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BARRIERS TO GENDER-AFFIRMING CARE

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BARRIERS TO GENDER-AFFIRMING CARE

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Gloria Garcia

May 2024

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Approved by:

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ABSTRACT

The purpose of this study was to examine the experiences of transgender and nonbinary individuals who have accessed or are thinking of seeking gender-affirming medical care in a rural California county. The study adopted a post-positivist approach, and data was gathered from ten qualitative interviews with study participants. In the data analysis phase, the researcher utilized a bottoms-up approach and engaged in open, axial, and selective coding. Data analysis of qualitative interviews revealed sixteen open codes and connections between these codes. These codes were then categorized into three themes: the impact of an individual's experience when accessing care, barriers to gender-affirming care in a rural area, and client-centered suggestions for mitigating barriers to care.

After examining the data, the researcher identified the need for a culturally competent, individualized, and inclusive approach to gender-affirming a rural California county as the core concept arising from the data. This concept is explored, and transgender and nonbinary participants propose suggestions for achieving this. These suggestions include updating medical forms to be inclusive, implementing robust, culturally competent training for medical providers and their staff, and offering an individualized approach to care that meets the needs of the individual and their transition. This research contributes to both micro and macro levels of social work by highlighting the experiences and needs of transgender and nonbinary individuals in rural California. This can impact clinical practice and aid in creating and implementing inclusive provider policies.

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CHAPTER ONE: ASSESMENT

Introduction

This chapter begins by introducing the research topic of this study, which is examining the barriers transgender and nonbinary people face when accessing gender-affirming care in rural California. Next, the research paradigm chosen and the reasons why it was chosen for this study are described. A literature review is then followed by the theoretical orientation of the study. Finally, this chapter identifies potential contributions to micro and macro social work practice.

Research Focus

The focus of this study was to explore barriers transgender and nonbinary people face when seeking gender-affirming care in a rural California county. This study primarily focuses on the experiences of individuals who have sought care or want to seek care for their gender transition. This care includes hormone replacement therapy, gender affirming surgeries, voice therapy, electrolysis, and gender-affirming mental health care. The study also explores suggestions to mitigate barriers to care, which came directly from study participants. The research question of this study was, what are the barriers transgender and nonbinary people face when accessing gender-affirming care in rural California, and what can providers do to mitigate these barriers. This study aimed to explore suggestions provided by individuals who would be the most impacted.

In the last few decades, we have seen a greater acceptance for LGBTQ+ individuals in our society. Despite this change, transgender and nonbinary people continue to face high rates of discrimination when accessing various systems, particularly healthcare (Herman et al., 2017). Existing literature has shed light on this matter and shows that individuals seeking gender-affirming care face a variety of different barriers. These barriers include provider practices, lack of insurance coverage, untrained medical staff and a recent legislative attack on the rights to access gender-affirming care. This study aimed to highlight disparities to access in California, which has often been seen as liberal and protective of LGBTQ+ individuals. Focusing on rural California, helped to shed light on the issues people continue to face in one of the nation's most protective states.

Paradigm and Rationale for Chosen Paradigm

The research paradigm chosen for this study was post-positivism. This paradigm allowed the researcher to focus on collecting qualitative data in a naturalistic setting. A post-positivist approach acknowledges the existence of "objective reality", but it also assumes that this reality is governed by mechanisms that can never be truly understood (Morris, 2013). Data collected using the post-positivist approach allows for flexibility and interpretation.

The qualitative data collected in this study was carried out in the county where the participants reside, and the researcher focused on capturing the participant's experiences in their own words. As the post-positivist paradigm does not begin with a hypothesis, it allowed for the themes and a more complete understanding of the research focus to emerge naturally (Morris, 2013).

Literature Review

Though over time, the acceptance of LGBTQ+ communities has grown, transgender and nonbinary people still experience discrimination and inequality at a systemic level. Transgender and nonbinary individuals face discrimination in virtually every aspect of their lives, including access to equitable client-centered health care. Transgender and nonbinary people struggle to find equitable access to care due to gaps in medical research, provider knowledge, and comfort, as well as not having health insurance (Safer, 2021). The UCLA William's Institute has estimated that 0.6% of adults, or about 1.4 million, identify within the transgender umbrella in the U.S. (Flores et al., 2016). This number is not small, but it is also likely an under-representation of the actual number due to the high numbers of discrimination and harassment transgender and nonbinary people face in this country.

Barriers to Gender-Affirming Care

There are various ways in which transgender and nonbinary individuals struggle to access gender-affirming care. One way is the refusal of care from medical providers who lack the knowledge to treat transgender and nonbinary individuals and who also perpetuate discriminatory practices against these patients (Hostetter et al., 2022). The lack of knowledge on behalf of providers denies transgender and nonbinary individuals the access to appropriate and affirming care (Safer, 2021). In the U.S. Transgender Survey conducted in 2015, 33% of respondents who had seen a provider in the past year reported having at least one negative experience with a doctor or other healthcare provider related to being transgender (James et al.,2016). This number was even more significant when it came to African American, Black, Native American, Latinx, and Asian/Pacific Islander groups, further highlighting the disparities when it comes to intersecting identities. This issue calls for more research on the specific experiences of transgender and nonbinary people of color and their intersecting identities. Looking at this issue from an intersectional lens can help to shed light on the impact of racism and other systems of oppression transgender and nonbinary people of color face (Scheim et al., 2022).

Another barrier that transgender and nonbinary people face when attempting to access gender-affirming care is the lack of health insurance coverage and the denial of gender-affirming care. Even when the lack of medical insurance is not an issue, providers who have not educated themselves on it continue denying patients access to services (Hostetter et al., 2022). According to the Transgender National Survey, 25% of those who wanted coverage for hormones in the past year were denied, and 55% of those who sought coverage for surgery were denied (James et al., 2016). It can be implied that the impact of being denied care is that transgender and nonbinary individuals decide it is best not to seek treatment at all rather than be subjected to discriminatory practices.

Due to being denied treatment, transgender and nonbinary individuals may seek gender-affirming care illicitly in ways such as buying hormones from the black market and receiving services from non-board-certified individuals. This can put transgender and nonbinary individuals in great danger and further negatively impact their health due to not being able to access proper care through a medical provider.

Despite the greater community acceptance in some areas and further research being conducted, there have been attacks on the rights of transgender and nonbinary individuals in the healthcare realm. Since 2016, legislation and executive actions in various states and levels of government have undermined the healthcare needs of transgender individuals and have sought to undo the multiple protections that had been put in place in previous years (Scheim et al., 2022). Today, we can see some of these attacks in transgender and nonbinary individuals participating in sports and other activities that match their gender identity and not their sex assigned at birth. According to the American Civil Liberties Union, 479 anti-LGBTQ+ bill have been introduced and/or advanced as of March 2024. Out of that number, 100 bills are directly related to health care access. (American Civil Liberties Union, 2024).

Interventions

Research has shed light on potential interventions in providing appropriate and equitable gender-affirming care. One of these interventions is having materials and intake forms that gather data and offer the opportunity for transgender and nonbinary individuals to identify their gender identity, preferred pronouns, and even sexual orientation. Using culturally competent courses can eliminate any bias preventing medical providers from providing adequate holistic services. A qualitative study conducted from 2018 to 2019 with family planning providers who also offer gender-affirming care found that providers are eager to add these services as long as they are adequately trained on how to do so (Ingraham & Rodriguez, 2022). The study participants talked about how the medicine of gender-affirming care is relatively easy to learn as long as there is provider buy-in.

In conclusion, that study found that even though barriers exist, such as fighting with insurance providers, changing the clinic flow to accommodate transgender patients, learning new terminology, and updating forms, clinicians are still willing and able to provide appropriate services to this population (Ingraham & Rodriguez 2022). Seeking services within LGBTQ+ health settings can also ease the negative experiences of transgender and nonbinary individuals. When accessing services through LGBTQ+ affirming spaces, patients are more likely to have their needs met and return for further services (Paine, 2018).

