



# Enhancing Educator, Clinician, and Parental Competence Regarding LGBTQIA+ Adolescent Health through Clinical Research and Practice

# Authors

Jane Champion, PhD, DNP, FAAN, FAANP, Jason T. Yediares, MSN, CMSRN, CNE, RN-BC, Amy Daly, DNP, MBA, RN, CCRN, Robert Francis Mijares, APRN, MSN, FNP-C

## Learning Objectives:

- Identify areas in which transgender youth care can be improved
- Discuss how parents impact transgender youth healthcare acquisition
- Recognize how healthcare providers create barriers to care for the transgender population
- Identify ways for healthcare spaces to improve inclusivity of the transgender population

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# Parents of transgender youth: Development of healthcare strategies focusing on transitioning individual's holistic environment.

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**Jason T. Yediares**

MSN, RN, CMSRN, CNE, RN-BC

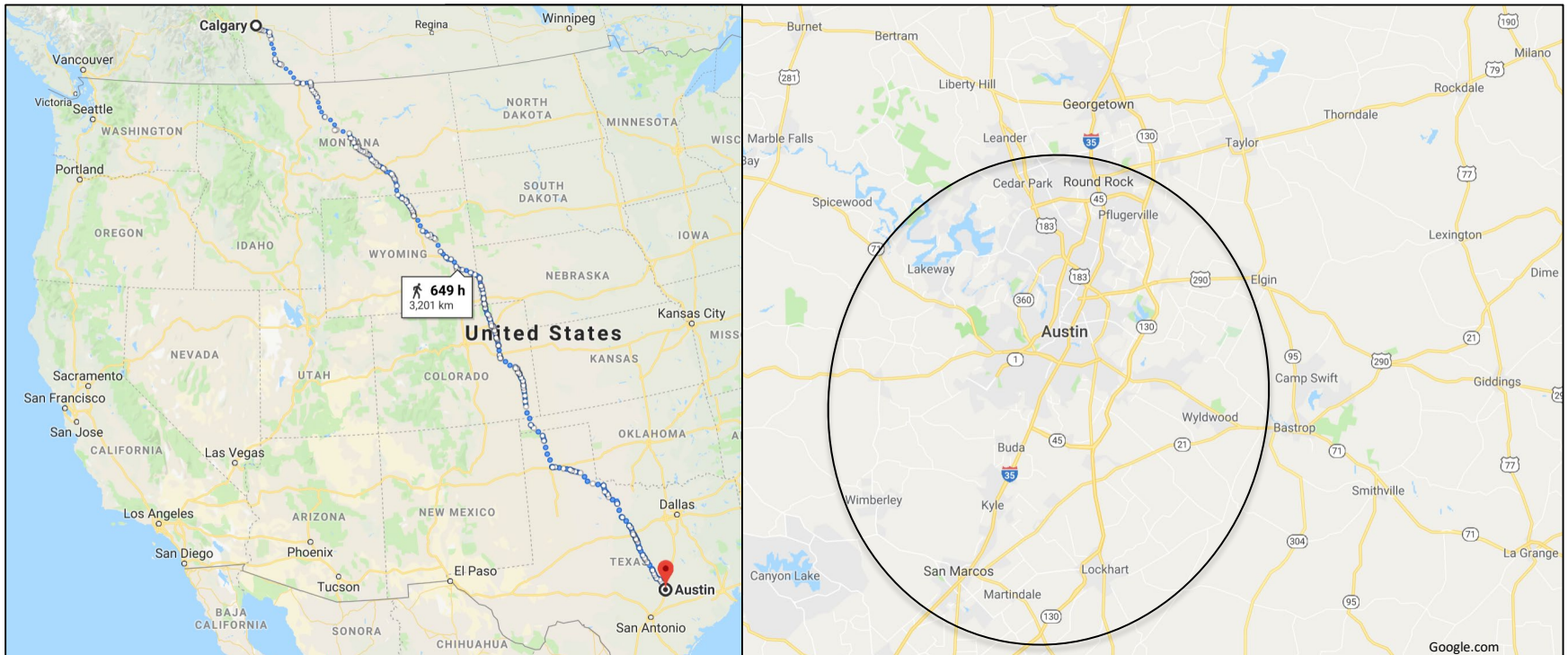
## Method

- Community partnership
- Retrospective case-review
  - Email invitations
  - 3 purposively selected informants
- Phenomenological inquiry
- 45 to 60 minute interviews
  - Audio taped data
  - Field notes
- Traditional qualitative analysis



