



Fig. 1 Simulated patient chart capturing information to enable inclusive and culturally competent care

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Clinical Diversity

Study Shows Some Transgender Adults Avoid Medical Care Out of Fear of Mistreatment

Webinar panelists suggest best practices to increase culturally competent care

Awareness of issues and concerns unique to transgender patients will help healthcare professionals provide the highest level of culturally competent care. Orthopaedic surgeons

should strive to provide inclusive systems of care that correctly identify and integrate critical information. On April 22, Corinna Franklin, MD, moderated a webinar on orthopaedic care for transgender patients that was jointly hosted by the Ruth Jackson Orthopaedic Society and the Pediatric Orthopaedic Society of North America.

Panelists included Julie Balch Samora, MD, PhD, MPH, FAAOS, FAOA, pediatric hand surgeon at Nationwide Children's Hospital; Cordelia Carter, MD, codirector of the Center for Young Athletes and director of the Women's Sports Health Center at NYU School of Medicine; Ann Danoff, MD, former chief of medicine and former vice chair of medicine at the Perelman School of Medicine; Tyler Tetrault, MD, senior resident at the University of Colorado; and Lisa Lattanza, MD, professor and chair of the Department of Orthopaedics and Rehabilitation at Yale New Haven Hospital. The participants discussed statistics, inequities in care for transgender patients as well as caring for transgender athletes, medical treatment for transgender patients, how to serve as an ally, and how to create a culture of inclusion.

Unique considerations

Approximately 1.4 million transgender adults live in the United States, and one in 137 American teenagers identifies as transgender. However, the actual prevalence of transgender adults is likely higher, and these numbers are expected to increase in the future.

Disparities in healthcare outcomes for transgender individuals are due, in part, to impaired access and acceptance to healthcare settings. In a large survey of transgender adults, 23 percent said they avoided seeking medical care due to fear of being mistreated. Of those who had seen a healthcare provider in the previous year, 33 percent reported at least one negative experience related to being transgender, such as verbal harassment or refusal of treatment due to gender identity. Furthermore, compared to the general U.S. population, transgender individuals have higher unemployment rates and lower socioeconomic status. They are less likely to have employer-based health insurance or clearly identified primary care providers. Even transgender patients with health insurance experience difficulties obtaining high-quality care.

Institution-wide initiatives

Information technology as well as institutional initiatives and policies can be leveraged to provide better care for patients, but not all institutions are utilizing the available tools. In fact, healthcare facilities are now being "graded" on their practices with regard to LGBTQ (lesbian, gay, bisexual, transgender, and queer) care. The Healthcare Equality Index (HEI)

is a national benchmarking tool that evaluates healthcare facilities' policies and practices related to equity and inclusion for LGBTQ patients, visitors, and employees. The HEI 2020 evaluated more than 1,700 healthcare facilities nationwide. The index was developed to minimize inequitable and substandard care due to LGBTQ status and to highlight institutions that provide "equitable, knowledgeable, sensitive, and welcoming healthcare, free from discrimination."

Currently, all electronic health record (EHR) systems certified by the Department of Health and Human Services Meaningful Use program must have the capability to record sexual orientation and gender identity information. This information technology can be leveraged to provide better care for transgender patients. However, the rule does not require institutions to actually collect or utilize the information.

Transgender patients often contend that they do not feel respected and understood when their gender identity and pronouns are not appropriately recognized or used. In fact, failure to be identified by one's chosen name or pronoun has been shown to have deleterious effects on satisfaction with care and quality of care. The simulated patient electronic chart in Fig. 1 demonstrates that, although the patient's given name is Lisa Rodriguez, the patient uses the name "Leo" and he/him/his pronouns. The ability to view the patient's electronic chart and identify preferred pronouns and preferred name helps healthcare professionals provide inclusive and culturally competent care.

