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This is a Call To Action for All Primary Care Providers: Do Better for Your Transgender Patients

Kate Castor

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Author: Kate Castor, PA-S

Advisor: Vanessa S. Bester, EdD, PA-C, DFAAPA

Abstract

Background: Patients of all ages benefit from primary care. However, not everyone has equal access to primary care. Transgender patients often face a multitude of barriers to receiving basic healthcare.

Purpose: Improve health outcomes for transgender patients, enlighten providers on significant disparities, and offer solutions to these disparities faced by transgender community in the healthcare setting and when receiving cancer screening.

Methods: Literature review comprising results from Augsburg University Lindell Library databases, American Journal of Medicine, and Google Scholar.

Conclusions: Everyone can do better for their transgender patients, but primary care providers should take extra care cultivating relationships with these patients. More research needs to be conducted collecting patient data, specifically sexual orientation and gender identity. Guidelines are not specific or not clear for cancer screening recommendations for transgender patients.

Key Words: Primary care, transgender, LGBTQ, LGBTQ+, cancer screening, healthcare, disparities, transgender health, trans, public health, universal healthcare, oncology, health outcomes, research, sexual orientation, gender identity, insurance, discrimination, law, legal.

Introduction

Primary care is a vital tool for patients to receive preventative medicine, such as cancer screenings, as well as care for chronic conditions. Patients of all ages benefit from primary care. However, not everyone has equal access to primary care. Many patients that identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+), patients of color, immigrant patients, elderly patients, and patients living in rural areas are less likely to receive preventative care or primary care services. Access is affected by a multitude of barriers: cultural or language differences, racism in healthcare, transphobia and homophobia in health care, proximity to care facilities, transportation, or ability to take off work to get to appointments. Patients may have past experiences in health care that deter them from seeking any care at all. These disparities change health outcomes for marginalized patients and impact community health.

The Williams Institute at UCLA states there are nearly 1.3 million adults who identify as transgender in the United States; of which about 515,000 are transgender women, around 480,000 are transgender men, and gender nonconforming persons make up about 342,000 in total[1]. These data are just an estimate from 2016 and have likely increased over the years. With the growth of this population, one would expect healthcare and insurance companies to shift with changes, but this is not the case. For example, Bond et al found that outdated language used by insurance companies excludes individuals that identify as nonbinary or gender nonconforming[2]. Insurance is not the only barrier that patients face when seeking healthcare. Researchers found a disparity between transgender patients and their cisgender peers in receiving primary care services such as cancer screenings as well as other gaps in preventative medicine for transgender patients[3]. This article reveals that there are obvious gaps not only in care but also in research, stating the need for a more in-depth investigation. As reported by Chipkin and

Kim, about 28 percent of transgender patients reported verbal abuse from their providers while seeking care[4].

In an attempt to evaluate the current research in primary health care for transgender individuals, this literature review will explore the role of primary care in the overall health of transgender patients, best practices or models that have been studied and implemented, and transgender primary care at varying ages. Through illuminating barriers to health care, communities can develop programs to focus on breaking down those barriers. This review will provide a foundation for improving health care models for transgender patients and provider education around transgender patients to improve overall community health. Acknowledging that time is a tremendous limitation, an attempt was made to review as much literature as possible concerning the history and culture of an entire community. Though finite, this process will help to provide a better understanding of the role of primary care providers in transgender individuals' lives and health outcomes.

Methods

Literature collection for this comprehensive review was conducted using the Augsburg University Lindell Library website database search engine, American Journal of Medicine search engine, and Google Scholar. Search terms used were transgender, primary, health, cancer screening, preventative care, and barriers. These search terms were all placed in the search bar at one time as in “transgender primary care” or “transgender health care”. Criteria for inclusion were peer-reviewed articles, published after 2018, and focused on primary care and cancer screenings. There are a few systematic review articles included. As for exclusion criteria, any articles that were published before 2018 or focused only on gender transitional care, HIV care, or any subject that was not primary care, cancer screening, or oncology care. Any articles that may not have been included but did meet the criteria for inclusion may have been excluded due to time constraints of the review.

Background

Transgender and gender diverse people require preventative care as much as cisgender patients but they are less likely to have a primary care provider than their cisgender peers[3][5]. Prejudices and discrimination in clinical practice lead providers to focus on sexual and overall health of transgender patients with a clouded view. Transgender patients need blood pressure checks, basic preventative care, and cancer screening as much as anyone, but providers have described barriers they face to giving quality care to transgender patients. In addition to patient and provider barriers, it is important to provide a context of the systemic discrimination of the transgender population in healthcare.

