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ALL WHO
SERVED**



Exploring VA Veteran and Provider Perspectives of Transgender and Gender Diverse Healthcare and Health Services Research

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VA HSR&D Cyberseminar

June 8, 2021



**U.S. Department
of Veterans Affairs**



Disclosures

- The research findings presented here were supported by a Health Services Research & Development Career Development Award (CDA-14-408; PI: Blosnich). Hill Wolfe is a T32 National Institute on Drug Abuse Predoctoral Fellow at the Boston University School of Public Health (grant award: 5T32DA041898-03)
- The authors have no conflicts of interest to disclose.
- The opinions expressed in this presentation do not necessarily reflect those of the funders, institutions, the Department of Veterans Affairs, or the United States Government.



Poll

Who is on the call with us today?

I work in...

- A. Behavioral/mental health
- B. Primary care
- C. Pharmacy
- D. Research
- E. Other



Poll

Are you a LGBT Veteran Care Coordinator (LGBT VCC)?

- A. Yes
- B. No

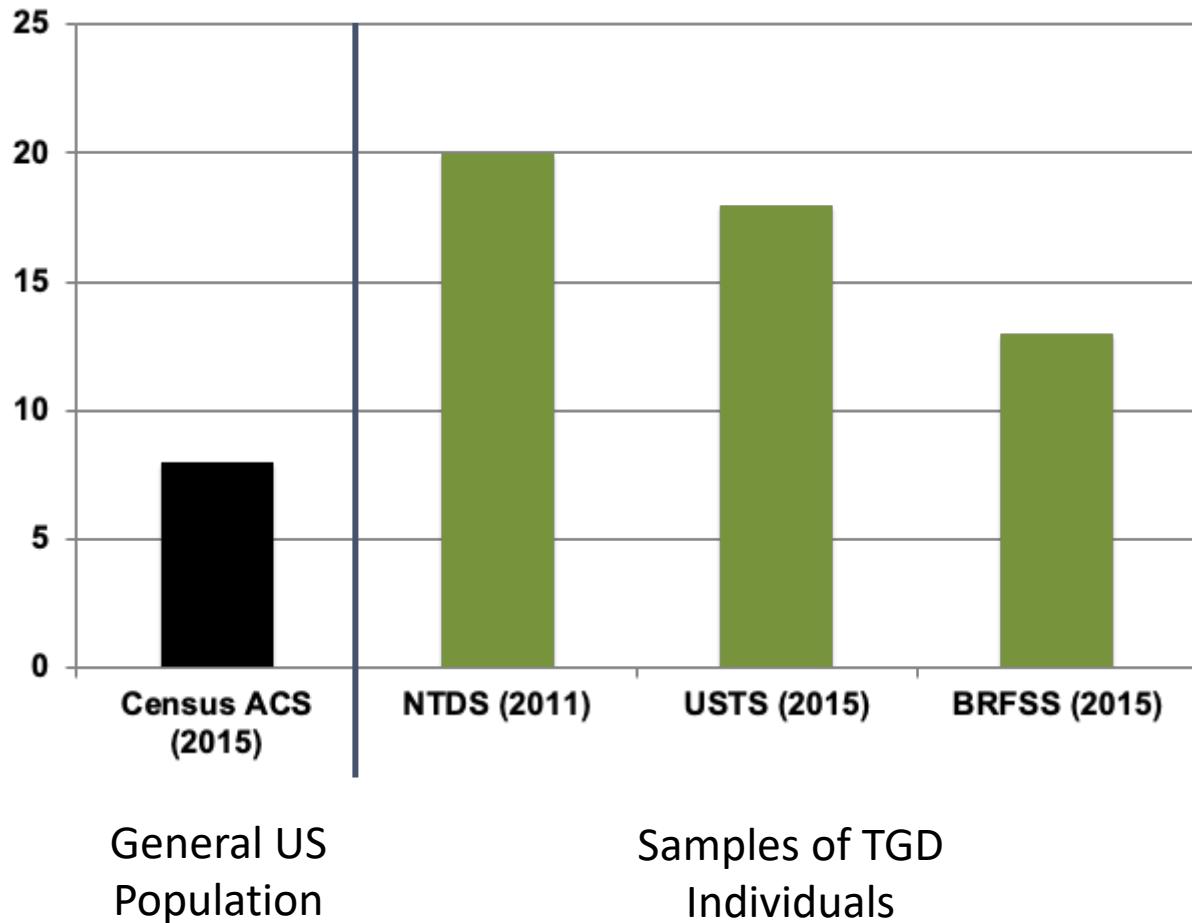


Transgender and Gender Diverse (TGD) Individuals

- **Gender identity:** innate sense of self as masculine, feminine, both, or neither
- **Gender expression:** presentation of gender, usually through appearance, demeanor, or behavior
- **Cisgender:** people whose gender identity is not different from the sex assigned to them at birth
- **Transgender:** people whose gender identity is different from the sex assigned to them at birth
- Increasing visibility of the diversity and expansiveness of gender identities
 - Nonbinary, genderqueer, two-spirit, etc.

