

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

TRANSparency in healthcare CISTems: A look at healthcare providers' perspectives on
the barriers that Transgender youth face in accessing health services

A graduate project submitted in partial fulfillment of the requirements
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By

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Dedication

Christian Citlali- I dedicate this research to all those who have come before me, to my ancestors who continue to guide me and give me strength. To all those who have fought and paved the way for my existence as a Queer Trans Person of Color. To all my Trans and Non-Binary siblings who continue to be pushed out and marginalized, forgotten and exploited, and rendered invisible and disposable by the dominant heteronormative, patriarchal, cisgender, binary narrative, I see you. I see you, and I stand with you. This is for all my Trans and Non-Binary siblings that continue to face discrimination and be harmed by medical institutions. To my community that continues to be exploited by research and researchers, and getting nothing in return, while cisgender researchers flourish in their publications never naming the backs of those the research was built on, this is for you.

Alexander Nava-Sanchez- Alexander Nava-Sanchez- This research is dedicated to the undocumented Transgender population that is often times invisible due to fear of being outed. I do not identify as Transgender, but I will always be an ally and bring social justice and visibility to your struggles. This research is also dedicated to my parents, siblings, and partner who have supported me financially and emotionally through my Master's program.

We would also like to dedicate this research to Dr. Moshoula Capous-Desyllas for sparking our interest and fostering our growth in research, and Dr. Debonis for her openness and willingness to assist us through the journey of writing this research paper.

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Abstract

TRANSparency in healthcare CIStems: A look at healthcare providers' perspectives on the barriers that Transgender youth face in accessing health services

By

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Master of Social Work

The purpose of this research study was to explore how healthcare providers' understand barriers that Transgender youth face when accessing health services in the East San Fernando Valley. This exploratory study used a survey design and convenience sampling of healthcare providers'. An online survey was used to capture the narratives of participants'; responses were coded and analyzed for emerging and reoccurring themes. A total of nine (9) participants' completed the online survey. Analysis of the data revealed three major themes related to the access to services for Transgender youth: 1) how healthcare providers' viewed their role when providing services to Transgender youth; 2) the quality, usefulness, and implementation of healthcare professional training and education; 3) healthcare provider's perspectives on the barriers that Transgender youth face in accessing health services. The results of this study indicated that six out of nine healthcare providers' saw their role as having empathy and providing equitable service when providing health services to Transgender youth. Participants' acknowledged that it is important to provide quality care with respect and equal treatment to Transgender youth. Seven out of nine participants' reported the need for additional training and education to improve their skills and knowledge related to the delivery and

quality of Transgender care within the healthcare field.

Keywords: Transgender, healthcare providers', access, affirming care

Introduction

Transgender people experience many societal challenges that put them at greater risk of having their healthcare needs met (Garofalo, Deleon, Osmer, Doll, & Harper, 2006). Transgender youth are affected by a range of negative health concerns and needs that remain to be fully understood, one of those areas is in the medical field (White Hughto, Reisner, & Pachankis, 2015; Lombardi, 2001; Bradford, Reisner, Honnold, & Xavier 2013). Even with research supporting that Transgender individuals have unique health concerns, the healthcare needs of this unique population are often overlooked and grouped with the needs of Lesbian, Gay, Bisexual, and other cisgender individuals (Garofalo et al., 2006; Mayer et al., 2008).

Healthcare providers' are often the first point of contact in the delivery of care for many Transgender youth who seek to improve their health and wellbeing (Garofalo et al., 2006; Mayer et al., 2008). Hayes (2017) reports that Transgender youth need routine preventative and wellness care as any other youth, but that the health care needs of Transgender youth requires a different approach than when treating cisgender youth. Transgender youth face greater health disparities and risk factors that require a greater understanding of providing care, ongoing monitoring, and possible hormone therapy (Hayes, 2017). Transgender people encounter greater stigmatization in the medical field, and this is especially important when looking at the health needs of Transgender youth, and how stigma in the healthcare system impacts their access to supportive health care (Hayes, 2017; Grossman & D'Augelli, 2006). Having healthcare providers' that are knowledgeable about the needs of Transgender health is important, as they may be the person the youth seeks out when looking for assistance in navigating the healthcare

system (Vance, Ehrensaft, & Rosenthal, 2014; Hayes, 2017).

