

# ***Building a Community Based Transgender Health Clinic: Lessons Learned***

---

Presented by:

Nell Gaither, Volunteer  
Resource Center Dallas



Content development assisted by:

Bret Camp, former Health Services Director,  
Resource Center Dallas

# Meet the Presenter

---

- Nell Gaither
  - Volunteer, Resource Center Dallas
  - President, Trans Pride Initiative



# Resource Center Dallas

---

## Mission Statement

Resource Center Dallas is a trusted leader that empowers the lesbian, gay, bisexual and transgender (LGBT) communities and all people affected by HIV through improving health and wellness, strengthening families and communities, and providing transformative education and advocacy.



Web site: <http://www.rcdallas.org>

# Trans Pride Initiative

---

## Mission Statement

Trans Pride Initiative empowers transgender, transsexual, and gender

nonconforming persons to rise above social barriers to equal education, employment, housing, and healthcare.



Web site: <http://tpride.org>



# **A question about identity . . .**

---

What's it worth to you?

# Transgender Healthcare at the Nelson-Tebedo Clinic

---

How the program began -- assessing needs

- GEAR Program initiative (GEAR is Gender Education, Advocacy, and Resources)



# Transgender Healthcare at the Nelson-Tebedo Clinic

---

How the program began -- assessing needs



- GEAR Program initiative (GEAR is Gender Education, Advocacy, and Resources)
- Limited providers

# Transgender Healthcare at the Nelson-Tebedo Clinic

---

How the program began -- assessing needs



- GEAR Program initiative (GEAR is Gender Education, Advocacy, and Resources)
- Limited providers
- Prohibitive costs

# Transgender Healthcare at the Nelson-Tebedo Clinic

---

How the program began -- assessing needs



- GEAR Program initiative (GEAR is Gender Education, Advocacy, and Resources)
- Limited providers
- Prohibitive costs
- Need for affirming care



# TG Health Program History

---

- First labs in May 2007
  
- First doctor appointments in June 2007
  - Scheduling 2-3 patients per month
  
- One physician volunteer
  
- Several other volunteers:
  - RN for vitals, blood draws, and lab monitoring
  - General assistance volunteers



# Initial Structure

---

- First visit in 2007
  - Patient completed paperwork
  - Blood draw for baseline labs
  - \$80 for CBC, CMP, lipid profile, testosterone, estrogen
  
- Second visit (one month later)
  - See the physician
  - Discuss lab results, hormone effects, risks, benefits
  - Discuss other health needs
  - Write prescriptions
  - Make follow-up appointment



# TG Health Program History

---

- By a year later (June 2008)
  - Scheduling 10-15 people per month
  
- In January 2009
  - 20 persons scheduled per month
  
- In July 2009
  - Expanded visits for blood work to every Monday



# TG Health Program History

---

- Late 2009 and early 2010
  - Expanded hours for blood draws
  - Third Monday reserved only for seeing the doctor
  - Second physician began observing at the end of 2009, saw first patients in January 2010



# TG Health Program History

---

- January 2011
  - Increased prices for full labs to \$110
  - Started charging \$10 for doctor visits
  
- November 2011
  - Due to other commitments, our founding physician, Dr. Jaime Vasquez, had to leave the program
  - Dr. Vasquez was invaluable in shaping the program

# TG Health Program History



- December 2011
  - Identified a new physician to participate in the program
  - The new physician began observing the program immediately
  
- January 2012
  - Our new physician saw his first two patients



# TG Health Program History

---

- Counselor added, May 2012
  - Provides free counseling sessions
  - Open to all program participants or potential participants
  - Can provide letter approving them to begin hormones
  
- Next step
  - Financial assistance for labs: GEAR has started a “scholarship” program to help with funding -- should see first funding in coming months



# By the Numbers

---

- Overall Picture of the Program
  - In operation just over five years (first doctor appointments June 2007)
  - Over 1,000 appointments logged
  - Approximately 300 unique individuals
  - At least 181 have shown up for at least one appointment (as of May 2012)

