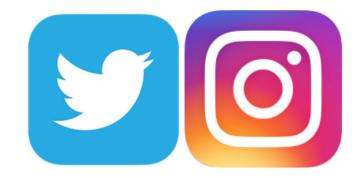
171 bills33 states26 passed125 active20 failed

WA HB1556 INTRODUCED

Concerning equitable competition between students who participate in school athletic activities.

WA HB1960 INTRODUCED

Concerning the housing of inmates in state correctional facilities.



Chase Strangio @chasestrangio

Alejandra Caraballo @esqueer_

Florence Ashley @butnotthecity

Erin Reed @ErinInTheMorn

translegislation.com

Impact of Anti-Transgender News



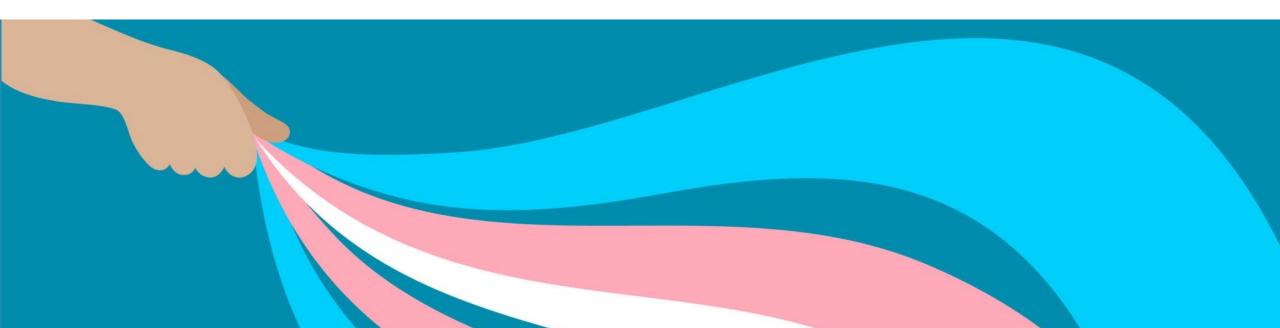
Negative Transgender-Related Media Messages Are Associated with Adverse Mental Health Outcomes in a Multistate Study of Transgender Adults

Jaclyn M.W. Hughto 🖂, David Pletta, Lily Gordon, Sean Cahill, Matthew J. Mimiaga, and Sari L. Reisner

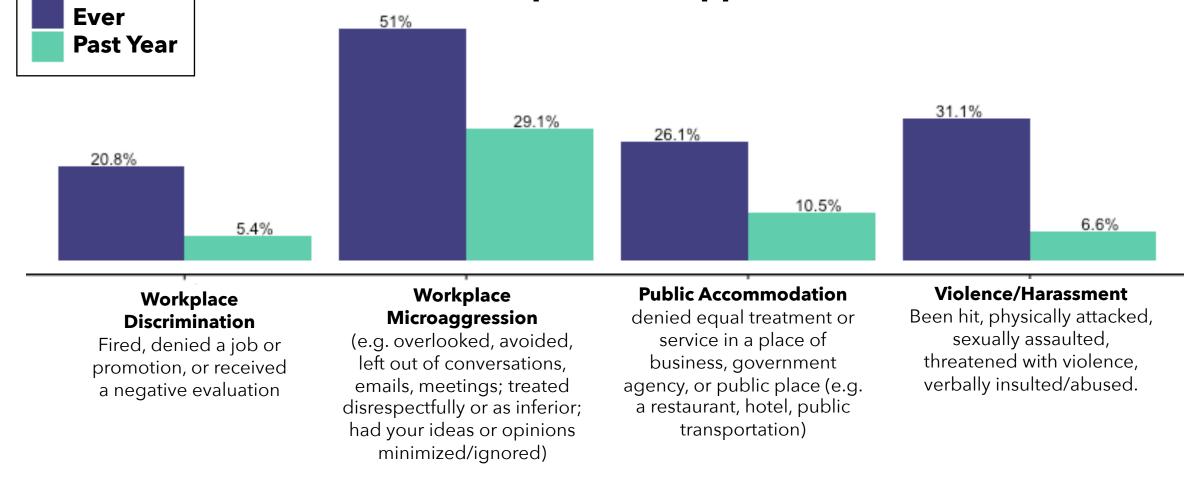
More frequent exposure to **negative depictions of transgender people in the media** was significantly associated with:

- 18% higher odds of **depression**
- 26% higher odds of anxiety
- 25% higher odds of PTSD
- 28% higher odds of global psychological distress