The aim of this research was to understand healthcare providers' perspectives of the barriers that Transgender youth face when seeking health care services in California's East San Fernando Valley. Most research on this topic has examined the perceptions and feelings of healthcare providers' in providing services to Transgender youth (Beagan, Fredericks, & Bryson 2015; Snelgrove, Jasudavicius, Rowe, Head, & Bauer, 2012; Knight, Shoveller, Carson, & Contreras-Whitney, 2014), but there is little research on how healthcare providers' understand and perceive the barriers that Transgender people encounter in accessing care. It is important to consider how these barriers affect Transgender youth, and healthcare providers' understanding of them. If they are not perceived the same by providers', it places further burden and stress on Transgender youth to have to figure out how to access already limited services that meet their needs.

Literature Review

Clarifying current terminology. For the purpose of this study, the term healthcare provider' will be used to include all healthcare providers' who provide direct service to patients as well as including support staff such as: patient services, receptionist, and patient care. When looking at terms used to talk about the Transgender population, the current research literature uses different terms, such as gender diverse, gender variant, gender expansive, gender creative, trans/gender Non-Binary (Eisenberg et al., 2017). For the purpose of this research, the term Transgender will be used. The term Transgender has been used as an umbrella term for individuals whose assigned

sex at birth does not align or is different than that of a person's gender identity (White Hughto et al., 2015). Gender identity refers to how a person understands their own, internal and individual sense of gender (Hayes, 2017). A child's assigned sex at birth is based on the genitalia anatomy makeup and is commonly used to reinforce societal expectations of gender roles (Vance et al., 2014).

When a person's gender identity does not align with their assigned sex at birth and they do not conform to the gender expectations assigned, this is defined in the diagnostic and statistical manual (DSM-5) as gender dysphoria (American Psychiatric Association, 2013). Gender dysphoria is a diagnosis where a person does not identify with their assigned sex at birth, and may experience conflict because their gender identity is different than what is accepted gender norms (Eisenberg et al. 2017). Clarification of the terminology is important when examining the healthcare provision to Transgender individuals, because of the stigma and discrimination that Transgender youth face due to these enforced gender norms.

Stigma. When Transgender youth do not follow the reinforced gender expectations, they are considered to be violating these norms and become at risk for discrimination and becoming invisible in society (Grossman & D'Augelli, 2006). This often exposes them to widespread stigma throughout their lives (White Hughto et al., 2015). Stigma consists of labeling, stereotyping, rejecting people, or treating them as inferior, and can affect Transgender individual's health at multiple levels such as: the structural level, with institutional oppression; interpersonal level, on how they are able to communicate with

providers' about their needs; and individual level, such as one's emotional wellbeing (White Hughto et al., 2015).

Transgender youth are at a greater risk than their cisgender peers to experience bullying, violence and engage in high risk behaviors, which is why care specific to this population is so important (Eisenberg et al., 2017). Many Transgender people constantly live in fear; research has documented 2,115 killings of Transgender people between January 2008, and April 2016 (Winter et al., 2016). It is believed that this number is actually much greater, but many of these acts of violence have either gone unreported, misreported, or the individual is misgendered (Winter et al., 2016). A study conducted nationally in the United States showed that 35% of individuals who expressed their gender identity outside of the binary around ages 5 to 18 years were victims of physical violence, with other reporting sexual violence and physical assault (Winter et al., 2016).

The marginalization of this community through stigma, discrimination, and violence can be seen to flow over into the health inequities that Transgender people face in healthcare settings (Reisner et al., 2016). Experiencing stigma and discrimination in the healthcare setting and not being able to access services, can increase a Transgender person's risk for depression, suicide, HIV, and other health concerns (Poteat, German, & Kerrigan, 2013).

