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A Healthcare Provider Needs Assessment Regarding Transgender Patient Health
for a Student Health Services Center

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Doctor of Nursing Practice

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Abstract

A Healthcare Provider Needs Assessment Regarding Transgender Patient Health for a Student Health Services Center

Objective: This study sought to identify education and training needs of university health service providers regarding transgender patient care. Transgender patients are a vulnerable population who tend to have negative health outcomes. Limited information exists regarding transgender patients and their providers at student university health services nationally.

Methods: The researcher conducted a one hour semi-structured focus group with the professional staff at a Midwestern state university health service. The focus group conversation was guided by a list of prepared questions but other issues were allowed to arise. Two readers qualitatively analyzed the focus group transcripts for predominant themes.

Participants: The professional staff attending the focus group consisted of two nurse practitioners, two licensed professional counselors, and two counseling psychologists.

Results: Five themes emerged from the focus group data that summarized provider concerns: range of gender identity issues, socioeconomic factors, healthcare provider limitations, specialty care needs, and gender inclusive data collection issues.

Conclusions: Specific provider needs derived from the themes included: advanced workshops on the care of transgender individuals; elaborated gender identity data collection; reliable referral networks for sensitive patient situations; and increasing collaboration between counseling and other health services with outreach and additional

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training opportunities. Culturally sensitive care will likely improve health outcomes for transgender patients.

Keywords: Healthcare provider, needs assessment, transgender patient, nurse practitioner, counseling, vulnerable population, university student health.

A Healthcare Provider Needs Assessment Regarding Transgender Patient Health
for a Student Health Services Center

Background

There is a current lack of information on understanding transgender individuals, their health needs, and their relationship to healthcare providers (Landry, 2017; Streed, McCarthy, & Haas, 2017). To address this lack of knowledge among providers within a university student health service, a focus group was performed to determine the education and training needed to increase provider competence and improve culturally informed care of transgender individuals. This project will be the first phase of several subsequent projects with the goal of reducing transgender health disparities within this vulnerable population.

Marginalized populations and their associated health care disparities are familiar problems in the United States. Recently, the marked struggles faced by the transgender population have been brought to light in the academic literature and popular media (Landry, 2017; Makadon, Mayer, Potter, & Goldhammer, 2015).

Purpose Statement

The purpose of this project is to develop a comprehensive needs assessment for health care providers regarding education in preventative physical and mental health care and the assessment, diagnosis, and management of transgender-specific health needs. This is the first step of a multi-step initiative that is seeking a reduction in the health

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disparities present within the transgender population. Future studies will include focus on the perspectives of transgender people themselves.

Literature Review

The first step in implementing this initiative was to conduct a thorough review of the literature. Databases searched for the past 15 years included: Embase, Medline, CINAHL, and Cochrane. The searches within the databases used key phrases such as “Transgender health needs,” “Transgender provider assessment,” “University Health Services Centers” “Screening for transgender,” and “Transgender needs assessment.” Consultations with reference librarians at University of Missouri – St. Louis and Washington University were also sought to ensure complete coverage. The literature review revealed a dearth of guidelines and recommendations for healthcare providers when caring for transgender patients, especially within college and university health services settings. In fact, there are no published reports of provider needs assessments occurring in university health service contexts.

However, it did appear that numerous universities within the United States are actively addressing transgender health needs and advertising transgender-specific healthcare. Most of the university health services offering transgender care were in California, New York, Washington, D.C., and Colorado (see Appendix A). However, many universities identified transgender needs as only related to sexual health. In fact, most of the studies of health care providers caring for transgender patients are limited to HIV and AIDS prevention, diagnosis and management, excluding many other pertinent health topics.

Cultural Competence and Provider Knowledge Gaps

The available literature shows that the major hurdle in transgender care is finding a care provider who is not only accepting and understanding, but with sufficient medical knowledge in relation to transgender care. In a national study on transgender health, the National Center for Transgender Equality and the National Gay and Lesbian Task Force found that 50 percent of survey respondents reported needing to teach their providers about their transgender-related medical needs (Grant et al, 2010). The same study on transgender health found HIV infection rates four times higher than rates within the general population (Grant et al, 2010).

