Healthcare for the Transgender Community

Senior Capstone Project

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ABSTRACT

The LGBTQ community has been growing and gaining more and more visibility throughout the US in recent years, however as they always say, there is still more work to be done. The transgender community, perhaps the most overlooked and discriminated against, has been in the spotlight lately. A stigma still very much exists, and that stigma contributes to widespread health inequality, among other things, in the transgender community both here in the US and around the world. Individuals who do not identify with the gender expectations that have been set by society more often than not have to go through a daunting number of health disparities when compared to those who identify within the gender binary. However, these disparities can be hard to identify and attach a real number to due to a scarcity of evidence that is specific to transgender individuals for a number of reasons that will be discussed later on. This study will look at how to improve access to healthcare for the transgender community.

The challenges that affect both the health outcomes of gender-diverse people and their experiences in the healthcare industry are due to barriers that exist at several levels. Individual factors in patient-provider interactions including prejudice and lack of awareness or confidence negatively influence transgender people's access to and engagement with healthcare professionals. Institutional factors such as the binary description of gender used by medical systems leads to a lack of visibility of gender-diverse individuals, both within healthcare organizations and research. Policy and structural considerations including governmental focus, financial subsidies and public policy define the context in which gender-diverse people exist and interact with the healthcare system. All of these issues and more will be addressed in the upcoming pages, with the hope of evaluating what we need to do to improve transgender healthcare in the US and everywhere.

INTRODUCTION

Progress on transgender equality has been particularly noteworthy in cities across the US this year, continuing a positive trend that the Municipal Equality Index (MEI) has tracked and encouraged since 2012. Transgender-inclusive healthcare benefits are offered to employees of 147 municipalities this year, which is an increase from 111 in the year 2017, 66 in 2015 and just 5 in 2012. (HRC Municipal Equality Index, 2018)

With regards to providing care to currently-transitioning employees in the work environment, the MEI does a good job of laying out the ground work for gender-transition policies. For a smooth transition, these policies should do things like provide a plan for how a communication strategy for co-workers and clients will be developed and affirm an employee's right to be treated equally under the company's dress code policies as well as the employee's "right to access sex-segregated facilities in accordance with their gender identity." (HRC Municipal Equality Index, 2018)

The MEI talks about many different factors, but it raises the topic of transgender-inclusive health care benefits, and that is where I found the need to conduct this research topic. The MEI suggests that municipalities must provide at least one health insurance plan that gives coverage for transgender healthcare needs and simply a lack of exclusion is not enough to be awarded any points in the rankings.

I believe that in order to solve the issue at hand, we are first going to need to wipe out the stigma that exists against the transgender community. This will most likely be accomplished by ensuring that there is always flexibility in society's ways of looking at gender.

FLAWS IN TRNASGENDER HEALTHCARE

Fully grasping the unique needs of the gender-diverse community has presented itself to be a big challenge in the public health arena. This is due to the lack of research specifically aimed at addressing the health needs of this community, the exclusion of non-binary gender identities in research and policy, and the conflation of sex, gender and sexuality in the data collected. Studies that do look at health outcomes for gender-diverse people often do so as part of umbrella-terms such as “LGBTQ”, encompassing various gender identities, sexual orientations and sexual behaviors, which can fail to identify unique issues affecting these diverse subgroups. Also, health priorities and needs can and do differ within sub-groups. For example, transgender men and transgender women have different experiences within the healthcare system and different specific needs as patients, which can be overlooked when considering the health of transgender people more broadly. Recently, however, smaller-scale surveys and data have been emerging and trying to point towards health and wellbeing outcomes specifically for gender-diverse people. This research suggests that health outcomes are poorer among trans-identifying people than the wider population, as well as other groups that are part of the LGBTQ community. Patient-reported health outcomes demonstrated that transgender men and women reported lower levels of general health than both the national average, and also below cis-gendered gay, lesbian and bisexual respondents (Grey/Janus, 2006). Specific disparities faced by non-gender-conforming people include reduced engagement with cervical cancer screening programs and increased rates of smoking and associated diseases.

Healthcare providers are also lacking in both understanding the transgender experience and delivering quality care to gender-diverse people due to a lack of basic knowledge in these areas.

This begins with a failure to understand the ranges of and differences between sex, gender, and sexuality, and the tendency to mix and confuse these terms. It also relates to the lack of education surrounding the specific healthcare needs of gender-diverse people, including gender-affirming therapies and their side effects, sexual health, and fertility. The National Transgender Discrimination Survey found that half of respondents reported having to teach their healthcare providers about transgender health (Grey/Janus, 2006). While there are some specialties that are reporting higher rates of positive experiences for transgender individuals, stigma and misunderstanding are still present even in the professions that are most likely to be involved in the care routines of a transgender person.