Current Transgender health research limitations. The stigma that is seen among this population spills over into how research is conducted. Often, Transgender individuals are mixed in together with cisgender individuals and

overlooked as having any unique needs. To date, there has been limited research examining providers' perspectives on the barriers that Transgender youth face in accessing health services and on Transgender individuals in general (Snelgrove et al., 2012). There are many challenges in the healthcare setting that Transgender individuals face, but limited understanding of these challenges and the needs of Transgender individuals still exists (Garofalo et al., 2006). When looking at health inequities, Transgender youth are more likely to experience high-risk health behaviors compared to cisgender youth, but because existing studies are limited, this population remains poorly understood (Eisenberg et al., 2017). Most of the literature views Transgender health needs as the same as people who identify as Lesbian, Gay, and cisgender. However, in reality the needs of cisgender people and Transgender people are very different (Mayer et al., 2008). The literature supports that stigma and discrimination play a key part in health disparities among Transgender people. Encountering stigma and discrimination within the health care setting may inhibit a Transgender person from accessing or seeking health care services and contribute to negative health outcomes (Poteat et al., 2013).

Integrated healthcare approach. When thinking about the type of care that would be essential for the well-being of Transgender youth, research has pointed to the necessity of creating a multidisciplinary approach to be able to deal with all aspects of a person's life. There has been research supporting the importance of having a multidisciplinary medical approach for Transgender youth to help them at all the various points of their journey, but controversy

around these interventions continues (Vance et al., 2014). These individuals have particular needs that require them to access physical health and mental health support, and may also need support with case management and legal aid (Hayes, 2017).

Physical health needs. Transgender individuals may identify as a male, female, Transgender man, Transgender woman, genderqueer, as a non-binary individual, or in a variety of ways that embraces who they are (White Hughto et al., 2015). For some Transgender individuals they may want to socially transition to align more with their gender identity. This is often seen through name change, which also include pronouns, gender expression that aligns with how they see themselves, and/or medical transition through the use of hormones or surgery. Transgender people may seek healthcare services to help them explore the possibilities of hormones, surgery or to get more information around their health and supportive services they can utilize. Not all Transgender people will or want to go through these transitions and are dependent on each individual's experience (White Hughto, 2015).

For young adolescents who do not want to develop physical characteristics, medical intervention is important, as starting on puberty blockers can stop this process and avert further gender dysphoria and mental health concerns for these young people (Eisenberg et al., 2017). For those who puberty blockers are no longer an option, but who want to physically transition, starting hormones is an option that they can discuss with their doctor, as well as confirmation surgery. When looking at the use of hormones, it is important for

providers' to be aware of the possible risks and outcomes when starting hormone therapy, and inform the patient of these risks. Research has shown that prolonged time on hormones may impact the production of sperm and eggs creating the risk of infertility. This should be something that practitioners are talking about with individuals looking to start hormones and able to navigate the conversation to providing youth with preservation options if they want, prior to starting hormones (Nahata, Tishelman, Caltabellotta, & Quinn, 2017).

Access to healthcare services is not just about hormones and surgery for Transgender individuals. There is a disproportionately high rate of HIV infection that has impacted the Transgender population in the United States (Herbst et al., 2008). Sexual healthcare is important for Transgender people, but is often inadequate. The medical system does not fully recognize and is not addressing the unique health needs of the Transgender community, and many healthcare providers' are not prepared to address Transgender related health needs or general health needs when pertaining to Transgender people (Winter Hughto et al., 2016).

Transgender women have been found to be at a greater risk for HIV and other STI's due to the exposure of the stressful environments that they face (Garofalo et al., 2006). Transgender men are often marginalized in settings designated for women's health and are unable to access care such as receiving gynecological exams, despite that many have a cervix and because of certain risk factors, are at a greater risk for cervical cancer. Gender Non-Binary

individuals may get overlooked and lumped into binary health assumptions and not properly screened (Peitzmeier, Khullar, Reisner, & Potter, 2014).

