



<b>Body System:</b> Public Health		
<b>Session Topic:</b> Adult Transgender Wellness		
<b>Educational Format</b>		<b>Faculty Expertise Required</b>
<b>REQUIRED</b>	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
<b>Professional Practice Gap</b>	<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<ul style="list-style-type: none"> <li>Although family physicians may not intentionally discriminate against patients of specific sexual orientations or gender identities, they still may require additional tools or resources to appropriately address and manage patients of the gay, lesbian, bisexual or transgender (LGBTQ) community.</li> <li>While certain elements of care for LGBTQ patients are no different than what is included in a family physician's usual scope of care (e.g., diet/exercise, substance abuse, mental health), other topics have a higher incidence among LGBTQ patients and may be of particular concern to family physicians (e.g., STDs, HIV, mental health, obesity, eating disorders). Family physicians should</li> </ul>	<ol style="list-style-type: none"> <li>Use proper terminology/language commonly used in discussions of gender and gender identity.</li> <li>Implement practice changes that will improve your ability to provide culturally competent care to the transgender patient.</li> <li>Evaluate patients for and provide appropriate hormone therapy to transgender patients per current guidelines.</li> </ol>	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



<p>therefore be prepared to offer a standard of treatment that is inclusive of heterosexual men and women and those in the LGBTQ community.</p> <ul style="list-style-type: none"> <li>Family physicians should assess their level of training in caring for transgender patients, as many may not be familiar with or may not have been exposed to such individuals. As such, they should be prepared to offer unique elements of care or referral to sub-specialists for counseling or surgical services or management of hormonal medications.</li> <li>In offering care to all LGBTQ patients, family physicians should prepare to discuss family dynamics and interactions, community support groups and resources, conflict management and specific health issues.</li> </ul>		
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**ACGME Core Competencies Addressed** (select all that apply)

X	Medical Knowledge	X	Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice

**Faculty Instructional Goals**

<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> <li>Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy &amp; reference citations</li> <li>Facilitate learner engagement during the session</li> <li>Address related practice barriers to foster optimal patient management</li> </ul>
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- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
  - Visit <http://www.aafp.org/journals> for additional resources
  - Visit <http://familydoctor.org> for patient education and resources
- Provide recommendations regarding the use of proper terminology/language commonly used in discussions of gender and gender identity.
- Provide recommendations for implementing practice changes that will improve your ability to provide culturally competent care to the transgender patient.
- Provide recommendations for evaluating patients for and provide appropriate hormone therapy to transgender patients per current guidelines.

### Needs Assessment

The health care of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) adult patients may not be a component that family physicians are prepared for or incorporate into their practice. The American Academy of Family Physicians (AAFP) asserts in its policy on patient discrimination that discrimination in any form – including sexual orientation and gender identity – is unethical.<sup>1</sup> The AAFP further acknowledges that some physicians may require access to resources for further education and training on how to appropriately manage LGBTQ issues in the healthcare setting. Sexual-minority individuals are often challenged by suicidality, body-image distortion, substance abuse, and high-risk sexual behavior, in part because of the effects of unsupportive environments.<sup>2</sup> Physicians themselves often have differing views on whether gender nonconformity should be regarded as a normal variation of gender expression, a medical condition, or a psychiatric disorder.<sup>3</sup>

According to the Centers for Disease Control and Prevention (CDC), nearly 1 million U.S. adults identify as transgender.<sup>4</sup> Among the 3.3 million HIV testing events reported to CDC in 2013, the percentage of transgender people who received a new HIV diagnosis was more than 3 times the national average. Multiple factors have put transgender people at risk for HIV infection and transmission, including multiple sexual partners, anal or vaginal sex without condoms or medicines to prevent HIV, injecting hormones or drugs with shared syringes and other drug paraphernalia, commercial sex work, mental health issues, incarceration, homelessness, unemployment, and high levels of substance misuse compared to the general population, as well as violence and lack of family support.

Many transgender people face stigma, discrimination, social rejection, and exclusion that prevent them from fully participating in society, including accessing health care, education, employment, and housing. These factors affect the health and well-being of transgender people, placing them at increased risk for HIV. Insensitivity to transgender issues by health care providers can be a barrier for transgender people diagnosed with HIV and seeking quality treatment and care services. Few health care providers receive proper training or are knowledgeable about transgender health issues and their unique needs. This can lead to limited health care access and negative health care encounters.