There are also socio-political structures that create barriers to healthcare access at an institutional level. Many of the healthcare disparities faced by transgender people relate to their lack of visibility. Simply, most healthcare organizations collect patient data about sex or gender, often used interchangeably as mentioned before, as a binary of “male” or “female”. This method excludes those who do not identify within the binary, while simultaneously rendering transgender experience invisible, as it fails to capture the difference between an individual’s sex at birth and current gender identity. The supposed aim of collecting this information has two purposes: to identify the sex-specific healthcare needs of a person, for example, the likelihood of pregnancy, and to provide gender-appropriate interactions, for example, the appropriate use of pronouns. However, the method of presenting patients as either “male” or “female” fails to serve either of these aims in relation to gender-diverse people. In this binary system, transgender, intersex and other gender-diverse people are effectively invisible, a process termed “erasure”. The erasure that exists in health data collection is mirrored in many bureaucratic contexts, which themselves contribute to the substantial barrier to healthcare that transgender people face. For

example, a large survey in the United States in 2015 found that only 11% of transgender or gender-non-conforming respondents had their accurate name and gender on all their official identity documents (Hughto, 2015). Some reasons for not changing the legal names of such individuals include financial capacity and a lack of procedural knowledge.

It is essential to note that the inconsistent and inappropriate use of gender markers extends beyond clinical practice. This erasure exists across all levels of data-gathering and makes collecting and locating data about the health and wellbeing of gender-diverse people difficult, which in turn makes it hard to identify areas of need and action. Both demographic information and data regarding cause and effects of outcomes are necessary to create an evidence-based approach to the healthcare of gender-diverse people. Getting rid of "erasure" is an important first-step that must not be ignored if we really want to better transgender access to healthcare and fill the gaps that exist in our knowledge of specific health challenges for transgender people. Only then will we be to come up with appropriate strategies to address these issues.

TRANS-INCLUSIVE HEALTH BENEFITS

There is no debate that transgender individuals have spent much time suffering through discriminatory barriers in most, if not all aspects of life. While progress is being made on advancing things like workplace protections for those who are transgender, the elimination of discrimination in health care benefits has been slow to gain momentum. Many U.S. employer-based health care plans explicitly contain "transgender exclusions." These exclusions prohibit coverage for medical care related to gender transition, otherwise known as transition-related health care. Transition-related health care encompasses mental health care, hormone therapy, gender affirmation surgery, and other gender affirming care.

Even when health care plans do not explicitly contain "transgender exclusions," coverage of transition-related care is still often denied on the basis that it is cosmetic or experiential, and therefore perceived by the insurer to be not medically necessary. Furthermore, transgender people are even denied coverage for many of the procedures routinely provided to people who are not transgender, for example hysterectomies for transgender men. These discriminatory exclusions persist despite the fact that the nation's top professional health associations—including the American Medical Association and the American Psychological Association—have clearly denounced the notion that transition-related care is cosmetic or experimental and affirmed that transition-related health care is medically necessary for the health and well-being of many transgender people.

On the bright side, an increasing number of employers today are doing away with such discriminatory exclusions. More and more municipalities are beginning to offer their employees trans-inclusive health care plans that are confirmed to cover transition-related health care. Since the beginning of the Municipal Equality Index (MEI) put out by HRC, this number of

municipalities has increased every single year. After this year, 42 out of 353 municipalities, or 12%, will offer trans-inclusive health care benefits, which is actually more than double from last year.

At the state level, a handful of states have made the commitment to providing trans-inclusive health care coverage. California, Connecticut, Maryland, Washington, Oregon and the District of Columbia have removed or are currently in the process removing transgender exclusions from their respective state employee health care plans.

In addition to its Municipal Equality Index, the Human Rights Campaign Foundation released a Corporate Equality Index (CEI) which assesses corporate policies and practices and keeps track of the major private employers that offer trans-inclusive health care benefits. There has been a nearly seven-fold increase in this number between 2009 and 2014, rising from only 49 employers all the way up to 340 employers.

ANALYSIS OF FINDINGS

In addition to simply being the right thing to do, having transgender-inclusive health care also brings with it a number of benefits. The Williams Institute, a public policy think tank at UCLA that focuses on sexual orientation and gender identities issues, found that 60% of employers who provide transition-related health coverage feel that providing this coverage makes them more competitive and improves both recruitment and retention. (Persad, 2018) They also said that these benefits effectively show to the public how committed they are to fairness and equality. It's been observed that offering these benefits leads to an increase in employee satisfaction and morale, attracts a diverse workforce, and puts them on the so-called "leading edge." So, it's

pretty clear: equality and inclusion are in, and if employers do not invest in it then they are losing business.