Discrimination in the healthcare setting is a significant barrier to receiving care for the transgender community. “Transgender people experience high levels of discrimination, stigma, social exclusion, and harassment in many aspects of their lives including health care settings.”[5]. It is not surprising that about ⅓ of transgender patients reported one or more negative healthcare experiences in the previous year[6]. As previously highlighted, a significant portion of the population identifies as transgender, and 364,000 of these patients experience harassment in the medical setting[1]. Experiencing harassment can lead patients to avoid health care, delay seeking care, and miss opportunities for preventative medicine. The studies reviewed did not focus on the primary care setting but rather on the setting of emergency medicine and oncology outcomes of transgender patients[7]. These patients are largely facing discrimination across multiple parts of their lives, but in this healthcare facility that is supposed to be a medical home, it becomes a dangerous place for both physical and mental health. Many patients report being refused care directly by providers, refused a thorough physical exam, or even providers refusing to touch a patient during an exam[8][9][10]. Healthcare providers need to utilize all the

tools available to them, including the physical exam, to provide a thorough assessment and diagnosis of any patient regardless of gender. It should be on the provider and their institutions to educate themselves on diverse patient populations with different cultural backgrounds and not on the patient to educate the provider. Some patients even report being blamed for their illness[10]. Imagine attempting to seek care at a vulnerable point in your health and being told it is your fault for being unwell. This discrimination creates another deeply personal and shaming barrier to a basic human right.

It has been well documented over the years that transgender patients face discrimination, fear, prejudice, and harassment when attempting to seek medical care ([11][12][13][14][15][16]. As stated previously, 28 percent of patients reported verbal or physical harassment when seeking care in medical settings [4]. This statistic means that of 1.3 million adults identifying as transgender about 364,000 patients experience harassment in the medical setting. Experiencing harassment can lead patients to avoid health care, delay seeking care, and miss opportunities for preventative medicine. One reason this might be the case is there are no standards of teaching or practice in medical education about transgender patient care.

A multitude of factors can influence the care that primary care providers offer their patients. Though this list is not exhaustive, factors impacting care at the provider level are education, comfort level or experience, guidelines to follow, and necessary advocacy for patients. Several studies pointed out that LGBT healthcare specific education is not required in medical school curriculum [17][18][19][20]. Of the providers that chose to educate themselves on this topic, the average amount of time spent on the topic of LGBT healthcare was 5 hours [11][17]. Understandably, time in medical school is limited, but not so limited that only half a day of 4

years is dedicated to cultural competency and care for this population and is only offered as an elective course.

The substantial limit to medical providers education does not set them or their patients up for success. LGBTQ+ health-specific education to medical students prior to graduation is often elective and is not provided by a member of the community[11][17][21]. The compounding effects of uneducated providers and unintended prejudice, bias, and discrimination lead many transgender patients to avoid necessary care. Patients lack trust in the healthcare system making relationships between providers and their patients difficult to build. It should be on the educational institution and the individual provider to educate themselves and not on the patient to educate their provider. The literature described that research about medical students' attitudes to providing health care to transgender patients as well as their level of education around the subject is lacking [21][22]. The authors describe the necessity of LGBTQ-centered health care and the importance this knowledge has when providing care to this population. This lack of experience and knowledge adds to the bias that providers hold against patients, whether known or unknown. An article described only 29% of obstetricians and gynecologists are comfortable providing care to trans patients[20]. Many providers reported personal experience, or lack thereof, shapes the care they are comfortable providing and to who they provide that care. Without proper and required education, providers will continuously disservice and cause unintentional harm to their transgender patients.

Health and well-being of patients often starts in the primary care office. Primary care is quintessential for patients to receive healthcare that is both preventative and responsive to the needs of the patient. Providers offer vaccinations, cancer screenings, and other preventative medicine. They are the way many patients are referred to specialty medicine providers. Primary

care providers are also essential for treatment of chronic or ongoing medical management and acute illnesses.

Universal healthcare and improvements to public health can benefit all people including those most vulnerable. For example, in Canada, where healthcare is publicly funded and universal, about 83 percent of transgender patients received care from a primary care provider whereas about 90 percent of cisgender patients received primary care [12][13]. In a cross-sectional study in France, half of all primary care visits were unrelated to gender or transitional care[23]. Compounding factors can lead any patient to avoid healthcare, but the literature reviewed here highlights discrimination or fear of discrimination, provider education, and insurance or political policy as the greatest challenges transgender patients face. Learmonth et al. argued the largest barrier to care was insurance coverage while Kattari et al. argued that knowledgeable providers are the most influential barrier[16][24][25]. Unfortunately, there are not significant American studies to compare access or types of care provided to transgender patients. This is likely a function of the lack of research on transgender-related issues compounded by the American healthcare system and data collection. As demonstrated by the literature reviewed, primary care providers create and remove barriers to healthcare access. In settings where healthcare is universal, it is the providers that influence transgender patient's healthcare experiences and have the most impact on patient outcomes.