There are numerous opportunities for prevention and health management programs regarding issues prevalent in this population, such as hormone therapy, HIV, and high-risk sexual behaviors. Other health burdens that affect transgender individuals that require acknowledgment, advocacy and change are: victimization, mental health issues, and risk for suicide (Lim, Brown, & Kim, 2014). The responses from the National Transgender Discrimination Survey indicate that transgender individuals experience minority discrimination stressors that may contribute to higher rates of suicide. Among those who reported that a doctor or healthcare provider refused to treat them, there was a markedly elevated prevalence rate of 60% for lifetime suicide attempts (Williams Institute for Suicide Prevention, 2014).

Healthcare providers are unable to evaluate risks within the transgender population if they are unaware of them. The American College of Obstetricians and Gynecologists (ACOG) has issued recommendations for transgender adults and

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adolescents to better assist providers in caring for this population. Topics addressed include puberty suppression, surgical care, hormone therapy, gynecologic care, general health management and screenings. Definitions, barriers to health care, and how to create a welcoming healthcare environment were also discussed (ACOG 2011; 2017).

Theoretical Framework

Purnell's Model for Cultural Competence was used to guide the assessment within this project. It utilizes 16 assumptions and 12 domains to define approaches to adapt care based upon the culture of the patient (Purnell, 2002). This model takes into account the healthcare provider's own cultural awareness and how they are to anticipate the cultural needs and care of individuals from various backgrounds, including those of the transgender community (see Appendix C). The concepts within this model were used to generally guide the conceptualization of this project and specifically, the questionnaire created for the healthcare providers serving as participants.

Methods

Resources and Personnel

The project team committee consisted of a clinical mentor who assisted in coordinating activities in the university health service, an expert on transgender mental health care, and a qualitative methods consultant. The researcher served as project coordinator, focus group moderator, participated in formulating the focus group questions and qualitative data analysis, and composed the final report for this study.

Implementation Details and Timeline

Recruiting participants. To generate interest in this initiative and to increase the likelihood of provider participation, a list was compiled of potential focus group participants within a Midwestern university health services center. These included nurse practitioners, staff nurses, counselors, and counseling psychologists. An interest letter was emailed to these potential participants offering two potential dates and times for a focus group. Six participants (50% of the professional staff) were able to attend at least one focus group date and time. These included two nurse practitioners, two counseling psychologists, and two licensed professional counselors. The providers indicated a moderate amount of experience in caring for transgender individuals in their workplace.

Development of interview questions. Based upon the literature review, Purnell's Model for Cultural Competence (Purnell, 2002) and consultations with the project team, ten open-ended questions were developed by the researcher (Appendix B). These questions were listed in the order they were to be asked and provided to the project committee for suggestions, revisions, and final approval.

Conduct of focus group. Approval of the university's Institutional Review Board was obtained prior to the execution of the project. In March 2017, a focus group of six providers met for 60 minutes. Focus group goals and expectations were presented and verbal consent was obtained for all participants following a read-aloud consent form. Confidentiality was assured and how data would be utilized and stored was reviewed. An audio recording device was utilized to ensure accuracy of transcribed responses. While

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lunch was provided, there was no financial incentive for providers to participate in the focus group.

A demographics sheet was collected at the beginning of the one-hour focus group to obtain participant metrics regarding their provider role, years in mental or physical healthcare, number of transgender patients seen per year, and years of education obtained. Six participants total were in attendance (two licensed professional counselors, two counseling psychologists, and two nurse practitioners). Each participant was assigned a number and was asked to identify themselves before speaking by that number. No provider names were obtained verbally or written on the demographic intake form. Ten previously composed questions were posed to the group regarding provider needs (Appendix A) and responses were recorded in their entirety. While the ten questions served as the structure for the group discussion, other issues were allowed to arise spontaneously.

Data Transcription and Analysis. The following day, the researcher transcribed the responses from the focus group. During the following weeks, the researcher and project chair independently reviewed the audio recordings and transcripts and began to formulate themes that emerged from the data. They then met on two separate occasions to compare the themes individually derived and synthesized a mutually agreeable list of themes. The data analysis period continued through the end of April, 2017.

The researcher then prepared a report of the focus group in a question-by-question format with specific amplifying quotes. Data were interpreted and summarized by the

researcher and the project chair. The chair and researcher also conferred regarding the accuracy of findings and interpretations.

