The health inequities of the transgender population in accessing health care in the United States

An evidence-based interview study of the individual barriers of achieving equity in transgender service in Seattle, Washington

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ABSTRACT

Transgender individuals face challenges and hardships to overcome stigma and discrimination in seeking appropriate healthcare service, compared to their LGBTQ+ counterparts, in the United States. This study identifies the individual barriers in the Greater Seattle Region of Washington State by listening and observing to the transgender population in describing their experience in seeking healthcare, either non- or trans-related care. The original study was conducted by Kaizen Promotion Office at Virginia Mason Medical Center Hospital in Seattle, Washington that interviewed 14 participants(cis staff, transgender staff, patient-only). The interviews were transcribed, analyzed, and organized in an evidence-based data summary table to identify major themes and findings. The results showed the following six major themes: emotions, disrespect, insurance, education, care coordination, and mental health. These themes will be useful to evaluate the transgender service line of the metropolitan hospitals in Washington State to improve and eradicate barriers that are preventing the transgender population to seek appropriate healthcare for either non- and trans-related care. A limitation of this study was that all 14 participants, while seeking appropriate healthcare services, had subjective views.

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Chapter I: Purpose of the Research

1.1. Introduction

Currently, transgender persons are medically underserved in the United States. They make up less than one percent of the U.S. population.[1] Transgender persons face challenges in accessing care due to stigma, punitive laws, and misunderstanding.[2] These challenges deprive transgender persons of opportunities and dignity, endangering their mental and physical health.

The individual barriers to health that a transgender goes through while being treated for either non- or trans-related care in relative to the systemic barriers to health. At the system-level, barriers include service acceptability, availability, affordability, and especially appropriateness. Individual-level barriers include difficulty in commuting, affordability, and engagement in care.[3] Barriers in receiving appropriate service manifested itself as lack of interpersonal quality of services provided and providers' poor decisions around the correct course of treatment. Stigma presents as a challenge for transgender persons that hinders accessing appropriate care for their transition and instead they seek care from non-medical providers (or on the Internet).[4] Across the world, transgender persons experience stigma and discrimination daily (i.e., unnatural or mentally sick) that gradually leads to poorer health and well being (i.e. chronic stress). The effect of barriers is very much documented across the world.

As individuals, transgender persons face a high level of adverse health outcomes coming from i) mental health, ii) sexual and reproductive health, iii) substance use, iv) violence and victimization, v) stigma and

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[1] Park, J. A., & Safer, J. D. (2018). Clinical Exposure to Transgender Medicine Improves Students' Preparedness Above Levels Seen with Didactic Teaching Alone: A Key Addition to the Boston University Model for Teaching Transgender Healthcare. *Transgender Health*, *3*(1), 10–16. http://doi.org/10.1089/trgh.2017.0047

[2] Lo, & Horton. (2016). Transgender health: An opportunity for global health equity. The Lancet, 388(10042), 316-318.

[3] Romanelli, M., Hudson, K., Mcleigh, Jill D., & Spaulding, William. (2017). Individual and Systemic Barriers to Health Care: Perspectives of Lesbian, Gay, Bisexual, and Transgender Adults. American Journal of Orthopsychiatry, 87(6), 714-728.

[4] Winter, Diamond, Green, Karasic, Reed, Whittle, & Wylie. (2016). Transgender people: Health at the margins of society. The Lancet, 388(10042), 390-400.

discrimination, and vi) general health.[5] Globally, general health is the least researched aspect for the transgender population. General health category include outcomes such as morbidity, diabetes, hormone use, metabolic syndrome, and cancer.[6] In recent years, public awareness in the media in regards to health disparities within transgender medicine has been increasing that the Association of American Medical Colleges (AAMC) suggested a specific curricular content in addressing LGBTQ+ patients for general and transgender medical treatment. Prior, over the past decade, individual medical schools and health care setting have made effort in improving LGBTQ+ medicine.

1.2. Purpose Statement

The overall purpose of the study is to improve the recognized transgender health service to attain a full health potential for the transgender community regardless of sexuality and race. The primary focus of this study is to identify the gaps in the current transgender health system that will help and educate health professionals to provide better treatment for the transgender population

Previous research has found that, while gender diversity is a global phenomenon, much of the research has been done in high-income populations, whereas low-income populations are limited. How would transgender persons describe the individual barriers and/or gaps that prevent them in effectively accessing appropriate healthcare needs? What are future recommendations in improving the transgender health service for the community?