A concern with this strategy is the cost of offering inclusive health coverage. According to numerous studies, this cost is actually quite small. 85% of respondents to the Williams Institute study reported no cost at all to provide transgender-inclusive benefits. (Persad, 2018) This is mostly because such a small percentage of people undergo transition-related medical care, so the distributed costs are either very marginal if not nonexistent. This goes to show how easy this strategy is; all it takes is a slight change in attitude to a small yet important group of individuals.

TRUMP

Much of the motivation behind this research topic has come from the words and actions of our current administration. Donald Trump has attempted to ban transgender individuals from serving in the military and has supported a handful of discriminatory bills that attack numerous aspects of life for the LGBTQ community, where transgender people are the most vulnerable.

Last October, the New York Times released an article revealing that the term 'transgender' could be defined out of existence under the Trump administration. This article raised many red flags in the healthcare arena because it stated how the Trump administration is considering narrowly defining gender as "a biological, immutable condition determined by genitalia at birth." This particular definition would limit sex to male or female, unchangeable as assigned at birth, and disputes would have to be settled by genetic tests. So the roughly 1.4 million Americans who, whether by surgery or not, have chosen to identify as a gender other than what was given at birth could be jeopardized. There has been a considerable amount of transgender guidance in the

medical community; this new definition of gender would take the newfound understanding and make it irrelevant.

This is one of a series of moves set to exclude a whole enclave of Americans from civil rights protections, including access to healthcare, and roll back the more fluid recognition of gender that we saw under the Obama administration. As mentioned earlier, the current administration has sought to ban those who are transgender from serving in the military, and is now legally challenging civil rights protections laid out for the transgender community that have been embedded in our nation's healthcare law.

The Department of Health and Human Services has shown itself to be a part of the anti-transgender conversation going on. For the last year, they've raised the argument that the term "sex" should not include gender identity, and they have gone so far as to hint that the "lack of clarity" around the term led to civil rights protections being given to people who shouldn't have them. Roger Severino, director of the Department of Health and Human Services, is one of the conservatives who has labeled the Obama administration's expansion of the term "sex" to include gender identity as "radical gender ideology." (Green/Bennner/Pear, 2018)

While I was working with the Human Rights Campaign (hereafter referred to as HRC), I had the chance to feel firsthand the sentiment of the transgender community and those close to it. Sarah Warbelow, the legal director for HRC, made it clear that transgender individuals are frightened and that "At every step where the administration has had the choice, they've opted to turn their back on transgender people." (Warbelow, 2018) Once again, however, it was noticeable that non-government organizations and large corporations took a stance against the hateful attempts of the Trump administration.

The reason why all this debate around the term “sex” is of so much importance is because the definition is integral to a proposed rule that is currently under review at the White House. That rule falls under health and human services and deals with programs and activities that receive federal funds and/or subsidies. The timing of this research could not be more convenient, as health and human services is preparing to formally present their new definition to the Justice Department very soon.

CASE STUDY: ROCHESTER

The City of Rochester announced in 2014 that they would offer trans-inclusive health coverage to city employees, and since then, a pleasant community dialogue has begun in the area. The people there have been learning more about what it means to be transgender, as well as the challenges that trans individuals face. Historically, Rochester has been a leader in the fight for civil rights, and this announcement furthered its commitment to that fight. Rochester City Council Member Matt Haag said that “This is not just a feel-good health measure, it is good business.” (Persad, 2018) This mentality is wonderfully reflected in the effective strategy portion mentioned earlier. A growing number of municipalities and organizations are also realizing the benefits, and are adopting the proper policies. These changes will in turn yield a positive effect on communities.

CASE STUDY: SAN FRANCISCO

It shouldn’t be too much of a surprise that San Francisco is among one of the leading cities when it comes to trans-inclusive health care. They made the move back in 2001, long before Rochester

even did. In fact, San Francisco was one of the first municipal governments in the US to include these benefits, including gender reassignment surgery, hormone treatments, and appropriate mental health care. When these services were approved, there was still a concern that providing them would increase health care premiums for employees and the city itself. In addition, there was also a concern that people seeking reassignment surgery would seek out city employment and disproportionately increase utilization. To address both of these worries, San Francisco had set a surgical claim cap and made a waiting period of one year a requirement. They were also proactive in addressing cost with the service providers. The Health Service System (HSS) identified clinics in the US and Canada that were distinguished in gender reassignment surgery and set up specific contracts for those distinct services. In addition to that, with the goal of creating a reserve to pay for transgender benefits, HSS loaded an additional two dollars on employee premiums from 2001 to 2006 which helped them build a bank of several million dollars (Persad, 2018) However, like mentioned earlier, the percent of people utilizing the benefit is very small, so the benefit cost employees virtually nothing.