Key findings from the National Transgender Discrimination Survey Report on Health and Health Care are summarized as follows:<sup>5</sup>

- Survey participants reported very high levels of postponing medical care when sick or injured due to discrimination (28%) or inability to afford it (48%);
- Respondents faced significant hurdles to accessing health care, including:
  - Refusal of care: 19% of our sample reported being refused care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey;
  - Harassment and violence in medical settings: 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor's offices;
  - Lack of provider knowledge: 50% of the sample reported having to teach their medical providers about transgender care;
- Despite the barriers, the majority of survey participants have accessed some form of transition related medical care; the majority reported wanting to have surgery but have not had any surgeries yet;
- If medical providers were aware of the patient's transgender status, the likelihood of that person experiencing discrimination increased;
- Respondents reported over four times the national average of HIV infection, 2.64% in our sample compared to .6% in the general population, with rates for transgender women at 3.76%, and with those who are unemployed (4.67%) or who have engaged in sex work (15.32%) even higher;
- Over a quarter of the respondents misused drugs or alcohol specifically to cope with the discrimination they faced due to their gender identity or expression;
- A staggering 41% of respondents reported attempting suicide compared to 1.6% of the general population, with unemployment, low income, and sexual and physical assault raising the risk factors significantly.

A review of the literature reveals several health disparities in the LGBTQ community:<sup>6-18,19</sup>

- Significant health disparities exist in the LGBTQ community in terms of mental health services.
- Physicians are frequently uncomfortable eliciting information about sexual orientation and gender identity from their patients through thoughtful, nonjudgmental discussion and history-taking.
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGBTQ individuals.
- LGBTQ populations have the highest rates of tobacco, alcohol, and other drug use.
- Women who have sex with women (WSW) are less likely to initiate human papillomavirus (HPV) vaccination than their age-matched heterosexual peers
- Transgender persons are more likely to experience discrimination that affects access to health insurance.
- Transgender women are often at higher risk of intimate partner violence

Transgender individuals may present additional challenges for some family physicians because they may not have had exposure to such patients. Physicians should also be knowledgeable of the



changes with regard to transgender individuals in the DSM-V, which aims to avoid stigma by replacing the diagnostic name “gender identity disorder” with “gender dysphoria”, defined as people whose gender at birth is contrary to the one they identify with.<sup>20</sup> Physicians are also often not be comfortable addressing gender reassignment (which encompasses counseling, hormonal medications and surgery).<sup>21</sup> Thus, family physicians that provide care for transgender patients may be asked to offer guidance on surgery options, injectable or oral medications (particularly estrogen in men seeking female reassignment) and counseling services. Family physicians can also use the opportunity in treating transgender (and gay, lesbian and bisexual) patients to address other issues that may be prevalent in the LGBTQ community, such as educating family members, finding community resources and support groups, and discussing potential conflicts around specific health issues. If family physicians face uncertainty about treatment of patients in the LGBTQ community, they can provide referral to additional health care providers, community services or resources to aid the medical management of this population of patients.

CME outcomes data from 2012-2016 AAFP FMX (formerly Assembly): *Gay, Lesbian, Bisexual, and Transgender Issues* sessions suggest that physicians have knowledge and practice gaps with regard to modifying intake forms, charts, and EHR records to be more accurately reflect LGBTQ status; improving physician-patient communication to help LGBTQ patients feel more comfortable discussing concerns; educating staff to increase LGBTQ cultural competencies; managing hormone treatments in office; creating/modifying patient handouts to be more inclusive of LGBTQ community; providing more complete health screenings, specific to the needs of LGBTQ patients; being aware of LGBTQ-specific clinical guidelines; and becoming more aware of community resources for LGBTQ patients.<sup>22-26</sup>

More specifically, learners from two *Gay, Lesbian, Bisexual, and Transgender Issues* sessions at the 2015 FMX, using an ARS, identified their most significant educational need as:<sup>23</sup>

- (14.8%) How to reduce the barriers to medical care
- **(27.2%) How to provide transgender care**
- (11.1%) The health disparities affecting them
- (9.9%) How to train clinic staff
- (37.0%) Get updates on new developments and recommendations

This data suggest the future CME should focus on updates and new developments, and how to effectively deliver appropriate care for transgender patients.

Transgender persons often seek a combination of medical, surgical, mental health, and other related treatments and services. Common treatments include cross-sex hormone therapy; genital reassignment surgery; nongenital surgical procedures of the face, breast, or body; speech and voice therapy; and facial hair removal. Transgender persons require ongoing primary and preventive care, in addition to transgender-specific care. Preventive care approaches are similar to those of nontransgender persons, with adjustments based on hormonal and anatomical differences, such as the need for cervical screening in transmen and breast cancer screening in transwomen.<sup>27</sup>

The World Professional Association for Transgender Health (WPATH) is an international multidisciplinary professional association that publishes recognized standards for the care of



transgender and gender-variant persons. In September 2011, WPATH published the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version (SOC7). The SOC7 is more comprehensive than the prior version, and contains numerous updates that address changes in both the transgender community and in the practices of physicians who care for them. Although the SOC7 contains an evidence-based discussion of treatment options, adverse effects, and outcomes, specific treatment regimens (e.g., hormone dosing) are published elsewhere. As such, they are not presented in this guideline.

### References

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