Moving forward, to achieve health equity for the local transgender community; it requires a type of determination and systematic approach toward access to health, that the AIDS movement h evoked in the 1980s, and most important of all, leadership in both medical and political arenas.

[5] Reisner, Poteat, Keatley, Cabral, Mothopeng, Dunham, . . . Baral. (2016). Global health burden and needs of transgender populations: A review. The Lancet, 388(10042), 412-436.
[6] Reisner, Poteat, Keatley, Cabral, Mothopeng, Dunham, . . . Baral. (2016). Global health burden and needs of transgender populations: A review. The Lancet, 388(10042), 412-436.

Chapter 2: Literature Review

2.1. Burdens in health care among the transgender population

Many transgender people live on the margins of society, facing stigma and discrimination, exclusion, violence, and poor health. They often experience difficulties in accessing appropriate health care, whether specific needs to their transition-related care or general care. Transgender people may seek health services for either gender incongruence or gender dysphoria or medical services for gender-affirming surgical procedures.[7] The classification of Gender Dysphoria in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* defined as a "conflict between a person's physical or assigned gender" and the gender that they identified themselves.[8] People with gender dysphoria feel distress and uncomfortable with gender incongruence (social, physical, or both). They may seek informational and counselling support to help and explore identity issues or to consider difficult decisions such as gender transition, and the implications for familial relationships and employment, and broader social stigma. Children and youth are included, too. Those who wish for gender-affirming surgical procedure require medical interventions; for example, hormonal therapy. However, Joshua D. Safer, Eli Coleman, Jamie Feldman, et. al. reported that the lack of access to safe hormonal therapy and appropriate medical care for transgender patients is the biggest burden.[9]

Regardless of the guidelines of current transgender medicine, transgender patients experience mistreatment with health care providers. Transgender medicine is not taught in medical curricula and too few providers have the requisite knowledge and comfort level. In fact, many providers share the misconception that gender dysphoria is a malleable social construct and can thus be reversed through cognitive-behavioral

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[7] Winter, Diamond, Green, Karasic, Reed, Whittle, & Wylie. (2016). Transgender people: Health at the margins of society. The Lancet, 388(10042), 390-400.

[8] Parekh, R., M.D., M.P.H. (Ed.). (2016, February). What Is Gender Dysphoria? Retrieved July 7, 2018, from https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

[9] Safer, J., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. Current Opinion In Endocrinology Diabetes And Obesity, 23(2), 168-171.

therapy and other psychiatric interventions.[10] Though previous research has found biological links in addressing gender dysphoria and incongruence; gender identity is a biological phenomenon. Some providers refused to believe the current literature and therefore push transgender persons to seek alternative means of obtaining treatment, like inadequate healthcare providers, which leads to poor health outcomes both mental and physical.

The largest survey is the U.S. Transgender Survey (USTS), conducted by the National Center for Transgender Equality in 2015, examined the experiences of 27,715 transgender individuals across the U.S., including U.S. territories. The 2015 report provides a detailed analysis of the experiences of transgender individuals across a wide range of categories, including healthcare service. The 2015 USTS revealed that 87% of the respondents had seen a health care provider in the past year; however one-third reported having at least one negative experience with a health care provider.[11] These negative experiences with providers and other health services support Safer et al.'s premise--negative experiences with an adequate health care provider pushes transgender persons to seek unsafe transition-related care. The Center for American Progress (CAP) conducted a survey in 2017 that revealed discrimination toward the LGBTQ+ population in health care settings remains. Among the transgender persons who had visited a health care providers' office in the past year, the following data was reported: 29% said that the provider refused to see them, 12% were refused any transition-related care, 23% were misgendered, and 50% experienced verbal harassment and lack of physical care.[12] It has been widely known that discrimination and marginalization is linked with poor physical and mental health outcomes. Discrimination-- and even the fear of discrimination--may cause the postponement

[10] Eriksson, S., Safer, Joshua, & Trinkaus-Randall, Vickery. (2015). A Curriculum Content Change Increased Medical Students' Knowledge and Comfort with Transgender Medicine, ProQuest Dissertations and Theses.
[11] James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
[12] Mirza, S. A., & Rooney, C. (2018, January 18). Discrimination Prevents LGBTQ People from Accessing Health Care. Retrieved July 7, 2018, from https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/

or avoidance of needed medical care because of the disrespect or exasperation in the setting; in 2014, 23% of the 2015 USTS respondents did not seek a provider due to fear of being discriminated and mistreated.[13]