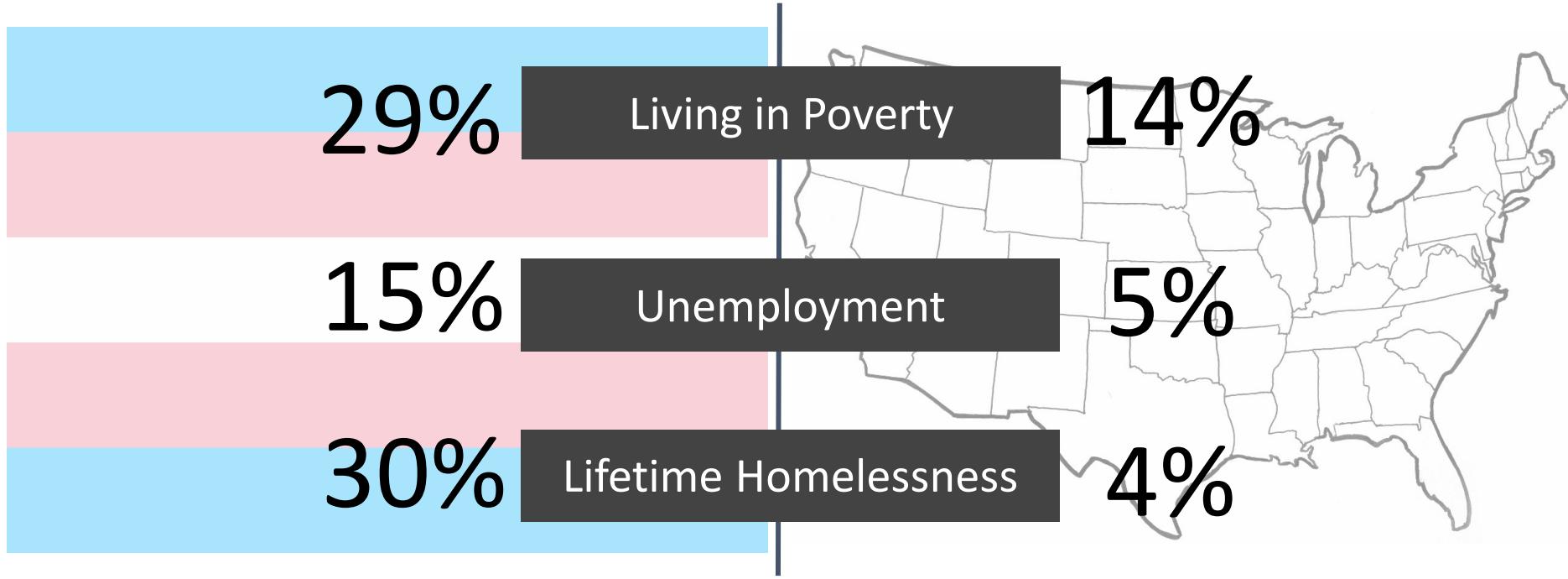


Military Service is Common among TGD Individuals

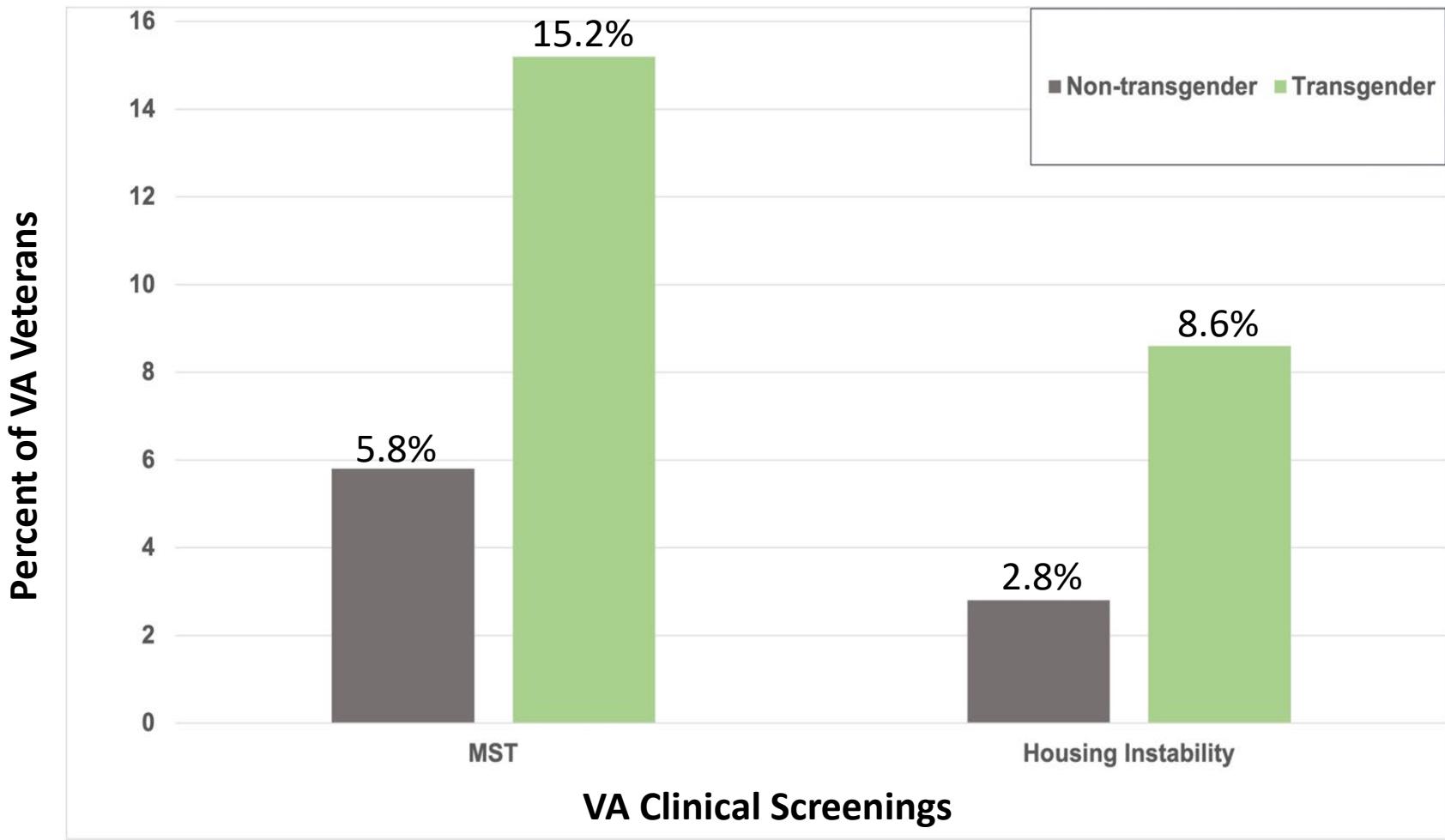


Grant et al., 2011; James et al., 2016; U.S. Census Bureau, 2015; U.S. Centers for Disease Control and Prevention, 2015

Social Determinants of Health among TGD Individuals



Social Determinants of Health among TGD Individuals



Social Determinants Contribute to Health Disparities



49%

Greater Odds of
Heart Disease

398%

Greater Odds of
HIV

355%

Greater Odds of
Depression

Poll

True or False, the VA is required to cover all the following gender-affirming health services:

- A. Hormone therapy
- B. Mental health care
- C. Preoperative care
- D. Long-term postoperative care
- E. Fertility evaluations
- F. Prosthetics (e.g., wigs, chest binders, dilators)
- G. Voice and communication coaching



Overview of VHA Directive 1341

- In 2011, VHA directive uniformly established care policy for TGD and intersex Veterans, clarified rights of Veteran patients and outlined responsibilities of leadership to ensure appropriate care delivered according to the VA's medical benefits package and generally accepted standards of medical practice.
- Since implementation, the directive has been amended for clarification (e.g., updated language, additional guidance for LGBT VCCs, etc.).
- Transgender Educational Resources site (INTERNAL VA):
<https://dvagov.sharepoint.com/sites/VHApcsclipro/trer/default.aspx>

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

AMENDED
June 26, 2020

VHA DIRECTIVE 1341(2)
Transmittal Sheet
May 23, 2018

PROVIDING HEALTH CARE FOR TRANSGENDER AND INTERSEX VETERANS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive revises VHA policy for the respectful delivery of health care to transgender and intersex Veterans who are enrolled in the Department of Veterans Affairs (VA) health care system or are otherwise eligible for VA care.