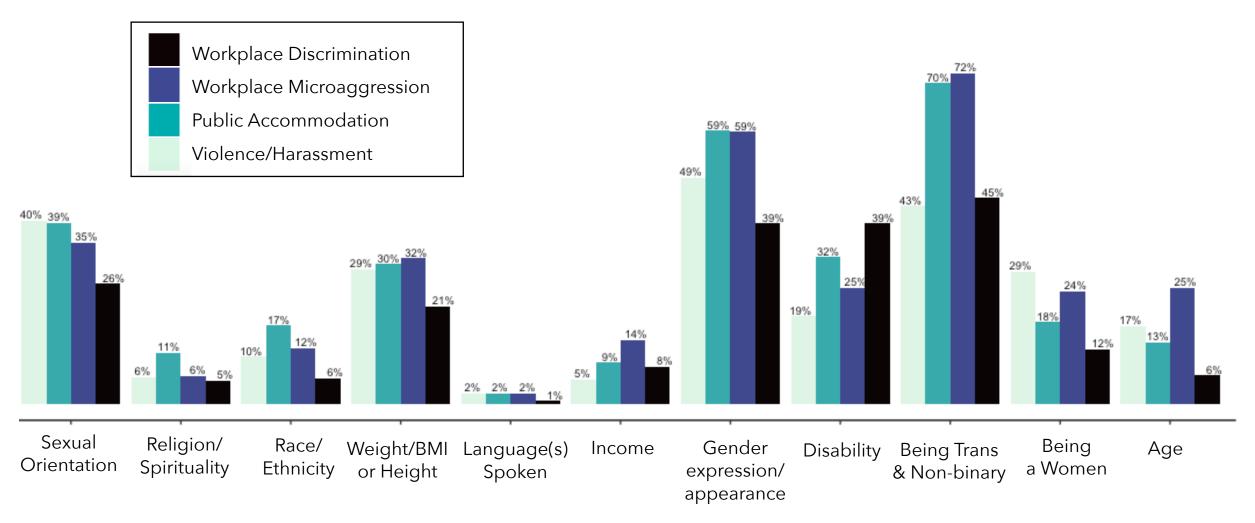
Section 3: Discrimination



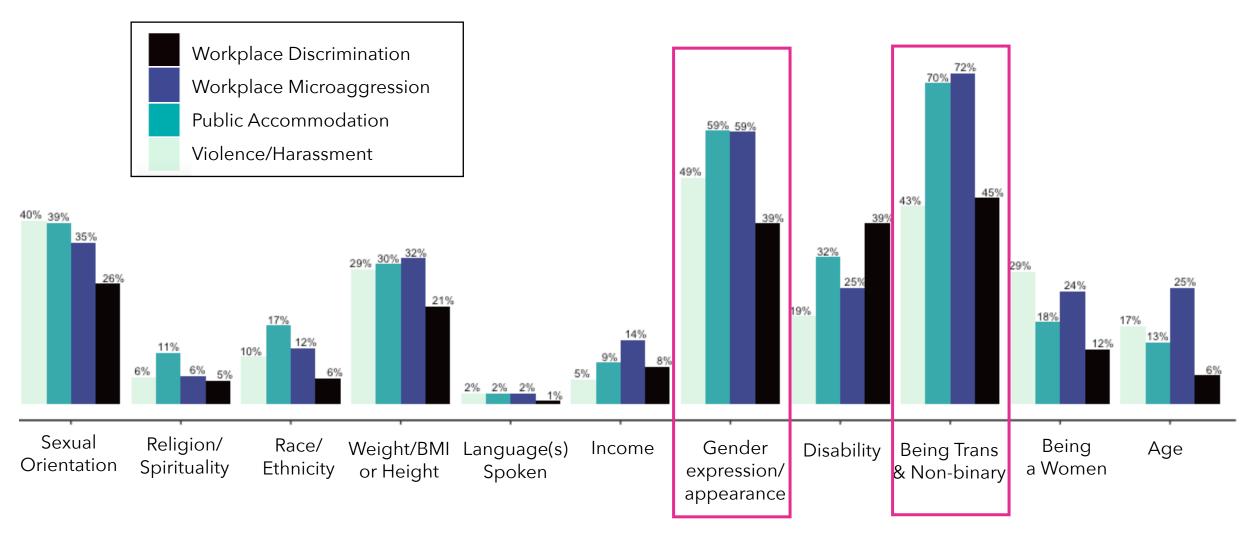
Discrimination Due to Transgender or Non-binary Identity or Gender Expression/Appearance



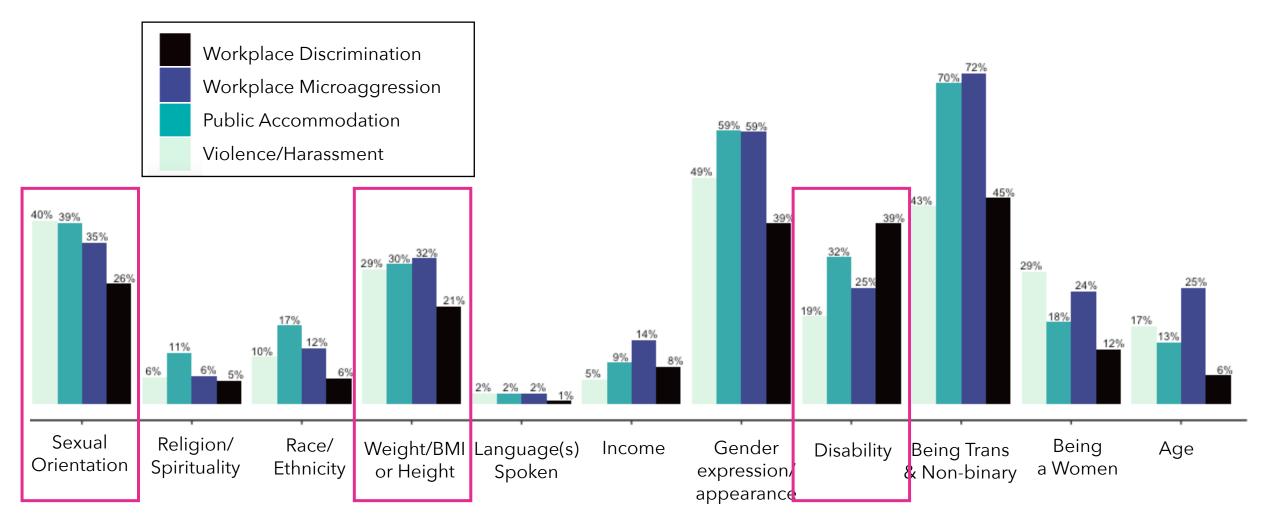
Self-Report Reasons for Experiencing Discrimination



