transgender population. Only 27.2% report regularly using primary care services [3] Purpose: To highlight the healthcare and social challenges that modify a transgender personal services (3) quality primary care in the U.S. through review of current literature. 	 Understanding barriers to primary care is critical to addressing the health needs of the 	e considerable discrimination in so ling to unique health disparities. rassment in medical settings, 28% postponed cau idical providers, but clinical and administrative stu- ation in revealing gender identity, creating barrier ition suffers unique and magnified l	Barriers to Accessing Primary Care Services in the Transgender Population: A Sys Beringia Liu, MPH; Genessis Castorena, BS; Jandi Desinor, BA; Nicole Mueske, MS Charles R. Drew University Physician Assistant Program Contact: nicolemueske@cdrew.edu
l that modify a transgender person's ability to access gh review of current literature.	. transgender women [1, 2] e addiction, cardiovascular disease, obesity, cidal thoughts, 40% attempted suicide (9x rimination and victimization ddressing the health needs of the	in society, including within the S. ned care (2015 US Transgender Survey) tive staff barrier to quality care fied health disparities compared	ansgender Population : A Systematic Review ndi Desinor, BA; Nicole Mueske, MS cian Assistant Program @cdrew.edu



Barriers to Accessing Primary Care Services in the Transgender Population: A Systematic Review



10 identified transphobia, discrimination, fear of stigma, fear of not being accepted, and/or fear of being outed

- Ô Transmasculine patients 2x as likely to delay care due to discrimination than transfeminine individuals [4]
- 0 Similar findings in transyouth: 25% did not speak to provider about gender/sexual preference due to fear of disclosure to the parents [5]

10 identified lack of knowledgeable/experienced/willing providers

of transgender healthcare

- Refusal to initiate and continue hormone therapy was common [6]
- 6 identified difficulty accessing healthcare
- In a small New Jersey study, 50% of respondents reported being refused services outright [3]
- 6 identified barriers from the provider perspective
- 5 identified embodied disruption
- Occurs when a provider does not acknowledge or incorrectly assumes the identity of a non-conforming LGBT individual
- Misgendering through incorrect names/pronouns [7, 8]
- O) after being incorrectly identified [9] Transgender men more affected: less able to return to masculine normity
- 4 identified lack of social/family support