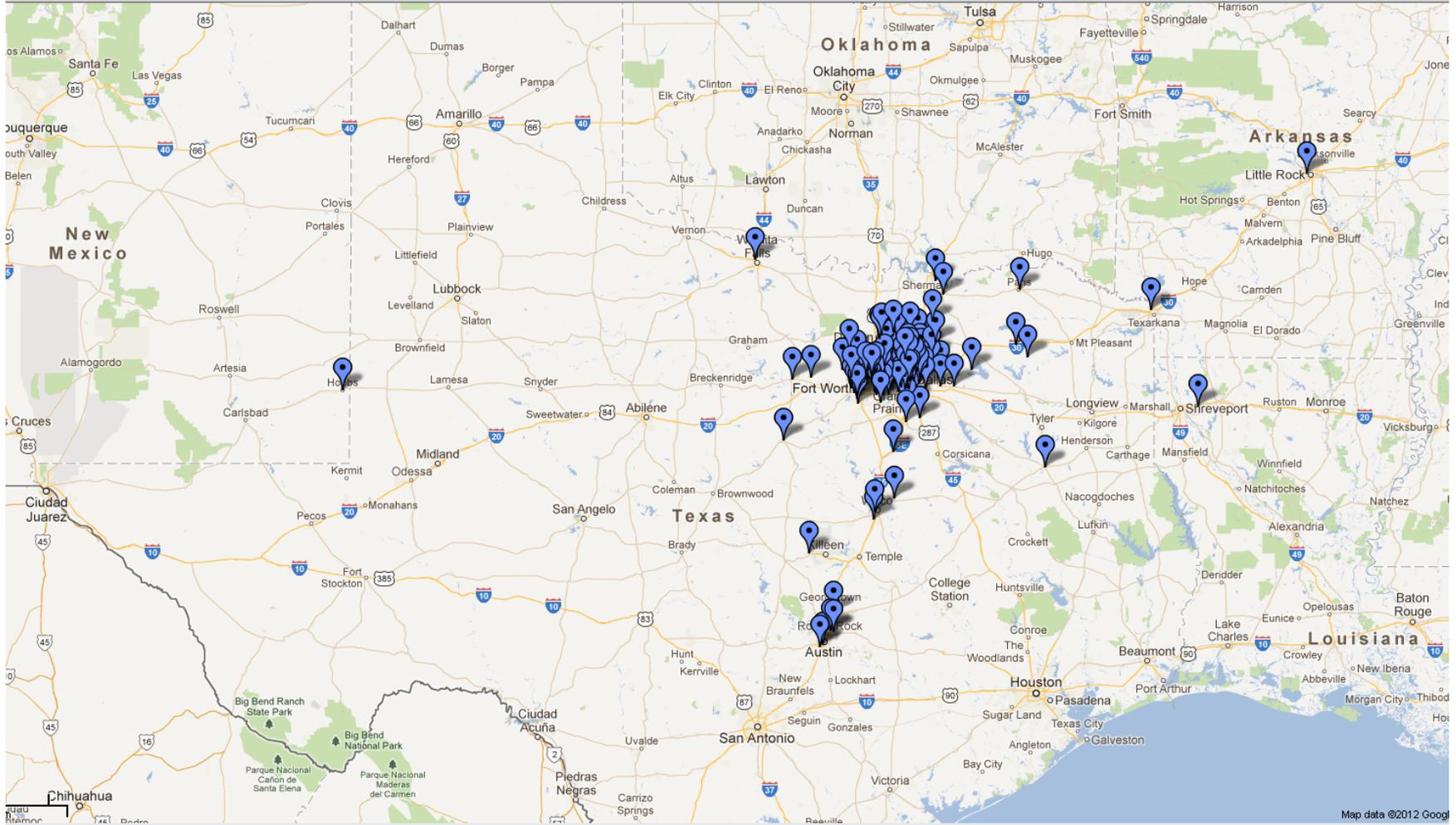


# By the Numbers

---

- Overall Picture of the Program (continued)
  - Approximately 12 to 18 percent of appointments missed
  
  - Of those who have kept appointments (as of May 2012)
    - 53 kept one appointment
    - 91 kept 2 to 5 appointments
    - 36 kept 6 to 10 appointments
    - 1 has kept more than 10 appointments