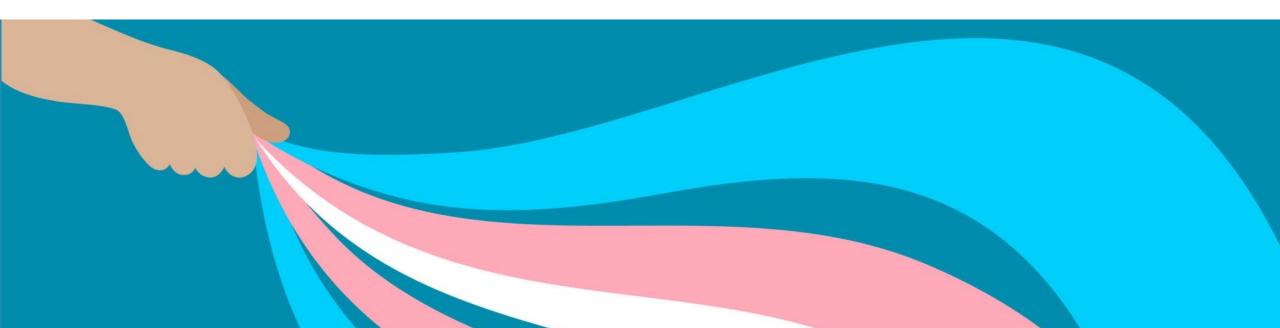
Self-Report Reasons for Experiencing Discrimination



Self-Report Reasons for Experiencing Discrimination



Section 4: Health Care Access



Structural Barriers to Health Care

Financial Barriers

- 32% did not see a doctor when needed because they could not afford it in the past year.
- 62% sometimes or always have difficulty paying for health care costs.

Geographic/ Insurance Barriers

- 47% could not find a gender affirming surgeon that **worked with their insurance**.
- 49% could not find a provider **within 30 miles** of where they live.
- 47% could not access a **mental health provider** on a regular basis due to insurance.



44.9% of respondents do not accept Medicaid

Even though more than 1/3rd of trans adults are on Medicaid/Apple Care.

ingersollgendercenter.org/2019-healthaccessreport 2015 US Transgender Survey - WA Report, ustranssurvey.org/reports

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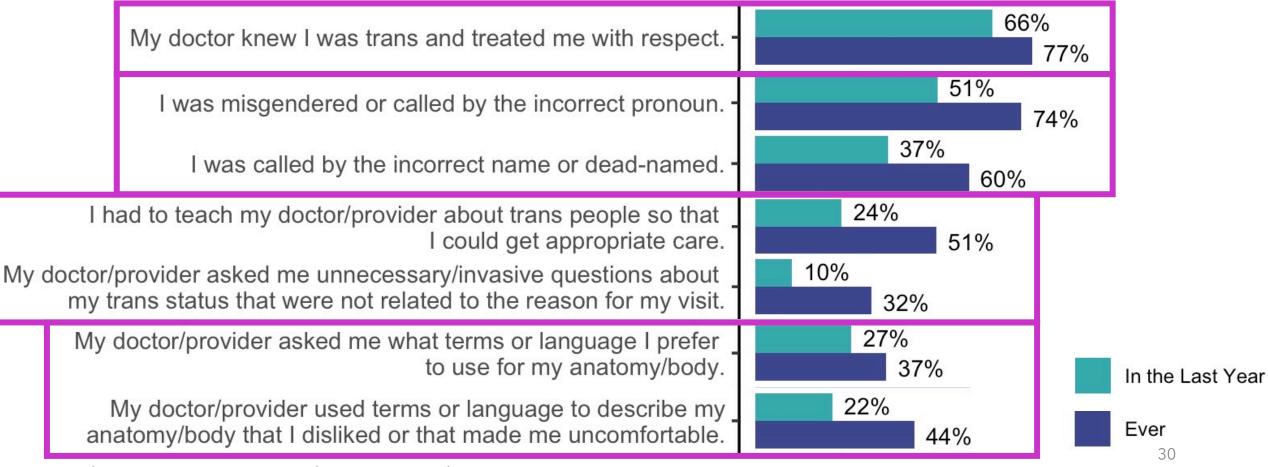
Fear of Mistreatment

• 22% did not see a doctor when they needed to in the past year because of **fear of being mistreated**.

ingersollgendercenter.org/2019-healthaccessreport 2015 US Transgender Survey - WA Report, ustranssurvey.org/reports