Previous Qualitative Findings

Themes of qualitative research involving TGD Veterans:

- Patients lacked awareness about gender-affirming services included in VA benefits.
- Providers lacked knowledge on how to provide appropriate care, including how to respectfully address TGD Veterans (e.g., names, pronouns).
- Several expressed VA policy should include gender-affirming surgery.

The current study is one of the first qualitative research studies that used interviews from a national sample of 1) TGD Veterans currently using VHA care and 2) VA providers caring for them.

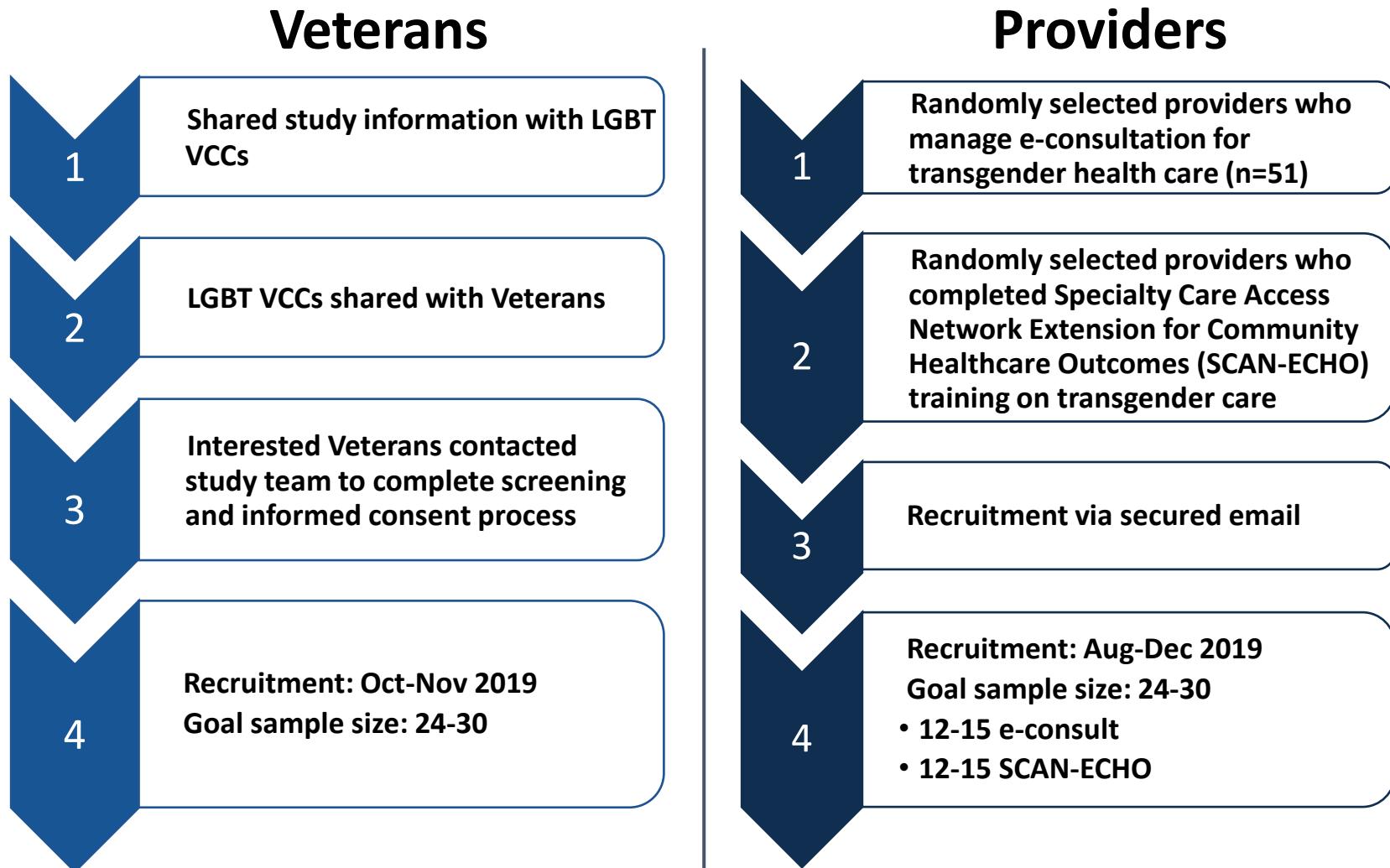


Study Aims

Explore transgender and gender diverse Veterans' and VA health care providers' experiences with VA health care, barriers and facilitators to care, and strategies to engage transgender and gender diverse Veterans in research.



