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Diversity Research Paper

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### **Diversity Research Paper**

Members of the transgender community experience many barriers and social issues throughout their lives. These barriers include discrimination, harassment, lack of access to resources, and restrictive laws and social environments which limits self-expression of preferred gender identity. These barriers have implications that are important for those in helping professions, including social workers. The barrier focused on in this paper is the access to basic healthcare. Impaired healthcare access can include a culture of discrimination in the medical field, lack of education of medical professionals, and a general lack of resources. Despite the improved cultural awareness of the transgender community, access to healthcare remains a serious concern. This paper provides information about the transgender population, the findings relating to the challenges of accessing healthcare, and recommended interventions to address healthcare barriers.

The term transgender is defined as those individuals expressing a gender identity that is different from the identity they were assigned at birth (Meerwijk & Sevelius, 2017). For the purposes of this paper, those in this community will be interchangeably referred to as transgender or trans, a frequently used abbreviation. Often, the trans community is included within the larger Lesbian, Gay, Bisexual, Transgender, and Queer (LBGTQ) community, occasionally impacting data and other information collected. However, this project solely considers the transgender community. Additionally, transgender individuals may require specialized healthcare depending on their personal preferences regarding the transitioning process. However, in the context of this paper, basic healthcare will only be considered, as opposed to more specific care for trans people, such as hormone replacement therapy and specialized surgeries.

## **Section I: Introduction**

### **Discrimination and Prejudice**

The transgender community faces high rates of discrimination and prejudice in our culture. According to McCullough, Dispenza, Chang & Zeligman (2019), these instances can lead to violence in some cases. Discrimination and prejudice can occur in almost every system of the individual's life, including within their families, educational institutions, and at the workplace. Occurrences of discrimination and prejudice are all forms of transphobia, a term that describes the fear, disgust, or hatred directed at individuals whose gender expression does not align with socially constructed gender roles or appearances (Watson, Allen, Flores, Serpe, & Farrell, 2019). Prejudice against the trans community seems to be perpetrated by individuals who are typically more conservative and uneducated about the trans population, as well as by those in positions of power or privilege (Watson, et al., 2019). Interestingly, men are usually more likely to be discriminatory against transgender people (McCullough, Dispenza, Chang & Zeligman, 2019). In many cases, the instances of discrimination and prejudice are related to the transgression of gender norms exhibited by the trans community, which many threaten the more traditional gender roles of our culture (McCullough, et al., 2019).

### **Impacts on Health**

There are serious health implications related to discrimination within the healthcare system. Transgender individuals have higher rates of health concerns such as mental health disorders, HIV infection, suicidal ideology, and substance misuse (Gonzales & Henning-Smith, 2017). The prevalence of these chronic health concerns in the transgender community increases the need for adequate and competent healthcare availability, something that is lacking in our culture for this population. Successfully managing these chronic conditions requires regular

access to healthcare providers who are unbiased and knowledgeable about this particular population (Gonzales & Henning-Smith, 2017).

There are higher rates of transgender individuals using health-harming behaviors, such as smoking and substance misuse, to cope with experiences of discrimination. In addition, addiction and substance misuse are frequently seen in this community. For example, according to James, Herman, Rankin, Keisling, Mottet, and Anafi (2016), about a quarter of the participants from their survey reported using drugs or alcohol following the occurrence of mistreatment or discrimination, specifically from medical professionals. Healthcare providers should be aware that discrimination in a medical setting may have outcomes resulting in increased drug and alcohol misuse, furthering the cycle of negative impacts on individual health outcomes (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016).

### **Social Issues**

Cultural shifts over the last few years have allowed the trans community to experience more visibility. Community events and support groups have been organized in various metropolitan areas in order to bring awareness to the social issues faced by transgender individuals. Many of these events are directed more towards the LGBTQ community as a whole, but trans people are usually included and are able to be more visible. Pride parades are an example of this increased visibility and the media also occasionally depicts legal and cultural issues faced by the trans community (Landers & Kapadia 2017).