# Location

## Southwestern United States Metropolitan Area



# Informants

- Jane
  - Cis-gender bisexual female, biological mother
  - 17 years old transgender female child
- John
  - Cis-gender heterosexual male, biological father
  - 16 year old transgender male child
- Mary
  - Cis-gender heterosexual female, biological mother
  - 14 year old transgender male child

## Healthcare Specialties Accessed

Primary Care

Telemedicine

Urgent Care

Speech Therapy

Surgical Care

Dentists

Psychosocial Care

## Thematic Interpretation

- Institutional and provider power vs. parent power and resistance
- Community members as a resource
- I wish providers would know this
- Children guiding their parents
- Keeping my child alive



## Thematic Interpretation

- Institutional and provider power vs. parent power and resistance
  - “I was creating things like the wheel.”
  - “The exam was a complete failure.”
  - The school “... changed their inclusion policy to include transgender.”

## Thematic Interpretation

- Community members as a resource
  - “I felt like a knew more than the providers I was working with.”
  - “The first doctor who was referred to (us), was by a friend. I think it was a friend at school.”
  - “I talked to other transgender parents...”

## Thematic Interpretation

- I wish providers would know this
  - “They claim to be experts... (but) asked me to bring in resources.”
  - “I’ve never thought about having insurance pay for it. We’ve always been private pay.”
  - “Nobody advertises that they take care of transgender patients, especially minors.”

## Thematic Interpretation

- Children guiding their parents
  - “She didn’t have a lot of words, but... she was like, ‘hey, I found this video.’”
  - “I’m going to keep using that word dysphoria because (he) uses it.”
  - “He probably knew more than me at that point... and was able to carry on a very detailed conversation with the doctor (surgeon).”

## Thematic Interpretation

- Keeping my child alive
  - “Her father didn’t allow her to have hormones, so she went through a period of time where she didn’t want to live.”
  - “When you have a transgender child, there’s a part of you that wakes up every morning just grateful your child is still alive.”

## Conclusions & Further Research

- Transitioning youth's healthcare access experience
  - Building on existing knowledge
  - Refining questions
- Experiences of parents
  - Perceived self-efficacy
  - Healthcare access for or along side their youth
- Barriers for health providers
  - Looking at bias
  - Investigating effective tool kits
  - Continuing Education



# Thank you!

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# Improving Healthcare for the Transgender Population

AMY DALY, DNP, MBA, RN CCRN  
Nursing Professional Development Specialist, Baylor Scott  
and White

JANE D. CHAMPION, PHD, DNP, FAAN, FAANP  
Professor, The University of Texas at Austin



# Background

- Barriers to care created by healthcare professionals
- Cisnormative healthcare environments
- Refusal of care
- Untreated and undertreated medical conditions

# Purpose

- Understand positive and negative healthcare experiences
- Develop transgender inclusive educational content
- Build a taxonomy of cases for healthcare education

# Review of Literature

- WHO
  - Lack of knowledge
  - Negative attitude toward transgender people
- Discrimination within healthcare environments
- Provider discomfort
- Avoidance of care
- Outcomes





# Methods

- IRB approval
- Data collection through interviews
- Participant demographics
- Qualitative analysis



# Findings

- 108 positive experiences
- 234 negative experiences

# Findings

## Negative Experience Themes

- Severe anxiety in the healthcare environment
- Insensitivity of healthcare providers
- Shame about requesting gender affirming care

# Findings

## Severe Anxiety

"If my provider approaches me in a way that's not sensitive and sends my anxiety through the roof, I'm gonna blow through those questions as quickly as humanly possible and get outta there. You're not gonna get what you need from me, and I'm not gonna get what I need from you. Because my anxiety doesn't allow it."