For transgender persons who do seek medical care and are turned away by the providers, alternatives may not be easily accessible. People who live outside the metropolitan area report a high rate of difficulty accessing alternative services because the nearest community health center for transgender could be far away and transportation cost may too high. The CAP surveyed the transgender population about finding an alternative provider, if turned away from hospital, clinic, or pharmacy. The following was reported: 61% said it would be 'very difficult' to find the same type of service at a different hospital or community health center or clinic, and 16% for the pharmacy-type transgender service.[14] The 2015 USTS reported that 29% seeking transition-related care had to travel more than 25 miles for access. LGBTQ+ community health centers are limited across the U.S. and in services. Finding another doctor is not always an answer for transgender persons.

There have been few studies comprehensively addressing the knowledge and attitude of health care professionals toward transgender persons. Erkisson, Safer, et. al (2015) addressed the fact that transgender medicine is not taught within the curricula. Incoming providers are not taught how to address gender dysphoria patients (terminology, interactions) in medical school and therefore the incoming providers have not been trained until entering the health care setting. Providers, along with health educators and policy makers, play a pivotal role in health disparities and inequities of treatment; one-third of the 2015 USTS respondents reported having at least one negative experience with a health care provider.[15] As transgender issues become more open in medicine, providers and others may be required to learn new terminology, communication skills, knowledge and reshape attitudes and beliefs to showcase appropriate care and

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[13] James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

[14] Mirza, S. A., & Rooney, C. (2018, January 18). Discrimination Prevents LGBTQ People from Accessing Health Care. Retrieved July 7, 2018, from https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/

[15] James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

respect.[16] Currently, social stigma creates a strong barrier to access health care effectively in communicating with a provider. These types of barriers negatively impact behaviors and psychological distress. Transgender persons have two options, when seeking health care: 1) fail to disclose transgender status that may potentially lead to inappropriate medical treatment or mistreatment, and 2) disclose transgender status to be more susceptible to prejudice that may lead to psychological distress.[17] Regardless of the decision, there is a big burden that results in a poor health condition (physical and mental).

The 2015 USTS have found that one-fourth of the respondents experienced a problem with their insurance in denying coverage for transition-related care; among those who were denied, 25% were denied for hormonal therapy and 55% were denied for transition-related surgical procedure. In the past year, 33% did not see a provider because of cost.[18] State or federal - and even employer-based insurance may not cover transition-related care and therefore transgender persons may have to purchase their own private insurance or pay out of pocket. Financial support is a strong barrier in accessing care and, without the funds, some may experience psychological distress - or result to poor health outcomes. This may lead to substance use and suicidal thoughts and behaviors because of the financial barrier preventing them to transition, from gender incongruence and dysphoria. Living with the discomfort feeling of having two opposite genders may push towards risky behaviors (substance use and suicidal thoughts).

Though some may receive access transition-related care, such as counseling, hormonal therapy, or variety of surgical procedures, there is a substantial large number of the population who may not be able to receive any type of health care needs, regardless if it is for transgender-related care. Addition substantial barriers to receive health care includes financial constraints, transportation, insurance coverage, culturally competent health care providers and community health centers. Insufficient access to quality care and

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[16] Redfern, J., & Sinclair, B. (2014). Improving health care encounters and communication with transgender patients. Journal of Communication in Healthcare, 7(1), 25-40.

[17] Redfern, J., & Sinclair, B. (2014). Improving health care encounters and communication with transgender patients. Journal of Communication in Healthcare, 7(1), 25-40.

[18] James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

coverage attributes to poor health conditions; transgender women of color report to have a higher risk in living with HIV among the transgender population. The 2015 USTS findings demonstrated an association between these substantial barriers and poor health conditions.

2.2. Current gaps and opportunities

Current research focuses on mental health factors such as suicidal and stress factors that are crucial in understanding the population and decreasing the morbidity, however measuring association between risk factors and mental health outcomes are important area for the population. Mental health outcomes include not just behavioral, but biological, social, and structural contextual factors surroundings health risks and resiliencies. Health inequities arise from systematic barriers (service acceptability, availability, affordability, and appropriateness) to social and individual stressors (difficult to commute, affordability, and engagement in care) that results of being part of a marginalized and vulnerable population.[19][20] While transgender persons experience almost the same factors, though each experience is unique individually.

