

DISCRIMINATION AND DENIAL OF CARE: THE UNMET NEED FOR TRANSGENDER HEALTH IN SOUTH LOS ANGELES

Rebecca Sussman, MPH
Felix Vargas, PhD
Aydin Kennedy, MSW
Shom Dasgupta, MD, MPH
Jim Mangia, MPH
Ren-yo Hwang, PhD

*St. John's
Well Child
and
Family
Center*

Why Transgender Health?

A few years ago, Karina Samala, a transgender activist and leader who heads up the Imperial Court of Los Angeles (a nonprofit LGBT charity organization) and chairs the West Hollywood Transgender Task Force; and a longtime friend and colleague – approached me about beginning to provide transgender-specific services at St. John’s Well Child and Family Center, South LA’s largest healthcare provider. We were already providing primary care services to dozens of transgender patients – but they had little access to the “specialty” trans-care they needed to live their lives in their true gender.

Karina introduced me to Masen Davis, Executive Director of the Transgender Law Center and we began the journey of becoming one of the few transgender specific health providers in the United States of America. With help from Masen and the Transgender Law Center, the Lyon Martin Clinic in San Francisco, Dr. Maddie Deutch of the Lesbian & Gay Center in Los Angeles, and support from Dr. Marcy Bowers – St. John’s trained up, built competency and hired a transgender leadership team to provide this desperately needed service in South Los Angeles.

The Transgender Law Center had a grant to train federally-qualified-health-centers in the provision of transgender care – but prior to that meeting with St. John’s – there would be no takers. We engaged the staff, many of them hired from the communities in South Los Angeles where we provide most of our care – and there was a desire and eagerness to stand up, stand out and provide care to one of the most marginalized and abused communities in the United States. Some of our staff had transgender neighbors, friends and family members and they were eager to be on the front lines in caring for this community.

It was not easy despite our commitment. We started this process before Chaz Bono had announced his transition and way before Caitlin Jenner – and transgender health and transgender rights – had not been embraced or understood by the mainstream media or mainstream America. For the first two years of start up, we had no funding to develop the program. Then the California Endowment provided a grant to hire transgender staff and provide comprehensive care coordination and outreach services that provided the impetus of our exponential growth.

Many of our patients were accessing hormones and other treatments at swap meets or on the street. Many had been victims of violence and brutality. All of our patients had faced some form of harassment, discrimination and denial of healthcare services. For the majority of our patients who were transgender people of color – these conditions were exacerbated and amplified. **What we have learned from 15 months of direct service and close to 500 transgender patients accessing care on a regular basis – is that transgender people face entrenched discrimination and abject denial of care within the health care system.**

At St. John’s, we believe that everyone has a fundamental right to health. Our social justice mission and our health and human rights framework called us to serve the transgender community, just as we serve the undocumented, the unaccompanied minors and the economically disadvantaged. While building the sensitivity and cultural competence took care and time – in retrospect, it was a walk in the park compared to the health plan denials (particularly for Medi-Cal patients), and abject violation of federal and state law which our patients have experienced time and time again in attempting to access the health care to which they are entitled. This systematic denial of service is outlined throughout the white paper to

follow, and specifically in the final section. Despite a mandate for transgender services outlined in the Affordable Care Act, an “All Plan Letter” issued to all Medi-Cal managed care health plans in 2013 by the California Department of Health Care Services and a Supreme Court “Writ of Mandate” on this topic issued in 2001 – our patients are consistently and uniformly denied access to basic trans healthcare services.

We write this “white paper” in the spirit of shedding light on these barriers – with the hope that stakeholders, elected officials and healthcare leaders – will make the change at every level of government, health plan and insurance company, and health service delivery site, to ensure that the tens of thousands of transgender individuals living in Los Angeles County, have access to affordable, competent and loving transgender health services.

Jim Mangia, August 4, 2015

Executive Summary

The state of transgender health: discrimination and lack of access

During this moment in time heralded as the *transgender tipping point*, discussion about trans* people is entering mainstream discourse, now more than ever. Despite the surge in media attention regarding the transgender community and growing acceptance of trans* identities, systemic and societal barriers remain, such as lack of access to health insurance, stigma, lack of sensitivity and cultural competency, that contribute to persistent, unmet health needs for transgender individuals. As such, transgender and gender-non conforming communities, particularly trans* people of color and those of low socio-economic status, continue to experience barriers to accessing healthcare and a disproportionate burden of preventable morbidity and mortality.

In study after study, transgender individuals – a majority of whom are people of color – had difficulty access trans-specific healthcare services. In a 2001 report of transgender health in Los Angeles, a majority of respondents reported obtaining their hormone therapies off the streets. According to the Centers for Disease Control, transgender women have HIV prevalence rates 25 times higher than the general population.

Studies show that transgender individuals have higher rates of transient housing and lower rates of educational attainment than the general population. Discrimination and social stigma contribute to economic insecurity in the transgender population. In fact, economic insecurity is a commonly cited reason for transgender individuals engaging in informal and illicit economic activities, including sex work. Approximately 11% of all respondents reporting having engaged in sex work for income (compared to 1% of all women in the general U.S. population), while 8% report involvement in illicit drug trade. Higher rates of African American (53%) and Latino (34%) transgender individuals reported engaging in underground economies. Furthermore, the overall incarceration rate of transgender individuals is substantially higher than the general population, with 42% of transgender women of color reporting previous incarceration.

Transgender individuals face significant challenges to finding and maintaining steady employment. In fact, 90% reported experiencing harassment, mistreatment, or discrimination in the workplace. Nearly half (47%) said that they had been fired, not hired, or denied a promotion and 26% reported they had lost a job as a result of their gender identity.

Transgender individuals experience anxiety, depression and suicidality at disproportionately high rates compared to the general population. Lack of access to healthcare has a significant, deleterious impact on health outcomes. Numerous studies show that for transgender people, inaccessibility to healthcare can have a notably harmful impact. Due in part to stigma and inability to access healthcare, high rates of mental distress due to harassment and discrimination, and a lack of cultural competency and sensitivity regarding gender identity and pertinent health issues in the medical care system, transgender individuals experience significant disparities in

ability to access these services. More than 25% of transgender individuals reported verbal harassment in a doctor's office, emergency room or other medical setting. These factors directly contribute to disparities in health outcomes and socio-economic status for the transgender population.

Responding to the state of trans* health and access to care

In response to the significant gap in access to healthcare services and in direct response to the needs of the transgender community, St. John's embarked on a journey to develop a transgender health program. After developing an initial needs assessment in 2010 to better understand the unique health care needs and barriers experienced by the transgender population in South Los Angeles, St. John's held focus groups and conducted a community survey with the transgender community and developed an evidence base to inform program, advocacy and policy activities that would be prioritized by St. John's program staff. 76% of respondents identified primary care as a critical need; 90% needed access to hormone replacement therapy; 62% were in need of post-surgical care; 81% requested mental health services (and 71% wanted to attend a support group); 71% requested legal services; and 52% needed fitness and nutrition education.

When asked what would make patients feel more comfortable accessing these and similar services, patients listed the presence of gender-neutral bathrooms (86%), trans-specific informational materials in the waiting room (67%), visible trans*-positive posters in the health center (62%) and a medical provider with significant expertise in trans* healthcare (100%).

Program Approach

Ultimately, St. John's Transgender Health Program (THP) formed as a response to the lack of trans* healthcare on the national and local level, and particularly in St. John's service area of South Los Angeles. In developing the program, St. John's recognized that there is no singular trans* or gender-non conforming experience in relation to health care. The THP at St. John's utilizes a patient-centered model of care to address the physical and social determinants of health of our patients. The development of a low barrier/no barrier program involved consideration, critique and deconstruction of traditional models of healthcare delivery that have created barriers in access to care for trans* and gender non-conforming identified patients. St. John's THP challenges the view that trans* healthcare is difficult or significantly different than traditional primary care, a view that has impeded access to care and contributed to the marginalization of transgender individuals in the healthcare system. The approach of this program incorporates acceptance, respect and preservation of dignity, with acknowledgement of the diverse identities and lived experiences with which our patients present. This approach is also utilized in convening the community through forums, advocacy activities, and through St. John's community-driven Transgender Health Advisory Board (THAB) – which was developed as part of this program – in order to develop a strong feedback loop and informed agenda for the program. Program staff encourage patients to speak freely about their experience, health concerns and health-related behaviors without fear of inciting barriers to obtaining the trans*-related health care services they need.

St. John's made an early commitment to hire transgender and gender non-conforming staff with the understanding that a program created by transgender individual for transgender individuals guides and informs services from a community perspective.

St. John's Transgender Health Program (THP)

St. John's officially launched the transgender health program in January 2013 with 9 patients. Within 15 months, the program has close to 500 patients accessing care on a regular basis. Demand has been so high that St. John's must expand its THP to additional days and sites.