# Findings

## Severe Anxiety

"Feeling like it [being trans] is not accepted and especially if you are going to a doctor that you have no idea whether or not they are trans friendly, or whether or not they even know what they are talking about in that sense. Because, if you are like me, and you are pre-transition, you have no idea who they are, who have no idea how they are going to react, whether or not they would even want you as a patient or not, they would give you the proper care, you know, so there's a lot of fear and anxiety there."

# Findings

## **Insensitivity of Healthcare Providers**

“They would use the incorrect pronouns. But I was young, so I didn’t really stand up for myself or anything. So that was always really uncomfortable, and it was like playing.”

# Findings

## Insensitivity of Healthcare Providers

"The lady at the front desk looks at me and looks at my ID and I've got a beard and my ID says I'm female. And, [pause and deep breath] she looks at me and looks at my ID and I'm standing there in a very, very, very small waiting area where there is no privacy. Anyone can hear anything and I'm like, 'I'm trans. My identification doesn't match for that reason.'"

# Findings

## **Insensitivity of Healthcare Providers**

“They’re rude, they’re insensitive, they don’t know anything about trans health, so they don’t know what to do with me.”



# Findings

## **Shame About Requesting Gender Affirming Care**

"I self medicated and um stopped that because I got really freaked out and I purged, I said this isn't for me, I can't do this."

# Findings

## **Shame About Requesting Gender Affirming Care**

"It's like a word of mouth, back alley drug deal. The doctor might not really even know anything about trans health."

# Findings

## **Shame About Requesting Gender Affirming Care**

“They ask me why I was there. And I was like totally terrified, so I just made up some reason. You know, I had to like lie and I felt uncomfortable. I’ve done all my homework and I want to be on testosterone and I want to transition. But it was like an underground referral so like no one was really there to receive me that way.”



# Findings

## Common Positive Experience Themes

- Safety
- Validation
- Normalcy

# Positive Experience Themes

## Safety

"She [pediatrician] was always very um interested in my mental health because of the way my dad is, like he's not very accepting of it all. So whenever the door was closed, her and I would have conversations. She's like, 'how are things going, how do you feel, what's it like at home' and stuff like that. So I really appreciated that because a lot of doctors you know they can just be doing what they need to do in order to get paid, and um she was actually really considerate so that made me happy. And so that made me trust her when I was 18 to go to her and say hey like I'm of age now, you know, I'm trans. What do I need to do to start testosterone?"

# Positive Experience Themes

## Safety

"Especially when I first started questioning everything. I was like 13. I even had like a little mental breakdown as a kid. Um, and as a kid when I was 13, it was 2007-8, you know. There was nothing. Like transgender was hardly even a word back then you know? So I didn't even know how to express myself. But then after a while when things started becoming more known, and more accepted and finally the term came out and people started getting to know it, then finally we kind of got our foot in the door with everything."

# Positive Experience Themes

## Validation

"If you have an affirming healthcare provider, and they're excited for you...they've seen you grow as this person you've always felt like you were on the inside. [They] see that what you see externally doesn't always equate with what's happening internally. And [they] help patients' recognize it."

# Positive Experience Themes

## Validation

"I feel way happier. I guess I do feel more confident. I'm definitely happier."



# Positive Experience Themes

## Validation

"It's not completely unrealistic for you to extend that hand and say, 'I know you probably don't have this all figured out.' But, you know, at least someone is there and going to at least help you try."



# Positive Experience Themes

## Normalcy

"I'm a person. Treat me like a person."

# Positive Experience Themes

## Normalcy

"Ask me about my weekend ya know? How is work going. How's the weather. Don't make it weird."

# Positive Experience Themes

## Normalcy

"I almost like being treated like a number."



# Positive Experience Themes

## Normalcy

"I mean for me it's not just a trans specific thing but if someone can just talk to you normally and not make it all weird."

# Positive Gender Identity

- Positive healthcare experience
- Positive self-image

"I don't feel like I'm somehow missing out on something anymore. And I feel way more myself than I ever have."