Conclusion

Though existing research has shed light on the need for equitable gender-affirming care, there is still more to be done to ensure that transgender and nonbinary individuals have access to care that will ease the distress that comes with facing discriminatory practices on behalf of medical providers. Transgender and nonbinary patients have reported various issues when accessing care, such as negative experiences with providers and having to fight for their medical insurance to receive the treatment they need. This issue is even more prevalent for people of color with intersecting identities. Research has also indicated that the medical aspect of providing this care is easy to learn and that some providers are eager to do so with proper training and protocols. Various interventions can occur, such as updating forms, culturally competent courses, staff buy-in, and LGBTQ+-affirming providers. This study aims to examine barriers present and specific to patients seeking services in rural California and attempt to understand how these barriers can be addressed through inclusive interventions proposed by those who would be the most impacted, transgender and nonbinary individuals.

Theoretical Orientation

This study used the general systems theory at a macro level and client-centered theory at an individual micro level. The various barriers Transgender and nonbinary individuals face in healthcare are systemic (Hostetter et al., 2022). At a macro level, using the systems theory allowed for the examination of the existing medical system and potential interventions to be put in place. Using the general systems theory allowed for the examination of the larger health care system dynamics and the transactions with those who are seeking those systems to find how those systems may impact an individual. Examining this system can help create effective interventions and support for an individual by enabling the researcher to understand the system's dynamics (Brandell, 2011).

At an individual level, looking at this issue through the client-centered theory helped to look at the potential establishment of separate interventions in the lack of accessible services by ensuring that transgender and nonbinary people are involved in their treatment and that their experience is respected and accommodated. The Client-Centered Theory is used to provide services with the belief that people are motivated to grow, develop, and become more fully functioning (Joseph & Murphy, 2013). Using this theory, the researcher examined patients' needs and experiences.

Contribution of Study to Micro and/or Social Work Practice

Under the National Association of Social Worker’s Code of Ethics, social workers are obligated to advocate for others and respect a person's dignity and worth (NASW). There is already a lack of research being done when it comes to LGBTQ+ Communities in rural areas such as the Central Valley. Most of the research that is done with transgender and nonbinary communities revolves around mental health services and not necessarily access to gender-affirming medical care such as hormone replacement therapy (Safer, 2021). This study has the potential to lessen those gaps. Additionally, this study can potentially contribute to social work practice at both micro and macro levels. At a micro level, this study shed light on the type of individual experiences and barriers transgender and nonbinary face when seeking out gender-affirming care and has the potential to inform clinical practice. At a macro level, this study has the potential to inform and aid in implementing interventions, and systems can be created to address the barriers explored in this study.

Summary

This chapter began with a description of the research topic, which was examining the barriers to accessing gender-affirming care in rural California. Next, the research described the research paradigm chosen for this study, post-positivism, and explained why it was chosen. Following this, the theoretical orientation of this study was explained. Finally, the potential contributions of this study to the field of social work at micro and macro levels were explored.

CHAPTER TWO: ENGAGEMENT

Introduction

This chapter describes the engagement process of this study. It begins by describing the target audience and community partner organization. Strategies used to reach gatekeepers and study participants are described. The chapter also covers the researcher's preparation before collecting data and addresses diversity, ethical, and political issues that may arise. The researcher introduces strategies to minimize these issues, and finally, this chapter discusses how technology was used in this study.

Research Site

This research collected data from a rural county in California's Central Valley. The target audience was transgender and nonbinary adults who had sought or wanted to seek a gender-affirming area in their county of residence. Before collecting data, the researcher contacted community leaders who work in the only LGBTQ+ center in the county to reach the desired target population. This LGBTQ+ center serves the LGBTQ+ community by hosting community-building events and support groups, providing free mental health counseling, and offering cultural competency training to other agencies. Initially, the researcher and organization wanted a closer working relationship, but this was not possible due to time constraints and organizational capacity. Participants were reached via targeted outreach from the researcher at LGBTQ+ focused community events put on by the local California State University and from participants letting their LGBTQ+-identified friends know about the study.

Engagement Strategies for Gatekeepers at Research Site

Engagement with gatekeepers of the study was conducted via email and phone calls. An initial email went out to the executive director of the LGBTQ+ center which contained an introduction of the researcher and their background, a description of the of the study and its purpose, and a timeline for qualitative interviews Emails were also sent out to the outreach coordinator of the center, particularly the person who hosts the transgender support group. Additionally, researcher asked gatekeepers for permission to put up flyers at their physical locations and other electronic outreach materials through their social media.

Self-Preparation

Before initiating the implementation of the study, the researcher ensured that the exploratory nature of the post-positivist paradigm was remembered and worked to shed any preconceived ideas of how gender-affirming care may be offered and accessed in the county. The researcher engaged in self-reflection due to their own nonbinary identity. The self-reflection aimed to ensure the researcher’s own experiences or views would not hamper their examination of the data. The researcher conducted an in-depth literature review to learn more about ever-evolving identities and the needs of transgender and nonbinary individuals. The researcher ensured they educated themselves on current gender-affirming care options such as gender-affirming surgeries, hormone replacement therapy, voice therapy, electrolysis, and gender-affirming talk therapy.

The researcher prepared a list of qualitative interview questions and conducted two mock interviews with LGBTQ+ identifying friends. The mock interviews served to gather feedback and looked for any points where a participant may feel uncomfortable or nervous. The researcher understood coming out is a sensitive and very personal topic and made sure to gather mental health and other gender-affirming resources.

Diversity Issues

A diversity issue identified was that the study sample needed to be larger to truly capture the experiences of different intersecting identities. The researcher chose not to formally collect racial demographic data and focused on the gender identity of participants but did note race and ethnicity identification in research journal. Participants were all adults and identified within the transgender umbrella. These identities included transgender man, transgender woman, trans femme nonbinary, nonbinary, and two spirited with half of the participants identifying as white. To minimize diversity issues, the researcher ensured to conduct outreach in spaces with diverse LGBTQ+ populations, such as LGBTQ+ community events.

Ethical Issues

Due to some participants not being entirely out, it would be understandable that they would be concerned about the confidentiality of their interview. The researcher ensured the participants knew how the data would be stored and eventually destroyed. All potentially identifying information and Zoom recordings were stored in a password and Touch ID-protected computer, ensuring the researcher would be the only one able to access it. After the researcher had finalized the transcribing interviews, transcripts were again stored in a password- and Touch ID-protected computer. During the informed consent portion of the interview, the researcher explained this process to participants to ease any confidentiality concerns. Due to how deeply personal the transition process is and how sensitive coming out is, the researcher stayed aware of any potential emotional distress.

Since the researcher was going to ask about potentially triggering experiences, participants were told they could stop the interview at any time. The debriefing statement also included a list of mental health resources.

Political Issues

During the development of this research study and the data gathering phase, approximately 510 anti-LGBTQ+ bills were introduced in the United States legislature (American Civil Liberties Union). The LGBTQ+ community continues to face varying levels of discrimination and harassment, with transgender and nonbinary individuals facing the most affected. The researcher identifies as nonbinary, and they ultimately chose to disclose this during interviews to create an atmosphere of understanding and solidarity with participants. Disclosing their identity turned out to be fruitful as participants felt more comfortable discussing their lived experience with someone they felt could understand them.

The Role of Technology in Engagement

The researcher utilized email and a google voice number to communicate with gatekeepers and to set up interviews with participants. Zoom was utilized to conduct, and record participant interviews. The audio transcript feature on Zoom was used to ensure transcripts were automatically generated after the interview.

Summary

This chapter discussed the research site and it also described how the researcher prepared for the study. The chapter also described diversity, ethical, and political considerations, and strategies the researcher utilized to address them. Finally, the role of technology in the study was described.