The THP provides trans-specific services: including hormone therapy and referrals for gender confirming surgeries; referrals to transgender advocates, legal support and other services; primary and preventive care – medical, dental, and pharmacy; behavioral health care, including individual counseling, family counseling and support groups; HIV and STI testing, counseling and treatment; health insurance enrollment assistance; and assistance with legal name/gender change paperwork. The program is staffed by a Medical Director, Program Coordinator and Patient Advocate/Outreach Worker. Embedding trans-specific services within a primary care setting ensures that patients are concurrently able to obtain quality primary and preventive care and hormone therapy. And patient flow is coordinated through the THP program coordinator as the first point of contact for all new patient and community inquiries. Patient care plans include linkage to appropriate services offered both within and external to St. John's.

With the exponential growth of the transgender health program over the first year, the need for additional program components and activities have emerged to meet the needs of patients. These have included developing additional services, such as hosting free Name and Gender Marker Change Clinics, educational presentations in the community, an economic and professional development program (Trans*Empower) and a focus on care coordination, case management and patient advocacy.

Since its inception, St. John's Transgender Health Program has incorporated evolving guidelines and feedback from the community. Maintaining an understanding of the local landscape of services available and the immediate needs of those served by the program has been integral to successful development and growth. Furthermore, St. John's THP has emphasized the need for employing trans* program staff, who are able to engage the community and ensure that the program and its services are culturally competent and truly meeting the needs of those it intends to serve.

St. John's Transgender Health Advisory Board was formed in spring 2014 with nine members from the transgender community (4 identify as trans* men and 5 as trans* women), including current patients and community members who were involved in transgender-serving organizations. Since inception, the Advisory Board has grown to over 20 members. These individuals meet monthly to represent and voice the needs of the transgender community in

South Los Angeles, and how they may be incorporated into both the Transgender Health Program and the comprehensive primary medical care offered at St. John's.

Remaining Gaps and Recommendations for Improving Access for Transgender Patients

Policy Recommendation: Remove the authorization process as a necessary component of accessing Hormone Therapy.

There is a clear and persistent delay in approval for and receipt of trans*-specific care among patients who are insured through Medi-Cal managed healthcare plans. This has been most apparent with HealthNet, Inc. and Molina Healthcare, due to their outdated and disorganized authorization processes. These healthcare plans have failed to take a supportive stance on the delivery of time-sensitive and medically necessary care that they are obligated to provide to their trans* identified beneficiaries. This is particularly relevant for coverage of pharmacy benefits (hormone therapy) and gender affirming surgeries. It has been the experience of the THP staff that these healthcare plans become aware of the All-Plan letter stating their legal obligations to cover the aforementioned services, and yet defer to their fiscal intermediaries to address the requirement.

Policy Recommendation: Insurance plans should add hormone therapy to a list of “life-time approved” medications.

Once authorized, Medi-Cal managed health plans and their sub-contractors may only approve medications required for hormone therapy for short spans of time (e.g. one to three months). Hormones are not listed as indefinitely approved medication for individuals diagnosed with Gender Dysphoria (302.85), despite hormone therapy being a life-long therapy for many trans* patients. For example, insulin is considered a “life-time approved” medication for patients with diabetes. This same standard should be applied to the provision of hormones for trans* patients.

Policy Recommendation: Ensure equitable and timely access to gender affirming surgeries should Medi-Cal beneficiaries seek to do so.

Ambiguous phrasing that leads to interpretation of whether gender-affirming surgeries are approved as medically necessary and covered by health insurance leads to confusion among service providers and patients in the trans* community seeking such procedures. For example, the letter that is circulated to all Medi-Cal plans (ALL PLAN LETTER 13-011) states: “and gender reassignment surgery that is not cosmetic in nature” (State of California - Health and Human Services Agency). This phrasing has allowed health plans to decide that a trans* person's gender-affirming surgery may be considered “cosmetic” rather than “medically necessary,” and thus, would not be covered by insurance. Because gender-affirming surgeries for transgender patients are medically necessary and not “cosmetic in nature,” this language creates barriers to access to care and must be clarified.

Policy Recommendation: Increase and standardize trans* medicine education and training in medical schools and post-graduate medical education programs for primary care and surgery.

The inclusion of trans* specific healthcare and gender affirming surgical education in medical schools would increase the number of primary care providers who are able to provide transgender health care services and gender-affirming surgeries. Not only would this expand access to care for transgender patients by increasing the number of competent and trained practitioners, this would also normalize trans* health as an important component of all health care providers' knowledge-base. There is no existing certification or training program in trans* medicine for medical providers.

Policy Recommendation: Include “gender identity” as a domain that is protected from discrimination into the non-discriminatory hiring and employment policies for the City and County of Los Angeles.

Protection from discrimination based on gender identity for employees increases opportunities for obtaining employment and achieving economic development among transgender individuals, as well as decreases threat of harassment and unfair treatment. Stable employment and income have advantageous effects on access to health care through employer-based insurance coverage and increased funds available to pay for health care or health insurance.

Policy Recommendation: Facilitate legal name and gender change processes

When individuals are mis-gendered and referred to inaccurately by professional staff, there is often a significant psycho-social impact that profoundly discourages them from choosing to engage in any services, particularly health care. Furthermore, a significant number of transgender people who do access medical care have to educate their provider about how to provide the care they need, and their gender is often the focus rather than the medical need that brought the patient into the clinic (e.g. acute needs or preventive health services). Legal name and gender change can increase an individuals' comfort with accessing healthcare and employment as fears of discrimination, being called by the wrong name, and being confronted about gender identity are assuaged.

Conclusion:

St. John's Transgender Health Program was developed in response to the prevailing health disparities and lack of access to quality, patient-centered transgender health services for transgender individuals, particularly those of low socio-economic status and racial/ethnic minorities. Through formative research and an innovative approach to providing services for transgender individuals by transgender staff, the THP has grown exponentially and expanded access to care for close to 500 transgender individuals in Los Angeles. While the benefits of maintaining this and similar programs is clear, there is much work left to be done to ensure that transgender individuals both locally and nationally have access to the care they deserve. The

policy recommendations outlined in this document aim to incite further advocacy and policy change to make this possible.

St. John's Well Child and Family Center

St. John's Well Child and Family Center (St. John's), the lead primary care provider in the proposed project, is a 501(c)(3) Federally Qualified Health Center (FQHC) that serves patients of all ages through a network of thirteen health centers and two mobile clinics spanning the breadth of Central and South Los Angeles (L.A.) and Compton. St. John's was founded in 1964 with the purpose of improving the quality of life for low-income children and adults in the most underserved and low-income neighborhoods of South L.A. through the provision of low- or no-cost primary and preventive health care services. In 2014, the St. John's network provided 227,318 medical, dental and mental health visits and 53,764 outreach, health education, and case management services/visits to nearly 62,000 unduplicated, low income-children, adolescents and adults. St. John's mission is *to eliminate health disparities and foster community well-being by providing and promoting the highest quality of care in South L.A.*

St. John's work goes far beyond the traditional health care model to embrace the broader concept of well-being. The agency recognizes that many different factors affect community health, and that primary health care services are most effectively delivered when they address the broader context of a patient's life. Therefore, St. John's places a high priority on supportive services, research, and advocacy to address a wide range of educational, socio-economic, environmental and health needs. St. John's has an established reputation and a track record of strong community partnerships that increase each agency's capacity while providing more strategic and effective services.

St. John's clinics provide a full range of preventive and primary medical, mental, and dental health care services, including: prenatal care, well-baby and child services, HIV/AIDS care, immunizations, chronic conditions care and management, laboratory procedures, dispensing of pharmaceuticals, dental care, and mental health counseling. In addition, St. John's provides an array of innovative programs and services such as community outreach, care management, health education, insurance benefits counseling and enrollment, assistance with home remediation of harmful environmental health triggers, and volunteer patient and community-led Right to Health Committees that are the advocacy arm of the agency. St. John's also houses a Homeless Services Program, a South Los Angeles Child Welfare Collaborative, and a comprehensive Transgender Health Program, one of the only of its kind in Southern California.

ST. JOHN'S is acutely aware of the challenges and barriers in serving South L.A. residents, such as language, cultural differences, poverty, and lack of health insurance. St. John's sees lack of access to primary and preventive health services as the fundamental reason for the health disparities experienced among its population in South Los Angeles, as compared to other populations. As an FQHC, St. John's is required to ensure that the basic primary health care and support services appropriate to the health needs of the target population are available and accessible to all persons in the service area, regardless of ability to pay. As a pivotal safety-net resource in our community, it is a priority of St. John's to provide access to culturally and linguistically appropriate primary and preventive health services.

Glossary of Terms

Cisgender: A term used to describe an individual whose gender identity aligns with the one typically associated with the sex assigned to them at birth.

Female-to-Male (FTM): Describes the trajectory of a person who is changing or has changed their body and lived gender role from a birth-assigned female to an affirmed male. Also, transgender male.

Gender: A set of social, psychological, or emotional traits, often influenced by societal expectations, that classify an individual as male, female, a mixture of both, or neither.

Gender binary: The concept that there are only two genders, male and female, and that everyone must be one or the other.