Most notable in the media recently is the bathroom debate that is prevalent in some areas of the nation. This issue has drawn a lot of attention, and some states have recognized that transgender people have rights to basic safety. Changing legislation in some states is addressing the concerns regarding public bathrooms by designing gender-neutral bathrooms or enacting

laws protecting trans people from harassment or discrimination if they choose to use the bathroom that aligns with their identity (Miller & Grollman, 2015).

## **Section II: Quantitative Research**

### **Local, National, and Global Statistics**

There is a lack of consistent data indicating the size of the trans population. According to Meerwijk and Sevelius (2017), it is estimated that the number of transgender people living in the United States is around 1 million. This varies slightly from another source that states the number was between 1 and 1.3 million in 2013 (Landers & Kapadia, 2017). Within the last decade, the estimated number of transgender individuals living in the United States has increased greatly. One potential reason for this increase is related to positive societal changes over the last few years creating a more accepting environment for gender expression. These changes include general acceptance, an increase in public visibility, and increased awareness of transgender issues (Meerwijk & Sevelius, 2017).

Similar to the national data, limited and inconsistent data exists in New York State. In New York, health-related statistics are available, but limited data exists indicating the size of the transgender population. One report estimated around 90,000 transgender individuals were living in New York State between 2014-2016. Despite the inconsistencies, within the last few years, this information has been more readily available. The reasons for inconsistent data will be discussed later in this section. (NYS Department of Health, 2016)

Globally, findings relating to the trans population size vary from country to country. In many countries, it remains illegal and punishable to be openly transgender. In these cases, it would be a major risk in reporting one's own identity. This seems to be the case more in countries known to be more extremist in their views of traditional gender roles, nations such as

those in the Middle East and Asia. Some nations, such as many European countries, are similar to the United States in their growing acceptance. Because of this, there is a lack of available information that is consistent with the findings in the United States, both relating to access to care and population size in general (Ipsos, 2018)

A prominent reason for the inconsistent data is the inclusion of the transgender community within the larger LGBTQ community. By not separating the identity of transgender from sexual orientation, accurate representation is difficult. Additionally, this population is continuously underrepresented in health and population-related data (Meerwijk & Sevelius, 2017). Since 2016, more state and federal surveys dealing with health or general purposes have included the option for participants to answer questions about gender identity. This addition has greatly helped to develop a clearer picture of the population size in the United States (Landers & Kapadia, 2017).

### **The Transgender Population and Healthcare**

According to the Report of the 2015 U.S. Transgender Survey, over 30 percent of trans people who have seen health care providers reported at least one negative experience. These negative experiences were directly related to individuals identifying as transgender, and included harassment or refusal of treatment based on gender identity (James et al., 2016). This finding is similar to the findings of Meerwijk and Sevelius (2017), who report that 28 percent of trans individuals postponed receiving medical care due to the occurrence of discrimination. This is a large portion of the population being deterred from accessing healthcare, creating impacts for other systems (Meerwijk & Sevelius, 2017).

### **Section III: Qualitative Research**

Many advocates for the transgender population are aware of the barriers to receiving care and actively work to increase accessibility that is safe. There are many issues, other than discrimination, that deter healthcare access. According to the findings of James et al., (2016), their survey participants reported refusal of care, harassment and violence in a medical setting, and lack of provider knowledge as a block to accessing basic care. Additional factors such as costs and insurance coverage and a lack of resources also impact the availability of care. These factors create layers of barriers that make it difficult for trans people to find healthcare providers that are knowledgeable and able to provide basic care. As discussed in Section I, the need for regular healthcare for his population is especially important due to the higher rates of chronic conditions being reported (James et al., 2016).

#### **Lack of Provider Knowledge**

Perhaps one of the most common barriers to care is simply a lack of provider education. Physicians are not taught about the transgender population and how best to treat them in a respectful and culturally aware manner. One example of a lack of provider education is a transitioning female to male individual in need of a gynecologist (R. S. Pusch, personal communication, November 19, 2019). This person may run into some difficulty finding a doctor or a practice willing to accept them as a patient. Another example is related to correct pronoun use. This may seem simple but can get confusing for the trans person as well as the provider. It has been reported that it is preferred that pronouns are discussed rather than assumed. Incorrect use of pronouns, or the provider using the pronouns that they think are most appropriate disregard the struggles of trans individuals to express their gender identity (R. S. Pusch, personal communication, November 19, 2019; Landers & Kapadia, 2017).