# Our Service Area





# By the Numbers

---

- From our Surveys -- Identity
  - 56 percent identify as male-to-female
  - 21 percent identify as female-to-male
  - 14 percent identify as cross-dresser
  - 1 percent identify as intersex
  - 7 percent identify as multigender



# By the Numbers

---

- From our Surveys -- Age
  - 20 percent are younger than 25
  - 32 percent are age 25 to 39
  - 31 percent are age 40 to 54
  - 16 percent are age 55 or older
  
- From our Surveys -- Military Service
  - 20 percent are veterans



# By the Numbers

---

- From our Surveys -- Employment
  - 18 percent unemployed
  - 14 percent underemployed or working temporary jobs
  - 50 percent “professional or self-employed” or successfully employed
  - 6 percent retired
  - 9 percent students



# By the Numbers

---

- From our Surveys -- Earnings
  - 21 percent earn less than 10k
  - 27 percent earn 10k to 30k
  - 16 percent earn 30k to 50k
  - 22 percent earn over 50k



# By the Numbers

---

- From our Surveys -- Social Interaction
  - 57 percent report their gender expression matches gender identity at work
  - 67 percent report family is supportive
  - Only 20 percent have changed legal name or gender marker



# By the Numbers

---

- From our Surveys -- Discrimination and Violence
  - 16 percent report job interview discrimination
  - 20 percent report being a victim of a crime due to gender expression
  - 15 percent have attempted suicide



# By the Numbers

---

- From our Surveys -- Health History
  - 48 percent have previously taken hormones
    - Of those, about 72 percent received prescriptions from a doctor
    - Up to 28 percent bought on the street or the Internet
    - Fairly high number of persons did not answer the question about whether they were under a doctor's care
  - 23 percent have had some kind of body conformity surgery
    - 30 percent of those note surgical procedures were not done by a licensed physician



# TG Health Program Experience

---

Three primary experience topics

- Missed appointments
- Participating community segments
- Therapist letter vs. informed consent