Gender Dysphoria: Anxiety and/or discomfort regarding one's sex assigned at birth. Also, the medical diagnosis given to people who experience a disconnect between the sex they were assigned at birth and their gender identity.

Gender Expression: The manner in which a person communicates about gender to others through external means such as clothing, appearance, or mannerisms. This communication may be conscious or subconscious and may or may not reflect their gender identity or sexual orientation.

Gender identity: One's deeply held core sense of being male, female, some of both, or neither.

Gender neutral: Not gendered. Can refer to language (including pronouns), spaces (like bathrooms), or identities (being genderqueer, for example).

Gender nonconforming: A term used to describe those who view their gender identity as one of many possible genders beyond strictly female or male. More current terms include "gender expansive," "gender creative," "genderqueer," "gender fluid," "gender neutral" and "bigender."

Misgender: To refer to someone, especially a transgender person, using a word, especially a pronoun or form of address, which does not correctly reflect the gender with which they identify.

Male-to-Female (MTF): Describes the trajectory of a person who is changing or has changed their body and lived gender role from a birth-assigned male to an affirmed female. Also, transgender woman.

Preferred Gender Pronouns: A preferred gender pronoun is the pronoun or set of pronouns that an individual would like others to use when talking to or about that individual. In English, the singular pronouns that we use most frequently are gendered, which can create an issue for

transgender and gender-nonconforming people, who may prefer that you use gender neutral or gender-inclusive pronouns when talking to or about them.

Transition: A term sometimes used to describe the process—social, legal, or medical—one goes through to discover and/or affirm one’s gender identity. This may, but does not always, include taking hormone; having surgeries; and changing names, pronouns, identification documents, and more. Many individuals choose not to or are unable to transition for a wide range of reasons both within and beyond their control.

Transgender/Trans: An umbrella term for people whose gender identity differs from the sex they were assigned at birth. The term transgender is not indicative of sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Note that transgender does not have an “ed” at the end.

Transsexual: A less frequently used—and sometimes misunderstood—term (considered by some to be outdated or possibly offensive, and others to be uniquely applicable to them) which refers to people who are transgender who use (or consider using) medical interventions such as hormone therapy or gender-affirming surgeries (GAS) (also called sex reassignment surgery) or pursue medical interventions as part of the process of expressing their gender. Some people who identify as transsexual do not identify as transgender and vice versa.

DISCRIMINATION AND DENIAL OF CARE: THE UNMET NEED FOR TRANSGENDER HEALTH IN SOUTH LOS ANGELES

Introduction:

This paper provides an overview and description of the health needs of the transgender community, as well as the development of St. John's Well Child and Family Center's (St. John's) Transgender Health Program (THP) in South Los Angeles (L.A.), and situates this work in the larger status of transgender health provision and policy. Through this narrative, the paper seeks to advocate and impact health and social policy, and simultaneously provide guidance to community health centers interested in building programs and crafting policy to support a patient-centered transgender healthcare program. This paper synthesizes a model of care that is critical to and effective in addressing the healthcare needs of the trans* community in Los Angeles.

The first section of the paper describes the known needs in the transgender community regarding health outcomes, disparities and access to care. The second section explains the development of a Transgender Health Program at St. John's to address these issues, including the philosophy and paradigm utilized to inform the program's structure and components. The THP program's philosophy of providing low- to no- barrier healthcare is a response to the contemporary struggles of navigating a healthcare and insurance system fraught with barriers for transgender and gender non-conforming individuals, particularly for transgender people of color. The history of St. John's THP is described, tracing its growth from a program serving 9 patients to one that serves close to 500 patients fifteen months later. The paper outlines the team-based, patient-centered approach utilized to provide responsive healthcare to an expanding patient base. This includes an emphasis on providing transgender healthcare by and for transgender and gender non-conforming individuals that reflect the primarily Latino and African American communities served by St. John's.

The last section of the paper situates the work of St. John's THP within the broader context of transgender health care and identifies the remaining gaps in access to appropriate transgender health care services and the institutional, systemic and political change that is necessary to improve the health of the transgender community. Subsequent policy recommendations are provided to improve existing systems and increase capacity to increase access to care and meet the needs of the transgender community.

TRANSGENDER HEALTH: What is known

During this moment in time heralded as the *transgender tipping point*ⁱ, discussion about trans* people is entering mainstream discourse, now more than ever. Despite the surge in media attention regarding the transgender community and growing acceptance of trans* identities, systemic and societal barriers remain, such as lack of access to health insurance, consistent denial of care by health plans and insurance companies, stigma, lack of sensitivity and cultural competency, that contribute to persistent, unmet health needs for transgender individuals. As such, transgender and gender-non conforming communities, particularly trans* people of color and those of low socio-economic status, continue to experience barriers to accessing healthcare and a disproportionate burden of preventable morbidity and mortality.

While there is a dearth of demographic and health data on the transgender population in South Los Angeles (L.A.), the Los Angeles County Department of HIV and STI Programs, using existing public health dataⁱⁱ and community partnership feedback, estimates that as of 2013, 14,428 transgender individuals reside in L.A. County. This exists within a possible range of 7,214 to 21,642, and a one-to-one ratio of transgender women to transgender men.ⁱⁱⁱ While some efforts have been made to capture the racial/ethnic composition of transgender individuals, African American and Latino transgender individuals have been underrepresented in survey samples.^{iv} A 2001 study by three L.A. based community based organizations reported a sample of 244 transgender individuals: 49% were Hispanic/Latina, 21% Asian/Pacific Islander, 15% Caucasian/white, 7% African-American/Black, and 8% mixed race/ethnicity or other, compared to the current population of South L.A., which is comprised of 28.5% African American, 67.7% Latino, 2% White, 1.6% Asian/PI, 0.1% Native American.^{v,vi} Nearly 52% of adults are monolingual Spanish speakers and 50.2% of residents were born outside of the United States.^{vi} South L.A. is densely populated and experiences high rates of poverty, with 31.1% of the residents living below 100% of the Federal Poverty Level (\$23,850 annual income for a family of four). Nearly 52% of adults are monolingual Spanish speakers and 50.2% of residents of South L.A. were born outside of the United States.

In a large national study of 6,450 transgender individuals, 61% reported having medically transitioned, and 33% reported surgically transitioning.^{2,vii} A large majority of those surveyed had previously sought or obtained some form of transition-related care. Notably, behavioral health counseling and hormone therapy were more commonly reported than surgical procedures, though a large proportion reported wanting to eventually access gender-affirming surgery.^{vii} Due

¹ The Transgender Health Program utilizes the term trans* in order to reflect our mission of inclusivity, non-judgment and affirmation of multiple transgender identities. The University of California, Riverside recently hosted the First Asterisk Trans* Conference; February 27-28, 2015, where organizers provided their definition of Trans*, “Trans* affirms all people who transcend gender norms” (<http://asteriskconference.blogspot.com/p/faq.html>). This umbrella term includes but is not limited to the following identities: transgender, two-spirit, genderqueer, genderfluid, non-binary, agender, third gender, bigender, transfeminine, transwoman, transfemale, transmasculine, transman, transmale, masculine of center, gender non-conforming, gender questioning, et cetera.

² Medical transition for transgender individuals includes those that have undergone any type of surgery or hormonal treatment, while surgical transition refers to those that have undergone some type of transition-related surgical procedure. It should be noted that hormone therapy is considered a component of medical transition but not surgical.

to the fact that trans*-related care has historically been required to be paid out-of-pocket (not covered by health insurance), these statistics do not reflect the proportional desire or need to transition medically or surgically, but rather the respondents' ability to afford to pay for the related services.

According to a 2001 report of transgender health in Los Angeles which sampled 244 transgender individuals, 78% (190/244) reported ever using hormones for medical transition (e.g. gender presentation), 69% reported ever injecting hormones, 58% (142/244) reported using hormones in the previous six months and 44% reported injecting hormones within the previous six months.^v The majority of those who reported using hormones within the previous six months (51%) obtained them off the streets, 21% from a private doctor, 17% from a public county clinic or health center, 6% from a friend, and 5% from other sources. Among those who reported injecting hormones within the previous six months 72% reported obtaining their needles from a non-medical source or on the streets. Furthermore, one in three transfeminine individuals reported injecting substances other than hormones (e.g. silicone or oil) to enhance their gender presentation.^v According to the recent Center for HIV Identification, Prevention and Treatment Services (CHIPTS) survey of health and social services for transgender women of color in California, 74% reported obtaining prescribed hormones from a medical provider, 32% from friends, 21% from Mexico and 9% from another non-medically regulated source (e.g. on the street).ⁱⁱⁱ As of July 2015, all 455 transgender patients seen at St. John's Well Child and Family Center had undergone some form of medical transition and approximately 10% of patients have received referrals for gender affirming sex-reassignment surgery.