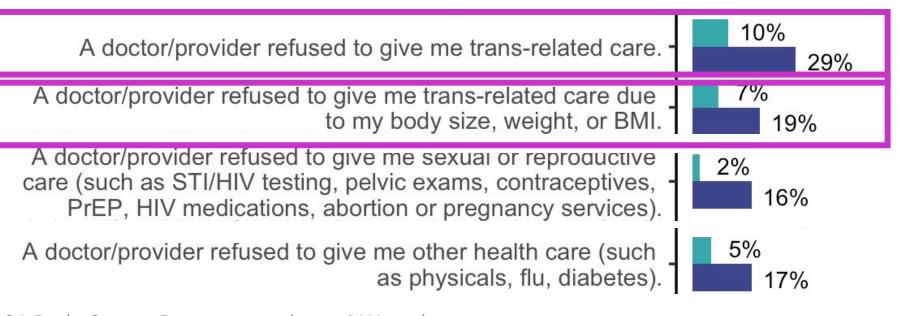
Health Care Experiences in WA

Health Care Providers Interactions



Health Care Experiences in WA

Refusal of Health Care



In the Last Year

Ever

31

Health Care Experiences in WA

Verbal Harassment & Physical Assault in Health Care Settings

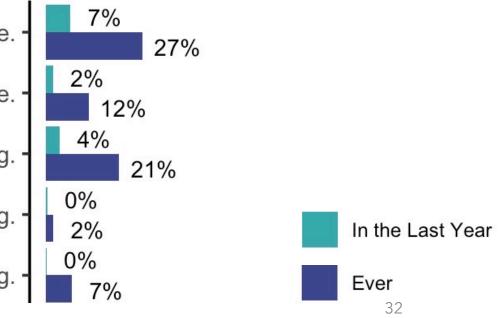
A doctor/provider used harsh or abusive language when treating me. -

A doctor/provider was physically rough of abusive when treating me.

I was verbally harassed in a health care setting.

I was physically attacked by someone in a health care setting.

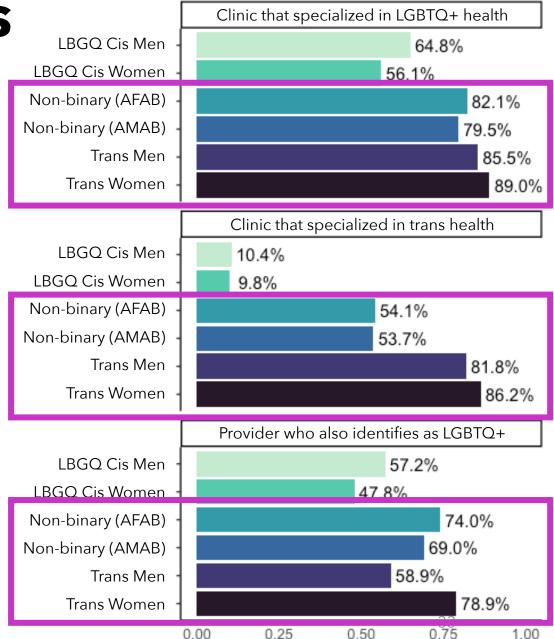
I experienced unwanted sexual contact in a health care setting.



Prefers to Receive Medical Care at...

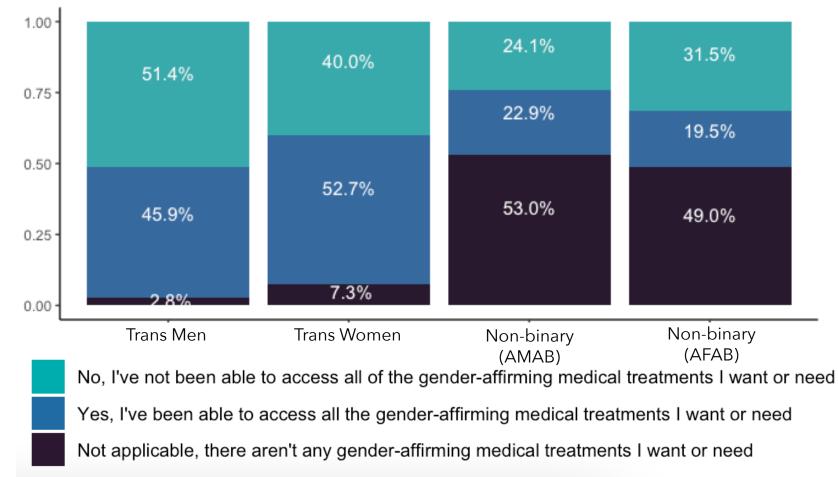
Health Care Preferences

 Most participants preferred to receive medical care at a clinic that specializes in trans or LGBTQ+ health or from a provider who identifies as LGBTQ+



Access to Gender Affirming Care in WA

• **57%** of trans and non-binary people have an **unmet need** for gender affirming health care



Access to Gender Affirming Care in WA

 69% of trans and non-binary people experienced barriers to accessing gender affirming care in the past year

Barriers to Accessing Gender	
Affirming Care in the Past Year	Proportion
Financial Hardship	39.4%
Lack of Knowledge or Resources	37.4%
Lack of Facilities or Providers	30.5%
Lack of Medical Access	27.9%
Another Reason Not Listed:	17.2%
Family	3.40%
COVID-19	2.60%
Insurance Coverage Issues	2.30%
BMI or body size restrictions	1.40%
Discrimination due to disability	1.10%
"Gatekeeping" by providers	1.10%
Lack of Transportation	1.10%
Under 18 years old	1.10%
Unable to obtain referral letters for surgeries	0.90%
Unable to take time off work/school	0.90%
Live in rural areas	0.60%
Mental Health (anxiety)	0.60%
Not "out" as trans	0.60%
Fear of discrimination	0.30%
Lack of racial/ethnically diverse providers	0.30%
Language Barriers	0.30%
Pharmacy Issues	0.30%
Sports restrictions for trans athletes	0.30%
	35

What is "Gender Affirming Care"?

Gender Affirming <u>Care</u> is a broad term that describes care provided by health care professionals who are affirming of transgender people's gender and are trained to provide competent and inclusive healthcare services. Therefore, gender-affirming care includes preventative care and mental health care from trans-competent and affirming providers.

Gender Affirming <u>Medical Interventions</u> can include hormones, androgen blockers, puberty blockers, surgeries, and more!

Important Caveat with this Language

Cisgender people also receive these exact same interventions to affirm their gender!!