Reisner, Poteat et al. briefly stated that there were few studies examining on the legal issues and their effect on the transgender health, including research on the systematic factors in related to fundamental human rights, such as appropriate gender status. Some may avoid the legality in changing gender status to the appropriate gender and name that creates frustration and fear in health care settings. Although the transgender person has not changed its legal name and gender to their preference, some health care settings may ask “Patient’s Preferred Name” and “Preferred Pronoun” and thus, creating a safe environment.

Health care members should be comfortable in correcting patients’ pronoun usage among colleagues; correct the pronoun of the patient in clinic documentations and forms. To meet transgender patients’ needs, electronic medical records should accommodate gender-related information (i.e. demographics of the

[19] Reisner, Poteat, Keatley, Cabral, Mothopeng, Dunham, . . . Baral. (2016). Global health burden and needs of transgender populations: A review. The Lancet, 388(10042), 412-436.

[20] Romanelli, M., Hudson, K., Mcleigh, Jill D., & Spaulding, William. (2017). Individual and Systemic Barriers to Health Care: Perspectives of Lesbian, Gay, Bisexual, and Transgender Adults. American Journal of Orthopsychiatry, 87(6), 714-728.

patient).[21] The ability to notary accurately clinical situations is critical; it is pivotal and thus include health care technology in showcasing appropriate gender-related information (i.e. the patient's preferred pronoun). Accurate communication is prudent in transgender care.

The World Professional Association for Transgender Health (WPATH)[22] is an international, multidisciplinary, professional organization whose mission is to promote evidence-based transgender care, education, research, advocacy, public policy, and respect for the community. One of the main functions of WPATH is "to promote the highest standards of care for individuals" in relative to health.[23] The objective is to provide clinical guidance for health professionals (i.e. providers, nurses, and other workers) to assist transgender, transexual, and gender-nonconforming persons with the highest quality of care, leading to safe and and effective pathways to achieve a lasting personal comfort. WPATH recognizes western traditions, although health is dependent upon social and political climates. It is a social construction that the dominant culture assume that sex and gender identity are interchangeable whereas submissive culture have accepted that there is a third-gender.[24]

If a health care member unsure how to address the patient, the member should ask politely in how the patient should be addressed. Health care members must be addressed transgender patients in a non-judgemental tone and approach the patient with respect and care, like non-transgender counterparts. For transgender patients, disrespect from the health care community could have a negative effect by providers and other health care members to assume based on stereotypes. Communication is a major gap within the health care setting that, for transgender patients, creates frustration and fear.

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[21] Redfern, J., & Sinclair, B. (2014). Improving health care encounters and communication with transgender patients. Journal of Communication in Healthcare, 7(1), 25-40.

[22] W. (2018). WPATH World Professional Association for Transgender Health. Retrieved April 23, 2018, from https://www.wpath.org/

[23] Coleman, Bockting, Botzer, Cohen-Kettenis, Decuypere, Feldman, . . . Zucker. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. International Journal of Transgenderism, 13(4), 165-232.

[24] Sloan, C., Berke, D., Shipherd, J., & Brown, Ronald T. (2017). Utilizing a Dialectical Framework to Inform Conceptualization and Treatment of Clinical Distress in Transgender Individuals. Professional Psychology: Research and Practice, 48(5), 301-309.

Chapter III: Methodology

3.1. Background

For this study, I accessed the data collection from Kaizen Promotion Office (KPO) at Virginia Mason Medical Center in Seattle, Washington. The KPO Office collected the data from February 2017 to March 2018, using Evidence-Based Design (EBD). VMMC has been utilizing this design since approximately 2010. EBD, in the healthcare field, is a process based around patient-centered environment to achieve the best possible outcome.

3.2. Participant Recruitment

KPO recruited 14 participants, who are patients and staff at Virginia Mason Medical Center Hospital and from 50 community outreach organizations within the Greater Seattle region. Participants were self-identified transgender over the age of 18. They were asked to write down their contact information (name, phone, email) to be interviewed in helping VMMC in creating a transgender service line.

3.3. Interview Protocol and Content

Participants were screened for an one-to-one interview, either email or in-person interview. In-person interviews took place at a neutral location. Each interview was between 30 and 50 minutes long. KPO created a list of guiding questions for the following interview. The questions were:

1. Preferred pronoun
2. Your experience seeking healthcare as it relates to be transgender?
3. Are you confident with your medical care?
4. What other information would you like us to know?
5. What do you look for when choosing medical care/factors are important?
6. Would you like to be engaged in this service line work?

