### Purpose

To highlight the healthcare and social challenges that modify a transgender person's ability to access transgender primary care in the US.

**Only 2.7% report regularly using primary care services**

### Understanding barriers to primary care is critical to addressing the health needs of the transgender population.

- General US population (2)
  - Associated with societal discrimination and victimization
  - Mental health problems: extremely high rate: 22% had suicidal thoughts, 40% attempted suicide (9x)

- Disproportionate burdened by alcohol, drug, and cigarette addiction, cardiovascular disease, obesity
  - HIV/AIDS: Rate: 21.7%, and estimated 25% in black/Afr. Am. transgender women (1, 2)

### The transgender population suffers unique and magnified health disparities compared to cisgender population.

- May cause hesitation in revealing gender identity, creating barrier to quality care
  - Not just from medical providers, but clinical and administrative staff
  - 30% reported harassment in medical settings, 22% posted care (2015 US transgender survey)

### Healthcare system, leading to unique health disparities.

- Transgender people face considerable discrimination in society, including within the healthcare system.
Fig. 1: Prisma flow chart for search strategy

Methods

Chari R. Drew University Physician Assistant Program
Berlingia Liu, MPH; Genesis Castorena, BS; Jandi Dezirion, BA; Nicole Muske, MS

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

Barriers Identified by the 22 Studies:

1. Identity: difficulty accessing healthcare
   - Refusal to initiate and continue hormone therapy was common.
   - Even if patients try to delay care due to discrimination or transgender health concerns.

2. Identity: lack of knowledge/understanding of providers
   - Similar findings in transgender: 25% did not find psychiatrists to be knowledgeable.

3. Identity: fear of stigma/rejection
   - Fear of not being accepted and/or fear of being outed.

4. Identity: lack of social/family support
   - After being incorrectly identified, transgender men more often: less able to return to masculine normality.

5. Identity: emboldened discrimination
   - Occurs when a provider does not acknowledge or incorrectly assume the identity of a non-conforming LGBT individual.

6. Identity: barrier from the provider perspective
   - In a small New Jersey study, 50% of respondents reported being refused services or lighted [3].

7. Identity: difficulty accessing healthcare
   - Refusal to initiate and continue hormone therapy was common.

8. Identity: difficulty accessing healthcare
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9. Identity: lack of knowledge/understanding of providers
   - Similar findings in transgender: 25% did not find psychiatrists to be knowledgeable.

10. Identity: fear of stigma/rejection
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Charles R. Drew University Physician Assistant Program
Berin gia Liu, MPH; Genessis Castorena, BS; Jandi Desinor, BA; Nicole Mueske, MS
Towards an all-inclusive healthcare system and a more equitable society, we must pair discussions with the community, medical professionals, and educators, and offer tangible solutions for the transgender population in order to move towards the following:

- Policy reform and community advocacy: Address transphobia and socioeconomic barriers
- Student education: Incorporate into medical curriculum
- Provider education: Transgender patients have complex medical needs which benefit from specific healthcare
- Potential solutions
- Fear of being outed to parent/caregiver
- Withholding gender identity from provider and avoiding care
- Lack of family approval and/or inability to go through parent/caregiver’s insurance
- Transgender unique barriers
- Lack of insurance and financial resources
- Societal lead to avoidance of healthcare
- Generalized fear of discrimination, maltreatment, and physical abuse
- Satisfaction and appropriate to LGBT patients
- Funding resolution is provided education
- Providers are not familiar with community usage terms in the transgender community and are unable to speak
- Most common obstacles to quality care found in the 22 studies: Transphobia, discrimination,

References

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Discussion

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