Methods: Sampling



Methods: Procedures and Data Analysis

Positionality of Study Team

Procedures

- Semi-structured, in-depth interviews
- All interviews were audio-recorded, transcribed, and verified

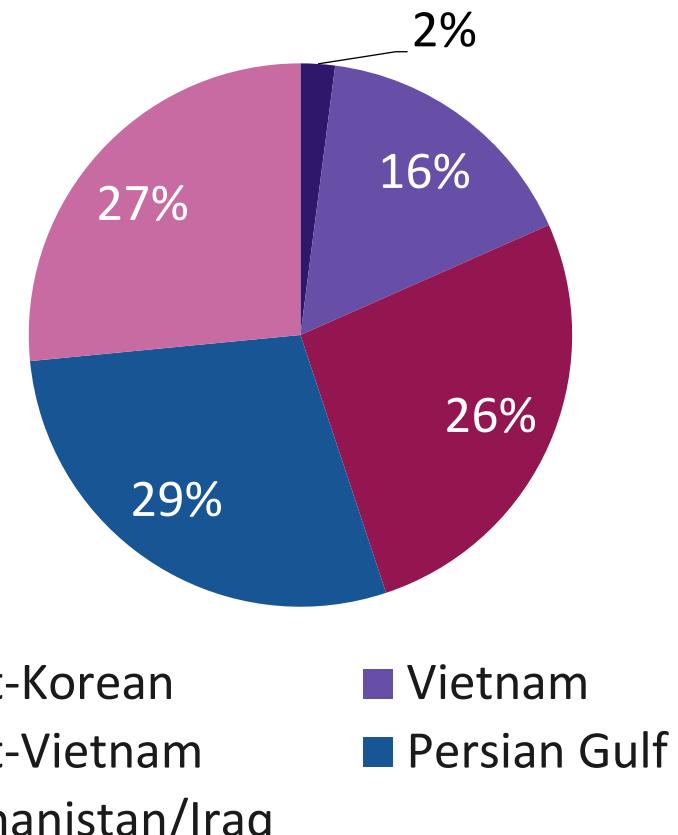
Data Analysis

- Separate codebooks for Veterans and providers
- Two TGD-identified analysts coded data independently and jointly using NVivo 12 Plus (QSR International)
- Conventional content analysis was used to identify themes



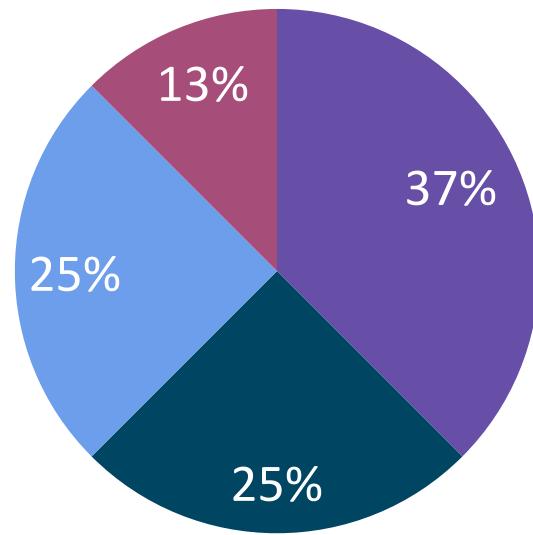
Veteran Demographics (n=30)

Characteristic	N	%
Age (mean, SD)	55	13.4
Race		
People of Color	5	17%
White	25	83%
Sex Assigned at Birth		
Female	4	13%
Male	26	87%
Gender Identity		
Woman or Trans Woman	24	80%
Man or Trans man	4	13%
Nonbinary or Other	2	7%



Provider Demographics (n=8)

Characteristic	N	%
Length of Time in VA Position		
2 years	1	12%
2 to >5 years	3	38%
5-10 years	1	12%
>10 years	3	38%



- Psychologist/Psychiatrist
- Primary Care Physician
- Pharmacist
- Social Worker

Interview Topics

Veterans

- 1. Healthcare Experiences**
 - a. VA and non-VA
 - b. Gender-affirming care
 - i. Hormone therapy
 - ii. Surgery and other procedures
- 2. Research**
 - a. Priority areas
 - b. Recruitment methods
 - c. Participation

Providers

- 1. Providing Care**
 - a. VA and non-VA provider collaboration
 - b. Involvement and provision of gender-affirming care
- 2. Research**
 - a. Priority areas
 - b. Recruitment methods



Challenge: Addressing the Veteran

Veterans

- Incongruent name and pronouns in VA documentation
- Gendered nature of VA (Sir/Ma'am) often causes discomfort
- Sometimes Veterans are still referred to incorrectly after disclosing gender identity and pronouns