# Positive Gender Identity

- Welcoming environment
- Removing cisnormative assumptions

“Like, no doctors have judged me, no one has misgendered me in the office. My name and gender marker aren’t legally changed yet but they still respect the name that I prefer.”

# Positive Gender Identity

- Adequate physical assessments
- Care focused on patient care needs

"I need them [healthcare providers] to realize that not everything is related to being trans. Uh, because people want to ask a lot of questions. And people want to say, are you sure this isn't because you're trying to transition? And I'll be like no, I just stubbed my toe really hard and I think it's broken. Why does being trans have to do with any of this? It feels like a very remote possibility that this is related to being trans, so no it's not. It's just--even if they don't believe that trans is a real thing or whatever. Just humor us. Don't make a big deal out of it. It's not necessary."



# Positive Gender Identity

- Inclusive healthcare environment
- Validation of gender identity

"One of the most important things is that we don't feel othered. You know, like we're not a man in a woman's body or a woman in a man's body. So ah, we, really what we want is to be treated as the gender we say we are, the gender we present as."

# Conclusion

## Removal of healthcare access barriers

- Trans-inclusive language in healthcare: Decreased anxiety of healthcare environments
- Welcoming environment: Increased access to healthcare
- Adequate physical assessments: Prompt, accurate treatment

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# **Retrospective Chart Review for Assessment of Risks of Estrogen for Feminizing Cross-Sex Hormone Therapy**

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**Robert Francis Mijares**

APRN, MSN, FNP-C

# Introduction

- Standards of Care for cross-sex hormone therapy published by the World Professional Association for Transgender Health (WPATH) and the Endocrine Society
- Available forms of estrogen: oral, injectable, transdermal, implantable pellets

# Health Disparity

- Transgender and gender non-conforming (TGNC) individuals are at a higher risk of suicide, violence, substance abuse, and high risk sexual behaviors (Johns et al., 2019)
- TGNC persons have been stigmatized, denied care, or denied insurance coverage (Hines & Biederman, 2016)
- No controlled clinical trial of any masculinizing or feminizing hormone therapy has been conducted to evaluate the safety or efficacy in physical transition (Adams et al., 2017; WPATH, 2012)
- Knowledge deficit among care providers limiting access to competent care (Carabez, Eliason, & Martinson, 2016)

## Ethical Dilemma

- Goal of feminizing therapy is to match mean total estrogen to that of premenopausal cisgender women (100-200pg/ml)
- Estrogen use in cisgender women have been studied extensively: give the lowest effective dose in the shortest duration possible for menopausal symptoms due to increased health risks (VTE, cardiac events, breast cancer, endometrial cancer)
- Standards of care advise to use transdermal estrogen to those over 40 due to presumed risks, but no clear evidence and measure



# Estrogen Basics

Total Estrogen = Estradiol(67-70%)/ Estrone(30-33%)/ Estriol (<0.01)  
E2 – main estrogen                      E1 – peripheral                      E3 – placental

“Normal” values derived from reference ranges  
from Quest Diagnostics, ARUP labs, Clinical  
Pathology Labs, Mayo Clinic, Specialty Labs

- Estrogen dosing for cisgender, menopausal females do not have established “equivalents” for persons with higher endogenous testosterone or persons assigned-male-at-birth.

# Literature Review

- Estrogen use in cisgender women have been studied extensively: give the lowest effective dose in the shortest duration possible for menopausal symptoms due to increased health risks (VTE, cardiac events, breast cancer, endometrial cancer)
- Use of oral estrogen appears to increase the risk of VTE. Transdermal estrogen is recommended for those patients with risks factors for VTE (Hembree et al., 2009; Vinogradova, Coupland, & Hippisley-Cox, 2019)
- Higher estrone levels linked to increased risk for breast cancer (Miyoshi, Tanji, Taguchi, Tamaki, & Noguchi, 2003), increased endothelial inflammation (Girdler et al., 2004), and VTE (Bagot et al., 2010)
- Oral forms of estrogen expose patients to overdose levels of estrone believed to be due to the first pass liver effect (Friel, Hinchcliffe, & Wright, 2005)