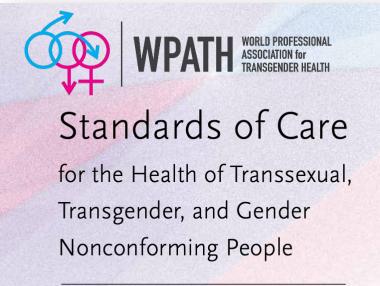
"Gender Affirming Care" has become the language we use to describe the provision of specific medical interventions (e.g. hormones, surgeries, etc) specifically to transgender people because of **cisnormativity** and a long history of **pathologizing** transgender identities.

Care Models for Providing Gender-Affirming Medical Interventions

Standards of Care vs. Informed Consent

- Mental health assessments
- Letters of approval
- Perceived as pathologizing
- Gatekeeping model of care
- Preferred by most trans people
- Rooted in self-determination & healthcare as a human right
- Acknowledge as a legitimate pathway by WPATH SOC 7

Both models can be and are used for adults as well as adolescents.



The World Professional Association for Transgender Health

"The defining feature of modern transgender medicine is transphobia. Unlike many fields of medical practice, **transgender medicine was deliberately intended by its architects to prevent and limit as many trans people as possible from transitioning.** This is conventionally termed the "gatekeeping" model of transgender medicine... The story of how this self-limiting principle came to be and why is immensely complex, but it is the overwhelming consensus of the historians... That premise was codified as the field's best practices in the Harry Benjamin International Gender Dysphoria Association, which today goes by the name **WPATH (World Professional Association for Transgender Health).**"

- Jules Gill-Peterson, Associate Prof. of History, Johns Hopkins University

Care Models for Providing Gender-Affirming Medical Interventions

Erin's Informed Consent HRT Map in the US

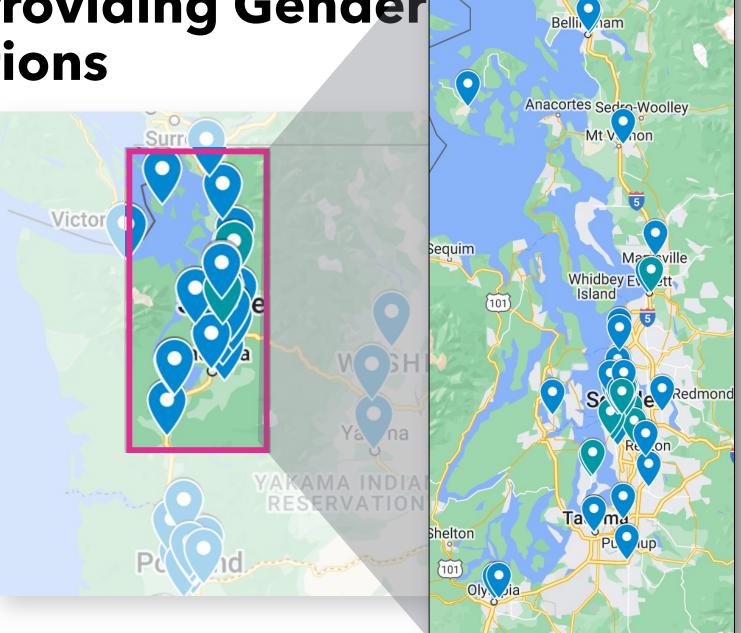
tinyurl.com/ HRTInformedConsentMap



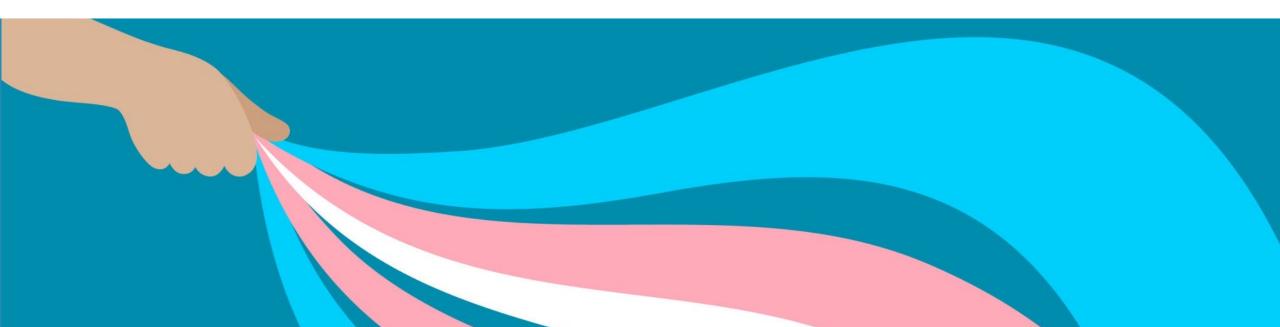
Care Models for Providing Gender Medical Interventions