Providers

- Do not know *where* to look for identity information or *if* they need to identify name and pronouns
- Administrative logistics for name and gender updates are often unknown to providers



Challenge: Addressing the Veteran

It does bother me. As a matter of fact, I was—Two days ago I went to the pharmacy and he said ‘Sir’ and I was, you know, I had makeup on, I was, you know. And, like I said, **anybody else in the place would’ve said ‘Ma’am,’ but then he opened up the file and saw my name. He just said ‘Sir.’**



Veteran, Transgender woman, 51 years old

Challenge: Addressing the Veteran

Our medical support assistants are very pressed for time and it's difficult for them to dig through the chart to identify or even to know that they need to dig through the chart to identify name and pronouns that are different than what's presented on the face sheet.

So we need practices for this documentation that work in real-time for people's jobs because I think we sometimes end up with misgendering and so on and that MSA truly didn't intend. **They just literally don't have a way to find the information.**



Primary care physician, 2 years of VA service

Challenge: What Care is Available?

Veterans

- Unclear what gender-affirming services are available
- Variation in care offered and “willing providers” among VA facilities
- Fear of losing gender-affirming care (i.e., policy changes)
- Absence of gender-affirming surgery coverage

Providers

- Not all providers are aware of policy directives
 - Knowledgeable providers often educate other providers/colleagues



Challenge: What care is available?

Now, I'm not trying to be political. Since we have a commander in chief that has said we should get rid of all transsexuals in the military. We should stop coddling them. I was afraid because our president like him—well not necessarily anymore—but our commander in chief is so much against transsexuals that they were gonna pull my hormones and I'd have to get them from my own—I live in that fear. Now—Now all these ideas that I may have that available to me if I want to go for surgery are dashed because I'm pray—I'm hoping and praying that I don't get denied medical care.



Veteran, Transgender woman, 66 years old

Challenge: What care is available?

I did express that to my provider, and she informed me that the VA does not allow for the top surgery and that's the surgery that I was looking forward to getting because—Chest reconstruction is what's it called. **And for me being transgender, having top surgery it further validates the man that I am known to be and it's difficult to be going through a transition knowing that you may not fully be able to live physically in the way you want to because someone in your health care deems that it's not necessary even though—it did hurt me.** And I don't wanna get emotional right now, but it's just I don't understand sometimes why. But yeah, I definitely will be on top of the world [laughs] if I can have—Yeah, if I can finally be complete with that part of me.

Veteran, Transgender man, 34 years old



Challenge: Provider Competency and Resources

Veterans

- Lack of provider knowledge about providing TGD care
 - Often the Veteran educates the provider
- Initiating hormone prescriptions can be cumbersome or take longer than desired
- Dosage or hormone type disagreements

Providers

- Desire for more training while at VA
 - SCAN-ECHO
 - Non-VA resources
- Provider refusal to prescribe or treat
- Better documentation processes
 - Anatomy inventory for important screenings
- Resources and logistical challenges
 - Institutional knowledge
 - Obtaining prosthetics



Challenge: Provider Competency and Resources

Right now with the VA I've had to give up—I've had to automatically continue to have my doctor through the [name of medical center], not a doctor with the VA—for **if I wanted to get back on hormones or anything like that I would actually have to go through my civilian doctor.** That's because the doctor at the VA does not know anything about transgender related issues, has reportedly said she'll take training to do so, but has reportedly seemingly not really accomplished that mission and year after year simply stated, ‘Yeah, it’s probably best you go to your civilian doctor on that ‘cause I don’t know much about transgender issues.’



Veteran, Transgender woman, 43 years old

Challenge: Provider Competency and Resources

I know in other VAs just from doing the e-consults that there are providers who are hesitant, providers who—We've dealt with some providers who've outright said they will not provide hormones and it's one of those things where then try to remind them of the directive and that all the requirements that might go into deciding that you are going to object/be a conscientious objection person for that— that **you just can't refuse care.**



Psychologist, 30 years of VA service

Challenge: Provider Competency and Resources

Our current challenge I would say is kinda depth and backup of our providers. So we have fantastic providers, but we don't have great backup...our psychologist...is retiring... there's not an identified psychologist with her same level of her expertise. And so same for myself as a prescriber, **if something happened unexpectedly nobody has as much experience.** I showed a colleague— but for her jump in and just kind of takeover— would be difficult.