## Purpose

- Assess the prevalence of increased estrone (E1) level as a result of feminizing cross-sex hormone therapy
- Compare levels of conversion or metabolism of endogenous estrogen into estradiol (E2) and estrone (E1)

## Methods

- UT IRB approval January, 2019
- Retrospective Chart review included dates of service between November 1, 2017 and October 31, 2018
- Participants (n=72)
- Some patients changed their form of estrogen within the chart review dates resulting in additional fractionated estrogen labs performed (n=88)

## Population

- Gender Identity:

MTF	n=65 (90.3%)
non-conforming	n= 7 (9.7%)
- Payor:

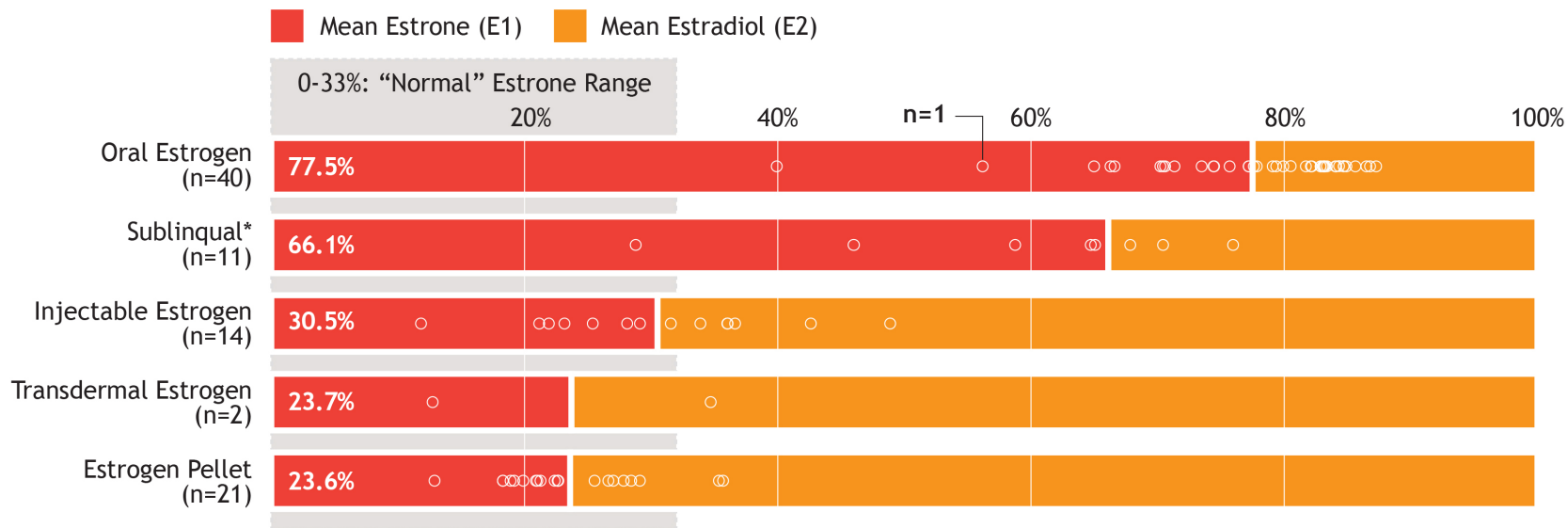
Private Insurance	n=58 (80.6%)
Government Insurance	n= 4 (5.6%)
Self Pay	n=10 (13.9%)
- Ethnicities:

Non-Hisp White	n=57 (79.2%)
Hispanic White	n= 6 (8.3%)
Black	n= 4 (5.6%)
Other Hispanic	n= 4 (5.6%)
Other	n= 1 (1.4%)



