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Transgender Healthcare Primer for Clinical Audiologists

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Shade Kirjava, AuD, ABA-C

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Darshana Rawal, MPH

Darshana Rawal is a PhD student in the Program in Public Health at the University of California, Irvine. Her research interests lie in the social determinants of health, primarily as they relate to sexual and reproductive health within the Asian American community. Specifically, she is interested in understanding how socio-cultural perspectives and expectations impact the sexual and reproductive health-seeking behaviors of South Asian American gender and sexual minorities.

Disclosures

- **Presenter Disclosure:** Financial: Shade Kirjava is a clinical audiologist in Los Angeles, California working in private practice. They received an honorarium for this course. Non-financial: Shade Kirjava has no relevant non-financial relationships to disclose. Financial: Darshana Rawal received an honorarium for this course. Non-financial: Darshana Rawa has no relevant non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
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Learning Outcomes

After this course, participants will be able to:

- Define transgender and gender diverse identities.
- Describe the legal and social factors influencing transgender healthcare in audiology.
- Integrate knowledge of the effects of transgender identity on the auditory and vestibular systems into their clinical practice.

Positionality

Shade is:

- Nonbinary
- Vestibular audiologist in private practice in Los Angeles, CA
- PhD student in Public Health at the University of California, Irvine

Darshana is:

- PhD student in Public Health at the University of California, Irvine

Transgender and Gender Expansive Identity

What is LGBTQ+?

- An acronym used to describe Lesbian, Gay, Bisexual, Transgender, and Queer, and other identities (Bass & Nagy, 2022).
- It serves as an umbrella term of identities commonly associated with gender and sexual identities that are outside of the cisgender heterosexual norm.
  - Cisgender = A person whose gender identity corresponds with the sex registered at birth
  - Heterosexual = A person who is sexually or romantically attracted to people of the opposite binary gender

Transgender and Gender Expansive Identity

- Transgender = An umbrella term that includes anyone whose gender identity does not align with their sex assigned at birth (Bass & Nagy, 2022)
- Some transgender individuals may identify with the opposite binary gender to the one they were assigned.
- Example:
  - Trans men may identify as men and were assigned female at birth
  - Trans women may identify as women and were assigned male at birth

Transgender and Gender Expansive Identity

- Some transgender people identify with a nonbinary gender identity
  - Nonbinary: An umbrella term that includes anyone whose gender identity is not entirely in the gender binary of male or female (Kirjava, 2023)
  - Nonbinary identities can include:
    - Agender: Not identifying with any gender
    - Gender fluid: Identifying with multiple genders (Kirjava, 2023)

Transgender and Gender Expansive Identity

- Individuals with any binary or nonbinary transgender identities could be referred to as transgender, but some may prefer a more specific term that accurately describes their identity.
- Some nonbinary people do not identify as also being transgender
- **It is important that individuals are referred to with the labels they prefer.**

Transitioning

- TGE (transgender and gender expansive) people typically transition to align with their gender identity.
- Transitioning: The process of changing aspects of one's life associated with their assigned sex at birth (Kirjava, 2023; Evans et al., 2021).
- Transitioning may include multiple steps: social transition, legal transition, and medical transition (Kirjava, 2023).

Transitioning

Social transition

- Involves choosing a new name that more closely aligns with one's gender identity & different pronouns than those used for one's assigned sex at birth (Kirjava, 2023).
- Some may begin making changes to their physical appearance (such as clothing or hairstyle) (Edwards-Leeper, Leibowitz, & Sangganjanavanich, 2016).

Transitioning

Legal transition

- Updating of legal documents to reflect a new name.
  - When/where available, trans individuals change the gender marker on their driver's license, state ID, birth certificate, and other documents to show the gender or sex that aligns with their identity (Kirjava, 2023).
  - When a transgender patient updates their legal documents, health care providers should also update their health records to match their patient's new legal name and sex.

Transitioning

- There may be challenges and barriers present when legally changing one's name.
- Health care providers may have patients whose legal name does not match with their preferred name.
  - In such scenarios, it is important to use a patient's preferred name or nickname rather than their legal name (if requested by the patient) (Kirjava, 2023).
- Health care providers should refer to an individual with their **correct name** and **correct pronouns** regardless of whether or not one's legal name has changed.