Primary care physician, 3.5 years of VA service

Challenge: Discrimination, Safety, and Privacy

Veterans

- Anticipated and enacted stigma
 - From Veteran peers and providers
- Co-occurring stigma (e.g., HIV)
- Privacy concerns in waiting areas and walking through VA facilities

Providers

- Creating and managing a TGD care clinic
 - Threats of violence
- Safety concerns for Veterans
- Sensing Veteran institutional betrayal from U.S. Military



Challenge: Discrimination, Safety, and Privacy

And they're few, but it's that few makes it very—how you say it—damaging in your mind, you know, that fear of how they're gonna treat you even though some doctors or professionals are real supportive, but yet there's still some that are not and **that very few can have a big impact to your treatment.**

Veteran, Nonbinary, 70 years old



Challenge: Discrimination, Safety, and Privacy

We have a support group at [name of city] that I started that and that is currently run by social workers. So that's really good and it's in primary care. We've had a few things like **we've had to make sure that we don't advertise where that group meets because we've had some outside threats** that we have had to have our police get involved with... I got a voicemail from somebody claiming they were in [name of state] and that they were going to come and shoot some of our Veterans in that support group.

Psychologist, 30 years of VA service



Facilitator: Affordability and Available Services

Veterans

- Affordability allows for receipt and consistency of care
- Integrated care is convenient, especially when needing multiple services
- VA can help offset costs of “being TGD” resulting from stigma (high unemployment, needing health services, etc.)

Providers

- Providers can assist patients with finding financial resources for non-covered services (e.g., third-party insurance coverage)



Facilitator: Affordability and Available Services

Having the psychologist and prescribers and psychiatry at my disposal. I'm just thrilled about that. I just can't emphasize it enough to you.

Veteran, Woman, 64 years old



Facilitator: Affordability and Available Services

Endo that we have at our VA, he hasn't changed my prescription so I'm still on the same prescription that I've been getting from [name of non-VA clinic], just now the VA pays for it, you know.

Veteran, Transgender Woman, 51 years old



Facilitator: Community Care

Veterans

- Veterans seek non-VA care for gender-affirming care that is not covered or offered by VA
- Care can more more accessible through community care that operates under other models of care (i.e., informed consent)
- Veterans use community care to receive second opinions or receive gender-affirming care when unavailable at VA

Providers

- Coordinating with non-VA providers is helpful, especially for surgical care
- Referencing community care practices and information can be useful for provision of care in VA
- Awareness of non-VA providers helps with care coordination