Mental health needs. In addition to physical health Transgender youth may also seek mental health services in order to get support around their gender identity and other aspects of their lives, such as relationships, and navigating their lives among the impacts of stigma and discrimination they may face (Winter Hughto et al., 2016). Depression, rejection, and struggles with self-esteem are a risk that is seen among Transgender people (Hayes, 2017). The U.S. suicide attempt rate is 4.6%, but the National Center for Transgender Equality survey of Transgender people revealed that 40% of respondents had attempted suicide in their lifetime, compared to 14% of the general population. Out of the people surveyed, 29% were living in poverty and 30% had been homeless (James et al., 2015). In a research study by Bradford et al., (2013), the researchers found that 12% of Transgender people were refused access to routine healthcare, 3% were refused mental healthcare, and 14% reported difficulty getting emergency healthcare because they were Transgender (Bradford et al., 2013).

Need for a more affirming health care system. Research has shown that outcomes for those who receive gender affirming health care show positive results (Gridley et al., 2016). Affirming healthcare is defined in this research study as, healthcare providers' being knowledgeable of Transgender health issues and able to provide care for this population that is affirming of Transgender individual's identity and needs. Primary healthcare physicians and

pediatricians are often the first to interact with Transgender youth around their gender identity, which is why understanding the various services, resources, and providing gender affirming care is important (Beagan et al., 2015). Providers', who are affirming, are the ones who Transgender youth view as able to help coordinate their care in ways that are in alignment to their gender identity and may help them with their gender dysphoria (Vance et al., 2014; Hayes, 2017).

Healthcare barriers for Transgender youth. Research has highlighted the numerous barriers within health settings that Transgender individual's face which prevents them or causes them to avoid utilizing important services (Eisenberg et al., 2017). To date barriers still exist for Transgender individuals, and having a more affirming health system can eliminate these barriers. Having access to gender affirming health care may not be enough to produce better outcomes if Transgender individuals meet with providers' that are not versed or knowledgeable about the needs of Transgender individuals. Providers' who are not versed or knowledgeable of these needs, are seen as unsupportive and lacking sensitivity towards Transgender people, often in the same ways that Transgender youth experience discrimination by broader society, which may decrease a person accessing or continuing services (Lombardi, 2001).

The barriers that Transgender people face in access to healthcare have been viewed as being multifactorial, where discrimination, stigma, and medical environments are not prepared for or knowledgeable of the needs of Transgender patients. These deficits are seen beyond the medical setting and extend to policies that are lacking for Transgender people or are not being

recognized and followed as intended (Snelgrove et al., 2012). This research paper will look at how healthcare providers' perceptions on the barriers that Transgender youth face in accessing health services, may be used to eliminate those barriers through the development of trainings, policies, and other forms of intervention within healthcare setting.

Method

Design

This research was conducted using a survey research method (Rubin & Babbie, 2016). An anonymous online survey questionnaire was used to collect healthcare providers' responses on their perspectives on the barriers that Transgender youth face in accessing health services. The methodology was considered appropriate out of consideration for participants' busy work environment and the feasibility of an online survey questionnaire as oppose to a face to face interview. In addition, this method was considered appropriate because participants' were given the space to anonymously narrate their personal experiences. Convenience sampling of various healthcare settings in the East San Fernando Valley was used primarily because of locality and close connection to the area. The only eligibility criteria to participate in the study was being at least 18 years of age and currently working as a healthcare provider in the East San Fernando Valley.

Data Collection

Participant recruitment was done through the use of leaving flyers at various healthcare settings in the East San Fernando Valley with the front end staff and asking them to disperse them with their colleagues. See Appendix A for recruitment flyer. In the flyer, participants' were provided with a link where they were able to participate anonymously at their own time. Before participants' were able to proceed in answering the questions, they were prompted to review the consent form and check on box that said, "I consent to participate in this study."

This research involved completing an anonymous online survey questionnaire that consisted of two parts. The first part consisted of 6 demographic questions, 2 yes or no questions, and 2 likert scale questions. The first likert scale question utilized a 5 point rating scale, where 1 was very uncomfortable, 2 uncomfortable, 3 somewhat uncomfortable, 4 comfortable, and 5 very comfortable. The second likert scale utilized a 5 point rating scale, where 1 was very poor, 2 poor, 3 acceptable, 4 good, and 5 very good. The second part consisted of answering 9 open-ended questions. The anonymous online survey questionnaire was constructed using the literature review. See Appendix B for study questions. Participants' were electronically compensated with a \$10 Starbucks gift card for participation.