Results

The key themes identified are summarized in Table 1. Data was condensed into five main categories: range of gender identity issues, socioeconomic factors, healthcare provider limitations, specialty care needs, and gender inclusive data collection. Table 1 also identifies the subthemes contained within each category. Table 2 depicts the predominant themes followed by illustrative quotes from participants.

Range of Gender Identity Issues: General concerns were raised by providers regarding the difficulty in identifying transgender patients appropriately and in a manner consistent with their individual needs. This lack of individualization creates difficulties in providing culturally competent care. Prioritizing needs was also a concern due to patients usually being seen for episodic mental or physical health issues rather than long-term care directly related to their gender identities.

For example, one participant said: “It doesn’t necessarily mean that the only reason they’re coming is because they’re transgender. It might be depending on where people are at in the process.” Another participant commented: “I think there’s a piece too that it’s not exclusive to trans students, but that the personal journey of how they got to where they are in terms of recognizing their gender, but that it also happens with sexuality.”

Specialty Care Needs: Inadequate referral networks, especially for endocrinologists, makes it challenging to find safe and effective providers for patients. Obsolete electronic

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medical records systems containing data that do not cross over from the mental health to physical health side creates a barrier among providers for creating integrated and comprehensive care.

Regarding the integrity of referred providers, one participant said: “ [We need] reliable, trustworthy providers to refer delicate patient situations to. People who are culturally sensitive to what these patients are going through, especially if they have been traumatized in the past by an experience with a care provider.”

Healthcare Provider Limitations: Healthcare providers are constrained by the lack of guidelines for working effectively with this population. There are also inadequate protections and provisions for this population with regard to health policy and legislation. Changes in legislation and policy require advocacy and research to support them which is slow due to the stigma applied to this vulnerable population.

While training specific to care of transgender people has become more widely available, there remains a lack of advanced training for those that have taken the introductory courses. Those advanced courses that are available are not easily accessible to providers due to financial, geographic, and time constraints. This leaves transgender patients potentially without optimal care for their common mental and physical health issues.

While there is outreach to the transgender community in this university setting, it is primarily through the counseling portal. The family nurse practitioners are rarely able to attend events on campus to promote visibility using the same modalities as counseling services. One nurse practitioner cited a lack of motivation for additional training due to

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the low volume of transgender patients seen in the clinic. In turn, patients may be less aware of safe physical healthcare providers available to them, and when they are seen, providers have less experience and training related to transgender-specific needs.

With regard to provider limitations, one participant stated: “I think that it’s just important that we’re prepared to provide appropriate, culturally aware, safe spaces for the people that we provide care to, and my sense is, from hearing from clients that I have seen, is that there’s a real shortage of providers for both medical and mental health in the community who have the training, sensitivity to provide culturally competent care to the community.”

Gender Inclusive Data Collection: Data collection on transgender patients is generally difficult due to problems in accessing this vulnerable population who may be reluctant to identify themselves. In addition, health facilities typically use a binary model for categorization of gender (female vs. male) rather than a more elaborated continuum that more accurately supports the diverse experiences of gender identity. More specific concerns were raised due to the language and terminology inherent to this population and the frequent changes in self-identifying pronouns and other cultural terms. Providers must be continually educated to understand the argot used by patients and to select terms that are accurate and culturally sensitive

With regard to collecting data on gender diversities, one participant commented: “We have a client that identifies at some point one way [on the gender continuum], and another time they come in identifying another way. I’m not sure how the system would accommodate that.”

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Socioeconomic Factors: Another concern was that of patients who have difficulty finding transportation to appointments. This makes meeting needs challenging if they are not able to access medically culturally competent providers. Patients also may come from disadvantaged backgrounds and have limited methods for obtaining preventative care. The university health services center does not take insurance which increases accessibility within this particular community. Even if patients are able to make appointments, care is limited through the short-term model with regimented appointment times implemented on campus. Long-term care is difficult to obtain due to the standard clinical hour for counseling services or a 10- 30 minute appointment time for nurse practitioners. Larger issues inherent to transgender people are challenging to address when time is restricted.

For example, one participant commented on the socioeconomic factors influencing transgender patients: “Our population is under-resourced, so that those providers that are properly trained and sensitive to the issues may not be within their means. We have quite a few students without insurance at all, and those people that are very specialized in that area may not work on a reduced-fee pay scale.”