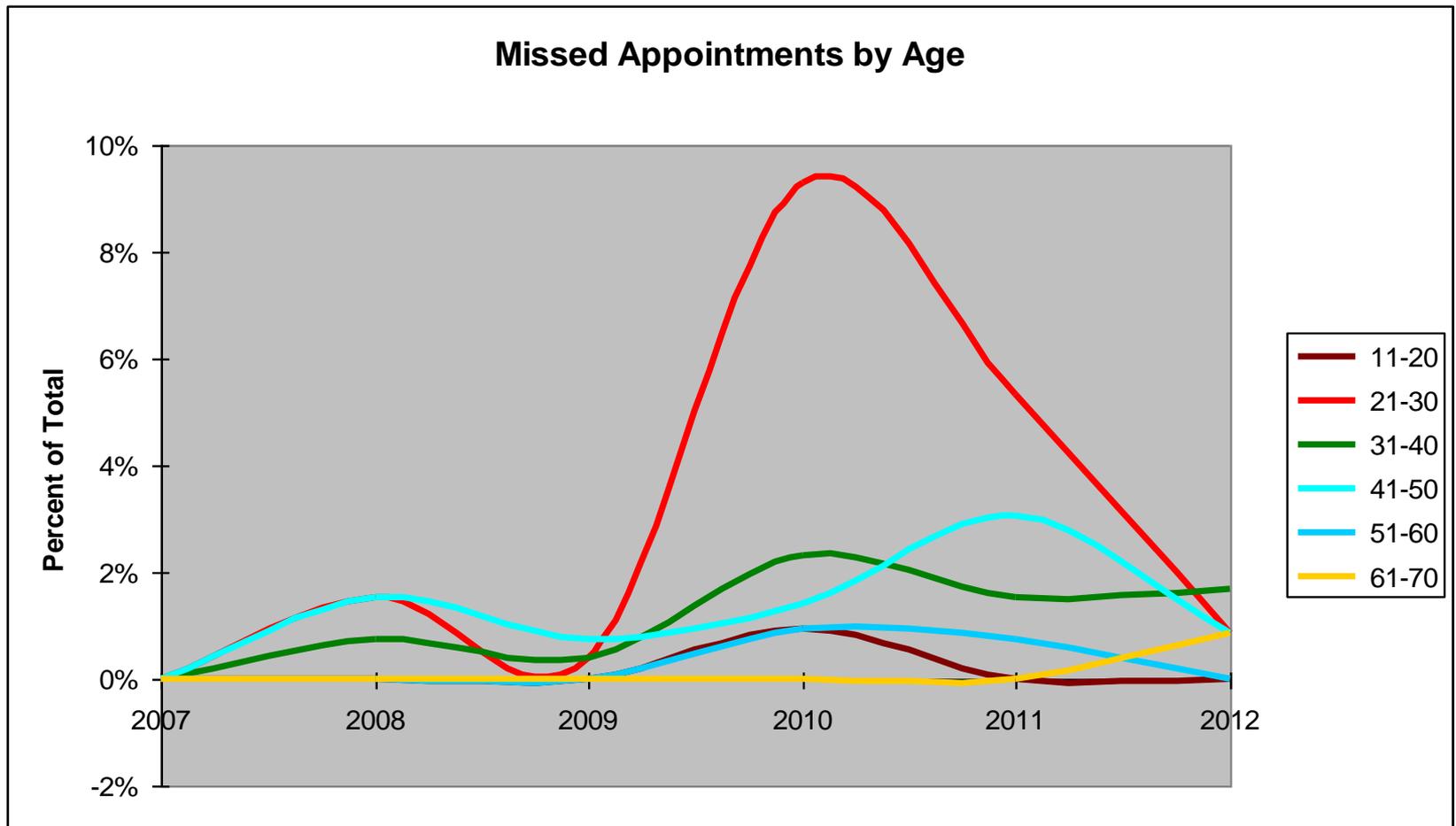


# TG Health Program Experience

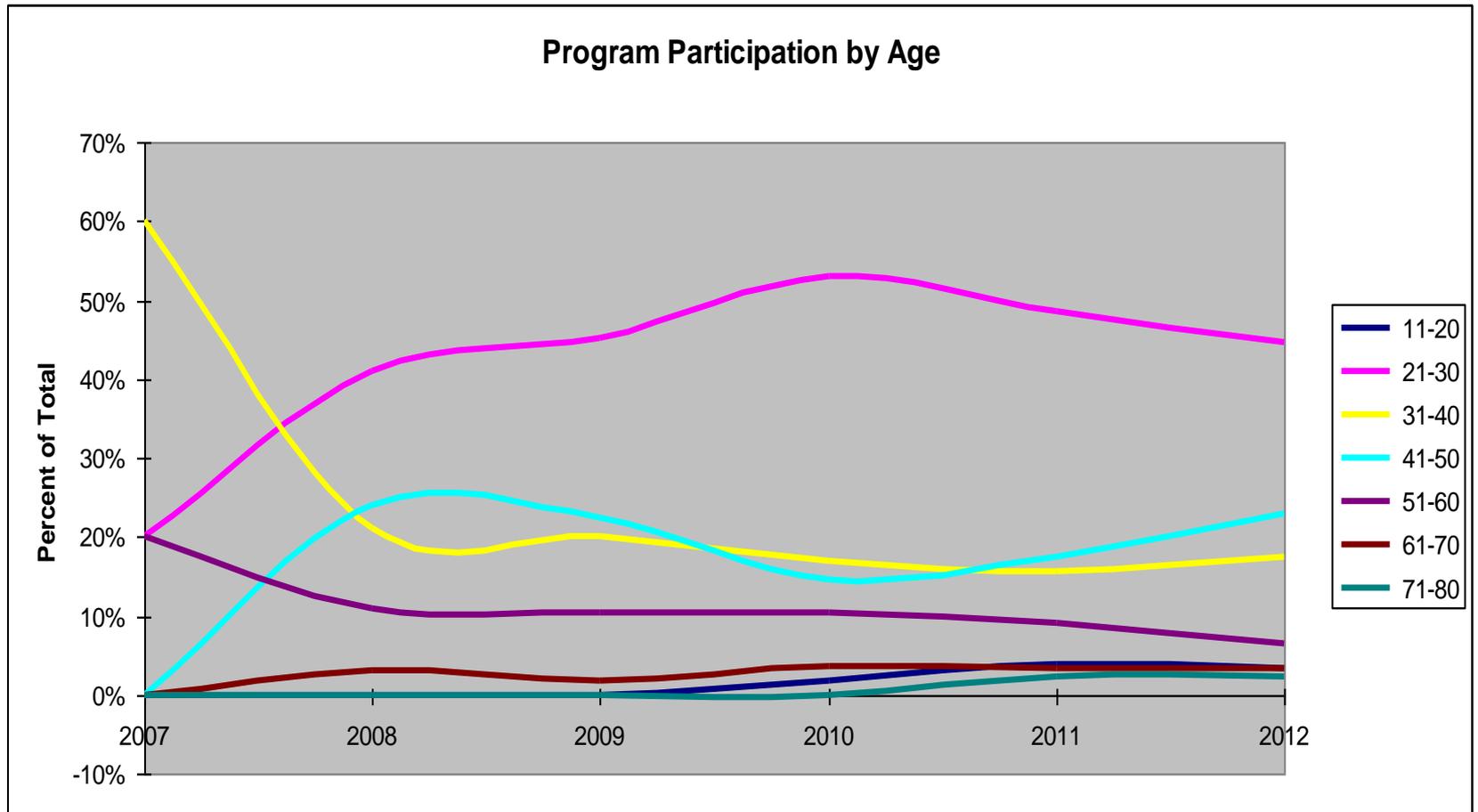
---

- Missed appointments
  - Number of missed appointments have sometimes been unacceptably high
  - Possibly seasonal (more during summer)
  - Taking advantage of leniency
  
- Are there any patterns?