Data Analysis

Demographics on the sample of participants' were summarized to see who was represented in this study. The researchers then examined the descriptive findings from the 2 yes or no questions and likert scale questions from the responses of the 9 participants'. Statistical analysis of these variables was left at the descriptive level because of insufficient sample size. The 9 open-ended questions were analyzed in the following manner: the data was looked at by the researchers to familiarize with the content and its relation to the study. The data was coded using a line-by-line open coding process (Charmaz, 2006; Corbin & Strauss, 2008). The researchers then developed focused codes and categorized based on similar groups of codes (Charmaz, 2006). The researchers then compared the categorized codes with each other and further condensed them into broad themes. Three themes emerged after the final analysis of the data and supporting quotes from participants' were used to support the themes.

Results

Participants'

The sample consisted of 9 healthcare providers' with 66% (n=6) of them being healthcare practitioners (Medical Assistant, Phlebotomist, and Nurse) and 33% (n=3) of them being support staff (Receptionist and Hospitality Coordinator). Table 1 includes participant's demographic characteristics.

Table 1. Participants' Demographic (n=9)

	<i>Age</i>	<i>Gender Identity</i>	<i>Race/Ethnicity</i>	<i>Current Job Title</i>	<i>City of Employment</i>	<i>Length of Employment</i>
Participant 1	32	Female	Asian	Medical Assistant	Mission Hills	8 Years
Participant 2	21	Female	Latina	Medical Assistant	Mission Hills	3 Years
Participant 3	25	Male	Hispanic	Medical Assistant	Mission Hills	4 Years
Participant 4	38	Gender Nonconforming	Latinx	Hospitality Coordinator	Mission Hills	4 Years
Participant 5	31	Female	Latina	Medical Receptionist	Mission Hills	5 Years
Participant 6	52	Female	Latina	Phlebotomist	San Fernando	5 Years
Participant 7	61	Female	Caucasian	Nurse Practitioner	San Fernando	5 Years
Participant 8	25	Female	Receptionist	Receptionist	Sun Valley	1 Years
Participant 9	23	Female	Receptionist	Receptionist	Sun Valley	1 Years

Descriptive Findings

Seven out of nine participants' reported not attending any training(s) on Transgender healthcare. Two out of the nine participants' reported that they had attended

training, but only one participant had attended more than one training. They described it as attending “A few trainings.”

When asked about providing any type of health service to Transgender patients, four out of nine participants’ reported not having provided services to Transgender patients. Five out of nine participants’ reported that they had provided services to at least one Transgender patient. Two had provided services to two Transgender patients, two had provided services to five Transgender patients, and only one had provided services to Transgender patients, but did not remember how many.

Six out of nine participants’ reported that they felt very comfortable providing services to Transgender youth and three of them reported feeling comfortable. It’s important to highlight that none (n=0) of the participants’ reported feeling uncomfortable or very uncomfortable providing services to Transgender youth. Overall, healthcare providers’ reported feeling very comfortable and comfortable providing services to Transgender youth.

When asked to rate the quality of service that Transgender youth experience at their current place of employment, four out of nine participants’ reported the quality of service to be very good, three reported the quality of service to be good, and two reported the quality of service to be acceptable. In sum, healthcare providers’ saw the quality of service that Transgender youth experience at their current place of employment as good.

Themes

Three themes emerged from the data analysis that compiled participant responses to the 9 open-ended questions. *Healthcare Providers’ Role* encompasses the ways in which healthcare providers’ viewed their role when providing services to Transgender

youth patients. *Training and Education* characterizes the quality, usefulness, and implementation of trainings and resources. *Barriers* describes the barriers that healthcare providers' feel impact Transgender youth in accessing health services.

