Does transgender-focused education improve primary care clinician knowledge and attitudes? Improving transgender and gender-diverse barriers to primary care

Valerie Streeb, BSN1, Ren DeBrosse, BA1 Amanda Bertram, MS1, Sean Tackett, MD1, Shabina Ahmed, MD2,3, Helene Hedian, MD1,3
1Johns Hopkins University School of Medicine, 2Johns Hopkins Community Physicians, 3Johns Hopkins Center for Transgender Health

Problem Statement

The TGD population experience health, socioeconomic, and psychosocial disparities such as domestic violence, HIV, lack of healthcare coverage, and suicide at higher rates than their cisgender counterparts.

Access to gender-affirming primary care, including hormone therapy, improves TGD health outcomes.

Lack of PCP education and implicit/explicit biases are frequent barriers to healthcare access that is timely, appropriate, and patient-centered.

Objectives

• Explore effectiveness of PCP cultural and clinical curriculums on improving PCP knowledge.
• Determine the effect of cultural/clinical education on PCP attitudes.
• Describe the effectiveness of cultural/clinical education on PCP willingness to provide gender-affirming primary care.

Background

• ~2 million transgender & gender diverse (TGD) people live in the U.S.
• 24% of TGD people report having educated their clinician about their own health.
• Over 33% of TGD patients report a negative healthcare experience in the past year that makes them less likely to seek future healthcare.

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Results and Conclusion

Table 1. Demographic Characteristics (n=21)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Male, n (%)</th>
<th>Female, n (%)</th>
<th>Gender Identity, n (%)</th>
<th>Race, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
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Fig. 3. Changes in total transphobia score for cultural and clinical competency modules.

Discussion

• Determining the effect of a cultural competency module on cultural/clinical knowledge and transphobia scores.
• Determining the effect of a clinical competency module on clinical/cultural knowledge and transphobia scores.
• Determining the effect of clinical/cultural intervention on overall willingness to provide gender-affirming primary care.

Methods

• Participants: ~306 email invitations to PCPs.
• Data Collection: Qualtrics hosted baseline/post-intervention assessment.
• Analysis: Descriptive statistics and Wilcoxon Signed Rank.

Aims

• Aims: To determine the effect of cultural competency module on cultural/clinical knowledge and transphobia scores.
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