As a result of this beneficial cost data, the city's contracted health maintenance organizations no longer separately rate and price the transgender benefit, but instead they treat the benefit the same as other medical procedures such as gall bladder removal or heart surgery. As a result, HSS was able to provide transgender benefits to employees at no additional cost. Having now experienced the fiscal impacts of the program, San Francisco has improved upon the program by eliminating the one-year waiting period as well as the surgical cap to make it easier for any city employee to access necessary transgender benefits.

CASE STUDY: WISCONSIN

Wisconsin is a great example of local governments doing more than what is being done at the federal level. The City of Milwaukee Equal Rights Commission (ERC) personally recognized increasing disparities in state and federal protections, and therefore put in a lot of work to extend civil rights, including health care, safeguards that include gender identity and gender expression, among other factors. The ERC in Milwaukee also works closely with the mayor and other city departments to invest in all-gender single-stall bathrooms in all city buildings, another important win for the transgender community there. (McDonnell, 2018) It is unquestionable that bipartisan support for expanding non-discrimination laws at the state level in Wisconsin is growing. However, it's growing very slowly. This has inspired leaders in local Wisconsin communities to take matters into their own hands. As they push for state government to recognize the need for protections for everyone in the LGBTQ community, local government officials are the ones leading the way for this state.

Milwaukee has proven that it is committed to working to advance fairness, dignity, and respect for all and successfully doing so at the municipal level, regardless of what discussions may be occurring among the federal government.

CONCLUSION

The transgender community is arguably the most marginalized and underserved population in medicine. A special issue focusing on men's health would be incomplete without mention of this vulnerable population, which includes those transitioning to and from the male gender. Transgender patients face many barriers in their access to healthcare including historical stigmatization, both structural and financial barriers, and even a lack of healthcare provider experience in treating this unique population. My earlier hypothesis of the need to first eliminate the stigma was a step in the right direction, although a review of the literature has shown a number of other important steps. That being said, historical stigmatization fosters a reluctance to disclose gender identity, which can have dire consequences for long-term outcomes due to a lack of appropriate medical history including transition-related care. Even if a patient is willing to disclose their gender identity and transition history, structural barriers in current healthcare settings lack the mechanisms necessary to collect and track this information. Moreover, healthcare providers acknowledge that information is lacking regarding the unique needs and long-term outcomes for transgender patients, which contributes to the inability to provide appropriate care. All of these barriers must be recognized and addressed in order to elevate the quality of healthcare delivered to the transgender community to a level that is proportionate to the general population. Overcoming these barriers will require a redefinition of our current system such that the care a patient receives is not exclusively linked to their sex but also considers gender identity.

All municipalities should make the shift to transgender-inclusive health care benefits. For cities that engage in the health care marketplace in the same way as private employers, it can be done very easily. Trans rights are human rights, and transgender-inclusive health care benefits are a

matter of basic fairness and equality. Offering this coverage promotes a workforce that is healthier, more productive, and more representative of the diversity of our communities. With little or no costs attached, there is honestly no reason not to join those who recognize coverage for all.

REFERENCE PAGE

Persad, Xavier. “HRC's Municipal Equality Index.” *Human Rights Campaign*, Human Rights Campaign, 2018, www.hrc.org/mei.

Green, Erica L., et al. “'Transgender' Could Be Defined Out of Existence Under Trump Administration.” *The New York Times*, The New York Times, 21 Oct. 2018, www.nytimes.com/2018/10/21/us/politics/transgender-trump-administration-sex-definition.html.

Hughto, Jaclyn M. White, et al. “Transgender Stigma and Health: A Critical Review of Stigma Determinants, Mechanisms, and Interventions.” *NeuroImage*, Academic Press, 11 Nov. 2015, www.sciencedirect.com/science/article/abs/pii/S0277953615302185.

Stroumsa, Daphna. “The American Journal of Public Health (AJPH) from the American Public Health Association (APHA) Publications.” *Cross-Sectional and Longitudinal Effects of Racism on Mental Health Among Residents of Black Neighborhoods in New York City | AJPH | Vol. 105 Issue 4*, 12 Feb. 2014, ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301789

https://vector.amsa.org.au/wp-content/uploads/2018/10/VectorJournalVoume12Issue2.pdf#page=21

Safer, Joshua D., et al. “Barriers to Health Care for Transgender Individuals.” *HHS Public Access* *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802845/*