	Conc	۵	00		۵	Discu	
We must pair discu legislators, and offe towards an all-inclu		 Fear of being or healthcare Potential solutions Provider educa 	Lack of insurance and finan Transyouth unique barriers	Lack of knowle Provider sensitive Generalized fea society, lead to	Most common obst and fear, as well as	Discussion	Barriers to Acce
We must pair discussions with the community, medical professionals and educators, and legislators, and offer tangible solutions for the transgender population in order to move towards an all-inclusive healthcare system and a more equitable society.	provider knowledge/education. Student education: Incorporate into medical curriculum Policy reform and community advocacy: Address transphobia and socioeco	Fear of being outed to parent/caregiver: Withholding gender identity from pr healthcare ial solutions Provider education: Transgender patients have complex medical needs which	Lack of insurance and financial resources Transyouth unique barriers Lack of family approval: Must go through parent/caregiver's insurance	 Providers are not familiar with commonly used terms in the transgender community sensitively and appropriately to LBGT patients [8]> Tanglole resolution is provider Generalized fear of discrimination, maltreatment, and physical abuse, within society, lead to avoidance of healthcare 	Most common obstacles to quality care found in the 22 studies: Transp and fear, as well as lack of knowledgeable/experienced/willing provid	Beringia Liu, MPH; Genessis Castorena, BS; Jandi Desinor, BA; Nicole Mueske, MS Charles R. Drew University Physician Assistant Program	Barriers to Accessing Primary Care Services in the Transgender Population: A Systematic Review
nunity, medical profe for the transgender p em and a more equit	dical curriculum : Address transphobia an	Withholding gender iden ts have complex medical I	5 h parent/caregiver's insu	Ing providers ly used terms in the transgends attents [8]> Tangible resolut eatment, and physical ab	ound in the 22 studie le/experienced/willi	iessis Castorena, BS; Drew University Phy	are Services in th
essionals and educators, and population in order to move able society.		tity from provider and avoiding needs which benefit from specific	rance	er community and/or unable to speak Ion is provider education use, within both healthcare and	s: Transphobia, discrimination, ng providers	MPH; Genessis Castorena, BS; Jandi Desinor, BA; Nicole Charles R. Drew University Physician Assistant Program	ne Transgender F
o move		specific		re and	iminatio	icole M gram	^v opula
	 Petric upset Losse 1, Patherson JG, Jakson Thess MA, Kasman C. Californial comparisons and in in the provisition of none to UCRT patients in nursl and appeal active Patient E. Baue Course 2019;10:001;11:2001;40;001;80;10:101;10:101;10:2001;40;001;10:100;10:100;100;	 Hir/ Freeworkson Services for Transgender Vsuch. LCRT Health 20 east 10:34084 (pp. 2007/20098) published Contras First: Equil Dree A. Shires EA, Stouwers D. Jaffee KD. Weadhod MR. Primary care prov willing you to constrain a problem of throng theorem dreepy for to patients. Fam Pract 2011;35(5):573-811 doi: 10.1092/transpracim Define First: Equil Dtel1. Cackage SL. Crause MA. Caree V. et al. Youth and Caregineter Perspective to Gendre Affinning Health Care for Transprate Youth. J Addie 2016;35(2):554-61 doi: 10.1093/j.j.jadvenath.2016.01017/j.public Contra Care Affinning Health Care for Transprate Youth. J Addie 2016;35(2):354-61 doi: 10.1093/j.j.j.j.dvenath.2016.01017/j.public 	 Laskian, Cap, Bissonal, and Traviginskir Papa Astron. In New Jorn 2018. 45(2):147-90. doi:10.1008/000910348.0017.1211555[pub Front:EpubChole]. Kattari SE, Attaberry-Astri B, Kimwey MK, Walle NE, Kattari L, Christo at a Carbon Service and Anti-Astronomy MK. Walle NE, Kattari L, Christo 2018;58[9]:109-917. doi:10.1008/000911301.0216/J.15772719[pu 2018;58[9]:109-917. doi:10.1008/000911301.0216/J.15772719[pu Front:EpubChale]. Frider R, Frider ML, Dearmond MJ, Manzanaval K, Mantanata B, Percello S, Fisher C. Fried NL. Dearmond MJ. Manzanaval K. Mantanata B, Percello S. Fisher C. Fried NL. Dearmond MJ. Manzanaval K. Mantanata B, Percello S. Fisher C. Fried NL. Dearmond MJ. Manzanaval K. Mantanata B, Percello S. Fisher C. Fried NL. Dearmond MJ. Manzanaval K. Mantanata B, Percello S. Fisher C. Fried NL. Dearmond MJ. Manzanaval K. Mantanata B, Percello S. Fisher C. Fried NL. Dearmond MJ. Manzanaval K. Mantanata B, Percello S. Fisher C. Fried NL. Dearmond MJ. Manzanaval K. Mantanata B, Percello S. Fisher C. Fisher ML. Dearmond MJ. Mantanata B, Mantanata B, Mantanata B, Mantanata B, Percello S. Fisher C. Fisher ML. Dearmond MJ. Mantanata K. Mantanata B, Mantanata B, Mantanata B, Mantanata B, Percello S. Fisher C. Fisher ML. Dearmond MJ. Mantanata B, Mantanata B, Mantanata B, Mantanata B, Percello ML MANTANATANATANATANATANATANATANATANATANAT	References 1. Halver, H., Zeitzer, M., Tater, M., Later, N., Nasseed, S., Haath, Carel Dirg Lockies, Gay, Binsond, and Transporter Youth: A Literature Rev 2007. Style at 104-bits and Transporter Youth: A Literature Socie 2. Grant, M., Marter, M. J., Weiter, J., Honding, M., Hyu Tarry, A. Report of the National Transporter Excitnitization Save DC: National Contention Transporter Equality and Mational Gay Task Form, 2011. 3. Quantal N., Than R. Kon, S. et al. Head to Care Meeds and Care UNErstein 1. Quantal N., Than R. Kon, S. et al. Head to Care Meeds and Care UNErstein 1. Quantal N., Than R. Kon, S. et al. Head to Care Meeds and Care UNErstein 1. Strandown Sciences Sc		ueske, MS	tion: A System
	Investigation Construction of Contrast competency and in terves of Calibratic Trans McI. Parents: C. Calibrati competency and in the provision of care to ICET patients in rural and appeal of the Patient East Course 2019/D6/D0[patielized Online First Space Date]. In 1995 Jack Course 2019/D6/D0[patielized Online First Space Date]. In 1995 Endocrified Structures 2018/D11213132-30 date States's advanced 2018/D18/D1213132-30 date.	HIV Prevention Services for Transponder Vauth, LGET Health 30 as: 10.3484 (pb.2007/30098) public heal Cerline Trans. Equil Dree volling was to constrain a proder of bring the Primary care provi willing was to constrain a proder of bring the Primary care provi public public to constrain a proder of bring the Primary care provide colores First Equil Dtel 35(5) 578–611 doi: 10.1092/Transpoten Define First Equil Dtel 5, Saron V, et al. Youth and Caregin and Provide to See AC Crause 1.10.1014/j.jackimath.2016.020117 Jude 2016 25(2):154–61. doi: 10.1014/j.jackimath.2016.020117 Jude Transport	Leadsan, Cay, Biosonal, and Travegineder Pegaladisen in Heav John 2018. d5(2):167-10. doi:10.1004/000910046-0017.1211555[pub Front Equationary-Auto B, Kimway MK, Walle NE, Kathari L, Orwitz 2018. Antohorry-Auto B, Kimway MK, Walle NE, Kathari L, Orwitz 2018. Stateborry-Auto B, Kimway MK, Walle NE, Kathari L, Orwitz 2018. Stateborry-Auto B, Kimway MK, Walle NE, Kathari T, Orwitz 2018. Stateborry-Auto B, Kimway MK, Walle NE, Kathari S, Diwoni 2018. Stateborry J, Jose SD, 4000.000913.00. Martaneta B, Percelli 2019. Stateborry Auto B, Kimway MK, Martaneta B, Martaneta B, Percelli	References aux H. Zantan M. Takir MA, Jahan N. Nassoud S. Haadri, Care Disp Lostian, Gay, Binnouxi, and Transporter Youth: A Liberature Rev 2007 Style at 1996 and 1077 Stourowent 1144 (published Conton Rev 2007 Style at 1996 and 1077 Stourowent 1144 (published Conton Sov Tax A. Nastara L. Grote 1, Honora J., Nobiling M. Huji Tax A. Nastara Conton for Transporter Excellentiation Sov Control National Conton for Transporter Equality and National Gay Taki Force, 2011.			natic Review