HIV/AIDS

A significant portion of research on the health of the transgender community has centered around rates and risk of HIV/AIDS and funded by institutions with corresponding focus. As such, most of what is known about the risk behaviors and health disparities is in this area of research. The estimated prevalence of HIV among transgender women in the County is 15.1%, a rate 25 times higher than the general population prevalence rate, and .6% for transgender men (population prevalence: .6%).ⁱⁱⁱ A meta-analysis of 29 studies revealed that an average of 27.7% of transgender women tested positive for HIV infection (4 studies), compared to 11.8% of transgender women self-reported having HIV within studies that did not involve testing in the intervention (18 studies). Notably, the rate of HIV-positive transgender women who were unaware of their status was reported as high as 73%.^{viii} Notably, disparities exist in HIV rates between racial and ethnic groups, with HIV prevalence rates as high as 48.3% among Black transgender women, compared to 26.9% among Native Americans, 17.1% among Latinos, 4.6% among Whites, and 3.7% among Asian/Pacific Islander transgender women.ⁱⁱⁱ Similar disparities are apparent among national samples, reiterating that black transgender women are more likely to become infected with HIV than non-black transgender women. In fact, a review of international studies of available prevalence data among transgender individuals estimated that HIV prevalence for transgender women was nearly 50 times as high as for sexually active adults in the general population.^{viii}

According to the Centers for Disease Control and Prevention, risky health behaviors that contribute to higher risk of HIV infection among transgender people include higher rates of drug and alcohol abuse, sex work, incarceration, homelessness, attempted suicide, unemployment, lack of familial support, violence, stigma and discrimination, limited access to health care, and negative experiences during health care encounters.^{ix} Unfortunately, there is a dearth of data regarding bacterial STI rates among transgender individuals and rates are often based on convenience samples.^x

According to a study by the Los Angeles County Department of Public Health, Department of HIV and STI Programs which compared the HIV seroprevalence and risk behaviors of transgender women who exchanged sex with those who did not found that substance use during sex was associated with increased seroprevalence. This is especially pertinent as the same study found that transgender women in Los Angeles report higher rates of substance use, especially alcohol and methamphetamine than the general population. In 2011, transgender individuals represented 1.7% of individuals accessing Ryan White–funded services for HIV-positive people and 4.1% of those accessing residential substance abuse treatment in Los Angeles County.^{vii-xi}

Social Determinants of Health and Related Health Risk Behaviors

A recent study of transgender individuals in San Francisco, CA revealed higher rates of transient housing and lower rates of educational attainment than seen among men who have sex with men or heterosexual women.^{viii} Discrimination and social stigma contribute to economic insecurity in the transgender population. In fact, economic insecurity is a commonly cited reason for transgender individuals engaging in informal and illicit economic activities, including sex work. Approximately 11% of all respondents reporting having engaged in sex work for income (compared to 1% of all women in the general U.S. population), while 8% report involvement in illicit drug trade.^{vii} Higher rates of African American (53%) and Latino (34%) transgender individuals reported engaging in underground economies and slightly higher rates were seen among male-to-female transgender respondents compared to female-to-male (19 % and 15%, respectively). Specifically, male-to-female transgender respondents reported higher rates of engagement in sex work than female-to-male transgender respondents (15% and 7%, respectively).^{vii}

Research by Valera et al. revealed that 65% of transgender women who engage in sex work experienced physical assault and 67% had experienced rape.^{xii} Additionally, those who reported doing sex work were twice as likely to abuse drugs or alcohol (18%/8%) and 50% more likely to have attempted suicide than those who had not and over 37 times as likely as the general population (60%/41%/1/6%). Furthermore, those who did sex work were almost four times as likely to have been incarcerated for any reason (48%) than the overall sample (16%).^{vii}

Incarceration

According to a study of national transgender survey data by Reisner et al., 19% of transgender individuals reported having ever been in jail or prison, with 42% of transgender women of color

reporting previous incarceration. Previous incarceration was found to be associated with higher rates of poor health outcomes related to HIV, smoking, substance abuse, and experiences of violence and victimization. Furthermore, 47% of transgender women who reported previous incarceration reported being victimized, and 25% reported being denied healthcare services while in jail or prison.^{xiii}

Patients who were prescribed hormone therapy prior to entry can be prescribed while the individual is in prison. For those patients who were not prescribed or cannot validate their prescription for hormone therapy prior to entry, psychological testing may be required before receiving the medication.^{xiv} This creates barriers to accessing hormone therapy and, as a result, transgender individuals are often in need of and seek out transgender health care services upon release.

Employment

A pioneering report released in 2011 by the National Center for Transgender Equality and the National Gay and Lesbian Taskforce entitled *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, which surveyed 6,450 transgender and gender non-conforming respondents, found significant challenges to finding and maintaining steady employment. In fact, 90% reported experiencing harassment, mistreatment, or discrimination in the workplace. Nearly half (47%) said that they had been fired, not hired, or denied a promotion and 26% reported they had lost a job as a result of their gender identity.^{vii}

This survey found an overall rate of unemployment among transgender adult respondents to be 14%, compared to 7% among the cis gender population.^{xv} However, significant disparities in unemployment exist, with 28% of transgender Blacks, 24% of Native American transgender individuals and 18% of Latino and multi-racial transgender individuals reporting unemployment.^{vii} Notably, 16% reported resorting to street economies (eg. sex work or drug trade) for income; transgender individuals who experienced chronic unemployment reported working in street based economy at nearly double the rate seen among the general population. Furthermore, transgender individuals experienced homelessness at double the rate of the non-trans* population and those that reported losing employment due to workplace discrimination were four times as likely as the general population to experience homelessness. Furthermore, those that reported experiencing this loss of employment due to discrimination were twice as likely to work in street based economies and twice as likely to be HIV positive. Over two-thirds reported higher levels of drinking and substance abuse to cope with mistreatment, and rates of incarceration were 85% higher than those who did not report losing employment due to bias or discrimination.^{vii,xvi} Furthermore, all transgender adults surveyed were nearly four times more likely to have a household income of less than \$10,000/year compared to the non-trans* population.^{vii}

Low socio-economic status resulting from unemployment or employment discrimination can increase the risk of negative health outcomes. The report notes that HIV infection rates are

doubled, as well as nearly double the use of drugs and alcohol as a coping tool. This is measured against those who are generally employed and not facing harassment in the workplace.^{vii}

Mental Health

Transgender individuals experience anxiety, depression and suicidality at disproportionately high rates compared to the general population. Specifically, rates of suicidal ideation that can be partially attributed to experiences and emotions surrounding gender identity are reported at upwards of 65% in transgender survey samples, with suicide-attempt rates ranging from 16% to 41%, compared to 1.6% of the general population.^{viii} The prevalence of depression is also startlingly high, typically ranging from one-half to two-thirds of study samples of transgender women and men. An additional study conducted by Clements-Nolle et al of 515 transgender individuals showed that 62% of male-to-female and 55% of female-to-male transgender persons³ were depressed and 32% of each population had attempted suicide.^{xvii} Nationally, higher rates of suicidal ideation were reported among transgender individuals who reported losing a job due to bias (55%), were harassed/bullied in school (51%), lived in households with low incomes, or were the victim of physical assault (61%) or sexual assault (64%).^{vii}

Research regarding the mental health outcomes within the transgender community has historically been heavily focused on suicidality and associated depression. However, much can be inferred by the existing links between stress associated with harassment and/or discrimination and poor health outcomes. Similarly, Minority Stress Theory asserts that the health disparities among sexual minorities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization, and ultimately impact an individual's access to care.^{xviii,xix} This is supported by a study by Bockting et al. of 1,093 transgender individuals surveyed nationally to explore the impact of stress on health, which revealed a connection between perceived and experienced stigma and psychological distress. In fact, 44.1% of respondents reported symptoms of clinical depression, 33.2% reported experiencing anxiety and 27.5% reported experiencing physical manifestations of psychiatric conditions (somatization).^{xx} Additional research demonstrates that mental health problems ranging from low self-esteem to severe psychiatric disorders can often interfere with medication adherence and/ or increase the likelihood of engaging in high-risk behaviors.^{iv,v}

Access to services:

Lack of access to healthcare has a significant, deleterious impact on health outcomes. Numerous studies show that for transgender people, inaccessibility to healthcare can have a notably harmful

³ The THP recognizes that usage, and continued widespread circulation of the biological essentialist terminology of male-to-female (MTF) and female-to-male (FTM) identity labels in medical and sociological research reinforces a gender essentialist and two sex binary narrative that perpetuates the false notion that trans* identified peoples always were or are connected to the gender they were assigned at birth. Within the transgender and gender non-conforming community, identity politics, labels and language have shifted in order to make room for those who do not identify with/in the gender binary.

impact.^{xxi} Health is recognized as the first in a hierarchy of needs that must be addressed for individuals to reach their potential and optimize well-being.^{xxii} This is exemplified in populations with complex medical and social issues, as a person's ability to access not only physical healthcare (eg primary care, hormone therapy) but also mental healthcare (eg; therapy, group support, psychiatry) contributes to achieving the stability that is critical to obtaining and maintaining housing, employment and education. Due to a number of factors, including stigma and inability to access healthcare, high rates of mental distress due to harassment and discrimination, and a lack of cultural competency and sensitivity regarding gender identity and pertinent health issues in the medical care system, transgender individuals experience significant disparities in ability to access these services. As a result, disparities in health outcomes and socio-economic status for the transgender population are evident.

