



# Transgender Medicine: The Intersection Between Medicine and Education

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## Introduction

**When:** May 30, 2022 at 10am

**Where:** Outward Bound California, Midpines Basecamp

**Contact:** Jason Schmidt, Director of Programs and Safety

One presentation given to Outward Bound California Course Directors, Instructors, and Logistics Coordinators

- 12 staff members
- Ages 24-47 with roughly half of the attendees identified as non-binary or transgender

## Learning Objectives

- Review the gender spectrum and relevant terminology
- Examine the factors that influence the physical and emotional health of gender-diverse individuals
- Understand the basics of gender-diverse medical care
- Describe the aspects of transitional care that outdoor instructors can facilitate/monitor during a course
- Develop techniques that promote outdoor education curriculum that is inclusive and protective of transgender staff and students



Outward Bound California Course

## Background/Content

Gender diverse individuals:

- Often have poor access to healthcare, experience healthcare provider mistreatment, and have inadequate insurance coverage <sup>1,2</sup>
- Are subject to more prominent bullying than cis-gender individuals, which leads to increased rates of suicide, STIs, substance abuse, and assault<sup>3,4</sup>

Treatments available for gender-diverse individuals:

- Hormonal and GnRH antagonists
- Surgical
- Adjunctive (ie voice therapy, hair removal, tucking/padding, legal paperwork, etc)
- *Treatments are diverse and individualized!*

**Pearl:** Educators are the origin of the most protective factors outside the home!

- One of the main goals is to reduce bullying via anti-discrimination policies, individual and group support, and changes in curriculum <sup>3-7</sup>

## Feedback Highlights

“Would love to see OBCA allow for a longer trans conversation and Nicki join a collaborative effort with trans folks to create a more holistic approach (medical/social-emotional/in field specific) etc. Would also love to see a collab with a trans medical provider. Thanks Nicki for the presentation!”

“It did make me consider telling doctors I take hormones ... I used to feel like it was unimportant”

## Discussion/Conclusion

- **Strengths:** I received overwhelmingly positive feedback about the fact that a cis-gendered medical provider took the time to learn and educate about transitional medicine and its connection to education
- **Limitations:** With only 90 minutes to present, I had to give a condensed presentation about my COP research, which felt like a disservice to the audience. They were engaged and eager to learn more. I'd have loved a couple of hours to present!
- **Largest Concern:** Approaching the presentation, I was concerned by the fact that I am a white, cis-woman giving a talk about transgender medicine and education to a largely gender-diverse audience
- **Impact:** Each member of the audience was willing to share a takeaway at the end of the presentation. From learning about medical treatments and protective educational strategies to understanding the statistics that surround gender-diverse health, I imagine the impacts will lead to further discussions and implementation!

## References/Acknowledgements

- 1.U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Healthy People 2030 LGBT: Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender people. Accessed July 14, 2021, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/lgbt>
- 2.James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality July 20, 2021, <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- 3.Russell ST, Ryan C, Toomey RB, Diaz RM, Sanchez J. Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *J Sch Health*. May 2011;81(5):223-30. doi:10.1111/j.1746-1561.2011.00583.x
- 4.Gower AL, Rider GN, McMorris BJ, Eisenberg ME. Bullying Victimization among LGBTQ Youth: Current and Future Directions. *Curr Sex Health Rep*. Dec 2018;10(4):246-254. doi:10.1007/s11930-018-0169-y
- 5.Marshall A. Suicide Prevention Interventions for Sexual & Gender Minority Youth: An Unmet Need. *Yale J Biol Med*. Jun 2016;89(2):205-13.
- 6.Nadal KL, Whitman CN, Davis LS, Erazo T, Davidoff KC. Microaggressions Toward Lesbian, Gay, Bisexual, Transgender, Queer, and Genderqueer People: A Review of the Literature. *J Sex Res*. May-Jun 2016;53(4-5):488-508. doi:10.1080/00224499.2016.1142495
- 7.Guss C, Shumer D, Katz-Wise SL. Transgender and gender nonconforming adolescent care: psychosocial and medical considerations. *Curr Opin Pediatr*. Aug 2015;27(4):421-6. doi:10.1097/mop.0000000000000240

Thank you to Outward Bound California for letting me present and Emily Jacobsen, PA-C for the support and edits!