Trans Affirmative Care
Project ECHO;
James Westphal, MD

Main Points

- Diversity in how people express their gender identity and sexual orientation is normal.
- About 0.8% of Hawaiian adults self identify as transgender.
- Sexual minorities including transgender people often experience stigma and health inequity.
- Much of the health inequity for sexual minorities, specifically in Hawaii, results from lack of participation in primary health care and prevention.
- Trans affirmative care provides welcoming health care settings for transgender people, so that they can feel safe participating in health care.
- Gender supporting and person centered language is important component of trans-affirmative care.

Main Points (2)

- Not all people who identify as transgender experience gender dysphoria.
- Transition for transgender people can involve both social changes and medical gender confirming treatments and needs to be individualized.
- An interdisciplinary approach is often necessary for medically based gender confirmation treatment.
- There are two types of medical gender confirming treatments: hormone treatments and surgical interventions.
- Medically based gender confirmation treatment while very important is only a one component of transgender health care.
- Ongoing care and primary care based prevention are also important in addressing gender and sexual minority based health inequity.

Terminology

- **Cisgender** is a **gender identity that matches one's assigned sex at birth** (World Health Organization, 2013).
- **Transgender** as "an umbrella term that describes a diverse group of people whose **internal sense of gender is different than their gender assigned at birth**.
- **Transgender refers to gender identity and gender expression**, and has nothing to do with sexual orientation".
- The umbrella term **non-binary** genders include people who have a **gender which is neither male nor female and may identify as both male and female at one time, as different genders at different times, as no gender at all, or dispute the very idea of only two genders** (Richards, Bouman, Seal et al., 2016).
- **LGB** refers to **lesbian, gay and bisexual sexual minorities**. **LGBT** refers to **lesbian, gay, bisexual and transgender gender and sexual minorities**.

Basic Concepts of Sexual Minority Care

- **Transgender identities and diverse gender expressions are a part of the normal continuum of human diversity and are not mental health disorders** (Hidalgo, Ehrensaft, Tishelman, et al., 2013).
- **Mental health treatment aimed at trying to change a person's gender identity and lived gender expression to become more congruent with sex assigned at birth has been attempted in the past without success, particularly in the long-term and is considered unethical**" (World Professional Association for Transgender Health, 2012).
- The Substance Abuse and Mental Health Services Administration (2015) concluded that "**any therapeutic intervention with the goal of changing gender expression or identity or sexual orientation is inappropriate**".

National 2020 Gallup Poll and an Independent Study From 2016 Found 0.6% of US Adults Self Identified as Transgender

	Among LGBT U.S. Adults	Among All U.S. Adults
Lesbian	11.7%	0.7%
Gay	24.5%	1.4%
Bisexual	54.6%	3.1%
Transgender	11.3%	0.6%
Non Binary	3.3%	0.2%

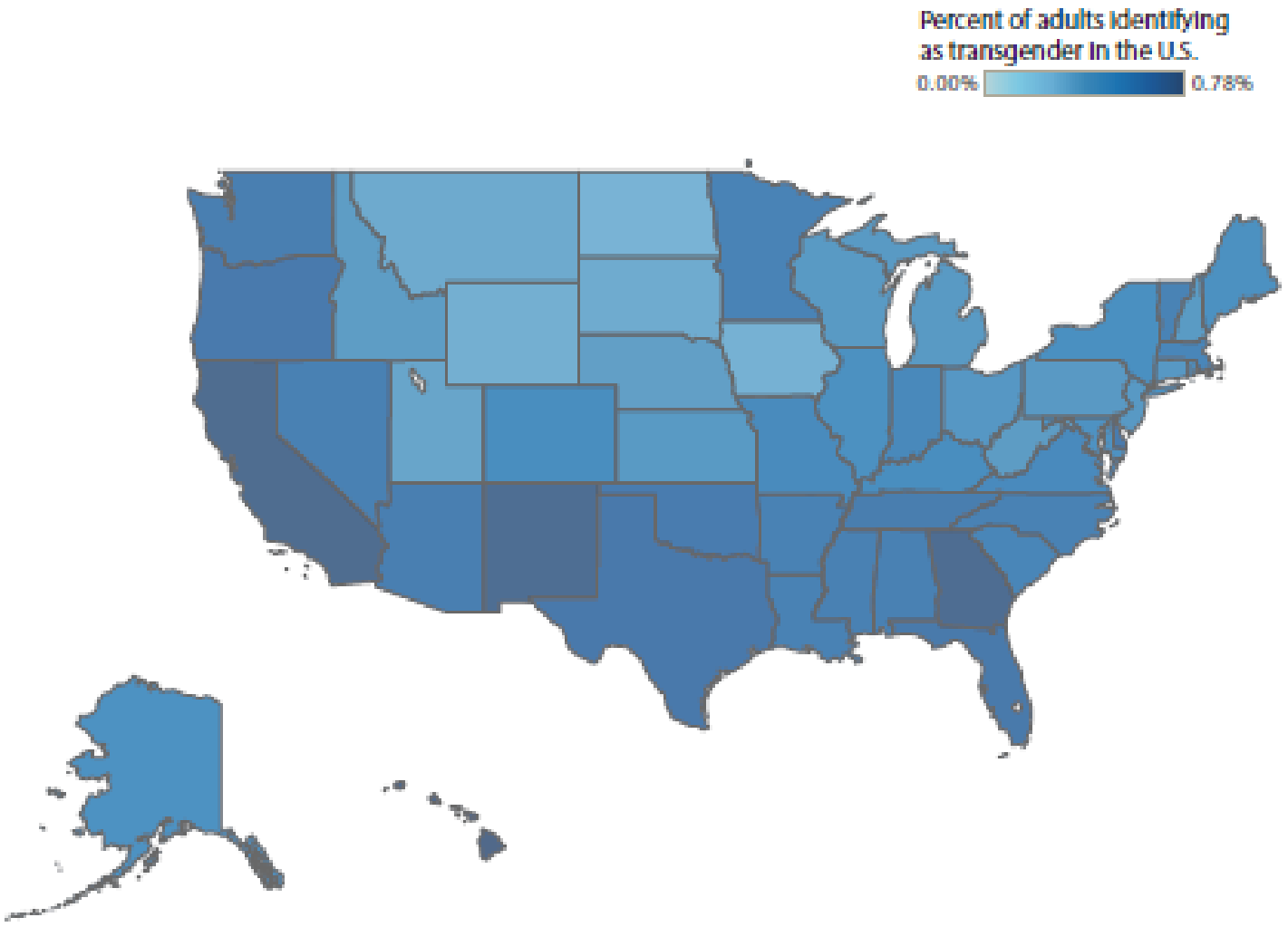
https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx

Transgender Identification Varies by State

Hawaii Has The Highest Prevalence of Transgender Adults (0.8%).

Flores, Herman, Gates et al., 2016

Figure 1. Percent of Adults Who Identify as Transgender in the United States



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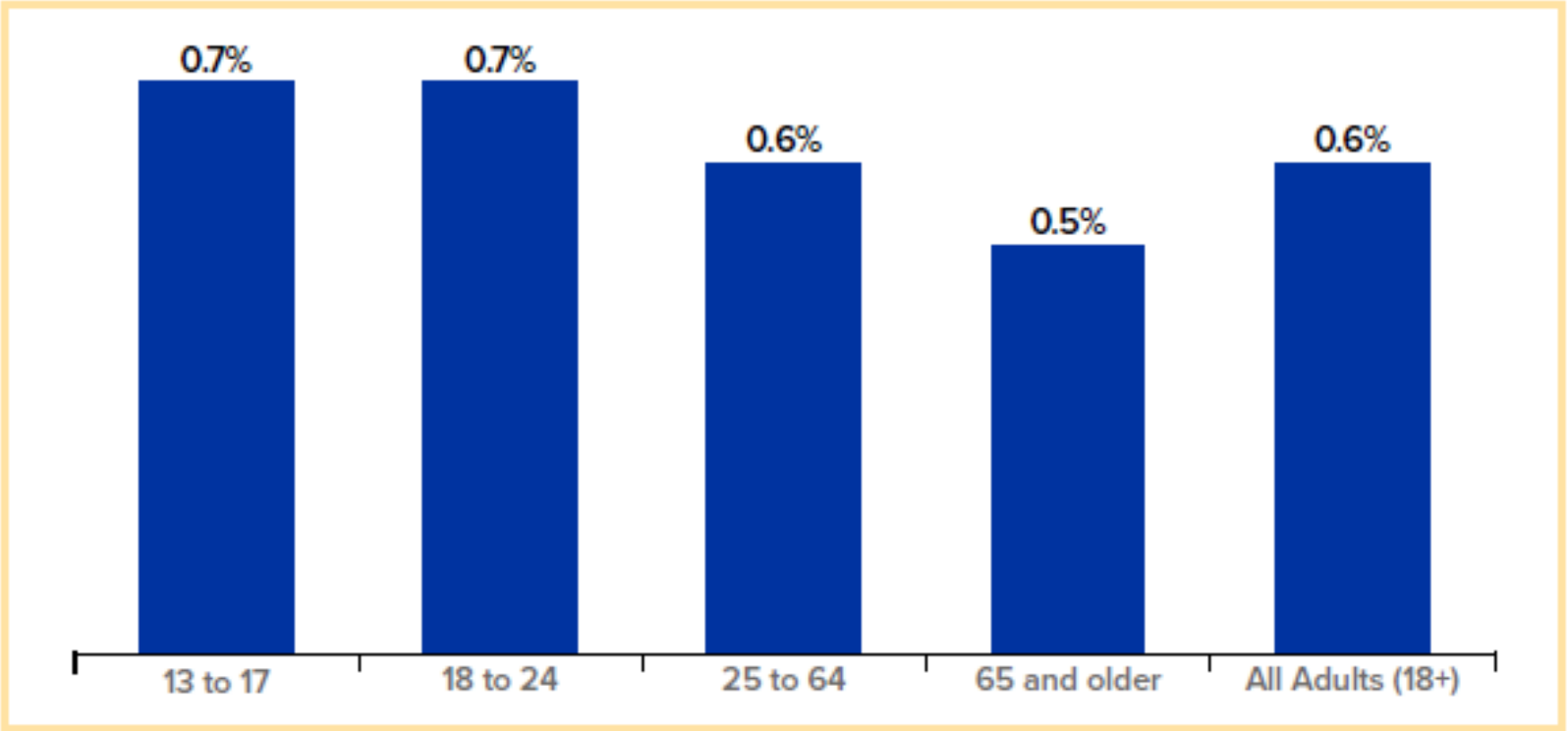
Transgender Identification Varies by Age