CHAPTER THREE: IMPLEMENTATION

Introduction

This chapter details the implementation of the research study. It explains who the study participants are and the sampling strategy the researcher utilized is discussed. In addition, the method of data gathering, and the phases of data collection and recording are explained. This is followed by an explanation of how the data collected was recorded and analyzed.

Study Participants

This study included individuals in California’s Central Valley who identify outside of the gender binary and within the transgender umbrella. Ten participants participated in qualitative interviews. Participants were accepted regardless of race or ethnicity but needed to be 18 years or older to participate in an interview. Although the only identifying demographic data formally collected was gender identity, the researcher noted the participants race and ethnicity in research journal. Half of the participants identified as white/Caucasian, one identified as Black, one identified as Native American, and three identified as Latinx. Gender identities included transgender man, transgender woman, nonbinary, and trans femme nonbinary.

Selection of Participants

This study utilized criterion sampling as well as snowball or chain sampling. Criterion sampling was used because this study needed to select participants with specific characteristics or who me certain criteria. For various reasons, transgender and nonbinary individuals may feel unsafe going into an LGBTQ+ center or not trust someone who is asking them personal or intrusive questions. They may not be out and be afraid of being outed or may still be exploring their gender identity. Snowball sampling was because this population is potentially hard to reach. After a participant is interviewed, they were encouraged to ask others they may know to be interviewed.

Data Gathering

The method of collecting data for this study was one-on-one qualitative interviews because the study used a post-positivist research paradigm. A list of questions was prepared to explore individual experiences and were refined as the interviews went on and patterns and themes emerged (See Figure 1). The literature review of available research helped the researcher develop these questions. General topics explored in interviews were the comfort levels of participants going to the doctor, positive and/or negative experiences with providers, practices they've observed and experienced, and their suggestions to providers to make access to care more affirming, and what they would tell their provider about transgender and nonbinary people.

Phases of Data Collection

The data collection phase began with the researcher reviewing the consent form with participants and securing their consent to proceed and to record the interview. The researcher explained the purpose of the study and answered any questions the participant had. The researcher then conducted the interview making sure to stay aware of any discomfort throughout. Questions began with general emotions when going to the doctor, then moved onto provider practices, then onto positive and/or negative experiences, and lastly participants were asked to share what they thought are the barriers that stop transgender and nonbinary folks from accessing gender-affirming care, and ways to mitigate these barriers. After the interview, participants were thanked for their time and the researcher went over the timeline of the study and when they could expect to see results.

Data Recording

During the informed consent phase, participants were asked for their consent for audio recording. Once they gave consent, the researcher began audio recording on Zoom while using the audio transcription feature. One participant did not consent to be recorded so the researcher took detailed notes in one of the research journals utilized for this study. Two qualitative journals were be prepared and maintained. One detailed the data gathered, and the other was more of a reflective journal, detailing the researcher’s perceptions and ideas regarding the research focus (Morris, 2013).

Data Analysis Procedures

To analyze the large amount of data, the researcher transcribed and coded the collected interview transcripts. A “bottom-up” approach was used to examine the data which involved using three phases of coding. These phases were open coding, axial coding, and selective coding. During the open coding state, the interview data collected was broken down into themes or categories. These categories were then be used to refine future questions and observations. The next stage is axial coding. During this stage, relationships between themes or categories were proposed and examined. Next is the selective coding stage, which entailed identifying the relationships between categories and themes and developing a theoretical statement (Morris, 2013).

Summary

This chapter detailed the implementation of the research study. It explained who the study participants were and the sampling strategy the researcher utilized was discussed. In addition, the method of data gathering, and the phases of data collection and recording were explained. This was followed by an explanation of how the data collected was recorded and analyzed.

CHAPTER FOUR: EVALUATION

Introduction

This chapter describes and examines findings of the qualitative data collected from participant interviews. The data analysis methods including open coding, axial coding, and selective coding are discussed. The open codes which emerged from the data are stated and explained using direct participant quotes. The process of axial coding is discussed, and a graph is provided to depict the themes and connections stablished. In addition, the process of selective coding is described and the core issue identified is explained. Lastly, the researcher identifies the implication of this issue for micro and macro social work practice.

Data Analysis

This study utilized a postpositivist qualitative data analysis. The researcher conducted and transcribed ten participant interviews of transgender and nonbinary individuals residing in rural California to develop a list of open codes. The codes were developed by carefully examining each interview transcript and identifying similar words or phrases within the data.

Open Coding

During this project's data analysis stage, the researcher identified a set of sixteen open codes. The open codes examined are feelings about doctor’s visits, positive experience with providers, negative experiences with providers, persistent deadnaming and misgendering, lack of insurance coverage and cost of care, lack of information/resources available, lack of family support, lack of providers in the surrounding area traveling long distances for care, concerns about reactions and perceptions of others, outdated medical documentation, exclusion of nonbinary and other gender-nonconforming folks in care, updating medical forms, implementing cultural competency training, individualized approach to care, and using lived name and correct pronouns to respect patients.

<u>Feelings About Doctor's Visits.</u> This code refers to participants' general emotions when seeking medical care. These feelings often included apprehension, nervousness, distrust, and even terror. These feelings described by participants were frequently due to their own past experiences and directly connected to their gender identity. Participant # 2 shared, "I'm usually very terrified when going to the doctor, and it's because of my own personal experiences with medical racism, also sexism and homophobia, and transphobia as well." Regarding their feelings around ongoing care, Participant # 4 shared, "So testosterone injections are very routine so that I'm totally fine with. And you know, the first time I went to see a doctor about top surgery obviously I was really nervous….But like right now, if I want to, if I ever want to start working on bottom surgery. And I'm going to be really nervous in the beginning, because you have to meet doctors, talk to doctors and all that stuff, and I don't know if you can trust them". Participant #1 shared having mixed emotions the first time they wanted to talk to their provider about gender-affirming care. They shared, "I thought I was going to vomit from

like the stress and I had already talked to my general care practitioner about possibly being depressed, and to have another difficult conversation was like terrifying… In hindsight there was a little bit of like excitement about it because it was like yes I’m finally taking this step for me regardless of what they say I knew I was taking that step. But it was still a lot of nerves. Like is this physician going to be affirming? You know. Is the care facility going to be affirming? Are the care team going to be affirming? Am I gonna get referred out to some other facility either in town or out of town? There were a lot of questions that I didn't have answers to. It seemed like such a tall order at the time, and it was. It was very nerve racking, but I am glad I did it.”

<u>Positive Experience with Providers.</u> This code covers specific positive experiences with providers participants have had when seeking gender affirming care. It was essential to highlight the participants’ positive experiences to examine what the provider did to make that experience positive. Participant #1 shared, “We're constantly checking in, which is a bit frustrating and time consuming and a bit aggravating. But you know, he kept explaining to me like, ‘Hey, I know this is a lot but we want to make sure that your health overall is okay with doing this’. So it really was nice that he emphasized to me that, instead of saying like ‘Here's your injections. Good luck.’ It's like, ‘Hey, we're going to monitor things so that we know what is working for you, what isn't working for you’. And we kind of talk about what's working what isn't working, what we'd like

to see if there's enough progress. If there's anything more that we can do. So it's nice.” Participant # 7 detailed a positive experience with a provider and shared, “I expressed that I needed to have my actual name, not my birth name used, or would not be part of the program because of my mental health. And they were immediately just like, ‘Oh, yeah, of course.’ They changed my name, for, like just the internal documents and they did work really hard to use my real name. Yeah, the cultural competency was not really there. But yeah, I'd say it was positive because I still got called my name the whole time.”