Table 1**Themes Identified:**

<i>Range of Gender Identity Issues</i>	Gender fluidity vs. transgender; transitional identity variations if choosing not to transition surgically; gender dysphoria; coming out to family and friends; relationship challenges
<i>Socioeconomic Factors</i>	Lack of family support; lack of community resources; disadvantaged backgrounds at baseline or because of transgender identity; difficulty finding employment and health insurance; transportation challenges when making provider/counselor appointments; lack of legislation and policy support
<i>Healthcare Provider Limitations</i>	Counselors limited by standard clinical hour and nurse practitioners limited to appointment time; short-term therapy models at student health services; usually unable to accommodate those who need one year of counseling before surgical transition; small number of overall population of patients seen; language to describe identity and terminology; unknown answers to frequently asked questions; lack of advanced training available for physical and mental health care providers; ability to create a safe space; fragmentation between mental health and physical health care outreach; traditional academic training unrelated or distantly related to transgender care; difficulty addressing bigger issues with transgender identity if there for an episodic problem; providing culturally competent care
<i>Specialty Care Needs</i>	Many request hormone therapy, but there is no endocrinologist on staff; need for endocrine and surgical referrals with a limited network of culturally competent providers; high risk cases with abuse and or trauma with relationships in the past - including healthcare providers.
<i>Gender Inclusive Data Collection</i>	Difficulty identifying transgender patients in the electronic medical record; many patients are gender fluid and are not consistent with their identity classifications at each visit; lack of subtle and or effective tools to collect gender identity data and to screen for mental and physical health care issues.

Table 2**Illustrative provider quotes related to each theme:**

<p><u>Range of Gender Identity Issues</u></p> <p><i>Purnell applications:</i></p> <ul style="list-style-type: none"> - High-risk behaviors - Communication - Family roles and organization - Biocultural ecology - Overview/heritage - Spirituality - Larger themes of global society, community, family, and person 	<p>“It doesn’t necessarily mean that the only reason they’re coming is because they’re transgender. It might be depending on where people are at in the process. It may be the process of coming out, it’s more about negotiating family relationships and identity piece. Needing to access health services, hormone therapy, more medically-oriented things. It could be associated with past experiences of abuse and trauma, which is not different from our general patient population. Transgender folks have increased rates of abuse and trauma - horrible things that have happened in the past, so there’s multiple issues.”</p> <p>“Stress, anxiety, depression - it is relationship challenges - broadly defined. Familial relationships, romantic partnerships, financial stressors and pressures, abuse/trauma - which is a central presenting concern for many, many students here.”</p> <p>“I think there’s a piece too that it’s not exclusive to trans students, but that the personal journey of how they got to where they are in terms of recognizing their gender, but that it also happens with sexuality. It’s kind of a piece of self-discovery that for a lot of trans students is very transformational. Really an important piece to their experience.”</p>
<p><u>Socioeconomic Factors</u></p> <p><i>Purnell applications:</i></p> <ul style="list-style-type: none"> - Overview/heritage - Family roles and organization - Workforce issues - Biocultural ecology - Nutrition - Pregnancy 	<p>“Our population is under-resourced, so that those providers that are properly trained and sensitive to the issues may not be within their means. We have quite a few students without insurance at all, and those people that are very specialized in that area may not work on a reduced-fee pay scale.”</p> <p>“In addition to the other sources with regard to insurance, there’s also transportation issues, so generally speaking, we have had students who identify as transgender living in areas or communities where they’re already coming great distances to see us, or they may have limited access to transportation, so that further makes the process more difficult if the providers aren’t accessible in that regard.”</p>