- State-level, population-based surveys to estimate the proportion of the population that identifies as transgender by age group, starting at age 13 (Herman, Flores, Brown et al., 2017).

Adolescents and Young Adults Have the Highest Prevalence of Transgender Self Identification

Figure 1. Percentage of Individuals Who Identify as Trangender by Age



There have been no large-scale prevalence studies among youth, and there is no evidence that adult statistics reflect young children or adolescents (Rafferty, 2018).

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LGBT Identification Varies by Age or Generation

Generation	LGBT %	Heterosexual %	No Opinion
Generation Z (born 1997-2002)	15.9%	78.9%	5.2%
Millennials (born 1981-1996)	9.1%	82.7%	8.1%
Generation X (born 1965-1980)	3.8%	88.6%	7.6%
Baby boomers (born 1946-1964)	2.0%	91.1%	6.9%
Traditionalists (born before 1946)	1.3%	89.9%	8.9%

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https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx

Sexual Minority Stress

- The concept of minority stress is important in understanding the experiences of sexual and gender minorities.
- **Minority stress is defined as the additional stressors that people experience due to having a stigmatized minority status** (Meyer, 2003).
- Minority stress factors for sexual minority people consist of **experiences of negative events, expectations of future experiences of negative events, internalized homophobia, and concealment of sexual minority identity.**
- **Minority stress has been associated with high rates of suicidality, substance use, depression, and social anxiety** (Hatzenbuehler, Nolen-Hoeksema, Erickson, 2008; Baams, Grossman, Russell, 2015; Feinstein, Goldfried, Davila, 2012).
- **There is substantial evidence to support the relationship between minority stress and negative biological outcomes**, yet additional research is needed to identify the measurements and outcomes that have the most rigorous and replicable results.

Flentje, Heck, Brennan et al., 2020

Gender Minority Stress

- **Defined as additional stressors that are experienced by transgender/gender nonconforming people** (TG/GNC).
- Gender minority stress includes discrimination, rejection, and victimization based on gender minority identity or expression; non-affirmation of gender identity (e.g. wrong pronoun use); expectations of future experiences of discrimination based on gender minority identity; internalized transphobia; and concealment of one's transgender identity (Testa, Habarth, Peta et al., 2015).
- Each of these has been found to contribute to various mental health disparities between TG/GNC and cisgender people.
- **Experiences of minority stress are linked to disproportionately high rates of suicidality, depression, anxiety, substance use, and HIV diagnoses**.
- Moreover, **TG/GNC people of color and TG/GNC undocumented noncitizens report even higher rates of physical and mental health concerns**.

Nuttbrock, Hwahng, Bockting et al., 2010

Health Inequity

- The Institute of Medicine (2011) published The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding; one of its recommendations included: Inequities in health care: **LGBT people face barriers to equitable health care that profoundly affect their overall well-being.**
- One of goals of Healthy People 2020 was: **Improve the health, safety, and well-being of LGBT individuals.**
- **Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights (**Office of Disease Prevention and Health Promotion, 2014).
- **Discrimination against LGBT persons has been associated with high rates of psychiatric disorders** (McLaughlin, Hatzenbuehler, Keyes 2004), **substance use** (Ibanez, Purcell, Stall et al, 2005; Herek & Garnets, 2007) **and suicide** (Remafedi, French, Story et al., 1998).

Health Inequity (2)

- **Violence and victimization are frequent for LGBT people,** and have long-lasting effects on the individual and the community (Roberts, Austin, Corliss et al., 2010).
- **Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety** of LGBT individuals (Office of Disease Prevention and Health Promotion, 2014).
- No high quality studies have assessed how gender-affirming medical care impact health inequities in transgender and gender diverse adults (TG/GD), despite the fact that that **TG/GD adults have higher than average morbidity and mortality across a host of health concerns** (Geist, Greenberg, Luikenaar et al., 2021).
- During 2017, the Hawaii Department of Health published the Hawaii Sexual and Gender Minority Health Report (2017). The Hawaiian findings were generally consistent with national trends; a summary of this report is included in the Appendix.