KPO interviewed two participants per month between February 2017 and March 2018. Of the 14 participants, 6 were interviewed more than once for further information in regards to their experience with health care as a transgender or as a transgender patient at VMMC.

The interviewers were asked to wear their hospital badge and be prepared to disclose any information in regards to what [the interviewer] is doing in a general way, depending on the situation and setting. The interviewers were asked to observe and pay attention to the participant's behavioral characteristics while being respectful to the situation and setting. Behavioral characteristics include body language, tone of voice, conversation, facial expressions, ambient noises, etc. After the interview, the interviewer had a 5-minute window to reflect on the one-to-one interview, to jot down any specific-related details. Each interview was audio recorded and transcribed.

3.4. Analysis Strategy

In the first part of the analysis, I used descriptive statistics to describe the demographics of the sample. Demographics included the participant is transgender-staff, cis-staff, or transgender patient.

Second, I presented an interview data summary table to capture the story and identify emotions experienced by each participant (see Table 1). This table was a way of organizing the data in themes and findings, that were brought up in the interviews, that may be seen as individual barrier. To create the data summary table, I collaborated with KPO to synthesize the data and identify major themes, sub-themes, and findings from the written transcripts.

Major themes were **1) emotions:** fear, anxiety, frustration, humiliation; **2) disrespect:** inappropriate name/gender, mistreatment; **3) insurance:** affordability, complexity; **4) education:** training, respect; **5) care coordination**: communication, success; and **6) mental health**.

3.5. Description of Participants

Overall 14 participants shared their experiences in seeking health care, primarily related to their transition. Of the sample, there were 3 cis staff members, 5 trans staff members, and 6 trans patients identified.

Chapter 4: Results and Discussion

Table 1: EBD Interview Data Summary of the major barriers in seeking health care from the transgender community and staff community

Themes	Sub-Themes	Findings	Supporting Evidence
Emotions		• Fear • Anxiety • Frustration • Humiliation • Uncomfortable • Shame • Happiness • Angry and sad	• "I think that's probably one of the biggest, nerve-racking things sometimes just getting called the wrong name or gender" (P2) • "I still have anxiety and fears like internally, like internalized transphobic stuff or like even like…" "I do find myself sometimes being, because of internalized sexism and transphobia" (P7) • In related to insurance, it's frustrating • Humiliating being misgendered in a public setting, especially in a healthcare setting (P14) • "I think the nervousness just comes from wanting to do it well so badly that I get a little wound up and like double-checking things and stuff" (P9) • "Excited and happy, relieved" in regards to finding a provider that could help the patient in transitioning (P12) • "I expect more from a medical professional" (P8)
Disrespect of People	Misappropriate gender/name	• Calling out the wrong pronoun can be offensive • Can break social norms • Color-coding forms may be offensive	• "I've tried to change my verbiage a little bit to "what do you prefer to be called?" but I've had some feedback" and "some people take offense to because it's not a preference; it's just that's who they are" "I'm just cautious in the verbiage that I use" (P1) A staff member "called out my name. I stood up, walked over. [The Staff member] looked at me, looked down at my paperwork, then looked back at me and said, 'Do you use the ladies room?' really loudly" in a public waiting room (P14) "Creates an unsafe environment to be called the wrong thing, to be perceived as the wrong thing, and then especially when you're feeling vulnerable" (P14) • "Some patients were offended by [my approach in gender neutral language]" "I think it goes to social norms. I think we like as humans to be able to place particular people in categories, and when we don't have a category to place or that category becomes blurry, it makes the person just uncomfortable" (P10) • Some departmental wings have a color-coded system, for example pink for females which can be humiliating for a transgender man (P14)
	Mistreatment	• Neglected by the Staff/Provider • The bar is so low	• "I was basically neglected"(P7) "Trans broken arm syndrome" (P11) "The medical community doesn't know to check for us" in related to vaginal health or other typical cis health (P13) • Negative experiences in prior health care settings for transgender services sets the bar "so low" for these individuals (P7) "[L]ose me as a patient" like refused to shake hands or avoid eye contact (P11)
Insurance	Affordability	• Employer-based insurance covers transgender services • Types of insurance	• "All I pay is a copay and [insurance] would pay for the rest of it, which is great" (P2) "I didn't start coming here as a patient really until the insurance a few years back changed so that if you came here you got a better deal" (P7)