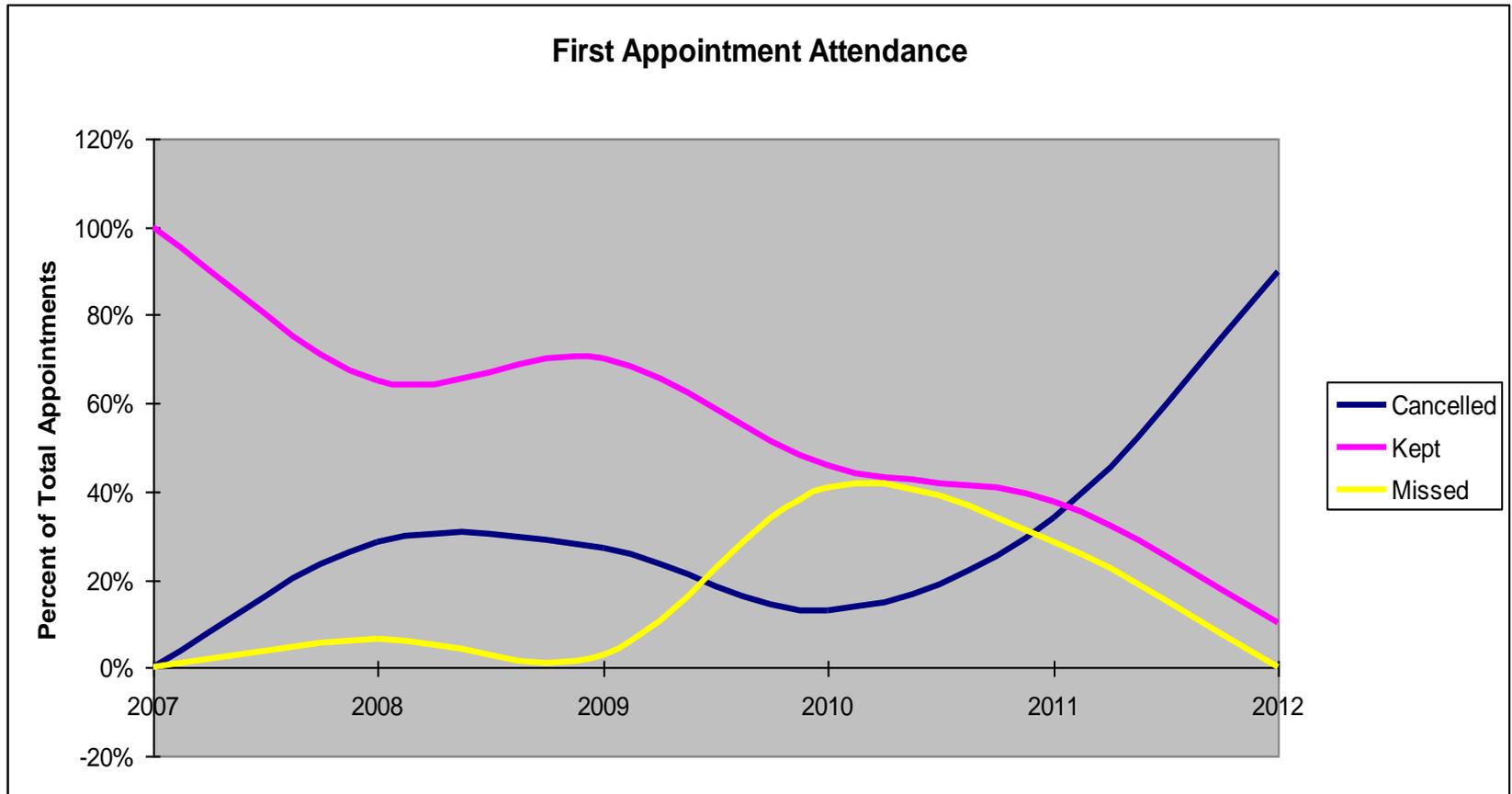
# TG Health Program Experience



# TG Health Program Experience



# TG Health Program Experience





# TG Health Program Experience

---

- Efforts to reduce the number of missed appointments
  - Started charging \$10 for appointment with physician to increase patient investment in their healthcare
  - Increased client contacts and reminders
  - Became less lenient on extending refills and allowing missed appointments
  - For the future: Establish a better intake process?



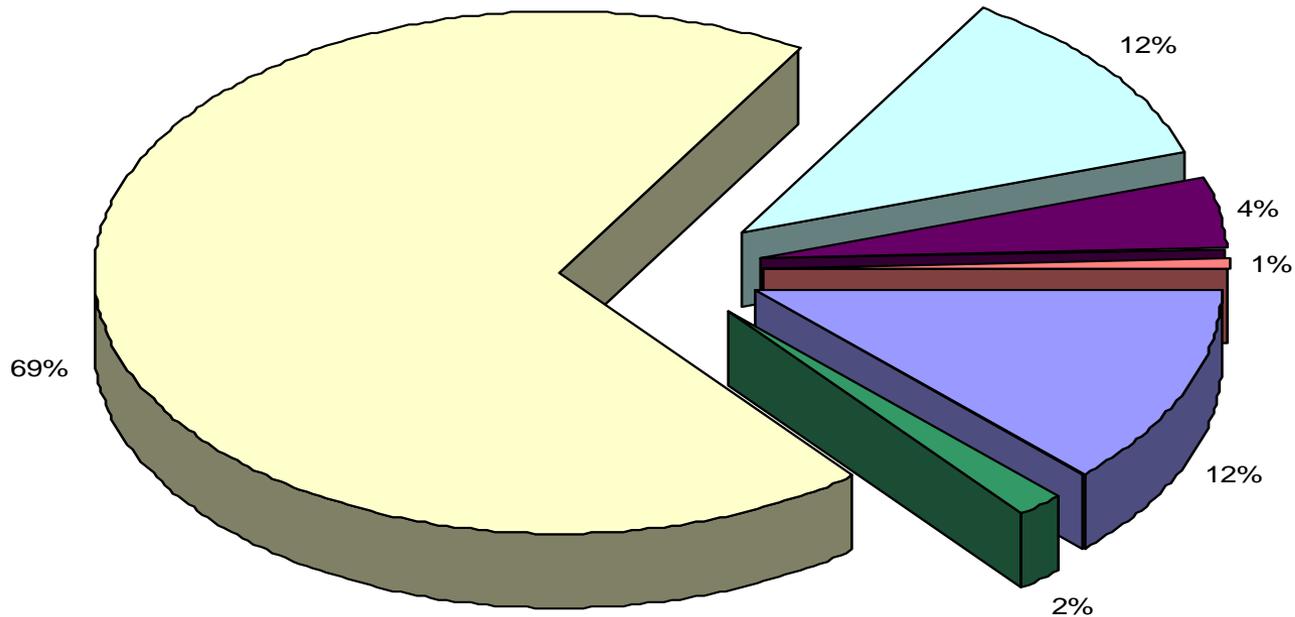
# TG Health Program Experience

---

- Participating Community Segments
  - Racial and ethnic diversity
  - Income considerations
  - Most-marginalized persons in the trans community