<p><u>Healthcare Provider Limitations</u></p> <p><i>Purnell applications:</i></p> <ul style="list-style-type: none"> - Culture as a process - Healthcare practices - Healthcare practitioner perceptions - Larger themes of Community and Global society 	<p>“One of the things that seems to be present with many of the trans is the traumatic experiences from their contact with mental and medical healthcare providers. How is this going to be different from what happened before? It seems that it’s frequently reported.”</p> <p>“I think that it’s just important that we’re prepared to provide appropriate, culturally aware, safe spaces for the people that we provide care to and my sense is, from hearing from clients that I have seen is that there’s a real shortage of providers for both medical and mental health in the community who have the training, sensitivity to provide culturally competent care to the community.”</p> <p>“One of the big challenges is demonstrating to the larger community of campus students that this is a place where students can receive competent, sensitive, ethical, useful care. WE are making efforts to do that, but I think that’s a challenge that’s a part of larger, societal issues. Larger concerns within health and mental health care.”</p> <p>“I think the importance there is when you’re building that awareness, to allow people to have a discussion rather than being told this is what you need to do, so people - wherever they’re at- can move from there.”</p> <p>“I think that the visibility piece is especially important with underrepresented groups on campus - being present at events that support all students, They want to hear not just that you’re there to provide them services, but that you want a sense of who you are and that you back up what you say. By offering and doing outreach that we’re doing, by being present in classrooms, at events, it kind of goes beyond a general statement of “we’re here for you” to everyone. I can’t tell you the number of student who identify as transgender that will say things like, “I noticed the sticker on your door.” Or “I noticed you were at this event.” That is really important for conveying more than we are here for you, but that we actually value you.”</p>
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	<p>“My care of transgender students is really no different than any other student. I can’t treat those types of specialty needs. I make referrals, like I can say you need to see an endocrinologist, but we don’t have relationships with centers like that. It’s more episodic care that I see. It’s problems that apply to everybody.”</p> <p>“A lot of the trainings seem to be an intro, and starting to help or like a first step. Certainly all of us are beyond that. We need more in-depth training. Even just logistical training about what the medical process is. When I’ve tried to get that in this community, it’s very difficult. There are trainings that are conferences - going away for a weekend or 3 days in another state that are just not an option for me.”</p> <p>“I can’t recall any training. If I did receive any training, it was probably a day. It was not something I heard of during my training.”</p> <p>“I’m probably the most recent graduate, and I did have some exposure to it, but it was because I wanted to specialize. I was more focused on sexuality, but a part of that I sought out a specific professor in class and then took trainings that that professor offered outside of school and that I sought out myself. I had a limited amount of exposure in school.”</p> <p>“For me, part of providing good care is having some sense of the community. One element is that in terms of techniques, maybe medical procedures. As a therapist, having some sense of understanding around community and larger matters impact of community or families, or people who are in various places of transition if they’re choosing that route or not is helpful. There’s also so much utility in hearing people’s narratives and stories and what they’re encountering and what their experiences have been. That for me is providing understanding so that I can provide better care.”</p> <p>“We all have a learning curve. Every person I meet has something different from me, so I’m learning. Sometimes I slip</p>
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	<p>up on things that are just routine for me, like using the wrong pronoun, For me, there's certainly a learning curve that I'm very focused on, but I make mistakes and I know to expect those, but I feel pretty confident because I have been really focusing on it.”</p> <p>“We have been putting a lot of effort into this. Supporting ourselves and each other. Not policing each other, but it's hard sometimes. When you spend the first 20 years of your life with one or two categories, you don't get to transfer that over to your care when that's all you've known, it's hard!”</p> <p>“For me, it falls into moderately to moving into a place of comfort. There's still terminology and language around gender expression, sexual orientation, identity, it feels to me like it evolves and shifts and I have no doubt that I am not 100% current on that all the time. There is language that sometimes clients will use that I find myself saying, “I wish I knew what that means.” I also feel like I can ask and make that a point of understanding.”</p> <p>“Efforts are fragmented with counseling staff is doing the transgender outreach, cultural sensitivity trainings, and having a classroom presence and you see the patients but without training. And they're there to be seen for a sore throat. Care doesn't change based on that.”</p> <p>“One day a person will come in identifying as one pronoun and the next day as another. For me personally, I find that a little bit confusing and I'm left wondering. It's literally one day the person would like to be referred to as female, and then maybe the next day male. That feels slightly uncomfortable to me for some reason. I think we are so geared towards looking over who is coming in and gear our mind towards what the patient encounter might look like, that it feels a little uneasy for me, and maybe that's something that I need to address. I happen to know that other providers who care for this client also feel uneasy with different genders day to day. Maybe that's</p>
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	<p>something I need to address. Part of me is like, get over it, and just ask, “What would you like me to call you today?” And that’s fine, and I’m not saying that I don’t do that, but for some reason, I don’t feel comfortable with someone identifying as certain genders inconsistently.”</p>
<p><u>Specialty Care</u></p> <p><i>Purnell applications:</i></p> <ul style="list-style-type: none"> - Healthcare practices - Family roles and organization - Biocultural ecology - Health promotion - Community 	<p>“It’s been along a spectrum. There’s been a couple students that have finished their transition, people that are at the beginning, and then those that are choosing not to do any transition, they just identify as transgender.”</p> <p>“Those people who do have insurance, can’t identify providers who are willing to work with them.”</p> <p>“And with regard to the relationship with the endocrinologist. I would not feel comfortable sending somebody to a provider that I wasn’t familiar with or comfortable with their care competency. I’m not looking to make those relationships because I don’t know who I would be comfortable sending someone who’s fragile. I would ask our collaborating physician who they would be comfortable with since I’m not typically able to build outside referral relationships. They have a larger network. Ask someone that they knew.”</p> <p>“One thing that comes to mind is there are rules around surgeries for students who identify as trans who are looking to do surgeries, there can be rules around how long you have to be in therapy or receiving support because ultimately, you may need documentation to that effect. One limit that I can perceive is our time-limited model. Those are not the types of documentation that we are typically able to provide for students that we see. We can offer support and we can do effective work, but in terms of providing documentation, not to say that we can’t, it’s just as providers we are limited if it means you have to be in therapy for a year.”</p> <p>“I think the other thing that is useful in terms of healthcare is knowing who is available in the community for referrals that</p>