Health Inequity for Hawaiian Sexual Minorities Results From Lack of Health Care Engagement

- LGB youth are less likely to engage in protective behaviors**: they are less likely to visit a doctor for routine check-ups, less likely to receive routine oral healthcare**, and less likely to use condoms. Despite expanded testing recommendations, they are not receiving **HIV testing** at a higher rate than heterosexual youth.
- An overwhelming majority of LGB adults have healthcare coverage and regularly go to the doctor, **lesbian or bisexual women are significantly less likely than heterosexual women to have an ongoing source of primary care.**
- Preventive healthcare for LBG adults: receipt of **some cancer screenings and HIV tests, LGB adults fare worse than the heterosexual population.**
- LGB adults suffer higher rates of cancer and asthma than the heterosexual population.
- Lesbian or bisexual women suffer disproportionately from obesity; prediabetes; stroke; asthma; and arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Hawaii Department of Health, 2017

Addressing Health Inequity: Trans-Affirmative Care

- As sociocultural acceptance patterns evolve, **primary care clinicians will likely care for an increasing number of transgender persons** (Klein, Paradise and Goodwin, 2018).
- **Transgender people can often feel unsafe sharing their gender identity or their experiences of prejudice and discrimination** due to historical and current discrimination from health care providers (Fredriksen-Goldsen, Cook-Daniels, Kim et al., 2013).
- **Improving health outcomes requires attention to cultural competency and an understanding of lived experiences and priorities of transgender people** (Radix, 2020).
- Unfortunately, cultural competence training resources for transgender people and other sexual minorities is minimal (Butler, McCreedy, Schwer et al., 2016).
- Transgender people often experience stigma, discrimination and obstacles to access of general and gender identity related health care.

Trans Affirmative Care

- Trans affirmative care developed to make healthcare safer for transgender people and to inform healthcare providers about transgender culture.
- Components of trans-affirmative care: (1) **welcoming transgender clients through the use of correct terminology, such as,** using a patient-identified name and pronoun, using gender-neutral terminology until the appropriate term is identified by the patient, (2) inclusive intake forms, (3) obtaining a surgical history inclusive of an anatomic inventory **and (4) knowledge of gender-affirming interventions** (Rosendale, Goldman, Ortiz et al., 2018; Radix, 2020; Kattari, Curley, Bakko et al., 2020).
- **Person centered language seeks to reduce stigma and increase acceptance of diversity and can be used with sexual minority populations**.

A link to Person Centered Language Quick Reference Guide is in the Appendix

Be Inclusive and Promote Equity

- **All types of diversity** should be considered in language, both spoken and written.
- Including but not limited to:
- Race, ethnicity, & indigenous heritage,
- First language & migrant status,
- **Gender, sex, & sexual/romantic orientation,**
- Disability & neurodiversity,
- Socioeconomic status,
- Spirituality & religion,
- Body size,
- Geographical location,
- Age

https://psychhub.com/wp-content/uploads/2021/07/PHCommGuide.pdf

Gender Supporting Language: How to Be Supportive of Gender Preferences

- Try not to make assumptions about gender, gender identifiers or how members want to be addressed.
- Keep in mind you don't have to understand what it means to be transgender or non-binary to **respect them as people**.
- **Ask about how the person wishes to be addressed including what pronouns a member uses.**
- **Use the name that the member uses**.
- **Use the pronouns that a member uses.**
- **Transgender people can experience stigma when others misgender them** (McLemore, 2014).

Gender Dysphoria (GD)

- GD is defined by the American Psychiatric Association as a mental disorder that occurs when an individual feels a "marked incongruence between one's experienced/expressed gender and their assigned gender" (at birth).
- This **incongruence results in clinically significant distress and impaired functioning in social roles for a period of at least 6 months.**
- GD is typically accompanied by a **strong desire to change primary and/or secondary sex characteristics representative of the assigned gender, as well as a desire to obtain primary and/or secondary sex characteristics of the experienced/expressed gender.**
- Individuals with GD often report a persistent feeling of being "trapped in the wrong body."
- GD can also occur for individuals who have "alternative" gender identities that do not fit into a binary male or female paradigm (e.g., individuals who identify as non-binary).

American Psychiatric Association, 2013

GD Terminology Evolved Over Time

- The **APA (1993), in DSM IV**, and The **World Health Organization (WHO)** in its **International Classification of Disease (ICD), version 10 (1999),** described the condition as **Gender Identity Disorder**.
- However, ICD 11, (WHO, 2018) officially started on January 1, 2022, describes the condition as **Gender Incongruence** and places it in a new category titled **"Conditions related to sexual health",** removing it from the chapter of mental and behavioral disorders.
- Although the terminology has changed, the clinical utility of the diagnosis has remained stable. A recent study evaluated the ICD and DSM diagnostic criteria and concluded that **both classification systems (DSM and ICD) and both editions** (DSM-IV and DSM-5 and ICD-10 and ICD-11) of gender identity-related diagnoses seem reliable and convenient for clinical use (de Vries, Beek, Dhondt et al., 2021).
- DSM 5 Gender Dysphoria and ICD 10 Gender Identity Disorder diagnostic criteria are in the Appendix.