Most of the health and social services specific to, or even accessible to, transgender individuals in Los Angeles have been limited to HIV services.^{xxiii} For transgender individuals who are HIV negative, transgender-specific services are limited, if not entirely unavailable. Similarly, whether HIV positive or not, access in L.A. County to general healthcare, mental healthcare, housing, social and public services are typically not oriented towards transgender people and do not promote sensitivity or acceptance of one's gender identity. According to studies by Shaffer and Melendez et al., lack of provider competency has discouraged many transgender individuals from accessing health care services for preventive care and acute conditions, as well as lower rates of adherence to HIV medication.^{xxiv}

A consortium of mostly transgender identified members convened in 2013 by the Center for HIV Identification, Prevention and Treatment Services (CHIPTS), tasked with mapping out available resources for the transgender community in Los Angeles. This consortium was able to identify only one mental health, one legal and one community-based organization that were specifically designed to meet the needs of transgender clients. According to the consortium, the only other transgender-focused services or programs in LA County were related to HIV prevention or treatment. While it is important to note that transgender individuals do experience higher rates of HIV infection, they also experience higher rates of risky sexual behavior, smoking, drug and alcohol use and suicide attempts than the non-transgender population.^{xxv} These behaviors are often results of and responses to social marginalization, exclusion and destabilization, which are also contributing factors to poor health outcomes.^{vii} Studies have correlated these risky behaviors to higher rates of poor health outcomes such as cardiovascular disease, HIV and other sexually transmitted infections, cancer, stroke, lung disease, depression, and premature death.^{xxvi} As such, lack of access to appropriate medical and mental health care services has significant consequences to overall health and health outcomes within the transgender population.

A major agent of change in this narrative has been the Transgender Service Provider Network (TSPN), a formal network of multi-sectoral service providers across Los Angeles County established in 2005 which shared the mission of better serving transgender clients and communities. The TSPN is made up of agencies involved in HIV care and prevention and seeks to increase “the capacity of non-transgender specific services to service transgender people.”

Traditionally, the health care system that most trans* adults have access to is not comprehensive or supportive of their needs. Not only do transgender individuals experience a myriad of barriers to accessing healthcare, studies show that discrimination in healthcare due to being transgender or gender non-conforming often takes the form of insensitive delivery of, or outright refusal to provide, health care services, particularly among people of color.^{vii} Of respondents in the national CHIPTS study seeking health care, 24% reported being denied equal treatment in doctor's offices and hospitals, 13% reported this in emergency rooms, 11% in mental health clinics, 5% by EMTs and 3% in drug treatment programs.ⁱⁱⁱ It should be noted that female-to-male respondents reported higher rates of unequal treatment than male-to-female respondents. Latina/o respondents reported the highest rate of unequal treatment of any ethnic/racial category (32% by a doctor or hospital and 19% in both emergency rooms and mental health clinics). Furthermore, 24% of transgender women and 20% of transgender men reported having been refused treatment altogether.^{vii} When care was delivered, 50% of respondents in one large national survey reported having to educate their medical providers about appropriate transgender care.^{vii} Furthermore, of transgender study respondents in one major national study who were "out" or "mostly out" to medical providers, 29% reported they had delayed obtaining medical care when ill and 33% postponed or avoided preventive care due to fear of discrimination by providers. Other reasons for delaying receipt of healthcare include inability to afford the cost of care and lack of health insurance.^{vii}

Prior to the implementation of health reform, transgender individuals were less likely than the general population to have health insurance, more likely to be covered by public programs (e.g. Medicare or Medicaid), and less likely to be insured by an employer.^{xxvii} Fortunately, it is likely that the advent of health reform and subsequent expansion of Medi-Cal has improved overall rates of uninsured among the transgender population. It should be noted that while health insurance covers primary and preventive services, and is now required to cover medical transition related care for transgender individuals, significant barriers still exist that hinder access to those services.

Yet, accessing health care services for transgender patients comes with a significant level of perceived and actual threat: nearly one in four transgender individuals report verbal harassment in a doctor's office, emergency room or other medical setting and 2% reported being physically attacked in a doctor's office and 1% in an emergency room.^{vii,xxviii} These threats to physical safety have an inevitable, deleterious effect on an individual's inclination to access vital healthcare services.^{vii} Threats to physical safety has been consistently identified through St. John's formative research and qualitative feedback obtained through community forums held. Members of the transgender community who participated in organized discussions highlighted the need to address the high rates of victimization and discrimination experienced by transgender individuals, which presents a significant barrier to their safety, their experience with police, and their sense of agency in addressing the perpetrators and obtaining justice for the prevailing issue.^{xxix}

RESPONDING TO THE STATE OF TRANSGENDER HEALTH AND ACCESS TO CARE

Barriers to accessing care are intensified by public policy and healthcare practices that are not sensitive to or accommodate transgender individuals and their healthcare needs. To address the aforementioned needs of the transgender community and reduce the significant gap in access to health care services, St. John's initiated formative research to inform the development of a Transgender Health Program. At the time that this program was conceptualized, there were no similar programs available within a Federally Qualified Health Center setting in Los Angeles where low-income individuals could obtain primary medical, dental, mental health and transgender-specific health care services under one roof. While the first transgender health program developed in Los Angeles is housed at the LGBT Center in Hollywood, many of the patients in South Los Angeles and Long Beach could not access these services because of the travel distance and transportation barriers. St. John's received significant support from the LGBT Center's trans* medical leadership in the development of our program.

Formative Research

In 2010, St. John's conducted its initial needs assessment to better understand the unique health care needs and barriers to care experienced by the transgender population in South Los Angeles. Through a unique partnership with the Imperial Court of L.A. and the Lyon Martin Clinic and Transgender Law Center, St. John's Well Child and Family Center providers and staff received trainings to increase their understanding of the gender identity, gender expression and discrimination that transgender patients experience. Prior to these trainings, surveys with medical providers were conducted to assess comfort and knowledge surrounding transgender health care provision. While the majority of clinic staff reported feeling comfortable working with transgender patients, many reported feeling that they needed additional training. Furthermore, at the onset of the program, half of medical providers and 79% of clinic staff surveyed reported not knowing what type of services to ask about or suggest for transgender patients, or where to refer transgender patients for additional healthcare and support service needs.

Focus groups were held with transgender community members to identify the health needs of the community in 2012 and a survey of 21 transgender patients was conducted in 2013 to obtain further information to guide the development of the program. St. John's continued to build an evidence base through quantitative and qualitative data collection of the transgender community in order to inform advocacy and policy activities that would be prioritized by St. John's program staff.

In response to this survey, patients listed a number of reasons for which they have difficulty accessing care: 62% named clinic location/transportation as a barrier, 67% named having to disclose gender identity, and 33% named concerns about confidentiality. Respondents also reported that cost (71%), lack of sensitivity of the person or organization providing services (52%) and feeling discriminated against by the provider or organization (57%) were barriers to

accessing care. Furthermore, 38% of respondents named the lack of available professional support to help navigate the health care system as a barrier to accessing care.

Health care services of interest to respondents included: Primary care (76%); hormone therapy (90%); post-surgical care (62%); HIV/STD testing & counseling (52%); mental health services (81%); substance abuse counseling (29%); legal services (71%); support groups (71%) and fitness/nutrition education (52%). When asked what would make patients feel more comfortable accessing these and similar services, patients listed the presence of gender-neutral bathrooms (86%), trans-specific informational materials in the waiting room (67%), visible trans*-positive posters in the health center (62%) and a medical provider with significant expertise in trans* healthcare (100%).

PROGRAM APPROACH

Ultimately, St. John's Transgender Health Program (THP) was formed as a response to the lack of trans* healthcare on the national and local level, and particularly in St. John's service area of South Los Angeles. In developing the program, St. John's recognized that there is no singular trans* or gender-non conforming experience in relation to health care. The THP at St. John's utilizes a patient-centered model of care to address the physical and social determinants of health of our patients. The development of a low barrier/no barrier program involved consideration, critique and deconstruction of traditional models of healthcare delivery that have created barriers to access to care for trans* and gender non-conforming identified patients.

St. John's THP challenges the view that trans* healthcare is difficult or significantly different than traditional primary care, a view that has impeded access to care and contributed to the marginalization of transgender individuals in the healthcare system. The approach of this program incorporates acceptance, respect and preservation of dignity, with acknowledgement of the diverse identities and lived experiences with which our patients present. This approach is also utilized in convening the community through forums, advocacy activities, and through St. John's community-driven Transgender Health Advisory Board (THAB), in order to develop a strong feedback loop and informed agenda for the program. Program staff encourage patients to speak freely about their experience, health concerns and health-related behaviors without fear of inciting barriers to obtaining the trans*-related health care services they need.⁴

A truly unique aspect of St. John's THP is a commitment to offering trans*-specific health services for the transgender community of South Los Angeles. In developing this program, St. John's considered a "no-barrier" approach to be essential due to the predominance of a gate-keeper model in most trans* health care settings and the impediment that has resulted for transgender individuals in accessing care. The program is designed to have minimal eligibility requirements and provide services to patients age 18 years or older. While hormone therapy is not a requirement to enroll in the program, it has been the primary reason to access services for

⁴ St. John's THP is staffed by a Medical Director, Program Coordinator and Patient Advocate, who work in concert to provide comprehensive services for our patients.

the majority of individuals who become patients of the program. Accordingly, in order to provide a low to no-barrier transgender health program, St. John's does not require a referral from a behavioral health clinician for transgender patients to begin hormone therapy.