			• "I had a provider I trusted at a different hospital, but my insurance wasn't going to cover me" (P6)
	Complexity	• Paperwork • Names don't match	• "A huge problem was that VM did not know what paperwork was needed for anything transgender related" Not enough knowledge about what information and paperwork that needs to be filled out, from both the insurance companies and Hospital, may create a barrier and, essentially, pushing or cancelling any type of trans-related services (P11) • "When patients are checking in through the clinic or something, their driver's license doesn't match the insurance or those types of things" (P9)
Education	Respect of the Patient	• Language • Common courtesy	• "A big part of this is we don't have the vocabulary. We don't have the words, and so we struggle and we make an effort, but we kind of need to learn a new language" (P1) "Language on your forms is very clearly written for straight cisgender women who have sex with straight cisgender men" (P14) • "With any patient but I try particular with these patients to give them the name that they prefer to be called by, and there's a reason for that. One, it's common courtesy, but two is patients [..] do respond better to what they are accustomed and prefer to be addressed by" (P1) "Be respectful that people have different windows where opportunities present, and you don't want to try and force a window when it's not ready" (P10)
	Training	• Limited knowledge • Competent staff members and providers • Change of computer system	• "I can tell you I don't have enough knowledge in this, so if you want to find another doctor outside, I completely understand" (P2) "The legal process is a mystery to us, so it's confusing that sometimes they're listed as females and sometimes they're listed as male. It's confusing only because we don't have enough background education to know or understand" (P1) • "I know there are a lot of good doctors now...but I still am trying to gather information at VM, like who are the providers that are competent" (P7) Providers who may be "internationally renowned" and can have horrible interactions with transgender patients (P8) • "Update in our system because [...] patient prefers this name, patient goes as male, it would be easier to see, because otherwise like they'd have to go into a chart note or something" (P12)
Care Coordination	Communication	• Open and honest communication • Learning from their mistakes/slip-up	• "[The provider] was honest with me that she does not know anything about trans health, and so I tell her everything that I need" (P7) "They understand. They don't misgender me" (P8) • "I make a mistake and slip up and they are very kind in correcting me but also just took the time to explain how it makes them feel (P9)
	When healthcare goes right	• Comes back • Thoughtful advice • Provider observed and helped	• "I continue to go to [the provider] because there is not anyone else at the hospital that I know of that would understand, [...] and how to write that stuff" (P7) • "[The provider] sat me down and was like 'The risk of a trans woman having breast cancer is thought to be intermediate between a cisgender female and a cisgender male." Offering that advice is essential because not every trans woman may know that (P11) • Provider prescribed appropriate treatment because

			provider saw that the patient "was pretty depressed" and "referred [the patient] to another doctor who might help be able to help" (P12)
	Team Medicine	● Providers and staff treat their trans counterparts supportive ● Bailey-Boushay House created huge opportunities for Hospital and LGBTQ+ community ● Lack of Advertising ● Ambassadors for transgender population ● Do right for this population	● [My] primary care provider, who was very supportive, and he gave me some thoughts and feedback" (P3) "We do a very good job here in VM of keeping things confidential … things of that nature, but face it, there are somethings .[...] that's going to get out in the gossip lines, and it started getting out there." Leadership were supportive and confidence of the process and operations (P3) "They treated me very well, and when it came out that I was an employee they treated me even better" (P11) ● "LGBT care opportunities huge opportunities, just enormous, to set up apat from the rest of the world. This will be like Cleveland Clinic" (P3) "It's just very open place and because of the history of it, like having served so many people with HIV...there's still places to grow and learn absolutely, but it felt really comfortable" "It feels like part of a team, and then having that emotional vulnerability because of patients is what I think as allowed me to start coming out" (P7) "Great experience" (P14) ● "I didn't know of VM being a place that served LGBTQ people, like it wasn't that I knew about and being trans I wanted to go somewhere I knew from many first hand experiences that the person was competent" (P7) ● "I just want to do it right because I feel like there aren't many ambassadors in our system that I've encountered that really this is important to, and this is a population that we are going to see more of" (P9) ● "I know a lot of the staff that I work with, they're all very conscientious nurses and want to provide care that suits every patient's needs. I think I just have a bleeding heart for populations that seem underrepresented or marginalized because I feel like if someone's not advocating for them, who is?" (P9) "Being treated with respect" (P8)
	When healthcare goes wrong	● Nonverbal behavior ● Refusal of treatment ● Non-Holistic views ● Inappropriate questions	● "If the impression is that they have an issue with me as a person based on being trans" (P11) ● Some providers have told "me either they didn't feel like it was safe for them to work with me because I had been diagnosed" for another health disorder (P13) Refuse to treat non-transgender related (P8; P12) ● "[The provider] had become focused on the transition, he ignored the mental health, and he took over my medical care without ever seeing me, advocated for me, and in the end I ended up not receiving what I needed and things fell through" (P6) ● Patient have been asked inappropriate questions for transgender man (P14)
Mental Health	Physiological Effects	● May activate fight vs. flight response (e.g. panic attacks) ● May lead to neurological negative outcomes	● "I always have like this little like panic attacks and get sweaty like are they going to call the right name? Nope. Not again"(P2) ● Patient may presented to move on, but instead became depressed and needed to take antidepressant medications (P12)
	Support	● Familial support ● More comfortable with competent	● Parents showcased lack of support and opposing views and therefore patient had to prolonged their transition until parents passed away" (P3) "A little sad and worried