Negative Experiences with Providers. This code refers to specific negative experiences participants shared with medical providers and staff. Participant #10 shared her experience when she moved back from a more accessible county, “When I moved back I went without HRT [hormone replacement therapy] and other stuff for a while because of negative experiences. I have not had a single positive experience in this county. The last time I tried it’s like they were trying to push me away and only talking about the negative side effects.” Participant # 8 shared an experience with a surgeon who he thought would be affirming and said, “When I was getting my top surgery, I was misgendered a lot. I was getting prep for surgery, and I was called female, and a girl and she and her, and then, when I got like my first like checkup for to see how I was healing… I was misgendered the entire time. I got dead named, and like I was already feeling really bad, because they didn't even let me see my chest. Really, they were just sort of like, okay, open it, move the things around. Misgender me. Send me on my way.” Participant # 7 shared, “So it was an intake… and I expressed that I was transgender because I was trying to figure out how to access HRT. And immediately the person who was helping me turned to me and said, ‘Oh, I'm so sorry! I'll pray for you’ and did not refer me to services that I was asking for So yeah, it was just not a good time.”

<u>Persistent Deadnaming and Misgendering.</u> This code refers to participants' common experience when seeking and receiving care. Virtually every participant shared being misgendered and deadnamed and the negative toll it takes on them. Misgendering refers to providers using the incorrect pronouns of the participants, and deadnaming refers to the provider using the name the participant was given at birth, which they no longer wish to go by. Participant # 1 shared, “I have had, you know, nurses refuse to use my chosen name and pronouns…every time that that happens like it, just that kind of pushes down my confidence and like my emotional level down. And it just makes it that much harder to go back next week, and which is frustrating because I've been two years on HRT”. Participant #2 shared, “Usually despite like my pronouns and stuff being on my everything. They always defer to ‘her’, despite what it says on my chart. Also on my chart has my preferred name... they always default to my legal name instead, which is so tremendously sad, when going to the doctors. I have to fight with my doctors long and hard about the fact that I was transgender

and like it took me a bit to get them to change my pronouns and to add like my preferred name." Participant #9 shared, "I get misgendered a lot. I haven't started HRT so I don't pass at all and that's been hard on my mental health. But it was harder to live my life as a woman so I kind of bite the bullet when it happens. I have issues standing up for myself because of past trauma so I just stay quiet".

<u>Lack of Insurance Coverage and Cost of Care</u>. This code covers one of the more prevailing things that came up when participants were asked what they think are the barriers that stop transgender and nonbinary people from accessing gender-affirming care. Some participants described not just the lack of medical insurance, but the lack of coverage for gender-affirming procedures. Participant # 5 shared having to stop treatment due to the cost and said, "I was paying for therapy out of my own pocket, and my insurance did not cover the estrogen or the syringes. It was like $50 a shot. I don't know what that clinic and the doctor were thinking and I stopped going back… Because even if you have insurance that doesn't mean you can afford, let's say surgeries. For myself, I have insurance through my job but I don't have time to take off from work… If I do breast augmentation, it means I can't work for at least three months". Participant # 7 shared, "Even with insurance, then I've heard there's issues. For example, an instance recently where a trans man that I know had to get a hysterectomy as part of the gender-affirming care, but no one in the entire current county could apparently give that surgery for it to be gender-affirming." Participant #1 described their experience and said, "There have been internal debates in my

head about, you know, the bottom surgery or laser hair removal and stuff like that. With my provider, I was given a list of services that they do cover, but you know, like top and bottom surgery, facial feminization, surgery, and stuff like that. Some of these may still be a little bit out of pocket." Participant #2 shared, "I don't have a lot of money because I'm disabled, and I can't work because it will physically kill me if I do. So my insurance luckily covers the testosterone, but it didn't cover everything else." When asked about what she thinks is a barrier, Participant #6 shared, "Oh, you know, money probably, I would say. Not having insurance like me. I lost my house so kind of hard to pay for hormones when I have to figure out everything else."

<u>Lack of Information/Resources Available</u>. This code refers to another barrier participants described. The lack of information and resources has left various folks needing guidance on where to begin. Participant # 8 shared, "It's so difficult to know where to start. You have to hunt to find gender affirmative care. There is no like set place to go, like you can contact the LGBT center a little bit, but they're not super like forward about like giving you like a lot of information about it… like my friends are having such a hard time figuring out how to transition because nobody has the steps. And it's basically like word of mouth in order to figure out anything about it." Participant #1 shared, "I didn't know what resources were available. I didn't know that I could talk to my doctor about this stuff. I didn't know anything". Participant #1 also described how the lack of information led

them to delay care. They shared, “If I had known that I can get services done here earlier, I don't know if I would have necessarily been ready for it, but at least I would have appreciated having that knowledge and maybe I might have started it earlier. Yeah, it is something that definitely hampered me from getting care for at least a while.”

Lack of Family Support. This code refers to another large barrier folks described. Transgender and nonbinary people often do not feel supported by their families to transition and have to make a difficult choice. Participant #7 shed light on this by saying, “I've seen a lot of folks just kind of be resigned to not having support from family once they come out, like just knowing they're gonna lose it all.
And, like, that's really awful… So some folks just live their lives and put their head down and then I'd see others talk about how they're getting kicked out as they come out. And it's just, yeah. It's just really sad and like heartbreaking. I'm just like, damn. The only way you can have access to housing is, if you like, hide yourself in front of them. It's really scary and sad”. When asked about barriers, participant #9 said, “I live with my family because of health and financial reasons. I wish I could be more open but like I don’t want to know how they would react. Like I have to think, do I come out and be homeless? Or lose my health insurance which I need to survive? It’s kind of messed up when I think about it that way”. Participant #4 shared being out to his family but still not receiving support. He shared, “When I was 17, I came out, and my family didn't believe me.

I don't know why I thought this would change their mind, but I was just like in the mindset of like I need to prove that I'm trans. So for two years I just kind of had the diagnosis, but wasn't doing any gender affirming care, because the idea was that when I'm out of my mother's home I would then start gender affirming care. But after two years had passed… I didn't think I could wait any longer, and since I was an adult, I was like, I'm going to go for it. I had such a struggle getting things scheduled because I had to rely on my mom, who was only wanting to take me to one appointment. She told my therapist that she would support me with driving. But then, on our way to the first appointment, she's like, 'By the way, I'm going with you to this appointment, and none of the others... that was really hard for me".

<u>Lack of Providers in Surrounding Area.</u> This code refers to another barrier participants described: the lack of gender-affirming providers in their area. Participant # 4 shared her experience by saying, "Well, there weren't any doctors that I knew of here [her county of residence] or that I could find online. Maybe there were some doctors that were practicing, but I didn't know about them". Participant #8 shared his experience of looking for a gender-affirming therapist who would provide him with a letter to begin HRT by saying, "I asked if they had gender affirming care, and they said 'Yes, we have two therapists that do gender affirming care all in all of [County of residence]. I got there, and she said, 'Oh, I'm for juveniles.' I was like 19 at the time. And I said well then, why did they send

me to you? I guess they just don't differentiate a lot like at the time, and they only had 2 of them. So it's not like there was a lot of options."

Traveling Long Distances. Due to the lack of providers available, this code refers to the experience of various participants who had to travel long distances to access and receive care. Participants shared how having to travel or not having the ability to travel has impacted their transition. Participant #4 shared, "So when I talked to the doctor, she made me see a therapist who specialized in gender and gave two options. Both of them were two hours away from where I live, and I was like, I'm not driving for weekly therapy appointments. That's like 4 hours of driving in one day." Participant #2 put it all together: "A lot of gender-affirming care is not as present as it should. But out here, with everything, you're so far from everything that's even harder... Is it too far for me to get to the appointments? And what if there's not like a bus that can take me out there? And then insurance, because a lot of insurances do not cover a lot. There are also not a lot of doctors who even prescribe HRT or even want to. I can't travel a lot so I have to do with what I have". Participant # 3 shared, "I also work full time and a lot of people do. I can't go to like LA or something. I've thought about moving so I can start the process but can't afford it".