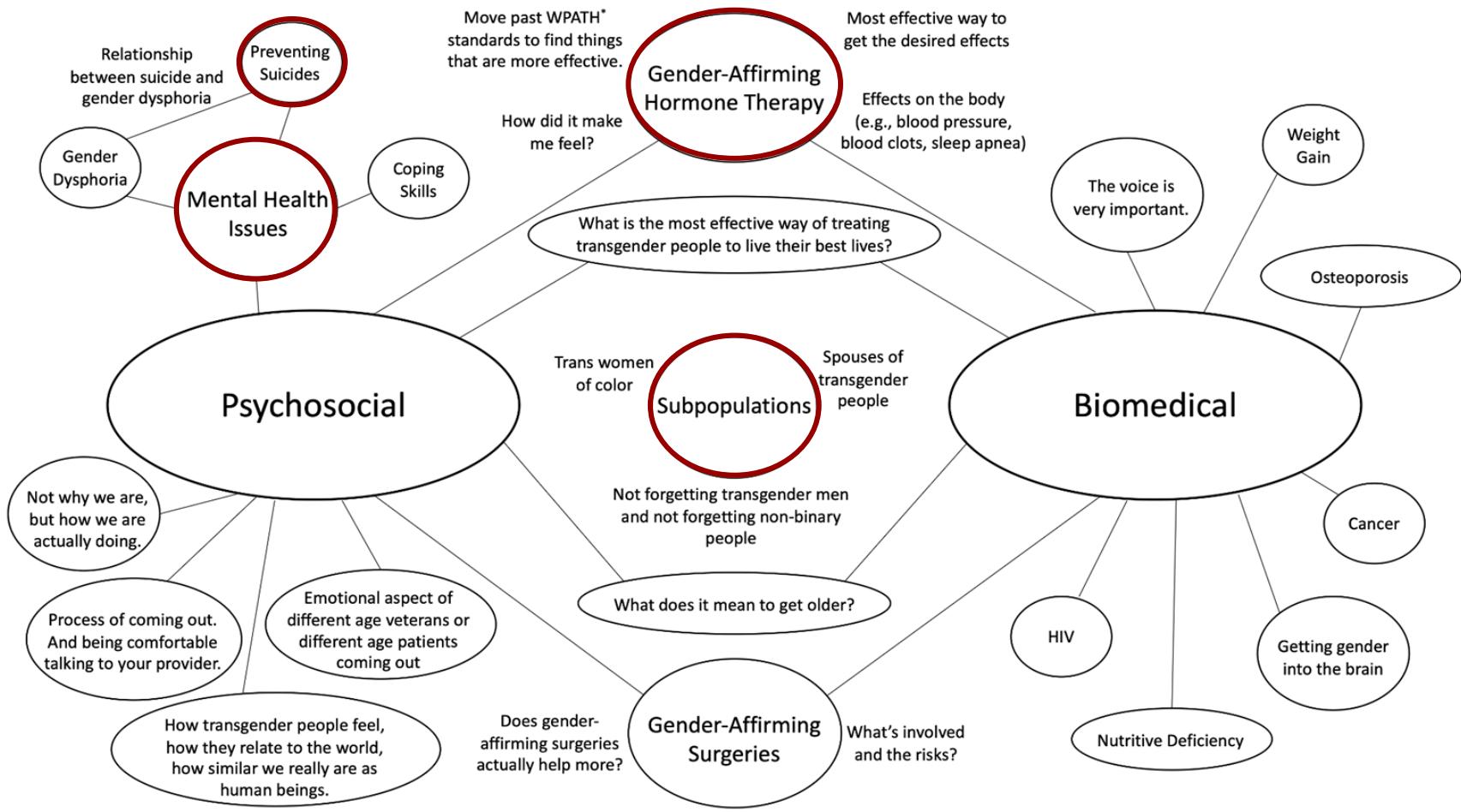
Facilitator: Community Care

We are also working to bridge a relationship with a community provider who within the last year or so has become very active in providing TGD care in the community and so we're working on trying to figure out a site visit so that we can meet and talk and see how they're doing things in their clinic.

Social Worker/LGBT VCC, 12 years of VA service



Research: Priority Areas | Veterans



Highest frequency

Research: Priority Areas | Providers

Hormone Therapy

- Dosing (regimens, long-term effects, contraindications)
- Progesterone

Delivery of Care

- Patient knowledge of and utilization of services
- Patient satisfaction
- Integrated care vs. specialized clinic



Research: Participation

Barriers

- Confidentiality of gender identity or TGD status
- Uncertain of researcher's intentions

Facilitators

- Serving the TGD community
- Access & convenience



Facilitator: Recruitment Methods

Veterans

- Advertising
 - Direct-to-individual
 - Mass mailings
- Providers of TGD Veterans
- Veterans
 - Non-VHA enrolled Veterans
- Recruitment message
 - Ensure confidentiality
 - Mission-oriented

Providers

- VA clinicians and staff
 - LGBT VCC
- TGD Veterans
- Community organizations & events
- Medical record review
 - Self-identified gender identity data



Research Limitations

Barriers

- Small sample of TGD Veterans
- Lack of nonbinary participants
- Data collection only included interviews





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Implications: What is Still Needed

- Interventions to help providers and staff address Veterans with the correct names and pronouns during all stages of care, whether face-to-face with the Veteran, speaking about the Veteran without them present, or within the Veteran's documentation
- More widespread dissemination of information regarding VA policy around respectful care for TGD Veterans, including available benefits and services
- Coverage that includes all gender-affirming surgeries for transition-related purposes



Implications: What is Still Needed

- Improved collection of sexual orientation and gender identity data
- More training for providers to reduce variation in care delivery and reliance on community providers
- Making providers aware of existing resources and streamlined processes or systems, such as e-consultation (interfacility consult), for answering questions
- Accessible response efforts for Veterans who encounter mistreatment and discrimination at VA facilities





Healthcare

→ for the Veteran you are

Veterans Health Administration proudly celebrates lesbian, gay, bisexual, transgender, and related identities.



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Healthcare

→ for the Veteran you are



Veterans Health Administration proudly
celebrates lesbian, gay, bisexual, transgender,
and related identities.



Resources

- Transgender Educational Resources site (INTERNAL VA):

- Factsheets
 - Transgender male health care:
<https://www.patientcare.va.gov/LGBT/docs/va-pcs-lgbt-factsheet-transgender-male.pdf#>
 - Transgender female health care:
<https://www.patientcare.va.gov/LGBT/docs/va-pcs-lgbt-factsheet-transgender-female.pdf#>
- VA LGBT Outreach Materials:
[https://www.patientcare.va.gov/LGBT/VA LGBT Outreach.asp](https://www.patientcare.va.gov/LGBT/VA_LGBT_Outreach.asp)

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