Healthcare providers' role. Participants' completed online survey questions that focused on exploring their experiences and role as healthcare providers' working with Transgender youth in a healthcare setting in the East San Fernando Valley. Six out of nine respondents reported that they felt that their role as a healthcare provider was to be friendly, respectful, courteous, or providing equal treatment to Transgender youth. One participant stated, "My role is to treat each patient with respect, dignity, and give them the best quality care I can provide, regardless of the sex of the patient." The majority (n=6) of the participants' saw their role as encompassing a sense of empathy and professionalism when working with Transgender youth. One participant stated, "My role is to treat everyone, regardless of gender, race, or creed with the same respect." Six out of nine participants' acknowledge that when working with Transgender youth patients, it's important to provide quality care with respect and equal treatment.

The healthcare providers' role included additional attention to quality service, being respectful, and providing equal treatment. In questions that were related to healthcare providers' role, quality of service appeared five times in participants' responses, being respectful appeared six times, and providing equal treatment appeared 4 times. Several participants' (n=4) described the importance of providing quality service by being sensitive to the needs of Transgender youth as well as creating a comfortable environment, as demonstrated respectively in the following excerpts, "I try to be extra sensitive to the needs of our Transgender patients to help them feel comfortable when

they come into the facility.” Other participants’ (n=2) saw their role as providing courteous and great customer service. Participants’ (n=8) saw respect, sensitivity, and validation as an essential part of their role as healthcare providers’ when working with Transgender youth. One participant highlighted that as healthcare providers’, it’s essential to validate Transgender youth identities by, “[Listening] to how a transgender patient introduces themselves, observe their body language to ensure they feel comfortable, and ask questions if...unsure of something- i.e asking what name they prefer, or which pronouns to use.” In sum, healthcare providers’ saw their role as providing quality service, being respectful, and providing equal treatment to Transgender youth.

Training and education. To explore the quality of training and resources that healthcare providers’ are receiving, providers’ were asked questions; to explore if Transgender health has been covered in trainings, as well as the effectiveness of these trainings. Some of the questions asked were: 1) as a healthcare provider, how has the topic of Transgender health been covered in training(s) or other educational environment; 2) how effective do you believe these training(s) have been in preparing you for working with this population; 3) what is your perception about the current medical services that are available for Transgender youth.

No formal training and the need for training and education was reported by seven participants’. Participants’ reported that there were talks about trainings, but nothing was ever official as one participant states, “It has been mentioned once or twice, but no real training on it.” Two of those participants’ reported system updates to include chosen name and form updates only, but no actual formal training.

“There has not been any training. Our EHR system had an upgrade which included added fields pertaining to transgender demographic information, so we were trained on entering the information. We have not had training on transgender cultural competency, which is much needed.”

The trainings that two participants’ did receive were not focused on Transgender health and briefly touched the topic regarding discrimination. One participant stated, “We are trained to not discriminate against them.” Those two participants’ rated the trainings they received as “fair,” and “not informative.”

When looking at participants’ experiences in providing services to Transgender youth, four participants’ reported having no experience providing services to Transgender youth. One participant stated that they had an interest in gaining experience working with this population. One participant stated, “I don’t have any professional experience working with the transgender population...I try to educate myself to be a better resource to our Transgender patients.” Participants', who reported having experience working with Transgender youth, mentioned having positive experiences. One participant mentioned the process being smooth. “It goes very smoothly, I treat them as if they’re anyone else.”

Although some healthcare providers’ are open to working with the Transgender population and wanting trainings, it seems that the medical system is not yet able to provide these services. As such, the need for trainings and education appeared to be relatively high within participants' responses. Participants’ emphasized that there is a great need for healthcare providers’ to receive training on the delivery of services to Transgender youth, as well as more information on services available. One participant stated, “We have not had any training in my organization, but I believe it would be

extremely beneficial to have them.” Another participant wrote about wanting to better understand health insurance coverage as well as other services for Transgender individuals. “I am not aware of all the services that are available and am unfamiliar with insurance coverage of services” This adds to the gap that exists within the healthcare field around the unfamiliarity or understanding of services for the Transgender population.