Concerns About Reactions and Perceptions of Others. From participant interviews, the researcher was able to explore an unforeseen barrier, which was the negative experiences and concerns transgender and nonbinary people had about the perceptions of other patients at their medical provider’s office. Participant # 1 shared, “I've had 2 people that weren't even…they were just other patients in the lobby when they heard my name, my chosen name, and they saw me walk up. There was you know; some not so kind things being said which isn't the service care providers at fault.” Participant #9 shared, “I was waiting in the waiting room area one time, and some lady close to me said, ‘I will pray for you’. It was like, umm ok, thanks? I didn’t really know what to do. At first, I thought she said that because I’m disabled, but then I heard her whisper something along the lines of men are men and women are women or something like that. I was totally out of it for the rest of the appointment.” Participant # 8 shared their experience when receiving necessary care: “I get really nervous… I get like stares from other patients in the waiting room at the gynecology office so that really sucks.”

<u>Outdated Medical Documentation.</u> This code refers to participants’ experiences with outdated medical documentation. Participants shared how outdated medical documentation systems make them feel overwhelmed and uncomfortable. Participant #3, who identifies as a transgender man, shared, “There's like a flag in the system. So every time I call the appointment center, they ask me if I want to get a pap smear. So they have to ask you because of flags, and I've asked them to remove it multiple times. But it just seems like until I get a hysterectomy, I mean, that's not going to go away. And so they literally bring it up every time I call the appointment center because it's how the system is set up.” When asked

about a strategy Participant #9 shared, “Like one time I didn’t chose a gender option and the lady at the front filled it in for me. It kind of sucked because that was sort of like me rebelling a little, you know.” Participant #2 spoke about how the forms at their medical provider offices are more inclusive, but that does not necessarily mean the providers actually respect this. They shared. “They do (include options to identity outside of the binary) it a lot specifically with my local provider, because they want to be inclusive however I notice that when they have you put it on there they never really take it into account specifically by the doctors and everything. They never actually use the right ones but as far as it like being on forms and stuff, they act as if your preferred name, your preferred gender matters to them..”

Exclusion of Nonbinary and Other Gender-Nonconforming Folks in Care. Another unforeseen barrier that arose during interviews was the experience of nonbinary individuals in the county. Participants shared how difficult it is to receive care as a binary transgender person and how the hardships are augmented for those whose identity is outside of the binary. For example, participants shared how nonbinary individuals must pretend to be someone they are not to access care. Participant #7, who identifies as nonbinary, shared, I expressed that I was transgender because I was trying to figure out how to access HRT. And immediately the person who was helping me turned to me and said, ‘Oh, I'm so sorry! I'll pray for you' and did not refer me to services that I was asking for So yeah, it was just not a good time."

." Participant #1, who also identifies as nonbinary, shared, "On the topic of also intersex people… some people are, you know, identify as non-binary and intersex, and they have differing, you know, things that need different care… Like the body is a weird thing, and each body needs its own form of care. And that's same thing is true for nonbinary people." Participant # 8 shared, "I hear from nonbinary people that like when it comes to gender affirming care you pick aside, and then you just kinda like transition to the point where you want, and then you stop. It's where you kinda get like a little bit of what you need. But you have to lie to get it".

Updating Medical Forms. This code refers to one of the mitigating strategies participants had for providers to make them feel more at ease when seeking care. Participants spoke about the need for medical documentation to be more inclusive. About documentation with their medical provider, Participant #9 also shared, "One place I go to does have the F and M gender options and also a box that says "another" which is interesting because there are so many different identities within the trans umbrella. Like colleges and schools and stuff have more options. I think these offices should too". Participant #1 shared, "So having that on their forms and stuff like that…so it doesn't say that Mr., Mrs or miss, so on. So if they had gender inclusive terminology on their forms, I think it'd be a great starting place”. Participant #4 shared, “They could put you know your pronouns on the intake form, and just like if someone doesn't check the box, just go with whatever they say. Ask them what they want to be called like. Also, ask if the person has a name they want to be called by instead of their legal name.”

Implementing Cultural Competency Trainings. This code encompasses the participant’s suggestion to medical providers to implement cultural competency training about gender-affirming care. Participants felt that there is a need for training, and this training would help make gender-affirming care more accessible and affirming. Participant #1 shared their experience and said, “There are moments when I see staff members still treat people, as the best way I can put it…they just don't give a shit. And you know, having that that cultural competency and the DEI (diversity, equity, and inclusion) training for the for the staff. I think would go a long way, and helping people feel comfortable to seek care. So, if you know that the staff members are going to be affirming and friendly, then it makes it that much easier to.”

Individualized Approach to Care. This code arose due to participants speaking about the need for an individualized approach to care. Participants shared their experience with providers and their desire for their needs to be considered during treatment. Participant #4 shared the disastrous experience she had with a provider who treated every patient the same and said, “It took six months for me to get a letter, and when I finally did, they were still slow to give the hormones. So then, instead of getting blood work done to find out by baseline estrogen levels, she [medical provider] gave me the maximum dose of estrogen… When I finally got my blood work done, my estrogen level was that of a woman in the height of pregnancy. So I went to see another doctor who said, ‘holy cow,’ and we worked on getting my estrogen levels down… I stopped going back and actually traveled to San Luis Obispo to talk to a doctor there. The doctor there was great. She told me her goal was to make me comfortable in my body and to take my transition as far as I wanted it to go. It wasn’t like that other doctor who was just like ‘Oh you want estrogen? Here you go”. Participant #8 shared his experience and said, “I went to my endocrinologist, and I was like, Okay, I don't really want to be on testosterone right now. I think I'm pretty good… And he said, ‘Are you sure I've never heard of that before, like at all, ever’ And I was like, that's crazy because there are so many other trans guys who aren't on testosterone… like he just assumed every trans person has to be on hormones. And it was kind of weird because I was like, I know trans people who aren't on hormones like actively or like have been taken off four months like willingly. So it was just like he completely just did not know about that at all.” Participant #7 shared, “I think there needs to be more reminders that trans people have more understanding of their body than a doctor would that only met you twice. I just don't think that trans people are often seen as experts in their own lives. And it's either like we're lab experiments almost, or we're just like, I don’t know, just something to just solve and put away after”.

Using Lived Name and Correct Pronouns to Respect Patients. This code represents another intervention participants suggested to mitigate barriers to care. Lived name refers to the name a transgender or nonbinary person has chosen to match their gender identity, and correct pronouns refer to the pronouns an individual wants to use regardless of their sex assigned at birth. Participant #4 shared, “I think just being as respectful as possible is the best you can do. Make sure you're using the right pronouns. Make sure you're using the correct name. If you could see that the client hasn't had a chance to change their legal name but you can tell… you shouldn't assume people's gender identity. But if someone walks in and they don't look like the gender that you're seeing on your chart. I don't think it hurts to ask what the pronouns are. I don't think it hurts to ask what name they go by because then they might give you something different.” Participant #2 shared, “Like if medical providers suspect that, like if they see that a person is uncomfortable with the name and pronouns… I wish, like a doctor like came up to me and said, Hey, are you transgender or not in a safe household where you can express yourself?”