Transitioning

Medical transition

- Undergoing hormone replacement therapy or gender affirming surgery.
  - Hormone replacement therapy alters secondary sex characteristics such as face, body hair, and deepness of the voice.
  - Gender affirming surgery involves medical interventions for trans people (Tabaac et al., 2020).
    - "Bottom surgery" aligns one's genitals to the typical biology of the gender they identify as
    - "Top surgery" refers to chest alteration

Transitioning

- Transgender minors typically do not receive gender affirming surgery but may take hormone replacement therapy to prevent them from experiencing the “wrong” puberty (Salas-Humara et al, 2019; Rew et al., 2021).
- Transitioning is a **unique** process (no one-size-fits-all)
- Some individuals may choose to undergo all steps of transitioning while others may choose only one.

Legal and Social Landscapes of Trans Identity

- Many individuals identifying as LGBTQ+ have reported that they believe their identity is a barrier to receiving quality healthcare services (Kirjava, 2023).
  - Many are reluctant to disclosing their identity to their healthcare provider:
    - Discrimination (Bradford et al., 2013 & Kattari et al., 2015)
    - Prejudice (Bradford et al., 2013 & Kattari et al., 2015)
    - Stigma (Ayhan et al., 2020; Whitehead, Shaver, & Stephenson, 2016)
    - Fear of being "outed" to family members (Ayhan et al., 2020)

Legal and Social Landscapes of Trans Identity

- Transgender people have multiple barriers to accessing healthcare services (Tabaac et al., 2020; Sabin, Risking, & Nosek, 2015).
  - Some healthcare providers are less comfortable with giving care to trans people or refuse to care for trans individuals (Safer et al., 2016).
  - More than 1/3 of transgender individuals have reported healthcare providers treating them disrespectfully, resulting in decreased health-seeking behaviors (Kirjava, 2023; Kattari et al., 2019).

Legal and Social Landscapes of Trans Identity

- Several states have passed or proposed legislation restricting healthcare services of transgender people, particularly transgender youth (Kraschel et al., 2022).
  - Utah
    - In January 2023, the state enacted a law blocking gender-affirming health care for transgender youth (Pappy, 2023).
  - Alabama
    - In 2022, the state enacted a bill criminalizing provision of some gender-affirming care to transgender youth.
    - Law also requires schools to reveal the gender identity of transgender youth to their parents (Kraschel et al., 2022).

Legal and Social Landscapes of Trans Identity

Lack of Insurance Coverage

- Trans people are also often denied insurance coverage for some medically necessary care (Kirjava, 2023; Rowe et al., 2019).
  - The Affordable Care Act (ACA) prohibits discrimination based on gender identity
    - Yet, some transgender patients who have not pursued health insurance via the ACA have noted to being denied insurance coverage (Rowe et al., 2019).
    - U.S. transgender survey (USTS): 25% of transgender people were denied health insurance coverage for transitioning or routine care due to their identity (James et al., 2016)

Social Determinants of Health

- Social structures and economic systems that influence health inequities and health outcomes (Centers for Disease Control and Prevention [CDC], n.d).
- Social determinants of health broadly include (Healthy People 2030, n.d):
  - Economic Stability
  - Healthcare Access
  - Neighborhood and Built Environment
  - Education
  - Social and Community Context

Social Determinants of Health

- Social determinants of health can contribute to health disparities.
  - Health disparities: preventable differences in the burden of disease, violence, injury, or opportunities to achieve ideal health (CDC, 2008)
  - Health disparities negatively impact groups of people who have been systematically oppressed and/or experience economic or social obstacles to health (Healthy People 2030, n.d).