# TG Health Program Experience

Kept Appointments by Race/Ethnicity



■ African American/Black

■ Asian/Pacific Islander

■ Caucasion/White

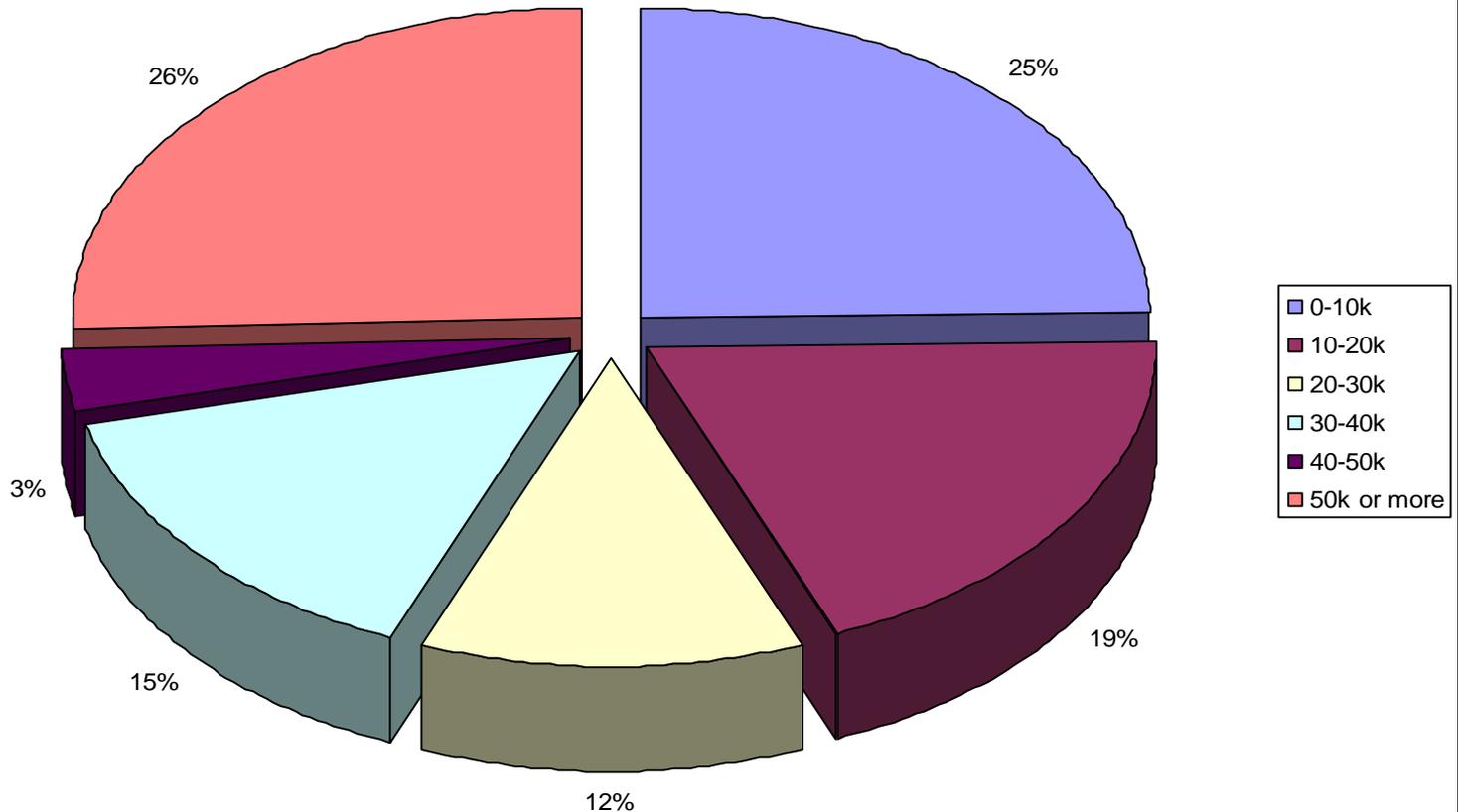
■ Hispanic/Latino

■ Mixed Race/Other

■ Native American/American Indian

# TG Health Program Experience

Self-Reported Income on Entering Program





# TG Health Program Experience

---

- More-marginalized persons in the trans community not yet reached
  - People engaging in sex work
  - Homeless persons
  - Other at-risk persons (due to how they are medicating or lack of healthcare)



# TG Health Program Experience

---

- Therapist's Letter vs. Informed Consent
  - What are the issues?
  - What are the “requirements”?
  - Our current procedure
  - For the future



# TG Health Program Experience

---

- Therapist's Letter vs. Informed Consent
  - What are the issues?
    - Some see counseling as a necessary part of safe and healthy body conformity efforts
    - Some see making counseling a necessity as discriminatory and as contributing to stigma against being trans
    - Informed consent gives rights to make decisions to the patients



# TG Health Program Experience

---

- Therapist's Letter vs. Informed Consent
  - What are the “requirements”?
    - WPATH (World Professional Association for Transgender Health, previously the Harry Benjamin International Gender Dysphoria Association)
    - Our physicians and Resource Center Dallas administration



# TG Health Program Experience

---

- Therapist's Letter vs. Informed Consent
  - Our current procedure
    - For most patients, a therapist's letter is not an issue
    - Checking to make sure all have a letter
    - New patients are required to have a letter
    - Added a counselor to the program
    - More comprehensive informed consent



# TG Health Program Experience

---

- Therapist's Letter vs. Informed Consent
  - What's in the future?
    - Trend to move more toward informed consent
    - Counselor participating with the program to help persons deal with stigma, discrimination, and violence



# Program Highlights

---

## Some beneficial health outcomes

- Health improvements
  - At least 31 persons, probably more, were self-medicating prior to joining the program
  - 2 HIV infections have been identified through testing with the program