There is also the fear that uneducated medical professionals will react in a discriminatory way. Discrimination, as discussed in a previous section, is an extremely stressful event for a trans person. Additionally, there is the potential for money and time to be wasted. Trans individuals are typically in a lower income bracket and the office visit could be expensive and a waste of time if the provider is uneducated and not able to address the needs of the patient (R. Worlock, personal communication, November 18, 2019).

Some providers in the medical community have become aware of this need and are taking actions to improve accessibility. Rita Worlock, a licensed clinical social worker (LCSW) in Central New York provides educational lectures to medical professionals in the community that focus on characteristics of the transgender population as well as the issues they face. She has had positive reactions from the medical community providing this service. According to her, some medical professionals along with administrators have clear biases and prejudice directed at this population. After receiving even just a small amount of education, those in attendance are able to approach the population through the lens of cultural humility. Some medical staff may not change their beliefs regarding the ambiguity of gender norms in the trans population, but the education will usually allow for more positive interactions with the medical community and the population (R. Worlock, personal communication, November 18, 2019).

A tool being utilized more frequently is the use of gender identity questions being added to population-based health surveys. This tool was mentioned previously in Section II in relation to the varying estimates of this population (Gonzales & Henning-Smith, 2017). The more frequently questions about gender identity are added to health surveys, the more accurately the size of this population will be estimated. This is important for the medical field, as a better idea

of the population size may influence the occurrence of more educational programs during a physician's training (Sawning, Steinbock, Croley, Combs, Shaw, & Ganzel, 2017).

The availability of resources also plays a role in access to care. The resources available to the trans populations greatly depends upon location because geographical barriers play a large role in the accessibility of resources. Many specialists practice in more urban areas, resulting in the need for patients from rural areas to travel farther distances (R. Worlock, personal communication, November 18, 2019). In addition, the availability of these specialists is limited, creating lengthy waitlists. However, more resources have been established in Central New York within the last five years. For example, Upstate Medical Center created a clinic that is designed to specifically work with members of the trans community, as well as other members of the larger LGBTQ group. This addition is a big step for the Central New York area, as previously trans people needed to travel to at least an hour to see any physician who worked directly with this population. The additions of these types of clinics being established in some areas is good example of the increased visibility of the population as well as the interventions that are making an impact (R. S. Pusch, personal communication, November 19, 2019).

#### **Section IV: Interventions**

##### **Education**

According to the available information, educational programs for providers remain the most important intervention in increasing accessibility to healthcare. Some institutions are offering training certificates for medical students that focus on LGBTQ issues. In these cases, many of the students reported never having learned or been aware of issues such as increased suicidality for trans people. Despite the increased popularity of these trainings, the packed curriculum of most medical programs makes it difficult to train students thoroughly. A one-

session training is not enough for most providers, especially as the trans population gains visibility and continues to grow (Sawning, Steinbock, Croley, Combs, Shaw, & Ganzel, 2017).

Aside from education for medical professionals, education regarding healthcare is also important for trans individuals. Many of the health-harming behaviors used as coping mechanisms could be replaced with other coping skills. According to Budge, Chin, and Minero, (2017), there are different coping skills that can be taught that may help counter the negative effects of discrimination and harassment. Facilitative methods used specifically with the trans population include mostly cognitive and behavioral approaches. Both of these methods have proven helpful, but it has depended on the individual's identity process. This is another type of care not readily accessible to the entire trans population, as it depends on the availability of trans specific resources present in certain areas. The establishment of more LBGTQ focused clinics could increase the access to services that teach healthier coping skills (Budge, Chin, & Minero, 2017).

### **The Social Worker's Role**

Cultural humility plays a large role in working with the trans population. This is a good illustration of the difference between the training of social workers and the emphasis on cultural humility in order to understand and respect our clients, in comparison with medical professionals. Self-reflection and assessment are critical elements of social work training, to prevent our personal biases from harming clients. Typically, medical professionals are not exposed to this type of training. Culture humility is important when working with any population or minority, and should be kept in mind when differences in treatment style arise when collaborating with healthcare professionals (R. Worlock, personal communication, November

18, 2019; R. S. Pusch, personal communication, November 19, 2019; Landers & Kapadia, 2017; Sawning et al, 2017).