Axial Coding

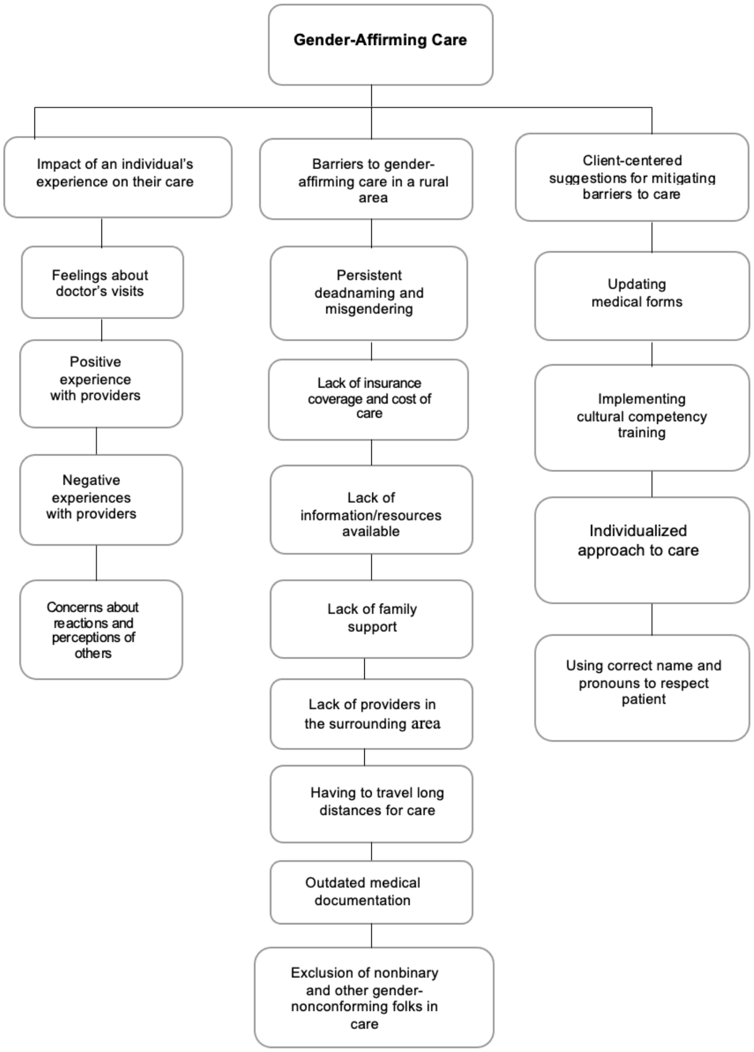
After examining the open codes that emerged from the interview data, the researcher engaged in a process called axial coding. Axial coding is the process of identifying the relationships between the various open codes. (Morris, 2023). All of the codes explored fell under one big umbrella category of "Gender-Affirming Care". The three main categories that emerged in the axial coding stage were the impact of an individual's experience when accessing care, barriers to gender-affirming care in a rural area, and client-centered suggestions for mitigating barriers to care. These axial codes are illustrated in Figure 1.

The first category, "the impact of an individual's experience when accessing care", emerged after the researcher began to see how an individual's personal experience with medical providers impacted how and if they accessed gender-affirming care. The individual's feelings about doctor's visits impacted the care they received or did not receive. Participants reported feeling nervous, apprehensive, and even terrified of going to a doctor as a transgender and/or nonbinary person. In some cases, participants who had a negative experience stopped seeking care altogether rather than deal with discriminatory practices. Participants who reported a positive experience felt more comfortable accessing care they needed for their transition despite their initial nerves and apprehension. The experiences with medical providers and their staff had the most impact on the individual and their care. A provider who was willing to listen, learn, and use the correct name pronouns created a more affirming and welcoming environment. Participants also reported feeling uneasy about the perceptions of others, particularly those in the waiting rooms and lobby due to living in a more conservative area.

The category of “Barriers to Gender-Affirming Care in a Rural Area” emerged after participants detailed the barriers they face accessing care where they live. These barriers included various factors such as persistent deadnaming and misgendering, lack of insurance coverage and cost of care, lack of resources and information available in their area, lack of support from their families, general lack of providers who provide gender-affirming care in their area and having to travel long distances due to the lack of providers. Participants also described how outdated medical forms and other forms of medical documentation are exclusionary. A particular barrier that emerged was the exclusion of nonbinary and other gender-nonconforming folks in care. Participants described how these individuals are often forced to lie and change their identity if they wish to receive any services. Participants generally felt that the area which they lived did not allow them to receive the care they needed.

The final category that emerged was the introduction of “Client-Centered Suggestions for Mitigating Barriers to Care”. This category emerged after the researcher examined patterns in the suggestions transgender and nonbinary had for providers in a rural area. Participants shared how updating medical forms and documentation would help them feel more included and would be a sign that the medical providers and their office was making an effort to be inclusive. Most participants described how the inclusion and implementation of LGBTQ+-focused cultural competency trainings can help ensure providers and their staff are equipped to better serve this community. Participants also described a need for an individualized approach to care, meaning that they wanted to be heard and included in treatment that worked for them. They do not want to be treated with an all-size-fits-all approach. Participants also explained how vital it is for providers and their staff to utilize the correct name and pronouns, as this would help patients feel respected and validated.

Figure 1. Axial Chart



Data Interpretation.

Selective Coding

The last stage of the data analysis process was selective coding. Selective coding allowed the researcher to integrate and refine the categories to develop a theory. After examining the themes and categories emerging during the axial coding stage, the researcher was able to develop a theory.

Despite California having some of the best LGBTQ+ protections and laws, experiences of transgender and nonbinary individuals who seek gender-affirming care show that rural California falls short of providing culturally competent, affirming, and accessible care. The goal of gender-affirming care is to ensure transgender and nonbinary individuals have the care they need to address the dysphoria and distress that they may experience due to incongruence between their gender identity and their assigned sex at birth. Not being able to access care due to fear of going to a doctor's office, feeling excluded, disrespected, and lacking various resources and supports deeply affects transgender and non-binary individuals and their ability to address the dysphoria and distress they experience. Participants not being able to access care or receiving lack luster care in rural California are not able to thrive or able to be themselves. It is vital that providers and their staff listen to their patients and implement their suggestions to create a more inclusive, affirming, and culturally competent model of gender-affirming care in rural California.

Implication of Findings for Micro and/or Macro Practice

There are implications and action steps social workers can take at both the micro and macro level. At a micro level, social workers can work directly with clients to provide them and connect them with the necessary resources and education needed for their care for their care. Social workers can help their clients navigate the medical system by learning about gender-affirming insurance coverage and connecting clients with any financial resources available. In addition, social workers can provide one-on-one services to equip client with skills to advocate for themselves and ease the emotional distress that comes with anti-LGBTQ+ practices.

At a macro level, social workers can with medical providers to provide them with the culturally competent trainings suggested by study participants. These trainings can cover LGBTQ+ terminology, different gender-affirming care options, and best practices when working with transgender and nonbinary patients. Social workers can also advocate to ensure policy continues to protect transgender and nonbinary individuals from discrimination in medical setting.

Summary

This chapter described and examined findings of the qualitative data collected from participant interviews. The data analysis methods and codes that emerged from the data were defined and explored. Lastly, the researcher identified the implication of this issue for micro and macro social work practice.

CHAPTER FIVE: TERMINATION AND FOLLOW UP

Introduction

Chapter five describes the termination and follow up process the researcher plans to engage in. It discusses how the researcher intends to communicate study findings to participants and how it plans to engage with the community partner organization to discuss and present findings. Lastly, the researcher describes the intended method for disseminating the study in the effort to inform social work practice.

Termination of Study

Termination with the community partner was completed when the former executive director left the organization. Termination was completed with each participant when the researcher concluded their interview and informed them when the study findings would be available.

Communication of Findings to Study Site and Study Participants

At the end of the interviews, the researcher let every participant know that the findings of this study would be made available at the end of the 2023-2024 school year. In addition, the researcher let participants know that they could reach out at any time if they had any questions or concerns and that the researcher would send them the link to the study once it has been published on the CSU San Bernardino ScholarWorks site. The researcher will also reach out to the local LGBTQ+ center and ask that the study link be included in their monthly newsletter, so it is available to the community at large.

Dissemination Plan

The study will be published CSU San Bernardino’s ScholarWorks website in April of 2024. The researcher will email the participants the link to the website as soon as it is posted and offer to answer any questions they may have. The researcher will also share the study with the local LGBTQ+ center and be available for any questions they may have. The researcher also plans to send the study findings report to other local agencies and organizations that with LGBTQ+ individuals in the hopes to inform their practice.