All patients deserve quality health care regardless of their gender identity. Two articles reviewed discuss quality improvement approaches that can be taken to increase care to the transgender population. Goals included focus on sexually transmitted infection (STI) and Human Immunodeficiency Virus (HIV) screenings. Quality of health care for LGBTQ people is not limited to increased sexual health screenings; these patients need routine cancer screenings,

routine labs to monitor their hormone therapy, and regular vaccinations as well. Research for quality of primary care is limited to the assumed needs of the transgender population as opposed to asking patients directly the care they would like to receive[26][27]. If the only goal of this study was to increase documentation of sexual orientation and gender identity (SOGI) data and increase screening for STI and HIV, it has been achieved. Needs of LGBTQ patients are however not only limited to sexual health care[28][29].

The compounding effects of discrimination lead many transgender patients to avoid necessary care. Patients lack trust in the healthcare system, making relationships between providers and their patients difficult to build. Provider relationship building with patients encourages them to return for care, and one way to initiate this is by asking about SOGI data in a nonjudgmental way. Inconsistent or nonexistent collection of SOGI data can leave many patients without necessary care. For example, of oncologists surveyed, 74% of them did not collect any SOGI data at all and reported “treating all patients the same”[30]. Without collecting this data, patients are not represented nor are their unique screening needs based on patient experiences.

Medical groups including the American Congress of Obstetricians and Gynecologists (ACOG), World Professional Association for Transgender Health (WPATH), the Endocrine Society, the United States Preventative Task Force (USPSTF) and the American Cancer Society, have no specific guidelines for cancer screening in transgender patients. The guidelines many of these organizations present are extrapolated from data of cisgender populations that have different risks for cancer than transgender counterparts and not based on data of transgender patients at all. Further, studies support this problem in disparity of cancer screening rates in transgender versus cisgender populations. Apart from deterring patients from seeking healthcare in times of illness [7][31][32], this discrimination also deters patients from routine medical care

with primary care providers. Specific studies have highlighted this disparity in the gross difference in obtaining routine cancer screenings between transgender and cisgender patients[10][32][33].

Provider confidence in caring for the transgender population is also impacted by the guidelines and recommendations that they follow. Standards of care for the transgender population are put out by the WPATH and Endocrine Society. However, many of the cancer screening standards that the WPATH provides are not based on data of transgender patients. The WPATH, ACOG, Endocrine Society, and USPSTF all base cancer screening guidelines on cisgender patient data[6][8][14][34][35][36]. No guidelines are based on data on transgender patients and research is lacking for comparing transgender patients on gender-affirming hormone therapy to those not on hormone therapy. Many of the recommendations are made based on population prevalence and patient individual risk. Providers may lack confidence in providing care because the guidelines are not specific or clear.

Primary care providers are not entirely at fault for the disparities transgender patients face, but they can take action to make changes for their patients. Guidelines for this community are not based on clear data but are extrapolated from a different group entirely. In order to encourage confident and competent providers, organizations need to make clear recommendations.

Actions

A few ways for providers to combat healthcare disparities for their patients is advocacy at several levels: interpersonal, institutional, and systemic [8][9][[20]. Part of the duty of the primary care provider is to educate patients on necessary health maintenance. One study found statistical significance for transgender patients to utilize cancer screening if it is recommended

by a provider for the following cancers: breast, colorectal, prostate, anal, and lung[36]. Not all patients have the same health literacy, therefore primary care providers are essential to educating and influencing patients to receive necessary preventative care. The study may have been influenced by non-random sampling, recall bias, and desired response answers from those patients surveyed. More research needs to be done.

Some literature described alternatives that providers could offer to patients to allow for more comfort and autonomy during sensitive cancer screening exams [35]. For patients apprehensive about personal or dysphoria-inducing exams, pap smear (cervical or anal), breast, or prostate, authors offer providers to advocate for their patients in different ways. Allowing for peer or partner support during exams, offering alternatives to pap smear collection (ex self collection of swabs, patient placement of speculum) offer support and motivation. Offices should also include welcoming and gender-neutral language that is accessible to all patients. In contrast, Cahill and colleagues found that transgender patients were made to wait outside of the waiting room during breast cancer treatment as “only women [were] allowed” in the clinic waiting room[10]. This decreased patient satisfaction and comfort with providers and care they were receiving.