		providers ● Internet research	because I tend to be a person that cares much for others than I care for myself an especially for my family, so knowing that I am doing or would be doing something to upset anyone is something troubling me" (P12) A big support from close, family members help with the transition process easier (P4) ● "I'm more comfortable with female providers, so … I picked out female providers" (P7) ● Patient watched videos on people who documented their transition or did research in regards to the transition process (P4)
	Reality	● External factors, outside the healthcare setting, sets into reality	● "Start to realize there were other things that you needed to deal with like, 'How am I working as [the opposite sex]?' and 'how do I fit in' or 'how am I being perceived by [the opposite sex] all of a sudden'" (P13)

Table 1 shows that the transgender population of a progressive metropolitan city does face burdens in seeking appropriate healthcare. The following sections briefly summarize the data for each major theme.

4.2 Disrespect of Person

Disrespect of transgender patients emerged as the strongest theme among the participant interviews. The levels of disrespect varied; however the most commonly identified were: (1) wrong gender usage, and (2) mistreatment.

Based on the participants' experience in seeking appropriate healthcare, they feared being misgendered in a public setting, specifically a medical and healthcare professional setting, because this can be humiliating for the person. It creates a uncomfortable feeling within a professional setting. For example, one participant had a negative experience when the staff member called the participant out by saying "Do you have to use the ladies' room?" in a public waiting area. The participant said they felt humiliated. Other interview participants pointed out that some departments, such as GYN, use a color-coding system (pink or blue forms) which can be humiliating for a transgender man. The cisgendered staff interviewed have taken consideration when taking care of a trans patient, particularly by utilizing a gender-neutral language which is breaking the social norms.

Some interview participants reported being neglected by the staff and one even reported disrespect of the person. One participant shared an interest phenomenon among the trans-medical community which is "Trans broken arm syndrome." "Trans broken arm syndrome," according to the participant, refers to the medical professionals blaming an unrelated health issue on being trans such as hormonal therapy. One participant concurred and also added that the medical community does not fully understand how to check on the Male-to-Female patients, when it comes to vaginal health or other typical sexual health that is predominantly seen in cis females. It sets the bar low and, thus the probability of losing a patient is high due to the provider being incompetent and showing disrespect of the patient.

4.3. Insurance

Insurance is an confusing concept among all individuals, but especially among marginalized individuals in seeking healthcare. The interview participants described a variety of issues with insurance, but the most commonly and easily were identified: (1) Affordability, and (2) Complexity.

The trans staff members interviewed were not as affected compared to the patients. Over the past few years, the Hospital employer-based insurance started to cover transgender service and therefore the trans staff needed to pay a copay and the rest was covered. However, the patients were not as fortunate. One interview participant shared their experience of changing a trusted provider due to the change of coverage. That said, to continue to stay with a provider, the participant would have had to pay out-of-pocket. While the trans staff only had to pay the copay, they have the shared experience of complex paperwork, between insurance and hospital forms. One participant spoke strongly about a huge problem with the hospital that there was a lack of knowledge and information in what paperwork was needed. Additionally, this confusion may create a push-back in any type of trans-related services for patient itself.

4.4. Education

Education was a pivotal topic among the interview participants. These interviews were strictly education purposes in how to improve the Hospital transgender service line in creating equity among the transgender population. The following sub-themes were identified: (1) Respect of the Patient, and (2) Training.