Social Determinants of Health

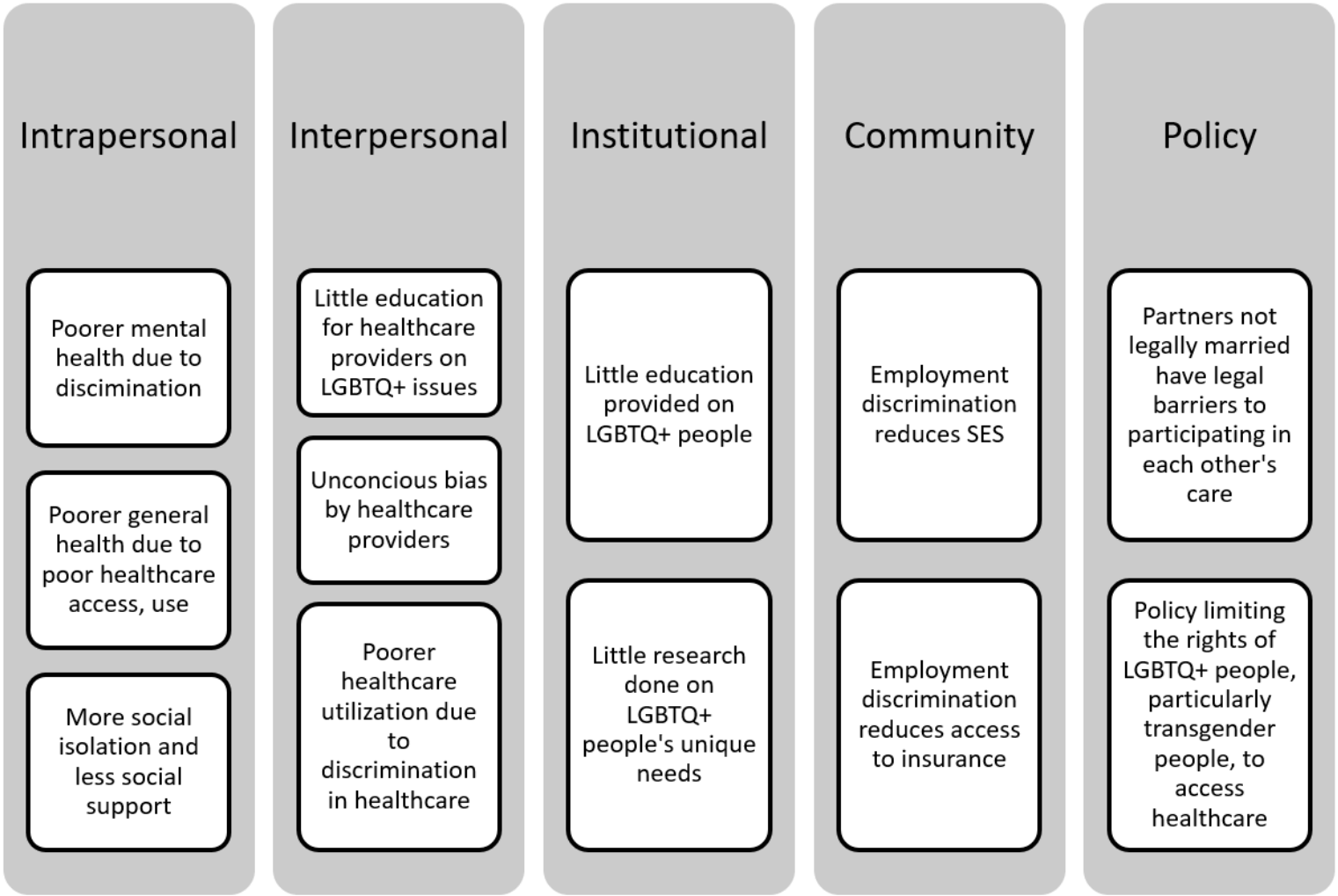
- For TGE individuals, health disparities include (Garcia & Crosby, 2020; Safer et al., 2016):
  - Limited access to healthcare or gender-affirming health services
  - Discrimination from providers
  - Poverty
  - Unemployment
  - Homelessness
- This can result in profound health barriers and unmet healthcare needs.

Social Determinants of Health

Transgender People of Color

- Transgender individuals who are also people of color (POC) may face multilayered minority stressors.
  - This is due to their status as a racial/ethnic minority and discrimination based on their gender identity (Smart et al., 2022).
  - Example: An African American transgender woman may face multilayered minority stressors due to her identity as a transgender woman and her status as a racial minority.