The THP program and staff offer support throughout patients' social and medical transitions. St. John's transgender patient population experiences a wide range of complex issues, including homelessness, engagement in informal and illicit economies, trauma, violence and discrimination. While addressing the needs of these issues is complex, the THP strives to ensure that the medical care they receive is not. At St. John's, trans*-specific services are embedded within a primary care setting, ensuring that patients are concurrently able to obtain quality primary and preventive care and hormone therapy. To address the needs of complex patients, multidisciplinary care meetings are held to ensure communication between providers regarding complex or subspecialty patients and drive patient-centered development of clinical services and programming.

The THP program acknowledges the range of ages and experiences of our patients as they relate to their health needs and gender identity. St. John's THP patients range from an 81 year-old transwoman who is a U.S. veteran to a 19 year-old person who identifies as genderqueer, and countless others in between. Program staff recognizes these differences and provides each patient with healthcare services and utilizes language that aligns with their gender identity and healthcare needs. For example, some older patients may identify as "transsexual" and present with certain assumptions regarding what they require for gender-affirming services, while some of younger patients may identify as "genderqueer" and understand their needs through different language and require different health services for their gender-affirming healthcare. This requires that healthcare providers and program staff refrain from making assumptions about patients' gender identity and what their medical needs might be based on how they identify.

An additional strength of St. John's Transgender Health Program is patient advocacy. The THP Patient Advocate represents the patient in negotiations with insurance carriers and assists patients in navigating the complex systems of obtaining healthcare, pharmaceuticals and health insurance coverage. Patients are encouraged to become advocates who are committed to deconstruct and eliminate barriers to accessing healthcare services, including hormones, gender affirming surgeries, gender therapy and other social support services, for transgender individuals.

Historically and currently, the healthcare programs and insurance providers that do offer trans* health services require therapist referrals to begin cross-sex hormones, which adds an additional barrier for patients who are unable to access these services or who may be stigmatized and/or re-traumatized through them. This is exacerbated by the fact that there is a dearth of behavioral health providers who are trained and willing to write these required referral letters. Patients who request a referral for gender affirming surgery are required to obtain a letter from a licensed behavioral health provider along with a referral from their medical provider in order to ensure the referral will be processed. Yet, access to mental health services is consistently identified as a barrier because many providers, including those who are able to and willing to prescribe hormone therapy or surgery referral letters, do not accept public insurance (Medi-Cal) or charge

hourly rates that are prohibitive and are rarely located in the communities in which St. John's THP patients reside (namely South L.A.). As such, St. John's began the program with a commitment to linking its transgender patients with accessible behavioral health services, and training its behavioral health providers to enable them to complete gender reassignment surgery letters in order to meet the needs of the THP.

Staff of Transgender Experience

St. John's made an early commitment to hire transgender and gender non-conforming staff with the understanding that a program created by transgender individuals for transgender individuals guides and informs services from a community perspective. Historically transgender individuals have been dependent upon service providers in order to maintain the schedule and regimen of care that they need. As a result of the demand for services regardless of the cultural competence and sensitivity of the service providers, compounded by the limited number of service providers available, quality of care has often gone unchallenged. This environment of high demand for services without repercussion for lack of appropriate competency and sensitivity has meant that many transgender patients have been subjected to harassment, discrimination and other negative interpersonal experiences with healthcare staff in order to obtain their routine hormone replacement therapy. St. John's was determined to raise the bar and provide high-quality, patient-centered care that treats the whole individual and reflect the needs of the community.

ST. JOHN'S TRANSGENDER HEALTH PROGRAM

Following the comprehensive formative research conducted, St. John's THP officially launched in January 2013. At this time, program staff were recruited and direct trans*-health care services were delivered. Subsequent to this launch, the Program Coordinator led and coordinated several additional trainings for both medical and behavioral health staff regarding cultural and care competency in serving transgender patients. This included clinical considerations when working with trans- and gender non-conforming clients and patients, as well as skills and tools to create an inclusive and safe clinical environment for transgender patients. Despite starting with 9 transgender patients in winter 2013, St. John's saw exponential growth, with upwards of 450 patients enrolled in the program within 15 months.

Meeting the Needs of Patients: Program Components

St. John's Well Child and Family Center's Transgender Health Program provides: trans-specific services, including hormone replacement therapy and referrals for gender confirming surgeries; referrals to transgender advocates, legal support, and other services; primary and preventive care – medical, dental, and pharmacy; behavioral health care, including individual counseling, family counseling, and support groups; HIV and STI testing, counseling, and treatment; health insurance enrollment assistance; and assistance with legal name/gender change paperwork. St. John's also hosts a number of programs which trans* patients may be referred, including substance abuse counseling, and homeless services. The program is staffed by a Medical

Director, Program Coordinator and Patient Advocate/Outreach Worker. . Integrating trans*-specific services with primary care delivery permits access—not only to much-needed hormone therapy—but also to comprehensive and coordinated healthcare, case management and advocacy.

The THP Program Coordinator led and coordinated several trainings for both medical and behavioral health staff regarding cultural and care competency in serving transgender patients. This has included clinical considerations when working with trans*- and gender non-conforming clients and patients, as well as skills and tools to create an inclusive, affirming and safe clinical environment for transgender patients. All-staff and clinical staff-only trainings were conducted to provide staff with transgender 101 education and skill-building. Training was also provided by Dr. Theo Burnes from the LA Gender Center to behavioral health providers at St. John's. St. John's sent key behavioral health providers to training at the LA Gender Center for psychodynamic therapy with transgender & gender diverse patients to build capacity to provide relevant behavioral health services and prepare letters for surgery referrals.

Staff Roles and Patient Flow:

The THP Program Coordinator is the first point of contact for all new patient and community inquiries. This individual schedules initial appointments for patients, and provides new patients with program orientation and initial intake assessments. The Coordinator provides opportunities for patients to describe their gender journey, builds rapport, and identifies individualized needs of each patient. When necessary, a care plan is developed to address the needs of the patient and their desired outcomes of care with consideration of their social and environmental circumstances, including availability of social support, income and transportation. Patient care plans include linkage to appropriate services offered both within and external to St. John's.

New patients contact the Coordinator to inquire about the program, schedule their first appointment and obtain information about community resources. During this call, the Coordinator will gather specific information from the patient including asserted⁵ name, gender pronoun, services the patient is currently seeking, gender journey, and history of past/current hormone therapy, if applicable.

At the patient's first visit at the health center, the front desk staff, who have received transgender cultural competency training, complete the registration process. All uninsured patients are screened and enrolled in public health insurance programs for which they are eligible. St. John's encourages new patients to enroll in in L.A. Care due to their commitment to working with transgender health care programs and staff in meeting the needs of their beneficiaries within a timely manner, and/or addressing issues with obtaining services for which they have mandated coverage As a Federally Qualified Health Center, St. John's sees all patients regardless of ability to pay. As such, no one is turned away due to lack of or ineligibility for insurance, which is

⁵ The program honors the use of *assertion* over *preference* in cases of transgender or gender non-conforming identified patients stating and expecting use of their asserted names and gender pronouns.

particularly critical as undocumented trans* individuals comprise a large and growing portion of our trans* patients and the trans* community in Los Angeles.

At the time that the patient sees the medical provider, they have already undergone an initial orientation of the program with the Coordinator, been screened and enrolled in health insurance when appropriate, and discussed their social and medical needs with program staff. Initial medical appointments include a physical examination, ordering appropriate lab work and provision of prescriptions for hormones based on clinical assessment. Prior to leaving the clinic, patients are provided follow-up appointments for three months after their initial visit to ensure continuity of hormone therapy and monitoring of appropriate lab work. After baseline laboratory work has been completed, patients return at three, six, nine and twelve months to ensure continued monitoring of weight, blood pressure, hormones levels (via follow-up laboratory tests to monitor testosterone (transmasculine/man) and electrolytes (transfeminine/woman), in accordance with clinical standards of care.^{xxx} Prescriptions for hormone therapy are provided at each visit, as appropriate.