Transgender People and Gender Dysphoria

- **Clinic-based studies of GD seem to capture only a small subset of the transgender population** (Goodman, Adams, Corneil et al., 2019).
- Zhang, Goodman, Adams et al. (2020) in their systematic review of epidemiological studies found that in **health system-based studies** the proportions of individuals with a transgender diagnosis ranged between **17 and 33 per 100,000** enrollees (consistent with DSM 5 estimates).
- They found in population based surveys estimates ranging from **0.3% to 0.5% among adults,** (consistent with recent US Gallop poll) **and from 1.2% to 2.7% among children and adolescents**.
- The population based estimates were orders of magnitude higher and consistent across studies.
- However**, the stability of a self-reported transgender identity among non-clinic-based populations remains unknown** (Zucker, 2017).

Transgender People and GD Treatment

- **Some transgender people, especially women, do not report distress about their gender related bodily characteristics** (Spizzirri, Eufrásio, Lima et al., 2021).
- A large US survey of transgender adults found **less than 62% ever pursued gender confirmation** (Turban, Loo, Almazan et al., 2021).
- Some transgender people do not seek GD treatment because they wish to avoid the physical suffering; others because they report that they are socially accepted as non-binary (Nieder, Eyssel, Köhler, 2020).
- Not all transgender people who experience GD want gender confirming genital surgery (Rachlin, Green, Lombardi , 2008).
- **Current practice allows choice in gender confirming medical treatments, care needs to be individualized** (Klein, Paradise and Goodwin, 2018).

Social Confirmation

- Social Confirmation is a reversible intervention in which transgender people **express partially or completely in their asserted gender identity by adapting hairstyle, clothing, pronouns, name**, and other aspects of their gender identity.
- **People who identify as transgender and socially affirm and are supported in their asserted gender show no increase in depression and only minimal (clinically insignificant) increases in anxiety compared with age-matched averages** (Olson, Durwood, DeMeules et al., 2018).
- **Social confirmation can be complicated** given the wide range of social interactions people participate in (extended families, peers, school, community, work, religious community) (Rafferty, 2018).
- Social support is important, online support groups are available (Dowers, Kingsley, White, 2021).

Social Confirmation (2)

- There is **little guidance on the best approach to social confirmation** (all at once or gradual, creating new social networks or confirming within existing networks).
- Elements of a social confirmation, such as a name and gender marker, become official on legal documents, such as birth certificates, passports, identification cards, and school documents.
- The processes for making these changes depend on state laws and may require specific documentation from health care providers.
- **Health care providers can best support transgender patients and families by anticipating and discussing such complexity proactively, either in their own practice or through enlisting a qualified mental health provider**.

Rafferty, 2018

Interdisciplinary Approach is Recommended

- Often individuals with GD need varying levels of behavioral health intervention, hormonal therapy and surgical procedures to help them reduce the distress they are experiencing.
- Providers involved in the care of an individual with GD may include behavioral health providers, a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist.
- **Multidisciplinary care may be optimal but is not universally available**.
- **Current practice allows choice in gender confirming medical treatments, care needs to be individualized** (Klein, Paradise and Goodwin, 2018).

Gender Confirming Medical Treatment For Adolescents

- **Puberty can frequently exacerbate GD because of the development of unwanted secondary sexual characteristics.** For adolescents, a staged approach is recommended that combines psychological support and medical intervention.
- First phase is a mental health assessment to diagnose GD and determine if other comorbid behavioral conditions are present.
- The second stage can be puberty suppression treatment (PST) which is an extended diagnostic and observation phase. (Fisher, Ristori, Bandini, et al., 2014).
- **PST can reversibly suppress the development of secondary sexual characteristics, which eases GD symptoms without making irreversible physical changes.**
- The reversibility of puberty suppression is important; some adolescents who are treated with puberty suppressing hormones decide to not continue to gender confirming hormone treatment (GCHT) or gender confirming surgery (GCS) (Brik, Vrouenraets, de Vries et al., 2020).

Puberty Suppression Treatment

- **Adverse outcomes of PST included changes in body composition, slow growth, decreased height velocity, decreased bone turnover, cost of drugs, and lack of insurance coverage** (Rew, Young, Monge et al., 2021).

- Costs can range from $200 to $300 per month for generic leuprolide acetate depot injections to nafarelin acetate nasal spray that costs $2700 per month.

- **One meta-analysis of nine trials found puberty suppressing hormones were associated with improvement across multiple measures of psychological functioning but not GD itself**.