Healthcare providers’ identified barriers. To better understand the barriers that Transgender youth face, this research explored if healthcare providers’ were aware of the barriers that Transgender youth face when accessing healthcare services in the East San Fernando Valley. Participants’ responses to perceived barriers revealed common answers around: judgment, lack of understanding, unaware of services, needs, or barriers, and lack of services.

Healthcare providers’ (n=5) spoke at length about judgment being a barrier that Transgender youth face when accessing health services. They stated that judgment may stem from people’s biases and/or unfamiliarity with Transgender youth. One participant stated, “People may not always be professional due to their personal beliefs or feelings.” Another participant added, “Personal beliefs may cloud their ability to understand the transition, and hardship, transgender people face. I think that sometimes it is hard for people to separate their personal feelings, especially when being transgender is not widely accepted.” Some healthcare providers’ (n=2) spoke about their own fear of not being equipped enough to understand how to be sensitive to Transgender needs and judgment stemming from that. One participant added, “I think there is always fear of discrimination, or others not understanding or being sensitive to transgender needs.” A lack of understanding showed up 6 times in the study as being a barrier for Transgender

youth. Lack of understanding was often associated with fear, subpar treatment, and personal biases. One participant noted, “People are usually uncomfortable with things that they’re not familiar with, and that may extend into the care we provide for the patient.”

Not knowing or being unaware of the services, needs, and barriers for Transgender youth came up seven times throughout the results. One participant expressed, “As someone who works in the medical field, I feel embarrassed not knowing what types of services are needed by our transgender youth.” Another participant added that Transgender youth health needs are the, “Same health needs as everyone else we are all equal.” The need for services to address insurance coverage, emotional and mental health, and access to routine and preventive services for Transgender youth was mentioned five times in the study. Three out of nine participants’ stated that there is a lack of compassionate and understanding healthcare providers’ in the medical field who will assist Transgender youth. One participant stated, “I believe transgender youth need more health workers who are more compassionate and understanding.” Another participant added that, “Like anyone else, general health physician care as well as specialist to help with transition process and probably mental health specialist to cope with all the changes that go along with the transition” as well as a need for routine screening. In short, healthcare providers’ identified that Transgender youth faced the following barriers in accessing healthcare services: judgment, healthcare providers’ being unfamiliar with Transgender population, unaware of the services, needs, and barriers of the Transgender population, and a lack of compassionate and understanding healthcare providers’.

Discussion

This study began by looking at healthcare providers' perspectives on the barriers that Transgender youth face in accessing health services in the East San Fernando Valley. After analysis of the responses, a major finding revealed a relationship between the three themes that focused on healthcare providers' role, trainings, and barriers. At the end of the study, what was collected from the participants' within these three identified themes and what they added with their responses to show a relationship between their narratives.

Participant responses to trainings, reported that healthcare providers' are not receiving quality trainings on Transgender Health. Barriers that were identified by healthcare providers' were judgment, lack of awareness to services, and health needs around Transgender health. Healthcare providers' saw their role as providing equal treatment to Transgender youth. When looking at these responses together there is a relationship between the lack of training healthcare providers' receive, which may lead to healthcare providers' creating or continuing the barriers due to lack of training, which then affects their ability to provide equal treatment to Transgender individuals. If healthcare providers' see themselves as providing equal services to Transgender youth, they have to have the training, tools, and resources to be able to provide the services needed.

When looking to provide equal service and best practice, healthcare providers' need to be familiar and understand the needs of Transgender youth. Some healthcare providers' responded that Transgender youth health needs were the same as everyone else, however, research studies show that Transgender youth have unique health needs that are different than their cisgender counterparts. If healthcare providers' receive the

proper training, they will be at a better position to provide equal treatment to Transgender youth. Having trained healthcare providers' will erase some of the barriers through having affirming spaces and knowledge and skills on Transgender health.

