

Transgender Health Inequalities



What are health inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.

These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing (NHS England).

Transgender health inequalities:

Health Inequalities

- Lower uptake of screening services.
- Poorer patient experience of healthcare, particularly cancer, palliative/end of life, dementia and mental health provision.
- Increased incidence of overweight and obesity.
- Poor mental health is more prevalent among the transgender community than in the general population.

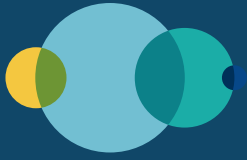
Factors which can lead to health inequalities

(usually avoidable when education/support is provided)

- Anticipated/experienced discrimination.
- Lack of understanding/training of specific needs among healthcare providers.
- 'Minority stress' - high levels of stress faced by members of stigmatised minority groups.
- Engagement in health risk behaviours (e.g. smoking, drug/alcohol use).
- Social isolation and loneliness.

What can I do about it?

- **Record diversity monitoring data.** By recording diversity monitoring data, you can better understand the needs of patients (and wider health economy) and adapt the service to ensure it is appropriate to the individual and person centred.
- **Wear an NHS rainbow badge.** By wearing a rainbow badge it shows that you are an ally to the LGBT+ community and may remove the anticipated discrimination felt by patients, carers, visitors or other staff members.
- **Make Every Contact Count.** Use the opportunities which arise during routine interactions with patients to have brief conversations on how they might make positive improvements to their health or wellbeing.
- **Signpost** to support groups or other health and social care services to improve health and wellbeing and decrease health disparity.



Personalised Care



It is important that care is delivered on the grounds of the patient's gender identity by:

- Working with every patient to reach decisions about their care that is right for them.
- Avoiding assumptions and stereotypes.

Communication and confidentiality:

Under the Gender Recognition Act 2004, it is a criminal offence to tell people about a person's previous gender without permission from the individual. If someone discloses their transgender status to you, you must not share this with anyone unless all of the following apply (a, b and c):

- a) The disclosure is made to a health professional;**
- b) The disclosure is made for medical purposes relevant to the condition or its likely treatment;**
- and**
- c) The person making the disclosure reasonably believes that the individual has given consent to the disclosure or cannot give such consent.**

Transgender status must also not be recorded in the patient records, unless the patient has consented to this.

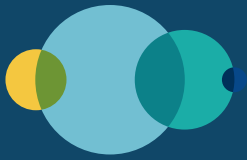
Same sex accommodation:

Where an inpatient stay is required, trans people should be accommodated according to their presentation (the way they dress and the name and pronouns that they currently use). This does not depend upon their having a gender recognition certificate (GRC) or legal name change. Non binary individuals, who do not identify with being female or male, should be discreetly asked about their preferences. They should then be placed to a male or female bay in accordance to their choice. Do not assume that a side room is the patient's preferred option.

Individualised care:

There may be times where it is appropriate to tailor the care/treatment/service provided in order to respect the dignity of the patient. This may include, but is not limited to:

- Arranging an appointment at the beginning/end of the clinic if the service is gender specific (e.g. a trans man accessing a gynaecology service).
- Informing the clinical/administrative staff (with the patient's consent) in advance, so they are able to respond appropriately to the needs of the patient.
- If that patient is having surgery, discuss recovery process options in terms of ward and level of post surgery care. Suggest the potential allocation of a specific nurse to post operative care in order to maintain privacy, but ensure that the patient is given the ultimate choice.
- In instances when a trans person's presentation is compromised (e.g. removal of a trans woman's wig) due to clinical need or unconsciousness, it is important that the patient is communicated with and privacy and dignity is safeguarded. Every opportunity, where it is safe and appropriate, to maintain the individual's presentation should be undertaken. All actions that compromise the individual's presentation should be discreetly and sensitively discussed, with joint decisions being made as to how to approach the situation. Trans children and adolescents should be given the same opportunity to maintain their gender presentation as trans adults.



Pronouns



What are they?

Pronouns are words we use to refer to people's gender in conversation for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as 'they/their' and 'ze/zir'.

Transgender health inequalities:

The sex a person is assigned at birth does not necessarily reflect the person's gender. For example:



Sam is intersex (sex). Sam may appear physically female but has mostly male typical anatomy. Sam identifies as male (gender) and uses the pronouns he/him.



John was assigned male (sex) at birth, but identifies as non binary (gender). John uses the pronouns they/them.



Shelley is transgender. Shelley was assigned male (sex) at birth, but identifies as female (gender). Shelley is currently transitioning and has changed her name but has not undergone any medical intervention. Shelley uses the pronouns she/her.

Sam, John and Shelley may all be misgendered and referred to using the wrong pronouns, if assumptions were made.

It is important to ask people what they would like to be known as (name and title) and what is important to them when accessing NHS services.

Misgendering, whether intentional or unintentional, is a form of discrimination; and, may prevent people from accessing the appropriate care and treatment they need.

What is the difference between sex and gender?

Sex is the biological aspects of an individual as determined by their anatomy (e.g. reproductive organs, hormones etc.)

Gender describes the way people choose to identify based on the behaviours and attributes related to masculinity and femininity.

What can I do about it?

- Ask what the patient prefers to be known as (e.g. name/title/pronoun) and **what matters to them**.
- **Record diversity monitoring data.** By recording diversity monitoring data, you can better understand the needs of patients (and wider health economy) and adapt the service to ensure it is appropriate to the individual and person centred.
- **Wear an NHS rainbow badge.** By wearing a rainbow badge it shows that you are an ally to the LGBT+ community and may remove the anticipated discrimination felt by patients, carers, visitors or other staff members.