Chew, Anderson, Williams et al., 2018

The Transition Process is Complex

- In a survey of 100 individuals who stopped the medical transition process, Littman (2021) found the **majority (55.0%) felt that they did not receive an adequate evaluation from a doctor or mental health professional before starting transition** and only 24.0% of respondents informed their clinicians that they had de-transitioned.
- In a secondary analysis of the U.S. Transgender Survey, a cross-sectional nonprobability survey of 27,715 transgender adults in the US, participants were asked if they had ever de-transitioned.
- 2242 **(13.1%) reported a history of de-transition.**
- Conclusion: Among transgender adults with a reported history of detransition, the vast majority reported that their detransition was driven by external pressures.
- **Clinicians should be aware of these external pressures, how they may be modified, and the possibility that patients may once again seek gender affirmation in the future** (Turban, Loo, Almazan et al., 2021).

Gender Confirming Hormone Treatment (GCHT)

- The second major hormonal intervention is GCHT; also known as cross-sex hormonal therapy that allow individuals to actively masculinize or feminize their physical appearance to be more consistent with their gender identity.
- **GCHT alters body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs**.
- As the effects of GCHT are only partially reversible, they are generally used only once an individual reaches the legal age of medical consent (Chew, Anderson, Williams et al., 2018).
- Age to consent to medication in Hawaii is 16.

GCHT (2)

- A practical target for hormone therapy for **transgender men** (female to male) is to **increase testosterone levels to the normal male physiological range (300-1000 ng/dl)** by administering testosterone.
- A practical target for hormone therapy for **transgender women** (male to female) is to **decrease testosterone levels to the normal female range (30-100 ng/dl) without supra-physiological levels of estradiol (<200 pg/ml)** by administering an **antiandrogen and estrogen**.
- Patients should be monitored every 3 months for the first year and then every 6-12 months for hormonal effects (Gardner & Safer, 2013).

GCHT Needs Regular Medical Monitoring

- **Adverse events resulting from testosterone therapy include erythrocytosis, sleep apnea, hypertension, excessive weight gain, salt retention, blood lipid changes, and acne.**
- **Adverse events resulting from estrogen therapy include increased risk for thromboembolic disease, liver dysfunction, and high blood pressure** (Hembree, Cohen-Kettenis, Gooren et. al, 2017).
- The Center for Medicare Services (CMS) criteria for GCHT are included in the Appendix.

GCHT: Evidence

- Four independent systemic reviews on the effects of GCHT on mental health have been conducted within the previous five years.
- **All four concluded that the effects of GCHT on the mental health of transgender people are positive based on responses to validated scales**, but noted concern about the conflicts in the evidence and its methodologic quality.
- **All studies are non randomized observational studies, so no implications on causality can be made**.

Costa, Colizzi, 2016; Hughto, Reisner, 2016; Nguyen, Chavez, Lipner et al., 2018; Rowniak Bolt, Sharifi, 2019

GCHT and Gender Confirmation Surgery (GCS) Can Affect Fertility

- Fertility counseling is recommended for participants in medical gender affirming treatment.
- The service is recommended prior to removal of testes or ovaries;
- Counseling should include contraceptive use, effects of transition on fertility, and options for fertility preservation and reproduction.

Hembree, Cohen-Kettenis, Gooren et. al, 2017

Gender Confirmation Surgery (GCS)

- Surgical approaches may be **used to feminize or masculinize features**, such as hair distribution, chest, or genitalia, and may include removal of internal organs, such as ovaries or the uterus (affecting fertility). These changes are usually irreversible (Rafferty, 2018).

GCS typically falls into three categories:

1. **Top Surgery**: breast/chest surgery, including mastectomy for Female to Male (FTM) or breast augmentation for Male to Female (MTF),

2. **Genital surgery**, which can include hysterectomy, ovariectomy, and orchiectomy (removal of uterus, ovaries and testes),

3. **More intensive genital surgery**, which can include metodioplasty, phalloplasty, or vaginoplasty. The Gender Confirming Medical Treatment Glossary handout has detailed definitions for GCS terms.

GCS After Care and Primary Care Are Important

- **There is a dearth of long term, follow-up studies of GCS.**
- The effects of gender-confirming social, hormonal, or surgical care on overall health remain unclear (Geist, Greenberg, Luikenaar et al., 2021; Dahlen, Connolly, Arif et al., 2021).
- Our findings suggest that GCS surgery**, although alleviating GD, may not suffice and should inspire improved psychiatric and somatic care after GCS** (Dhejne, Lichtenstein, Boman et al., 2011).
- As sociocultural acceptance patterns evolve, **primary care clinicians will likely care for an increasing number of transgender persons** (Klein, Paradise and Goodwin, 2018).
- Ongoing primary care and primary care based prevention are important in addressing gender and sexual minority based health inequity.