Treating the whole patient

Orthopaedic surgeons receive little formal training in transgender health. However, this type of training is necessary to prevent stigma, discrimination, insensitive behaviors, and inequities of care. (See sidebar for practical tips to provide culturally sensitive care for transgender patients.) Mental health challenges are common among transgender individuals, who have been shown to have higher rates of mental health disorders, substance abuse, and disability than cisgender counterparts. Transgender youth, in particular, are at higher risk for depression, assault, smoking, eating disorders, body dysmorphic disorder, and self-harm.

Puberty is a vulnerable time for transgender children, as development of secondary sex characteristics can be traumatizing. Endocrinologist Dr. Danoff emphasized during the webinar that gender-affirming hormone therapy (GAHT) can be a life-saving medical necessity in appropriately selected patients. GAHT has been shown to improve self-esteem, confidence, and relationship building while reducing anxiety, depression, suicidality, and substance use. Dr. Danoff reviewed the shared decision-making required

when considering GAHT, which should include discussion of the risks, benefits, and reversibility of treatment.

Dr. Carter described how transgender athletes are disproportionately underrepresented. Transgender individuals exhibit lower levels of physical activity and sports participation than cisgender individuals. Specific considerations for transgender athletes are exemplified by bone health issues, joint instability, anterior cruciate ligament tears, deep vein thrombosis, impaired proprioception, back pain, diabetes, and cardiovascular disorders.

Dr. Tetrault, a senior orthopaedic resident, shared his story of transitioning during residency. He offered guidance on how to be an active ally for transgender patients—moving beyond tolerance or statements of support to everyday actions. Acknowledging someone's transgender status is pertinent to the conversation, context, and care, and speaking up when hearing hurtful or transphobic dialogue is critical. Dr. Tetrault urged viewers to encourage others to use appropriate pronouns and lead by example to create an open, supportive environment in the clinic, the OR, and the hospital.

'What you allow, you encourage'

Dr. Lattanza concluded the webinar with a discussion on how healthcare leadership can create a culture of inclusion at their centers. "What you permit as a leader, you promote," she said. "What you allow as a leader, you encourage; what you condone, you own."

Dr. Lattanza recommended prioritizing diversity, equity, and inclusion in all missions. This should include hiring a diverse workforce, extending invitations to diverse speakers, and hosting journal clubs about diversity and inclusion. Dr. Lattanza listed several other opportunities to demonstrate inclusion, including flexibility with work schedules, leaves of absence, and promotion schedules. These actions should establish equal value for various contributions (e.g., research versus education). Specific policies should encourage adoption of basic trans-inclusive policies (such as gender-neutral bathrooms or badges with preferred pronouns) and an ongoing message of value and belonging to all employees. Diversity training should incorporate trans-specific workforce training and include education on pronoun and name usage.

Lastly, Dr. Lattanza endorsed establishing structured methods for feedback, rewarding self-improvement, encouraging "safe failure," keeping people accountable, praising efforts, and supporting independent ideas. When trying to change a negative culture, Dr. Lattanza noted, enlisting help from the institution's diversity, equity, and inclusion office; graduate medical education office; or outside facilitators can be beneficial.

“We should start from a place of open-mindedness, realizing our own biases, modeling good behavior, finding allies and supporting them, and continuously listening and learning,” Dr. Lattanza said.

Julie Balch Samora, MD, PhD, MPH, FAAOS, FAOA, is associate medical director for quality at Nationwide Children’s Hospital in Columbus, Ohio, and deputy editor of AAOS Now.

Practical Methods to Better Care for Transgender Patients

- Be open and curious.
- Seek more information/training.
- Be aware of discriminatory behaviors/comments and speak up.
- Be an advocate and ally.
- Wear a lapel pin or lanyard showing your support.
- Ask the patient their name and pronoun preferences during your first meeting with them (and recognize that these can change over time).
- Use gender-neutral terminology (e.g., “significant other/spouse” rather than “husband/wife,” or “parent” rather than “mother/father”).
- When in doubt, ask. Making mistakes is OK—it’s part of the learning process.

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