Practice Implication

The research findings suggest that there needs to be a development of common tools that healthcare providers' can use and disseminate within their field in order to provide more consistent assessments, terminology usage, and services for Transgender youth. This can start with healthcare providers' receiving mandatory trainings across all medical facilities, as well as the development of new policy and intentional makeup of health spaces that are inclusive to Transgender people. This includes: trainings for all staff, reevaluating the makeup of the spaces to look at gender signage-such as women's health and men's health- more common language being used, updating forms to include chosen name, have a space to write in for gender, and provide different steps to create a more inclusive environment that does not continue to invalidate Transgender individuals identities.

Future Studies

This research study can serve as a pilot study that can create the foundation for possible future studies. A bigger study can include a larger representative group that divides healthcare providers' and support staff, as their responses may be different if a larger sample was studied. Future studies, may also want to include the patient interaction perspective. Recruitment needs more time to create relationships and connections with participants' of the study, but also with the organizations and getting IRB approval of every facility. There is also value in establishing a point of contact at each medical

facility, who could serve as the in house researcher and entry point. This research was conducted through the use of an online survey, but future studies could benefit from using face to face interviews, where participants' may not want to write out their responses and would be more inclined to talk to researchers. Future research should also have a higher incentive for recruitment of participants' to complete a face to face interview.

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Appendix B

Study Questions

1. Please describe the experience(s) you have as a medical professional working with Transgender youth.
2. What barriers do you feel exist for Transgender youth in accessing health services?
3. How would you describe the medical community's general attitude, towards providing services for this population?
4. How do you understand your role as a medical provider in relation to serving the Transgender youth population, in the East San Fernando Valley?
5. As a medical provider, how has the topic of Transgender health been covered in training(s) or other educational environments?
6. How effective do you believe these training(s) have been in preparing you for working with this population?
7. What is your perception about the current medical services that are available for Transgender youth?
8. What do you think are the health needs of Transgender youth?
9. Do you have anything else you would like to add?

1. What is your age?
2. What is your gender identity? (i.e female, transwoman, male, transman, genderqueer/gender nonconforming, gender non binary)
3. What is your race/ethnicity?
4. What is your current job title?

5. What city is your current employment located in?
6. How long have you worked in the East San Fernando Valley as a healthcare provider?
7. Have you attended any training(s) on Transgender health care? If yes, what is the name of the training(s)?
8. Have you provided any type of health services to Transgender patients? If yes, how many?
9. How comfortable are you providing services to Transgender youth?
- 5. Very Comfortable
 - 4. Comfortable
 - 3. Somewhat Comfortable
 - 2. Uncomfortable
 - 1. Very Uncomfortable
10. How would you rate the quality of service that Transgender youth experience at your current place of employment?
- 5. Very Good
 - 4. Good
 - 3. Acceptable
 - 2. Poor
 - 1. Very Poor

Appendix C

Addendum- TRANSpparency in Healthcare CISTems: A look at healthcare providers' perspectives on the barriers that Transgender youth face in accessing health services

TRANSpparency in Healthcare CISTems: A look at healthcare providers' perspectives on the barriers that Transgender youth face in accessing health services is a joint graduate project between **Christian Citlali** and **Alexander Nava-Sanchez**. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

Alexander Nava-Sanchez is responsible for all the following tasks/document sections:

- Collect all demographic information from online demographic questionnaire and plug them in graphs/tables, check online questionnaire on a regular basis and electronically compensate all the participants' who answered out questionnaire with a \$10 Starbucks gift card, write out the entire method and result section of the capstone, and organize and format entire paper to meet APA standards.

Christian Citlali is responsible for all the following tasks/document sections:

- Collect all qualitative questions from the online questionnaire and code them, identify emerging themes and come up with three main themes, write out entire abstract section of the paper, write and organize literature review, making sure all citations are correct, and write out entire discussion section as well as conclusion.

Both parties shared responsibilities for the following tasks/document sections:

- Identify hospitals and clinics in the East San Fernando Valley, drive to those locations, and pass out flyer, engage with front end receptionist, and explain their research project and explain how they are able to participate.

_____ Alexander Nava-Sanchez	_____ Date	_____ Christian Citlali	_____ Date
_____ Student ID		_____ Student ID	
_____ Lauren Willner	_____ Date	_____ Eli Bartle	_____ Date
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