Main Points

- Diversity in how people express their gender identity and sexual orientation is normal.
- About 0.8% of Hawaiian adults self identify as transgender.
- Sexual minorities including transgender people often experience stigma and health inequity.
- Much of the health inequity results from lack of participation in primary health care and prevention activities.
- Trans affirmative care provides welcoming health care settings for transgender people, so that they can feel safe participating in health care.
- Gender supporting and person centered language is important component of trans-affirmative care.

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- Not all people who identify as transgender experience gender dysphoria.
- Transition for transgender people can involve both social changes and medical gender confirming treatments and needs to be individualized.
- An interdisciplinary approach is often necessary for medically based gender confirmation.
- There are two types of medical gender confirming medical treatments: hormone treatments and surgical interventions.
- Medically based gender confirmation treatment while very important is only a one component of transgender health care.
- Ongoing care and primary care based prevention are also important in addressing gender and sexual minority based health inequity.

Thank You

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Appendix

An Independent Study Found National Adult Transgender Prevalence of 0.6%

- Data from CDC's Behavioral Risk Factor Surveillance System used to estimate the percent and number of adults who identify as transgender nationally and in all 50 states.
- **0.6% of U.S. adults identify as transgender**.
- This figure is **double the estimate that utilized data from roughly a decade ago** and implies that an estimated 1.4 million adults in the U.S. identify as transgender.
- State-level estimates of adults who identify as transgender range from **0.3% in North Dakota to 0.8% in Hawaii**.
- The youngest age group, 18 to 24 year olds, is more likely than older age groups to identify as transgender (Flores, Herman, Gates et al., 2016).

Health of Hawaiian Sexual Minority Youth

- LGB youth in Hawai'i experience bullying in school and electronic bullying at rates that are much higher than heterosexual students, and they are more likely to skip school because of feeling unsafe.
- LGB youth are also less likely than heterosexual students to receive good grades in school, less likely to be physically active and participate on sports teams, and less likely to believe that they will pursue vocational or academic training after completing high school. They are less likely to have access to supportive adults at home, and less likely to be in relationships where they feel safe.
- More LGB youth have experienced emotional, physical, and sexual violence or abuse in their relationships. Almost one in five LGB youth report having been forced to have sexual intercourse against their will.
- On all indicators of mental health, LGB youth perform worse than heterosexual youth.

Hawaii Department of Health, 2017

Health of Hawaiian Sexual Minority Youth (2)

- Every year, nearly one in three youth identifying as LGB, and nearly one in five identifying as questioning in Hawai'i, attempt suicide.
- In addition, LGB youth drink alcohol, engage in binge drinking, smoke cigarettes, and use drugs at rates that are significantly higher than heterosexual youth. They are also more likely to be at risk for substance use disorders with significantly higher rates of injection drug use and prescription drug misuse, and use of new and emerging tobacco products such as e-cigarettes.
- LGB youth are also less likely to engage in protective behaviors: they are less likely to visit a doctor for routine check-ups, less likely to receive routine oral healthcare, and less likely to use condoms.
- Despite expanded testing recommendations, they are not receiving HIV testing at a higher rate than heterosexual youth.

Hawaii Department of Health, 2017

The Health of Hawaiian LGB Adults Mirrors LGB Youth

- LGB adults are more likely to have suffered adverse experiences that are risk factors for poor health outcomes, such as sexual violence in intimate partner relationships and a history of rape or attempted rape.
- LGB adults engage in risk behaviors such as smoking and drinking to a greater extent, and women identifying as lesbian or bisexual are more likely to engage in problematic drinking than heterosexual women.
- LGB adults have worse mental health outcomes than heterosexual adults.
- Also, despite having comparable educational attainment as heterosexual adults, a greater proportion of LGB than heterosexual adults in Hawai'i earn less.
- While an overwhelming majority of LGB and heterosexual adults have healthcare coverage and regularly go to the doctor, lesbian or bisexual women are significantly less likely than heterosexual women to have an ongoing source of primary care.

Hawaii Department of Health, 2017

The Health of Hawaiian LGB Adults Mirrors LGB Youth (2)

- On indicators of preventive healthcare, receipt of some cancer screenings and HIV tests, LGB adults fare worse than the heterosexual population.
- LGB adults are more likely to be limited in their activities due to poor physical or mental health.
- They suffer higher rates of cancer and asthma than the heterosexual population.
- Lesbian or bisexual women suffer disproportionately from obesity; prediabetes; stroke; asthma; and arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.
- They are more likely to be diagnosed with multiple chronic conditions than heterosexual women and more likely to report being in poor general health.

Hawaii Department of Health, 2017

In Other States, Anti-LGBTQ Legislative Measures Peaks

- With an unprecedented number of anti-LGBTQ measures sweeping through state legislatures across the country, 2021 has officially surpassed 2015 as the worst year for anti-LGBTQ legislation in recent history.