  - 10 STD infections (all syphilis) have been identified through testing with the program



# Program Highlights

---

## Rewarding moments – Case Study, Allie\*

- Successful monitoring
  - Allie, patient new on hormones, came in for three-month follow-up labs
  - Labs came back showing hyperkalemia and high WBC count
  - Patient went to ER that afternoon
  - She called to thank us for possibly saving her life

\* “Allie” is a pseudonym



# Program Highlights

---

## Some of the rewarding moments

- Just making a difference
  - Email stating that a patient was very happy with the program, and that it helped them avoid suicide
  - Written anonymously on a survey form “I would be dead now if it were not for this program”
  - The happy, excited faces when new patients walk out from seeing the doctor with their prescriptions in hand



# Lessons Learned

---

- Possible to do with \$0 funding
  - With a supportive venue for seeing patients
  - With a supportive community volunteering
- As can be seen from our service area map, there is a definite need
- As program expands, will require time and effort to keep appointment slots full



# Lessons Learned

---

- Once one physician is established, try to work another in for backup (or expansion)
- Have a plan for addressing missed appointments, and communicate frequently with reminders
- Plan for missed first appointments, possibly by requiring an intake appointment prior to seeing the doctor



# Lessons Learned

---

- Clearly state program and refill policy (if any) related to missed appointments -- make it part of informed consent procedure
- Identify program target populations
- Plan on doing extra outreach to get to the most-marginalized segments of the trans population if that is to be a target



# Lessons Learned

---

- Determine how you will address informed consent verses requiring a therapist's letter, and establish a clear policy
  - Determine what exceptions are acceptable to your providers
- Be sure you can respond quickly in emergency situations

# Questions?

---



# ***Building a Community Based Transgender Health Clinic: Lessons Learned***

---

Presented by:

Nell Gaither, Volunteer  
Resource Center Dallas



Content development assisted by:

Bret Camp, former Health Services Director,  
Resource Center Dallas