rences

an Hi, Haweed S, Haathn Cane Dispantises Annong regender Youth: A Liberature Review. Caresa Sourceus: 414-Ryakitated Oxfine First: Epathologi son A Heimman JL, Kohiling KA, Hartise at Every Transgender Elaschmination Sanvay, Welshington, profer Equality and National Gay and Leabian

Care Needs and Care Utilization Among proter Psychologics to New Jersey, J Hamasee 00918368-0017-13111553[published Online

AK, Walle NE, Kottari L. One-size discernot fit respectements. Soc Work Health Care (00981389.2019.16/77278]published Online

Ascopagal K, Mustaeski B, Perceleed Barriers to anequester Yearth. UCAT Haakh. 2018;55(2):20-58 Aski skot GNR. Print Frank Equil Detel]. Woodfred MR. Print Pray tare provider Woodfred MR. Print Startup for transgender afforming Isomore discope for transgender (574-61 doi: 10.1092/Tangavicmett/9ja.deleted

Youth and Caregiver Perspectives an Barriers for Transgender Youth. J Addies: Health (Jadohealth 2016/01/01) publiched Online

Cultural competency and microsopyresidors attents in nural and appalachian liteneouse. (2001-00 dok)

thed Ordine First: Eputs Date[], ing cut," gender and moncomformity in the 211232-58 date Rpublished Ordine First: Eput Date[].