For patients with insurance, prescriptions are filled at local pharmacies. Issues arise at this point due to current requirements for obtaining authorizations for all hormone therapy prescriptions. This occurs for all patients, regardless of whether their gender marker is incongruous with gender identity and expression. This is due to insurance companies failing to update/ enforce policies and to list hormone therapy medications as medically necessary and approved. Specifically, as it currently stands, the dosage that the medical provider administers in order to facilitate transition triggers a red flag in the system. Additionally, while all patient regardless of having their legal gender marker change, are diagnosed with gender dysphoria (302.85), insurance companies have yet to correlate this diagnosis with hormone therapy medications and ensure they are listed as approved for these patients. As a result, both the Coordinator and Patient Advocate must routinely interface with insurance companies and pharmacists regarding the authorization process for pharmaceuticals, clarifying issues that pharmacists and pharmacies presently to filling prescriptions. This also extends to obtaining approval from insurance companies to cover gender affirming surgeries which are medically necessary but often rejected upon initial request.

Program staff recognizes that patients are coming to us at different points in their social and medical transitions, and assess the patients' needs outside of hormone therapy to enable linkage to all necessary services. Program staff provides patients with information about name and gender marker change assistance, LGBT centers close to them, support groups, gender therapy resources, processing their concerns, misconceptions and excitement about starting hormone therapy. The Patient Advocate also continues to works one-on-one with patients, as needed, to provide linkage to community-based resources. To address the needs of complex patients, multidisciplinary care meetings are held to ensure communication between providers regarding complex or subspecialty patients and drive patient-centered development of clinical services and programming.

With the exponential growth of the THP over the first year, the need for additional program components and activities have emerged to meet the needs of the patients. These have included developing other services, such as hosting free Name and Gender Marker Change Clinics, educational presentations in the community, an economic and professional development program (Trans*Empower) and a focus on patient advocacy.

The THP Patient Advocate is responsible for fostering community engagement, education and providing outreach to increase awareness of St. John's THP and available services within the community. The Patient Advocate serves as a representative of St. John's and a key figure in community meetings and coalition building projects. Employing trans*-identified staff to lead the program greatly influenced the ways in which outreach for the program has been conducted, as staff are integrated into the trans* community.

The Patient Advocate works with THP patients and community members to obtain input and identify goals for the program. The Advocate serves as a point of contact for patients to express their medical needs and concerns which can be addressed by the program staff or triaged appropriately.

Transgender Health Advisory Board

Since its inception, St. John's Transgender Health Program has incorporated evolving guidelines and feedback from the community. Maintaining an understanding of the local landscape of services available and the immediate needs of those served by the program has been integral to successful development and growth. Furthermore, St. John's THP has emphasized the need for employing trans* program staff, who are able to engage the community and ensure that the program and its services are culturally competent and truly meeting the needs of those it intends to serve.

St. John's Transgender Health Advisory Board was formed in spring 2014 with nine members from the transgender community (4 identify as trans* men and 5 as trans* women), including current patients and community members who were involved in transgender-serving organizations. Since inception, the Advisory Board has grown to over 20 members. These individuals meet monthly to represent and voice the needs of the transgender community in South Los Angeles, and how they may be incorporated into both the Transgender Health Program and the comprehensive primary medical care offered at St. John's. Meetings are facilitated by the Patient Advocate who collects feedback and input from the board to integrate into program activities. This body of patients and stakeholders has become an invaluable source of community knowledge. The THAP has shown continuous support for the perpetuation of the program and have been empowered through their participation to advocate for transgender healthcare needs and access to care for the transgender community. This was illustrated through the organization of a series of community forums at St. John's which engaged transgender individuals to discuss issues affecting the trans* community and come up with policy points, recommendations and calls to action, and identify more effective ways to deliver services.

Partnerships:

As a result of the efforts of program staff and community outreach, the THP receives referrals from Children’s Hospital-Los Angeles, Chicas, Bienestar, Programs for Torture Victims, the LGBT Center in Long Beach, the LA Gay and Lesbian Center, Coalition for Humane Immigrant Rights, Antioch University – Colors Program and the LA Gender Center. Among these have been a number of referrals of individuals in the process of filing for asylum resulting from persecution related to being transgender, and victims of trafficking, while others are seeking assistance with citizenship applications. This exemplifies the complexity of issues faced by subsets of the transgender population, particularly in South Los Angeles, and the notion that transgender persons in this service area may face unique challenges beyond those experienced by transgender communities in other regions.

A number of connections and partnerships have been forged through engagement of community stakeholders, agencies, organizations and universities. The Program Coordinator has routinely provided educational presentations to students and medical providers at universities (including Charles Drew University, Los Angeles Trade Technical College) on working with transgender patients, as well as presented our program as a model for creating inclusive and safe environments and programming for transgender patients.

The Transgender Health Advisory Board voiced a pervasive concern on behalf of transgender individuals regarding both perceived safety within the community and harassment and other negative interactions with police. In response, St. John’s THP staff reached out to the Department of Justice and the Los Angeles Police Department (LAPD) to discuss these concerns and determine potential areas of collaboration that would strengthen the community’s trust in local law enforcement, and the proficiency of officers to respond to disputes with sensitivity to gender identity. To address these concerns, St. John’s THCBAP program staff met with representatives from the Office of the Chief of Police (Los Angeles Police Department) and discussed initial concerns the THAB had expressed.

The THAB subsequently reviewed the current LAPD policies and procedures, as well as the 2010 City of Los Angeles’ Human Relations Commission’s Transgender Working Group paper entitled “Recommended Model Policies and Standards For the Los Angeles Police Department’s Interactions with Transgender Individuals.” The THAB then decided to meet with a staff member of the Department of Justice, through which they learned that the South LAPD is the only police department in Los Angeles County who had yet to receive a Transgender 101 training. The LAPD was receptive to requests for meetings with THAB members to present their recommendations for such training, however, due to scheduling and timelines, the meeting has yet to take place. At this time, the South Bureau has yet to respond to requests to meet with the THP staff and THAB.

WHAT NEXT?: REMAINING GAPS AND RECOMMENDATIONS FOR IMPROVING ACCESS TO TRANSGENDER HEALTH CARE SERVICES

With the expansion of the THP at St. John's, and cases won by the Transgender Law Center, some steps have been made to address the gaps in the healthcare system that have historically disregarded and pathologized trans* patients. Yet, there is still much work to be done. Significant steps must be taken as All-Plan Letters, policies and procedures directed at Health Insurance Companies regarding their obligation to provide trans* health services are disregarded. The implementation of these must be guided by the trans* community and informed by transgender service providers, stakeholders and trans*allies, in order to address the remaining barriers to providing medically necessary care for transgender individuals.

Remaining gaps in access to care and persistent health disparities stem from the lingering paradigm that trans* health care is elective and can be delayed. The gaps in knowledge and sensitivity that the healthcare systems hold regarding the constructs of gender identity are what allow for the outdated policies regarding access to medically necessary care for transgender individuals. Left unaddressed, the delay and haphazard approach to the adoption of trans*-inclusionary practices will continue to result in delayed care, denial of care, and accountability for receipt of medically necessary services being placed on patients as opposed to the healthcare provider, all without consequence. In response to these remaining needs, St. John's has identified several policy recommendations.

Policy Recommendation: Remove the authorization process as a necessary component of accessing Hormone Therapy.

Stakeholders: Medi-Cal managed care health plans, specifically LA Care and Health Net, expanding beyond LA County (e.g. the Inland Empire), LA LGBT Center, Transgender Service Provider Network, CHLA and all trans* patients who depend on hormone therapy.

Explanation: There is a clear and persistent delay in approval for and receipt of trans* specific care among patients who are insured through Medi-Cal managed healthcare plans. This has been most apparent with HealthNet, Inc., and Molina Healthcare due to their outdated and disorganized authorization processes. Healthcare LA IPA (the nonprofit IPA of most community health centers in LA County) and MedPoint Management (the IPA's management service organization) have provided strong support for the inclusion of transgender care in the scope of service. LA Care has been extremely responsive to requests for system improvement, but as a work-in-progress, there are still barriers. However, the other aforementioned healthcare plans have failed to take a supportive stance on the delivery of time-sensitive and medically necessary care that they are obligated to provide to their trans* identified beneficiaries. This is particularly relevant for coverage of pharmacy benefits (hormone therapy) and gender affirming surgeries. It has been the experience of the THP staff that these healthcare plans become aware of the All-Plan letter stating their legal obligations to cover the aforementioned services, and yet defer to their fiscal intermediaries to address the requirement. For example, an authorization for estradiol can be bounced between LA Care → CareFirst → Health Care LA, IPA, → IvyLeague Pharmacy and still not receive approval within three or more weeks after the patient initially attempts to fill their prescription at their local pharmacy.

Furthermore, intermediaries and Medi-Cal health care plan staff are not adequately informed or trained regarding trans* sensitivity trainings for staff; these institutions continue to operate with normative frames of binary assumptions about sex/gender. As a result, transgender and gender non-conforming identified Medi-Cal beneficiaries whose gender markers are congruent or incongruent with the medication they are prescribed continue to face denials when attempting to obtain coverage to pay for the pharmaceuticals. This is in part due to the lack of policies (or enforcement thereof) to support or respond to requests for coverage of prescriptions and referrals specific to trans* health care. Consequently, patients are often unable to obtain their medications for lengthy periods of time, as health care plans remain uncertain as to what they are legally required to cover and an acceptable time frame for providing the care without detrimental effects to the patient.