Erin's Informed Consent HRT Map in the US

tinyurl.com/ HRTInformedConsentMap



Section 5: Sexual Health

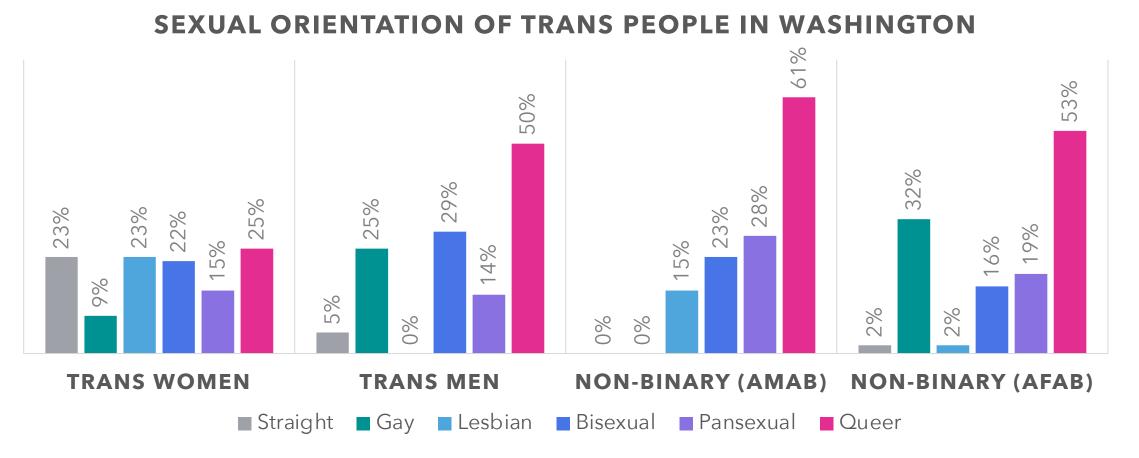


Most Data on Transgender People in WA State comes from HIV/STI Public Health Surveillance Infrastructure

Transgender people are disproportionately impacted by HIV/STIs in WA

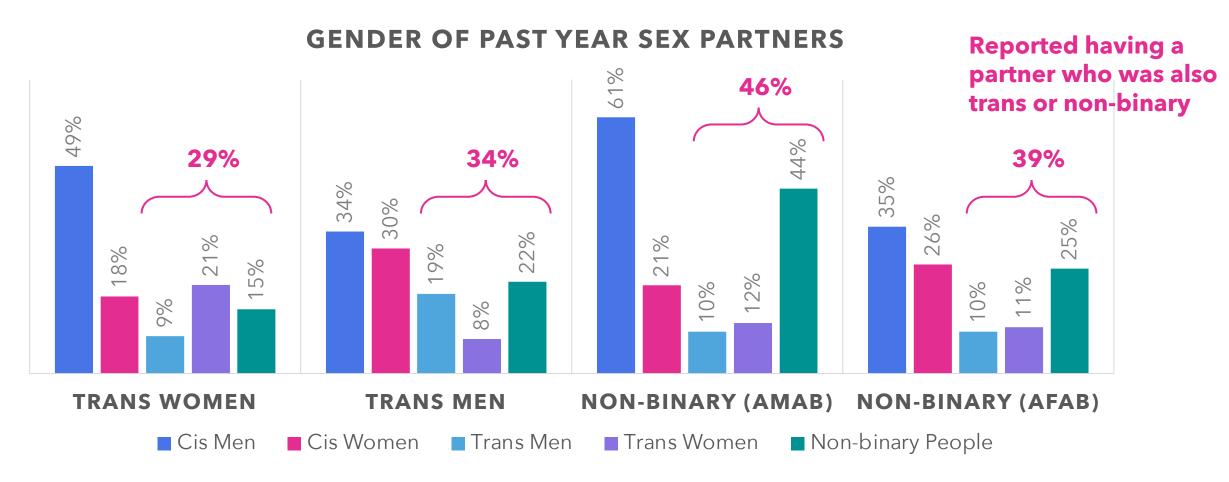
- 7% of non-binary people AMAB, 7% trans women, 2% of non-binary people AFAB, and <1% of trans men are **living with HIV.**
- 34% of non-binary people AMAB, 16% trans women, 15% of trans men, and 6% of non-binary people AFAB were diagnosed with an STI in the past year.