Summary

Chapter five described the termination and follow up process the researcher plans to engage in. It discussed how the researcher intends to communicate study findings to participants and the community at large. Lastly, the researcher described the intended method for disseminating the study in the effort to inform social work practice.

APPENDIX A: RECRUITMENT FLYER

Help us learn more about how medical providers can best provide gender affirming care!

This study is looking at barriers to care that transgender and nonbinary patients face when seeking gender-affirming care. We would like to hear from those who have already sought care and those who have not.

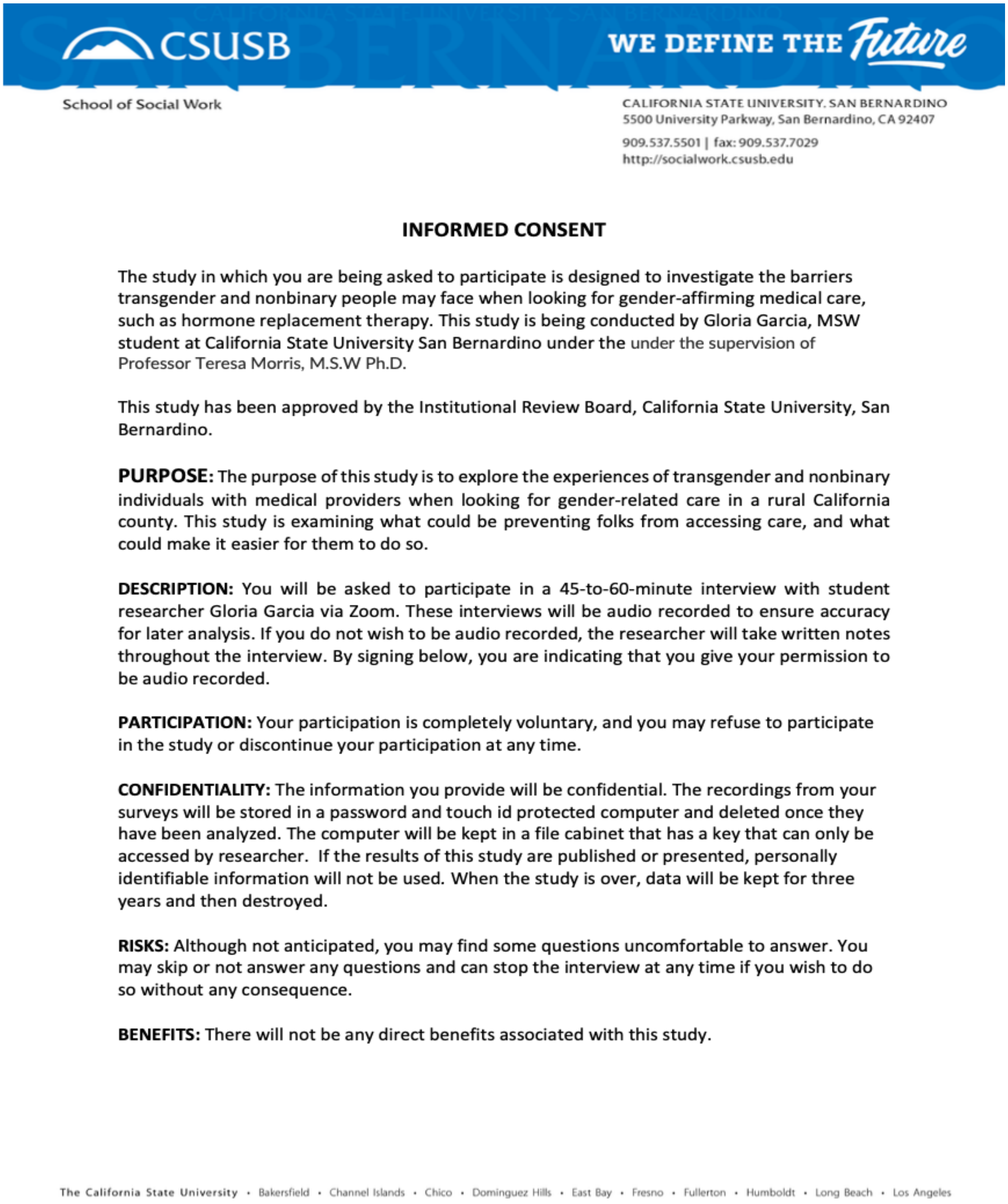
Participants will be asked to participate in a 45 to 60-minute interview.

For more information or to
schedule an interview, contact Gloria Garcia at: (661)
776-5873 or 007731718@coyote.csusb.edu
QR Code below can also be used.

Who is Eligible?
Are you 18 years or older?
Do you identify as transgender, nonbinary, genderqueer, etc.?
Have you sought or are interested in seeking gender-affirming care?

This study has been approved by the California State University, San Bernardino Institutional Review Board.

APPENDIX B: INFORMED CONSENT



CSUSB
WE DEFINE THE Future
School of Social Work
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
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http://socialwork.csusb.edu

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the barriers transgender and nonbinary people may face when looking for gender-affirming medical care, such as hormone replacement therapy. This study is being conducted by Gloria Garcia, MSW student at California State University San Bernardino under the under the supervision of Professor Teresa Morris, M.S.W Ph.D.

This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to explore the experiences of transgender and nonbinary individuals with medical providers when looking for gender-related care in a rural California county. This study is examining what could be preventing folks from accessing care, and what could make it easier for them to do so.

DESCRIPTION: You will be asked to participate in a 45-to-60-minute interview with student researcher Gloria Garcia via Zoom. These interviews will be audio recorded to ensure accuracy for later analysis. If you do not wish to be audio recorded, the researcher will take written notes throughout the interview. By signing below, you are indicating that you give your permission to be audio recorded.

PARTICIPATION: Your participation is completely voluntary, and you may refuse to participate in the study or discontinue your participation at any time.

CONFIDENTIALITY: The information you provide will be confidential. The recordings from your surveys will be stored in a password and touch id protected computer and deleted once they have been analyzed. The computer will be kept in a file cabinet that has a key that can only be accessed by researcher. If the results of this study are published or presented, personally identifiable information will not be used. When the study is over, data will be kept for three years and then destroyed.

RISKS: Although not anticipated, you may find some questions uncomfortable to answer. You may skip or not answer any questions and can stop the interview at any time if you wish to do so without any consequence.

BENEFITS: There will not be any direct benefits associated with this study.

CONTACT: If you have questions or feel that your rights have been violated as a research participant; you may contact research supervisor:

Teresa Morris, Ph.D., M.S.W., B.Sc. at TMorris@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino.

I have read this form completely and have decided that I will participate in the study described. I understand that I must be 18 years old or older to participate. The purpose, the requirements of participation, and the possible risks of participating in the study have been explained to my satisfaction. <u>I will be emailed a copy of this consent form.</u> My signature, or verbal consent, indicates my consent to participate.

I agree to this interview be audio Recorded: ______Yes _____No

____

Participant's Signature

____

Date

Verbal Consent: ____Yes _____No

APPENDIX C: INTERVIEW QUESTIONS

Interview Questions

Priority Questions:

Introduction

1. Can you tell me your pronouns and gender identity?

2. How do you generally feel about going to a doctor's office?

3. Can you tell me about the last time you went to see a medical provider?

   Follow up: What did you go for?
   Follow up: How did it go?

Provider Practices

4. When filling out paperwork, does your provider ask any questions related to gender identity or sexual orientation?

5. Does your doctor or medical provider's office allow you to use the name and pronouns that correspond with your gender identity?

6. Has your provider ever asked you any questions related to your gender identity?

Participant Experiences

7. Have you spoken to your doctor or other medical provider about gender affirming care, such as hormone replacement therapy?