Subsequent delays in the authorization process produce obstacles for both patients and providers, including the time spent waiting to access medication for patients and time spent on the part of providers securing coverage and authorization for these medications. For example, several patients received rejections for hormone therapy, and several months later, were denied other trans* health services because they had not initiated hormone replacement therapy. Still other patients were denied care because they had not been under the care of an endocrinologist for the prior 12 months – which is notably not a requirement or prerequisite for transgender specific healthcare services. Furthermore, other patients received denials simply because their request was not within “the rule of the rules,” according to the health plan. No further explanation was provided.⁶

In spite of significant movement to provide more access to transgender healthcare services, LA Care continues to require prior authorizations for hormone therapy for transgender patients, which often results in lapses between a patient being prescribed a medication and being able to receive it. Reconciling these issues requires employees at low-staffed trans* health programs to spend a large proportion of time on the phone and/or writing to healthcare insurance plans to advocate for services that are deemed medically necessary and are mandatorily covered by medical insurance. Removing the authorization process would provide more timely provision of care to trans* patients and lessen the burden on healthcare providers.

Policy Recommendation: Insurance plans should add hormone therapy to a list of “life-time approved” medications.

Stakeholders: Medi-Cal managed care health plans, specifically LA Care and Health Net, expanding beyond LA County (e.g. the Inland Empire), LA LGBT Center, Transgender Service Provider Network, CHLA and all trans* patients who depend on hormone therapy.

Explanation: Once authorized, Medi-Cal managed health plans and their sub-contractors may only approve medications required for hormone therapy for short spans of time (e.g. one to three

⁶ Quote the HealthNet letter that stated this.

months). Hormones are not listed as indefinitely approved medication for individuals diagnosed with Gender Dysphoria (302.85), despite hormone therapy being a life-long therapy for many trans* patients. For example, insulin is considered a “life-time approved” medication for patients with diabetes. This same standard should be applied to the provision of hormones for trans* patients.

In practice, LA Care now approves these medications routinely and without hesitation when documented prior authorization is presented. As such, maintaining this authorization process is a formality informed by the gate keeper model. Removing this obstacle and classifying hormone replacement therapy (including, but not limited to, Estradiol, Spironolactone, Progesterone, Premarin, Testosterone and Finasteride) as a life-long medically necessary medication would reduce barriers to accessing long-term transgender health and help normalize the provision of healthcare to trans* people in the health care system.

Policy Recommendation: Ensure equitable and timely access to gender affirming surgeries should Medi-Cal beneficiaries seek to do so.

Stakeholders: Medi-Cal managed care health plans; with particular focus on L.A. Care and HealthNet, Inc.

Explanation: Wait time and ambiguity in insurance policy that leads to loopholes in policies for coverage must be addressed at the health plan level. While Transgender Health Programs can inform patients at their initial medical appointment that the authorization process, and therefore, the time it will take to obtain their medication, will take anywhere between 2-3 days up to one month. This range is attributable to the varying willingness of insurance companies to work with the THP and address the aforementioned authorization and approval processes. L.A. Care has been receptive to our requests to improve their processes, though continues to maintain a gate-keeper model and require authorization for medically necessary hormone therapy. If patients are covered by any other managed care plan, it can take up to 3-4 weeks. Some patients in St. John’s THP who are covered by HealthNet have waited upwards of three months with no response.

Ambiguous phrasing that leads to interpretation of whether gender-affirming surgeries are approved as medically necessary and covered by health insurance leads to confusion among service providers and patients in the trans* community seeking such procedures. For example, the letter that is circulated to all Medi-Cal plans (ALL PLAN LETTER 13-011) states: “and gender reassignment surgery that is not cosmetic in nature” (State of California - Health and Human Services Agency). This phrasing implies that a trans* person’s gender-affirming surgery may be considered “cosmetic” rather than “medically necessary,” and thus, would not be covered by insurance. Because gender-affirming surgeries for transgender patients are medically necessary and not “cosmetic in nature,” this language creates barriers to access to care.

We acknowledge that that not all gender affirming surgeries and medical procedures are weighted the same. The required content and number of letters from healthcare professionals to

authorize such procedures vary (e.g. male chest reconstruction surgery requires one letter and referral from one behavioral health clinician while phalloplasty or vaginoplasty require two letters from two different clinicians). Yet, the issue of barriers to accessing this care remain relevant regardless of the requirements due to the lack of effectively instituted policies for authorization of medical care for transgender individuals.

Policy Recommendation: Increase and standardize trans* medicine education and training in medical schools and post-graduate medical education programs for primary care and surgery.

Stakeholders: ACGME, ABMS, USC (Keck School of Medicine), UCLA (David Geffen School of Medicine), LA Care, Managed Medi-Cal Plans, The Center of Excellence for Transgender Health at UCSF, Transgender Law Center, Children’s Hospital Los Angeles, WPATH (Worldwide Professional Association of Transgender Health), Transgender Service Provider Network, Human Rights Campaign

Explanation: The inclusion of trans* specific healthcare and gender affirming surgical education in medical schools would increase the number of primary care providers who are able to provide transgender health care services and gender-affirming surgeries. Not only would this expand access to care for transgender patients by increasing the number of competent and trained practitioners, this would also normalize trans* health as an important component of all health care providers’ knowledge-base. There is no existing certification or training program in trans* medicine for medical providers.

Policy Recommendation: Include “gender identity” as a domain that is protected from discrimination into the non-discriminatory hiring and employment policies for the City and County of Los Angeles.

Stakeholders: LA County Commission on Human Relations, Gender Justice LA, LA LGBT Center (TEEP), St. John’s Well Child and Family Center (TEP)

Explanation: Protection from discrimination based on gender identity for employees increases opportunities for obtaining employment and achieving economic development among transgender individuals, as well as decreases threat of harassment and unfair treatment. Stable employment and income have advantageous effects on access to health care through employer-based insurance coverage and increased funds available to pay for health care or health insurance.

Policy Recommendation: Facilitate legal name and gender change processes

Stakeholders: The Superior Court of California County of Los Angeles, Transgender Law Center, St. John’s Free Name and Gender Marker Change Clinics, LA LGBT Center,

Transgender Service Provider Network, Assemblymember Toni Atkins (Assembly Bill 1121), Equality California

Explanation: When individuals are mis-gendered and referred to inaccurately by professional staff, there is often a significant psycho-social impact that profoundly discourages them from choosing to engage in any services, particularly health care. Furthermore, a significant number of transgender people who do access medical care have to educate their provider about how to provide the care they need, and their gender is often the focus rather than the medical need that brought the patient into the clinic (e.g. acute needs or preventive health services). Legal name and gender change can increase an individuals' comfort with accessing healthcare and employment as fears of discrimination, being called by the wrong name, and being confronted about gender identity are assuaged.

Unfortunately, the legal process for changing name and gender on multiple forms of ID issued by various agencies is complex, disjointed and difficult to navigate. Through a persistent need expressed by patients and members of the transgender community, the THCBAP Patient Advocate/Outreach Worker initiated a Name and Gender Change clinic to assist people through the application and legal processes required for name and gender change (Petition for Change of Name and Gender (NC-200) or Petition for Change of Gender and Issuance of New Birth Certificate (NC-300)). Individuals from across Los Angeles and neighboring counties have attended these clinics, demonstrating the persistent difficulties faced by transgender individuals in navigating the legal system to accomplish this task.

California has made some progress in this area, but more is needed. Assembly Bill 1121 was instituted in July 2014 and allows individuals to apply directly to the Office of Vital Records to legally amend a birth certificate as opposed to a court process.^{xxxii} Prior to this bill, California required a court hearing before the state's Office of Vital Records would change the gender marker on a birth certificate. However, individuals still have considerable difficulty filing the appropriate paperwork accurately and navigating this system. Some of St. John's patients pay a lawyer hundreds of dollars to fill out the name and gender marker change petition, and are not always successful in its submission. This process should be simplified, and assistance with the paperwork should be offered free of charge at every organization purporting to provide trans* specific services.

Conclusion:

St. John's Transgender Health Program was developed in response to the prevailing health disparities and lack of access to quality, patient-centered transgender health services for transgender individuals, particularly those of low socio-economic status and racial/ethnic minorities. Through formative research and an innovative approach to providing services for transgender individuals by transgender staff, the THP has grown exponentially and expanded access to care for close to 500 transgender individuals in Los Angeles. While the benefits of maintaining this and similar programs is clear, there is much work left to be done to ensure that transgender individuals both locally and nationally have access to the care they deserve. The

policy recommendations outlined in this document aim to incite further advocacy and policy change to make this possible.

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^{xiv} Still We Rise: A resource packet for transgender and gender non-conforming people in prison. Transgender. Transgender Gender-Variant & Intersex Justice Project. Available at <http://www.tgijp.org/uploads/1/0/1/4/10148722/stillwerise-pdf-version.pdf>. Accessed 8/5/2015.

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