Social Determinants of Health



Trans Identity and the Auditory and Vestibular Systems

Effects on the auditory and vestibular systems can be via:

- Ototoxicity
- Infections
- Rates of conditions and disorders affecting the auditory and vestibular systems

Trans Identity and the Auditory and Vestibular Systems

- Sex and gender affect hearing healthcare but are often ignored in research, limiting research generalizability to clinical settings (Reavis et al., 2023)
- Male humans/animals are often used in research which doesn't always generalize to females (Reavis et al., 2023)
- LGBTQ+ people have been generally ignored in hearing science (Reavis et al., 2023)
- Not including nonbinary sex/gender information makes it impossible to assess diverse people and is too imprecise to be valid (Reavis et al., 2023)

Auditory and Vestibular Systems Ototoxicity

HIV/AIDS

- Typically managed with Anti-Retroviral Therapy (ART) (Katijah 2010; Thein er al., 2014)
  - A cocktail of several antiviral drugs
  - Different options exist for prevention of infection and for management after infection
  - Can be ototoxic
- Trans women are 49x more likely to have HIV (HRC Foundation, 2017)

Auditory and Vestibular Systems Infectious Disease

Infectious Diseases (White et al., 2022)

- Estrogen increases immune system activity, reducing rates of infectious disease
  - Potentially influencing how often ototoxic antibiotics are used
- HIV makes opportunistic infections like upper respiratory infections and suppurative otitis media
  - Higher estrogen levels can cause reduced HIV viral load, improving outcomes

Auditory and Vestibular Systems Comorbidity

Migraines (Ahmad & Rosendale, 2022; Hranilovich et al., 2021; Pace et al., 2021)

- Higher estrogen and lower testosterone levels are associated with more headache and migraine in cis and trans people
  - Trans women have migraine prevalence similar to cis women
- Estrogen increases migraine prevalence and so does fluctuations in estrogen
- Minority stress/stigma/discrimination/barriers to care can exacerbate migraine in trans people

Auditory and Vestibular Systems Comorbidity

Autoimmune conditions (White et al., 2022)

- Hormone levels mediate how easy it is to activate the immune system
  - Estrogen-dominant immune systems are easier to activate causing a higher prevalence of autoimmune disorders
  - Estrogen increases immune system activation
  - Testosterone decreases immune system activation

Meniere's (Hultcrantz et al., 2006)

- Symptoms are worse with lower estrogen levels

Auditory and Vestibular Systems Comorbidity

Hearing loss (Villavisanis et al., 2020)

- Hearing loss in men: (Hultcrantz et al., 2006; Reavis et al., 2023)
  - Worsens more quickly, particularly in high frequencies
    - Differences in the cochlea due to hormones and HRT are relatively small
    - Due to:
      - Men working in noisier positions
      - Estrogen having a protective effect for NIHL/presbycusis
    - Because the inner ear/brain have estrogen receptors (Hultcrantz et al., 2006)

Auditory and Vestibular Systems Comorbidity

Hearing loss (Villavisanis et al., 2020)

- Administering estrogen slows down hearing loss progression (Hultcrantz et al., 2006)
- Congenital/adolescent HL is more common in males (Reavis et al., 2023)
  - Biology makes males more susceptible to hearing loss
  - Gender causes males to be exposed to more activities that are risky for hearing loss

Having an Inclusive Clinic

- Before the appointment
- During the appointment
- After the appointment

Having an Inclusive Clinic Before the Appointment

- Online and marketing presence
  - Explicit references to LGBTQ+ support
  - Including pronouns on website, marketing materials, business cards, email signatures, etc.
- First impressions in the office
  - Gendered greetings and honorifics
  - Case history forms should include:
    - Legal name
    - Preferred name
    - Correct pronouns
    - Gender?
      - Asking about gender may not be relevant but should include additional options to M/F if asked

Having an Inclusive Clinic During the Appointment

- Avoid assumptions about the relationship between a patient and someone they brought with them
  - Ask open-ended questions
- Consider what conversation partners patients may have
- How do you respond if a patient mentions they are LGBTQ+ during an appointment
  - Use active listening
  - Show empathetic body language

Having an Inclusive Clinic After the Appointment

- Use correct names and pronouns in reports and notes
- For trans patients explicitly ask when and how it's alright to disclose their correct name and pronouns
  - Trans patients are often not in a safe situation to disclose their identity
  - Reports and notes often go to family members, school staff, or other medical providers who may disclose their identity or refuse care if they discover the patient is trans

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