- https://www.hrc.org/press-releases/2021-officially-becomes-worst-year-in-recent-history-for-lgbtq-state-legislative-attacks-as-unprecedented-number-of-states-enact-record-shattering-number-of-anti-lgbtq-measures-into-law

Person Centered Quick Reference Communication Guide Link

- https://psychhub.com/initiatives/psych-hub-communication-guide/

DSM-5 Criteria for GD in Adults and Adolescents

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following: 1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics).

2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

American Psychiatric Association, 2013

DSM-5 Criteria for GD in Adults and Adolescents (2)

5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

American Psychiatric Association, 2013

World Health Organization ICD 10 Gender Identity Criteria

1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment.
2. The transsexual identity has been present persistently for at least two years,
3. The disorder is not a symptom of another mental disorder or a chromosomal abnormality.

CMS Medical Necessity Criteria for GCHT

- The Center for Medicare Services (CMS) (2021) published criteria for GD treatments originally during 2013 with the most current revision during 2021.
- The CMS criteria for GCHT are:

  (1) **persistent, well-documented GD,**

  (2) **capacity to make a fully informed decision and to consent for treatment**;

  (3) **member must be at least 18 years of age**;

  (4) **if significant medical or mental health concerns are present, they must be reasonably well controlled**.

GCHT: Insurance Coverage

- **For masculinizing therapies**, the proportion of plans providing unrestricted coverage ranged from **22% to 79% in 2010** and from **5% to 75% in 2018**.
- **For feminizing therapies**, the proportion providing unrestricted coverage ranged from **24% to 100% in 2010** and from **13% to 100% in 2018**.
- Median annual Out Of Pocket (OOP) costs for **masculinizing therapies** ranged from **$232 to $1112 in 2010** and from **$180 to $2176 in 2018**.
- **For feminizing therapies**, OOP costs ranged from **$84 to $2716 in 2010** and from **$72 to $3792 in 2018.**

Solotke, Liu, Dhruva et al., 2020

CMS GCS Medical Necessity Criteria

- CMS considers surgical treatment medically necessary when all criteria are met:

(1) the individual is **at least 18 years of age**,

(2) a gender reassignment treatment plan is created specific to an individual beneficiary,

(3) the individual has a **documented DSM-5 diagnosis of GD**,

(4) **One letter from a mental health professional** that the patient has had, **at minimum, twelve months of psychotherapy sessions** attesting to all of the following clinical criteria:

(a) that **any co-morbid psychiatric or other medical conditions are stable** and that the **individual is prepared to undergo surgery**,

(b) that the patient has had **persistent and chronic GD**,

(c) that the patient has **completed twelve months of continuous, full-time, real-life experience** (i.e., the act of fully adopting a new or evolving gender role or gender presentation in everyday life) **in the desired gender**,

CMS GCS Medical Necessity Criteria (2)

(d) the individual, **if required by the mental health professional provider, has regularly participated in psychotherapy throughout the real-life experience** at a frequency determined jointly by the individual and the mental health professional provider,

(e) unless medically contraindicated (or the individual is otherwise unable to take cross-sex hormones), there is **documentation that the individual has participated in twelve consecutive months of cross-sex hormone therapy of the desired gender continuously and responsibly** (e.g., screenings and follow-ups with the professional provider) and

(f) the **individual has knowledge of all practical aspects (e.g., required lengths of hospitalizations, likely complications, and post-surgical rehabilitation) of the gender reassignment surgery**.

Resources and Support

- Human Rights Campaign: Legal rights and advocacy
- Human Rights Campaign – HRC
- GLADD: Supportive organizations and crisis resources
- https://www.glaad.org/transgender/resources
- The Johns Hopkins Center for Transgender Health: Health resources
- https://www.hopkinsmedicine.org/center-transgender-health/patient-resources/resources.html
- LGBT Foundation: Mostly United Kingdom based resources, some provider support
- https://lgbt.foundation/who-we-help/trans-people/resources-for-trans-people?__cf_chl_jschl_tk__=pmd_Os9dLwpDOoCCAIWjvRLCGahQbGeTtTPyynqxs.c1aYY-1634844550-0-gqNtZGzNAlCjcnBszQi9

Resources and Support (2)

- National Center for Transgender Equality: US based resources, primarily legal
- https://transequality.org/additional-help
- PFLAG: family support resources
- https://pflag.org/transgender
- Brief overview of Medical Issues:
- **Evaluation and Treatment of Gender-Dysphoric/Gender Incongruent Adults** by Nienke M Nota, MD, Martin den Heijer, and Louis J Gooren.
- https://www.ncbi.nlm.nih.gov/books/NBK544426/
- **Gender-Affirming Surgeries in Transgender and Gender Diverse Adolescent and Young Adults: A Pediatric and Adolescent Gynecology Primer**
- Frances Grimstad, Elizabeth R Boskey, Amir Taghinia, Oren Ganor. J Pediatr Adolesc Gynecol. 2021 Aug;34(4):442-448. doi: 10.1016/j.jpag.2021.03.014. Epub 2021 Apr 20.