Overall, there are many ways for primary care providers and specialty care providers to reduce barriers to care for transgender patients. Starting with advocacy for required education in medical schools, then advocacy in the clinics they work, and finally advocacy at the systemic level including insurance coverage and state laws about LGBT healthcare.

One of the unique challenges that transgender patients face in places without universal healthcare models is adequate insurance coverage for care[. If a transgender person changes the gender marker on their government information (driver’s license, birth certificate, insurance)

there is a chance that care for that patient will be refused by the insurance company due to incongruence with what they believe the patient needs based on the gender on the paperwork and anatomy the patient actually has. For example, a transgender woman with a prostate would still require prostate screening, exams, and prostate specific antigen testing as a cisgender man would. Another example is a transgender man with a cervix would still require a pap screening test for cervical cancer even if they are male on paper and in the eyes of the insurance company. It is crucial for providers to advocate for their patients to get coverage of necessary care even if it requires them to fill out prior authorization paperwork. Several authors state that it is imperative for primary care providers to advocate for their patients with insurance companies and to keep an open dialogue with the patient about the care they need [8][9][35].

Transgender patients are also facing several barriers at the national level that impact the care they can receive. As Cahill describes, discrimination in some states as being protected by laws focusing on freedom of speech and freedom to exercise religion[10]. Providers are able to refuse care and are legally protected to discriminate against patients for their gender or sexuality if it does not follow their religious beliefs. The American Civil Liberties Union (ACLU) reports over 120 bills proposed in the US restricting the rights of LGBTQ individuals[38]. 35 bills target healthcare access for transgender people, 19 bills focus on LGBT freedom of speech and expression, and 5 bills attempt to define transgender people out of existence. In Minnesota alone, 18 harmful anti-LGBT bills have been proposed during the year 2024 to date.

Recommendations to combat this would be to do focused, thorough research. Most importantly, this research should include SOGI data collection and analysis to improve health outcomes for the LGBT community[8][9][20][35][39][40]. Literature presents the need for more research on general care and cancer specific topics for the transgender population. Better

representation of transgender people in the general public as well as in the medical curriculum will improve health outcomes. Education for providers will facilitate positive interactions between patients and providers.

Quality improvement goals to increase inclusiveness for the LGBTQ population should start with surveying this group directly. Asking patients how they see their needs are or are not being met. As with many quality improvement surveys, those surveyed were the healthcare professionals, not the patients. There is also very little population-based clinical data about transgender health in the primary care setting[40]. Many studies determined a need for quality improvement of healthcare, but did not specify how to change this disparity for this population[42][43][44][45]. Additionally, more research needs to be conducted to make any conclusion about areas of needed improvement for primary care for transgender patients[.

Discussion

To combat healthcare disparities faced by the transgender community, it is essential for direct action to happen. Providers can advocate for continuing education, educators can expand the curriculum, and lawmakers can advocate for legal protection of vulnerable populations.

In order to do better for our transgender patients, providers, educational institutions, and legislators need to:

- Provide required comprehensive education to healthcare providers on the topic of LGBTQ+ and transgender specific care
- Require cultural competency and humility trainings to all healthcare providers to ensure safe healthcare for this population
- Collect SOGI data and research the LGBTQ+ community specifically
- Make informed decisions based on the this data

Small steps can be taken to make a lasting impact on the health and lives of those in our community.

Conclusions

Transgender patients still experience discrimination, stigma, and poor health outcomes. With the growth of this population, more healthcare providers and primary care providers will need to be prepared to care for transgender patients. Overall health will improve with an increase in visibility, provider education, and good experiences in the clinic; transgender patients have the potential to be healthier and contribute to a healthier community. The current lack of clear data on transgender patients, as well as medical provider education on transgender healthcare, increases the disparities present. The presence of interpersonal, institutional, and systemic factors contribute to the harm transgender patients experience at the hands of healthcare providers. All medical professionals should strive to do better for this population of patients because no matter the context of one's medical practice transgender patients will need healthcare too. Challenging personal bias to provide the best care for every patient should be a lifelong goal of all providers. In the future, research could focus on ways to improve community health by assessing the needs of transgender patients during primary care visits, assessing the education of primary care providers, and then implementing comprehensive education programs into the local advanced practice and medical schools with a focus on transgender healthcare. Providers will inevitably work with transgender patients. Therefore, mandatory education on transgender healthcare is a necessity to reaching and protecting this population.

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