Trans People are Diverse in Sexual Orientation & Partnerships



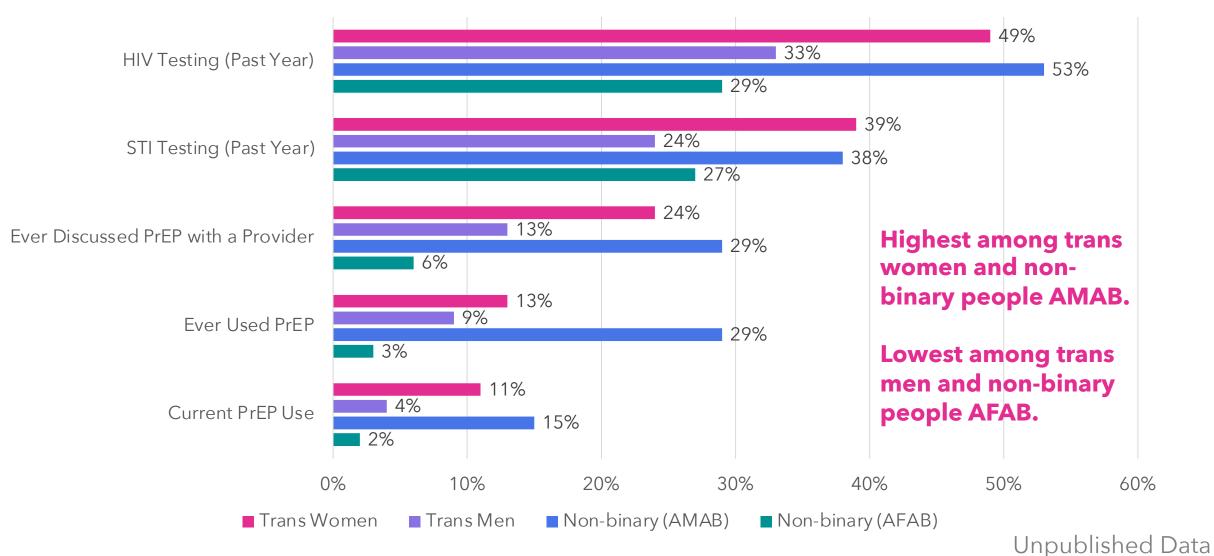
Unpublished Data

Trans People are Diverse in Sexual Orientation & Partnerships

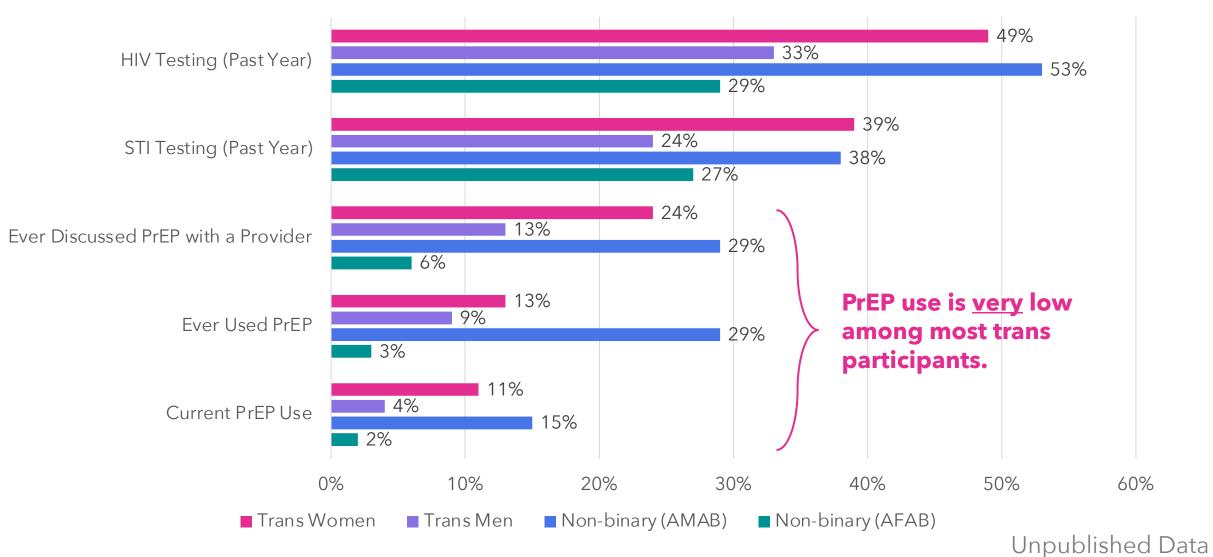


Unpublished Data

Significant Heterogeneity in HIV/STI Prevention Utilization



Significant Heterogeneity in HIV/STI Prevention Utilization

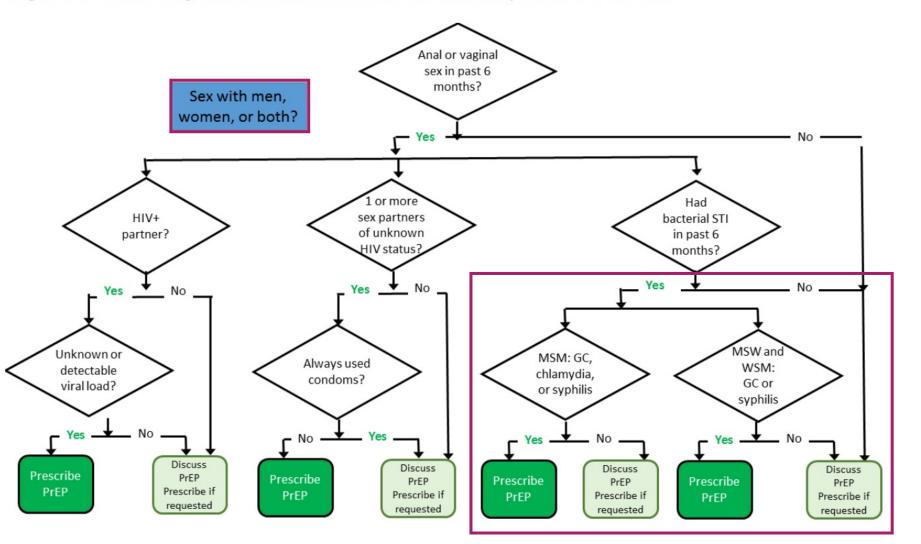


PrEP Recommendations (2021)

Figure 2 Assessing Indications for PrEP in Sexually Active Persons

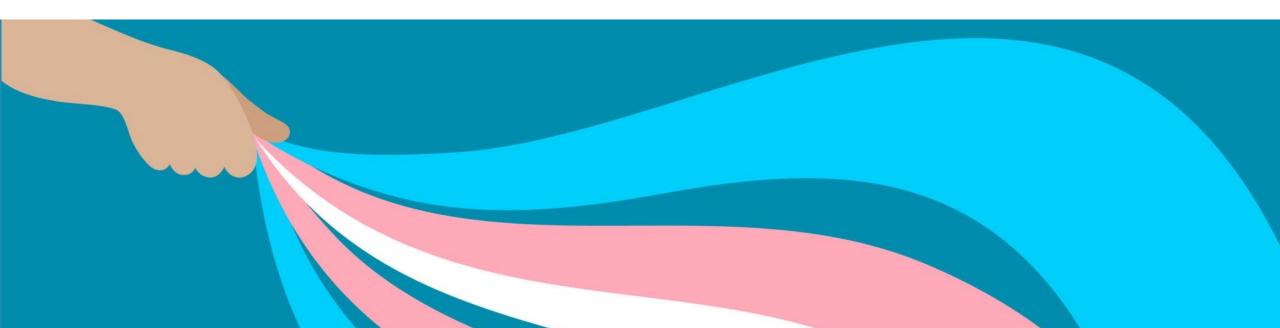
Anal or vaginal sex in past 6 months **AND** any of the following:

- HIV-positive sexual partner (especially if partner has an unknown or detectable viral load)
- Bacterial STI in past 6 months
- History of inconsistent or no condom use with sexual partner(s)



https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

Section 6: Resources



Data on Transgender Populations in WA

U.S. TRANSGENDER SURVEY Washington State Report

he 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents nationwide. The USTS was conducted by the National Center for Transgender Equality in the summer of 2015. Of respondents in the USTS, 1,667 were Washington residents.¹ This report discusses the experiences of respondents living in Washington

Income and Employment Status

- 14% of respondents in Washington were unemployed.²
- 28% were living in poverty.³

Employment and the Workplace

- 16% of respondents who have ever been employed reported losing a job in their lifetime because of their gender identity or expression.
- In the past year, 28% of those who held or applied for a job during that year reported being fired, being
 denied a promotion, or not being hired for a job they applied for because of their gender identity or
 expression.
- Respondents who had a job in the past year reported being verbally harassed (17%) and sexually
 assaulted (1%) at work because of their gender identity or expression.
- 23% of those who had a job in the past year reported other forms of mistreatment based on their gender identity or expression during that year, such as being forced to use a restroom that did not match their gender identity, being told to present in the wrong gender in order to keep their job, or having a boss or coworker share private information about their transgender status with others without their permission.

Education

- 79% of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) experienced some form of mistreatment, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.
- 57% of those who were out or perceived as transgender in K–12 were verbally harassed, 26% were
 physically attacked, and 14% were sexually assaulted in K–12 because of being transgender.
- > 21% faced such severe mistreatment as a transgender person that they left a K–12 school.

ustranssurvey.org/reports

a vision for greater access to

gender affirming healthcare

For a future where our communities can feel whole, safe and at home in their bodies.



PUBLIC HEALTH - SEATTLE & KING COUNTY

2021 PRIDE SURVEY REPORT

Social Determinants of Health and Barriers to Health Care for LGBTQ+ People in Washington State



tinyurl.com/WApridereport

ingersollgendercenter.org/2019healthaccessreport



Washington Resources Guides

kctransguide.org

2017 KING COUNTY TRANS RESOURCE & REFERRAL GUIDE



ingersollgendercenter.org/guides



Resources on Transgender Health Care



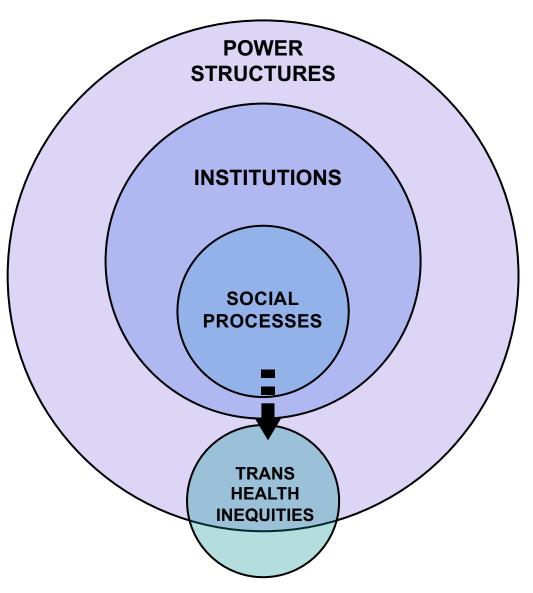
Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

Center of Excellence for Transgender Health

- Trans 101: Transgender People in Everyday Work and Life! (online course)
- Acknowledging Gender and Sex (online course)
- Transgender HIV Testing Toolkit (toolkit)
- National Transgender Health Summit (biennial conference)

Structural Competency to Better Serve Trans Patients

- Cisnormativity, cis-sexism, and transphobia impact everyday life and access to resources
- Protective legal/policy landscape in WA
- Insurance denials for transgender care
- Limited inclusion in research & public health surveillance
- Experiences of **poverty** due to economic disenfranchisement
- Frequently experience **discrimination** in public places, work places, and health care settings.
- Health care avoidance due to financial/structural barriers and fear of mistreatment
- Gaps is knowledge about trans health
- Inequitable <u>Access to health care</u>
- Inequitable Health <u>Outcomes</u>



Adapted from the Intersectional Research for Transgender Health Justice Framework (Wesp et al. 2019)

What will you do next to improve trans health equity in WA state?



Thank you!

Contact Us:

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Building Changes They/Them <u>Atlas.Fernandez@BuildingChanges.org</u>

Diana Tordoff

University of Washington She/Her <u>dtordoff@uw.edu</u>

Community Chat August 11, 11am-Noon



Atlas Fernandez Building Changes

Brian Minalga Fred Hutch



Diana Tordoff University of Washington



Nicole Perry Lavender Rights Project



Moderated by: Genya Shimkin University of Washington

Register Online tinyurl.com/comchatWA

Acknowledgments:

STARS Advisory Board

Aleksa Manila Bennie Gross Billy Caracciolo Brian Minalga Nicole Lynn Perry Samantha Allen Sayen Lentini William B. Heberling & those who wish to remain anonymous

Public Health-Seattle & King County

Sara Glick Susan Buskin Courtney Moreno Emmanuel Rodriguez Aleks Martin

Funders Northwest Center FOR PUBLIC HEALTH PRACTICE



American Sexually Transmitted Diseases Association