   Follow up: if yes, how did this conversation go?
   Follow up: if no, what has stopped you from doing so?

8. Can you tell me of a positive or negative experience you've had with a medical provider when seeking care related to your gender transition?

   Follow up: How did this interaction make you feel?

Recommendations to mitigate barriers

9. What do you think stops transgender and nonbinary people from seeking gender affirming care, such as hormones?

10. In your opinion, what can a medical provider do to ensure their transgender and nonbinary patients feel comfortable to talk about their transition?

Further Questions:

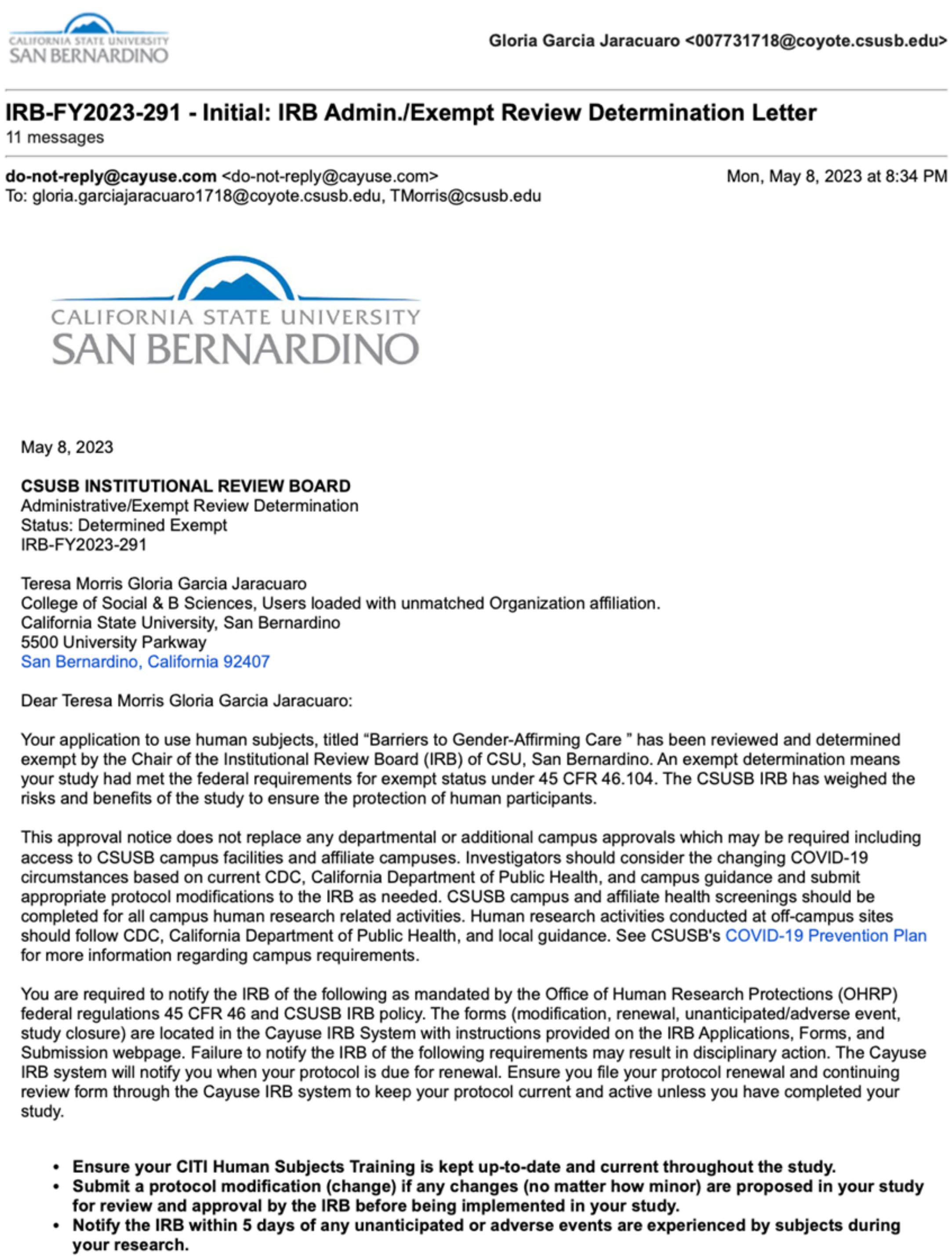
1. Do you feel that your provider has enough knowledge when it comes to treating transgender and nonbinary patients?
2. Has a medical provider ever used the wrong name or pronouns when treating you?

   Follow up: How did you handle this situation?

3. How do you think gender affirming care, such as hormone replacement therapy, can help a transgender or nonbinary person through their transition?

4. If you had the opportunity to do so, what would you tell a medical provider about transgender and nonbinary people?

APPENDIX D: IRB APPROVAL



Gloria Garcia Jaracuaro <007731718@coyote.csusb.edu>

IRB-FY2023-291 - Initial: IRB Admin./Exempt Review Determination Letter
11 messages

do-not-reply@cayuse.com <do-not-reply@cayuse.com> Mon, May 8, 2023 at 8:34 PM
To: gloria.garciajaracuaro1718@coyote.csusb.edu, TMorris@csusb.edu

May 8, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2023-291

Teresa Morris Gloria Garcia Jaracuaro
College of Social & B Sciences, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Teresa Morris Gloria Garcia Jaracuaro:

Your application to use human subjects, titled “Barriers to Gender-Affirming Care ” has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**

REFERENCES

American Civil Liberties Union. (2024). Legislative attacks on LGBTQ rights in 2024. https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2024?impact=75135

American Psychiatric Association (2020.). *What is gender dysphoria?* https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria.

Friedman, B. D., & Allen, K. N. (2011). Systems theory. In Brandell, J. R., (Ed.) *Theory & practice in clinical social work*. Sage Publication.

Herman JL, Wilson B., Becker T. (2017) Demographic and health characteristics of transgender adults in California: findings from the 2015-2016 California health interview survey. Los Angeles ca: The Williams Institute and UCLA Center for Health Policy Research

Hostetter, Call, J., Gerke, D. R., Holloway, B. T., Walls, N. E., & Greenfield, J. C. (2022). “We are doing the absolute most that we can, and no one is listening”: Barriers and facilitators to health literacy within transgender and nonbinary communities. *International Journal of Environmental Research and Public Health, 19*(3), 1229–. https://doi.org/10.3390/ijerph19031229

.

Ingraham, N., & Rodriguez, I. (2022). Clinic staff perspectives on barriers and facilitators to integrating transgender healthcare into family planning clinics, *Transgender Health 7*(1), 36–42, https://doi.org/10.1089/trgh.2020.0110.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality.

Joseph & Murphy, D. (2013). Person-centered approach, positive psychology, and relational helping: Building bridges. *The Journal of Humanistic Psychology*, *53*(1), 26–51. https://doi.org/10.1177/0022167812436426

Morris, T. (2013). *Practice Informed Research Methods for Social Workers*. Sage.

Movement Advancement Project. (n.d.). Equality Maps. LGBT MAP: Movement Advancement Project. https://www.lgbtmap.org/equality-maps

Paine, A. (2018). Embodied disruption: “Sorting out” gender and nonconformity in the doctor’s office. *Social Science & Medicine* (1982), *211*, 352–358. https://doi.org/10.1016/j.socscimed.2018.06.039

Safer, J. (2021). Research gaps in medical treatment of transgender/nonbinary people. *The Journal of Clinical Investigation, 131*(4), 1–8. https://doi.org/10.1172/JCI142029

Scheim, Baker, K. E., Restar, A. J., & Sell, R. L. (2022). Health and health care among transgender adults in the United States. *Annual Review of Public Health*, *43*(1), 503– 523. https://doi.org/10.1146/annurev-publhealth-052620-100313