The use of the cultural humility framework reinforces the importance of correct pronoun use. The misuse of pronouns can be an innocent mistake in some cases but continues to perpetuate the lack of education and cultural humility of providers. Asking all clients about their preferred pronouns is not complicated and is an easy first step toward creating an accepting and safe environment. Asking every client about preferred pronouns may also be a learning experience for clients who are unaware of the importance of this question in our culture (R. Worlock, personal communication, November 18, 2019; R. S. Pusch, personal communication, November 19, 2019).

### **Section V: Recommendations**

In addition to increasing educational programs, more data collection is necessary. For the trans community to have access to enough culturally competent care providers, accurate estimates of the population are needed. Since 2016, more state and federal surveys dealing with health or general purposes have included the option for participants to answer questions about gender identity. This is current practice in some states and institutions, but more consistent and accurate data is needed to facilitate change. By having a more accurate estimate of the population, medical education facilities may begin to understand and identify the unique medical needs of the trans population. Time should be spent educating all medical professionals about the needs of this population, not just on the specialists already planning to focus on this group (James et al., 2016).

### **Section VI: Summary**

This population experiences regular discrimination, harassment, and threats of violence. Often the population responds with health-harming coping skills, making healthcare access very important. For these reasons, along with the right for this population to have access to basic competent healthcare, the medical community needs to be more familiar with this population. Educational programs for medical professionals should be made more readily available, along with more resources available to the transgender population to access the care they need. With this population continuing to grow and gaining visibility, it is exceptionally important for culturally humble and educated care providers to be available.

As a social worker, the findings of this paper are important to note. Issues in accessing healthcare will most likely come up with future clients within this population. It is important to understand how to counsel those experiencing this kind of barrier. It is also important for the medical community and the social work field to advocate for this community and remember how important education for all parties involved in the care of trans people.

### References

- Budge, S. L., Chin, M. Y., & Minero, L. P. (2017). Trans individuals' facilitative coping: an analysis of internal and external processes. *American Psychological Association, 64*(1), 12-25.
- Gonzales, G. & Henning-Smith, C. (2017). Barriers to care among transgender and gender nonconforming adults. *The Milbank Quarterly, 95*(4), 726-748.
- Ipsos. (2018). Global attitudes towards transgender people. <https://www.ipsos.com/en-us/news-polls/global-attitudes-toward-transgender-people>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. *Washington, DC: National Center for Transgender Equality.*
- Landers, S. and Kapadia, F. (2017). The health of the transgender community: out, proud, and coming into their own. *AJPH Transgender Health, 107*(2), 205-206.
- McCullough, R., Dispenza, F., Chang, C. Y., & Zeligman, M. R. (2019). Correlates and predictors of anti-transgender prejudice. *American Psychological Association, 6*(3), 359-368.
- Meerwijk, E. L. & Sevelius, J. M. (2017). Transgender population size in the united states: a meta-regression of population-based probability samples. *American Journal of Public Health, 107*(2), e1–e8. doi:10.2105/AJPH.2016.303578
- Miller, L. R. & Grollman, E. A. (2015). The social costs of gender nonconformity for transgender adults: implications for discrimination and health. *Sociological Forum, 30*(3), 809-831.

New York State Department of Health. (2016). Sexual Orientation and gender identity: selected demographics and health indicators.

[https://www.health.ny.gov/statistics/brfss/reports/docs/1806\\_brfss\\_sogi.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/1806_brfss_sogi.pdf)

Sawning, S., Steinbock, S., Croley, R., Combs, R., Shaw, A., & Ganzel, T. (2017). A first step in addressing medical education curriculum gaps in lesbian-, gay-, bisexual-, and transgender related content: The University of Louisville lesbian, gay, bisexual, and transgender health certificate program. *Education for Health* 30(2), 108-15.

Watson, L. B., Allen, L. R., Flores, M. J., Serpe, C., & Farrell, M. (2019). The development and psychometric evaluation of the Trans Discrimination Scale: TDS-21. *Journal of Counseling Psychology*, 66(1), 14-29.