	<p>would be somebody good, because there can be some fear and trauma for a client in terms of a referral because of other experiences they may have had.”</p> <p>“Reliable, trustworthy providers to refer delicate patient situations to. People who are culturally sensitive to what these patients are going through, especially if they have been traumatized in the past by an experience with a care provider.”</p> <p>“There's not really a network of people we refer to. I just go to my collaborating physician if I have a patient that needs further care related to their identification as transgender. Most of the time I handle episodic care and don't often need to refer out for endocrine needs, surgical care, etc. I wouldn't really know who to send them to.”</p>
<p><u>Gender Inclusive Data Collection</u></p> <p><i>Purnell applications:</i></p> <ul style="list-style-type: none"> - Biocultural ecology - Communication - Overview/heritage - Larger theme of global society 	<p>“If a student is struggling with a certain issue, then the transgender identity is not the factor that they are usually seeking services for.”</p> <p>“It’s hard to know what component of seeking services is connected to the fact that they’re identifying as transgender.”</p> <p>“Our EMR brings in information from the student information system. Student info system is awful in gathering this sort of information. We are making an effort to change some mechanisms like preferred name, and we’re doing things on preferred gender, but it’s not a very subtle instrument for collecting data. We have anecdotal information within the clinical context, but as far as what we can get out of our EMR is going to be a blunt instrument at best. I would be surprised if our EMR came up with showing 0.05% of the clients here are transgender. I don’t know that that’s very accurately reflected in our student information system for a whole host of reasons.”</p> <p>“We do have a separate intake form, but we don’t have a good mechanism for getting that into a database. The student info system is a very slow-moving beast because it involves</p>

	<p>multiple interconnected systems, anything beyond the binary is going to be complicated. There are legal ramifications as well that slow some of these processes down. We do have this information on the paper intake forms we have, but there's not a good transition between what's on the paper intake form and what could be put into a portable, sortable database.”</p> <p>“We do have clients that identify outside of categories, we have quite a few, so if you're looking for what category constitutes the population we're looking to serve, again going back to the non-binary, at what point do you conclude/cut off the category?”</p> <p>“We have a client that identifies at some point one way, and another time they come in identifying another way. I'm not sure how the system would accommodate that.”</p> <p>“We have had clients who identify one way meeting with counseling services, and another way when meeting with medical services.”</p> <p>“Especially with an electronic medical record, how does that really get translated? Might need something each visit to identify gender within a particular patient chart.”</p> <p>“There is importance in collecting that type of information and in some sense, forcing people into categories is contrary to the types of efforts we're making. Not taking away from the need to recognize that it would be important to quantify this. It's not just one out of 30,000 students. It's a delicate balance and it's not unique to this environment here.”</p>
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Comment

Limitations: This study was limited primarily by its small sample size, restriction to nurse practitioners, counselors, and counseling psychologists as participants, provider time constraints, and focus on only one university student health center. Finding a mutually agreeable date and time to complete the focus group was challenging, as well as creating sufficient time for discussion following the questions. The healthcare model utilized at this university health services center is short-term and thus it is difficult to adapt more complex patient situations to this model. This limitation may also contribute to a lack of generalizability to various health services settings in which transgender people are treated.