Participants whom were the patients have shared their fear and anxiety in being misgendered, which may disrespect or offend the patient. One cisgendered staff pointed out that the lack of an universal script for all patients is a struggle which may create a uncomfortable enviroment between the staff member and patient. The cisgendered staff have implemented and restructured their vocabulary in making an effort for the transgender patients, confirming the patient's preference name and pronoun. It is common courtesy for patients in-general. Interview participants suggested training for staff members and providers, not in just medical knowledge of the trans-medicine, but in the legal and insurance process.

4.5 Care Coordination

Care coordination is a deliberate organization of patient care activities between the patient and healthcare and medical community to facilitate appropriate delivery of healthcare services.[25] The following sub-themes were identified that may play a role in coordinating patient care activities: (1) Communication, (2) When healthcare goes right, and (3) Team Medicine (e.g. the Hospital itself).

Some interview participants reported appreciation that providers were open and honest if they did not know too much about trans medicine. Other interview participants preferred that providers have knowledge in trans medicine. Open-and-honest communication includes nonverbal interaction such as eye contact and shaking their hand. This is an example of when healthcare goes right. Patients are most likely to come back due to the interaction that was provided by the provider. Additionally, the participants appreciated when the providers took an interest in their health issues. For example, one participant saw a psychiatrist

[25]U.S. Department of Health & Human Services. Chapter 2. What is Care Coordination? (2014, June 12). Retrieved July 31, 2018, from https://www.ahrq.gov/

because of a prior healthcare experience that negatively affected the participant's mental health status. The psychiatrist saw that and decided to help the participant in achieving their desire.

As a Hospital, the trans staff members were provided with care and support from their non-transgender counterparts. The Hospital's Bailey-Boushay House created huge opportunities for LGBTQ+ community and the Hospital itself. The Bailey-Boushay House is widely known for their support to the community, from their constant participation in the Seattle's annual pride parade. One interview participant compared it with the Cleveland Clinic, which is another healthcare setting that is very open and supportive for the community. It is an open place and served many people from the community. However, some participants felt that there is a lack of advertisement of the transgender service line.

4.6 Mental Health

Mental health is commonly the most studied area of transgender health. It has such a pivotal role in a transgender individual. Interview participants said they were more likely to be comfortable with female providers. They also emphasized how familial support can negatively impact on the transgender person, for example by pushing back their transition until parents passed away. Internet research is seen to be another support for the transgender community; for example, one interview participant turned to their following on "Twitter" for support or watched YouTube videos about the transition process.

Chapter 5: Conclusion

5.1. Conclusions and Implications

The purpose of this study is to examine transgender service line in focusing to attain equity for the underserved population. The primary focus of this study is to identify the major gaps of the transgender service that individuals from this community see as a barrier in seeking healthcare at a metropolitan and progressive hospital. Results showed the transgender service line at Virginia Mason Medical Center Hospital provides an overall care to the underserved community in relative to the participants' past experience at a different hospital. Virginia Mason Medical Center Hospital is open and widely known for a change in making the Hospital to be gender-neutral due to the opportunities that Bailey-Boushey House provide and serve to the community.

Just like any other hospital, there are in-need of improvements to achieve appropriate care delivery to the underserved population. Suggestions were identified, by the interviewees: (1) appropriate the navigation map on Hospital site to advertise the transgender service line better, (2) in the results section, it was stated that a few cisgendered staff have been restructuring their language to be gender-neutral with their practice, and (3) team huddles to discuss "What's the Update?" in training or a reminder when a trans patient is on the floor or scheduled to be in the clinic to confirm or ask the patient's pronoun and name.

5.2. Limitations

Limitations of this study must be considered when interpreting findings. First, all transcripts were written and thus, I was not able to physically observe the participant's emotions when describing experiences in seeking healthcare. Second, some information were redacted in the written transcripts from the audio. Finally, all participants had their own perspectives and way of interpretation while seeking access to healthcare. Participants had their own expectations in seeking healthcare.

5.3 Further Investigations

Further investigation is needed to have better evaluation and how to improve the transgender service line. Prior moving forward to the next stage of the project, KPO obtain perspectives from the medical doctors, who specialized in transgender medicine. The current data show perspectives from non-medical doctor and patients themselves, perspectives of the medical doctors will most likely to scope the area of improvement within the transgender service line to achieve equity.

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