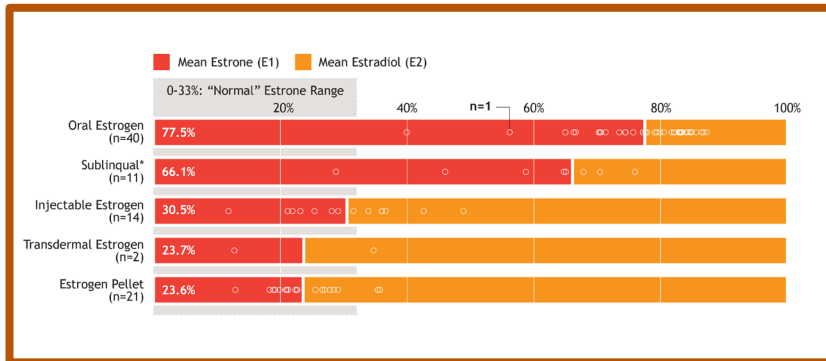
# Results

Comparison of mean E1 and E2 in fractionated estrogen labs (n=88) between oral (n=40), sublingual (n=11), injectable (n=14), transdermal (n=2), and implantable pellets (n=21) for feminizing cross-sex hormone therapy





## Results



For this sample, the most desirable form of estrogen from “best to worst” are as follows:

- Oral estrogen, either swallowed or dissolved sublingually resulted in higher than normal estrone(E1) level
- Implantable pellets
- Transdermal preparations/patches
- Injectable estrogen

## Other Results

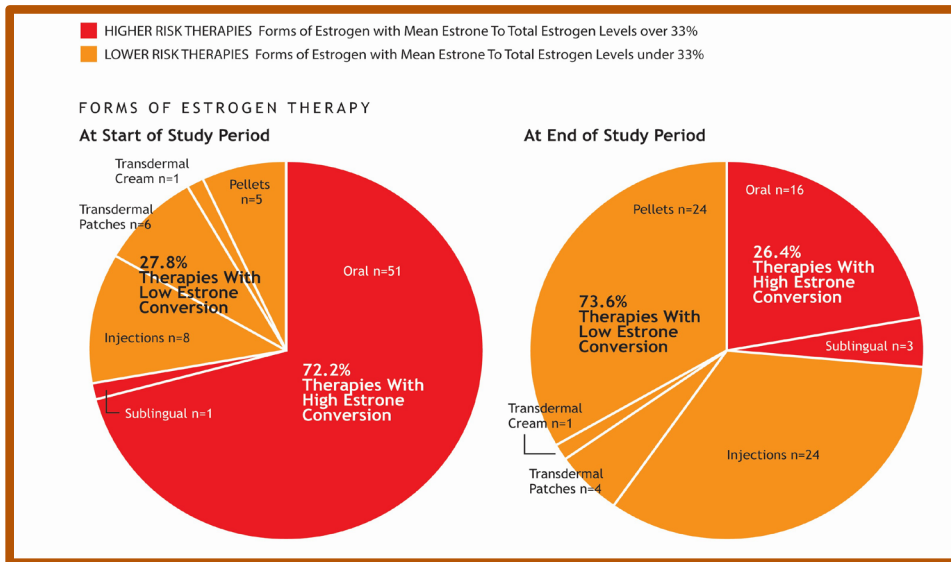
- Estrogen Source: Subjects obtaining estrogen from alternative sources
- Frequency of change: Occurrence of changes in estrogen delivery
- Rationale for change: Reasons given for change in estrogen delivery
- Stopping Transition: Reasons for stopping transition
- Legal Gender:

Changed prior to treatment	n= 5	(6.9%)	mean age = 35
No change	n=41	(56.9%)	mean age = 25
Changed during treatment	n=26	(36.1%)	mean age = 28
- Risk Events: Frequency of DVT, cardiac event, dx of breast cancer



# Implications

Forms of estrogen cross sex hormone therapy pre-study (n=72) and post-study period (n=67)



- High estrone correlates to an increased risk of breast cancer, VTE and endothelial inflammation.
- The ratio of estradiol (E2) and estrone (E1) may be a valuable measure in assessing the efficacy and risk for cross-sex hormone therapy as this population will be exposed to estrogen earlier than menopausal age and for a longer period of time.

## Limitations

- Limited data correlating higher estrone levels and health risks in persons assigned-male-at-birth using estrogen
- Small sample size is not representative of the general population in terms of ethnicity and payor source
- Some participants did not have post treatment lab values due to loss-to-follow-up or data collection fell out of review dates
- Lab collection times were not standardized



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