Conclusions: Several healthcare provider needs were derived from the general themes that emerged from the focus group data. These needs included: access to advanced workshops beyond introductory level course offerings; elaborated gender identity data collection for transgender patients; reliable referrals for sensitive patient situations; and increasing collaboration between counseling and other health services with outreach and additional training needs. Transgender patients have complex needs and present unique learning opportunities for physical and mental healthcare providers who are accustomed to using a short-term, episodic model of care. By addressing these areas, increased cultural competence in caring for transgender patients may be possible across nursing and counseling specialties. Providers demonstrating culturally sensitive care will likely improve health outcomes for this vulnerable patient population.

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Following the dissemination of results from this project, an evaluation of the next steps in this multi-phase initiative will explore opportunities for further research. The integration of transgender-specific health screening questions into the electronic health record at the student health center, additional focus groups, as well as a transgender provider training program are potential steps forward following the conclusion of this project.

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Appendix A:**Transgender Needs Questionnaire**

1. When thinking about your professional role, approximately how many trans patients have you cared for?
2. Approximately how many trans patients have you cared for with University Health Services?
 - A. Approximately how many minutes/hours do you spend with them?
 - B. Is this more or less time than you usually spend with patients in other demographic groups?
 - C. Do you see transgender patients as utilizing healthcare at University Health Services more than other patients?
 - D. Approximately what percentage of University Health Services resources weekly/monthly are being spent when caring for this population?
3. What are issues for the trans population that come up regularly?
 - A. Approximately what percentage of care do you believe they are receiving inside vs. outside the college campus?
 - B. Are transgender patients less likely to have access to care and or health insurance if seen elsewhere?
4. When thinking about your professional role, what is working well to meet the needs of trans people in the UMSL clinic's population?
5. Thinking about where needs are not being met:
 - A. What is currently happening that could be done differently?
 - B. What is not happening that should be?
 - C. What do you consider to be the most important priority for action and why?
6. Do you know of any information collected by your service that could be useful for the needs assessment?
7. What are your needs as professionals to be able to do this work?
 - A. Are you aware of specific physical and mental health needs for this population?
 - B. Are you aware of current research regarding care of transgender patients?

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C. Did you receive any education or training specific to transgender health in school or as continuing education?

8. What additional training would you like to have?

9. What resources would be important for you to access for referrals?

10. How comfortable are you when providing care to this population?

Appendix B:

University Health Services Centers Screening for Transgender Health

Bastyr Center for Natural Health

<http://bastyrcenter.org/transgender-health-services>

Columbia University

<http://www.cumc.columbia.edu/student-health/especially/transgender-students>

UC Berkeley

<https://uhs.berkeley.edu/trans>

UC San Diego

<https://wellness.ucsd.edu/studenthealth/services/Pages/transgender-care.aspx>

Eastern Michigan University

<http://www.emich.edu/uhs/services/medservice.php>

Michigan State University (Hormone/transition-specific)

<http://olin.msu.edu/services/transition.htm>

Georgia Southern University

<http://auxiliary.georgiasouthern.edu/healthservices/lgbtq-health/>

University of Minnesota

<https://www.sexualhealth.umn.edu/clinic-center-sexual-health/transgender-health-services>

Rutgers

<http://socialjustice.rutgers.edu/trans-ru/campus-trans-health-services/>

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University of Southern California

<https://lgbtrc.usc.edu/trans/>

USC - Engemann Campus

<https://engemannshc.usc.edu/medical/sexual-health-services/transgender-health/>

Montana State University - minimal

<http://www.montana.edu/health/LGBTQ.html>

Ohio University

<https://www.ohio.edu/medicine/community-health/campus-care/services.cfm#Transgender>

University of Rochester

<https://www.rochester.edu/uhs/healthtopics/GLBT/index.html>

Colorado State University

<http://health.colostate.edu/services/medical-services/>

San Jose University

http://www.sjsu.edu/studenthealth/clinical_services/

Appendix C:

The Purnell Model for Cultural Competence (Purnell, 2002)

