

Harvard Medical Labcast

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Connecting the Dots:

Unifying efforts across HMS to improve transgender health care.

Jessica Halem

Interviewers: Stephanie Dutchen, Rick Groleau

STEPHANIE DUTCHEN: Hello, and welcome to the June 2016 Harvard Medical Labcast. This Podcast is brought to you by Harvard Medical School's Office of Communications in Boston. I'm Stephanie Dutchen.

RICK GROLEAU: And I'm Rick Groleau.

DUTCHEN: In this episode, we talk about providing a better experience for transgender patients by reducing disparities in health care, research and medical education.

GROLEAU: That's something that's definitely more in the public consciousness now than it's ever been.

DUTCHEN: Yeah, I think that's true. I mean, we've got debates about bathroom bills in the national news, we've got high profile incidents of violence against transgender people, especially people of color. And at the same time, we've got slowly expanding civil rights. So we thought what better time to talk about what HMS is doing to reduce the challenges for this patient population in the health care setting.

GROLEAU: That sounds good. Who's our guest?

DUTCHEN: I spoke with Jessica Halem, who is the program manager of the LGBT Office here at HMS. That's part of the Office for Diversity Inclusion, and it works with

students, trainees, faculty, staff, basically everybody, on everything from leadership training to recruitment to inspiring institutional change.

GROLEAU: Can't wait to hear it, let's go.

[MUSIC PLAYS]

DUTCHEN: So Jessica, thank you so much for joining us today.

JESSICA HALEM: Oh, it's wonderful to be here.

DUTCHEN: I thought that we could start by discussing some of the issues that transgender and gender-nonconforming people face in the health care setting.

HALEM: Well, I really love that you started off that question by saying both transgender people and gender-nonconforming people. I think our first reminder about the barriers that folks are facing in health care is that they're experiencing and expressing gender in a wide range of ways. So, there are folks who identify clearly as transgender. There's more often people who are coming to it over time, living in different ways and expressing themselves.

In the health care setting, some of that can be confusing for providers. We live in a very gendered world, and so I can hear providers say things like, "Well, I need to know everything about, were you born -- are you a woman?" And "Oh, now you want to be a man," and really expecting some clarity. So that first barrier I really want to highlight is that lack of clarity, that need for clarity around gender can sometimes create a hardship for everyone involved.

And more importantly, we want patients to really be on that journey with their health care providers. That's really one of those big messages, is that this is a group of people who live in fear of going to see medical providers more often than not. Many of them never

had health insurance, or they've had sporadically bad health insurance. We love what the Affordable Care Act is doing for LGBT people, but keeping in mind there are still many trans folks who are falling through the cracks of coverage. They're in HMOs where they can't choose providers, right?

So if you're now seeing a patient, they might have had some really bad experiences that can make a lot of us really apprehensive about being out and forthcoming about any number of things with our health care providers. It can be really rough out there for a lot of us. So it's really important for you as a provider to really take a moment to honor that and respect that, that now you've got a new moment to start a new day for this person.

DUTCHEN: I'd like to talk about some of the things that Harvard Medical School is doing to alleviate some of these disparities. Because it seems like it really runs the gamut from medical education through provider training, through encouraging research that's needed. And it sounds like a general theme is connecting the dots.

HALEM: Right. Yeah, that's a perfect way to describe it. I really identify as a gay Pied Piper of LGBT health here at Harvard Medical School, because my job is not to have all the answers or to teach you everything; my job is to uncover all of the resources that are already here. My job is to help people really take this work on in their specialty or their department. My job is to really support everyone who's already doing this work, the LGBT community who's already here and wants to be more engaged in being a part of this larger process.

It's really one of the most important jobs I could ever think of for my lifetime, which is taking care of people who deserve an advocate and a cheerleader and a spokesperson. And I'm really lucky to get to do this work here.

DUTCHEN: So, there are probably many things that we're doing now that may be scattered, like you've been describing, and also things that we need to be doing, or could be doing better. And I wonder if we could start by describing how your job and some of

these disparities and the attempts to alleviate the disparities begin with medical education -- students?

HALEM: Yeah. I'm so glad that you said medical education because that really is where this begins, right? Is training the next generation of physicians.

When I started off as an activist many, many, many moons ago, we were sort of yelling at hospitals and medical schools from the sidelines, saying, "Please, we matter. Please pay attention to us. Please take care of us."

And now you're seeing a huge sea change where this is a directive from the top down, saying, "How can we integrate this into our medical education curriculum?" And that's always been the goal, is you'll hear from LGBT people all the time, "Well, no one's taught this in medical school. There's no time dedicated to this in medical school." There's research out that shows maybe the schools that do cover it, it's less than five hours throughout the entire four years of training.

DUTCHEN: Wow.

HALEM: So integrating this into medical education is really that sort of next step in changing the lives for transgender people. So for instance, this isn't about having just a special section called "LGBT health," or a special afternoon called "transgender health." This is about integrating LGBT people, and transgender people especially, into all of the areas of the curriculum in which doctors are going to be working with patients.

So you can easily see this taught in an endocrinology section. You can easily see this in primary care, women's health, pediatrics, urology. I mean, I could go on and on about all the different specialties that intersect with creating a robust transgender health curriculum. And that's what we're doing here and that's what's been so inspiring, is to see all the different faculty take this on in their specialty.

DUTCHEN: That's great. Now, HMS also recently revamped its medical education curriculum. And now students are entering the clinic right away.

HALEM: Right, right.

DUTCHEN: So is that also beneficial for this?

HALEM: It is. It is because, you know, it's a perfect example of why we need to get students with real patients right away, is in the intake form or what we talk about with the students is the "asking a sexual history." And that really is where this work started in medical education. There's been a lot of great people teaching that. We do a pretty good job of that here.

I'm here to say it doesn't get easier asking those questions. I hear from students and physicians, you know, LGBT and straight. It's hard to ask these questions around gender and sexuality. But that is one of those first places that we know this conversation really begins. And so teaching that in the medical education curriculum is really exciting to do that well.

DUTCHEN: So then students are meeting real people.

HALEM: Real people who have sex, or not, who have genders. That's the other thing I always like to remind people. You know, everyone has a gender.

DUTCHEN: Unless you're agender?

HALEM: Unless you're agender. But everyone has a relationship to their gender that might be fraught, it might cause stress. It's not just transgender people who are in need of a conversation or medical support around gender. This is a good way to talk to straight women around the impact of sexism on their lives. This is a good way to get at the

nuances of intersectionality. You know, how does a black gay man experience his masculinity? How is that playing out for people in their specific communities?

All of this is very complicated and nuanced and fun to talk about. And so, transgender people and gender-nonconforming people are really getting physicians more comfortable with talking to all of us about gender. So, you know, hooray for that.

DUTCHEN: Maybe it's also a good way to teach students not to come into a room making assumptions about people?

HALEM: That's a great reminder. And I do have to say, more and more the young people are getting it. And I see our young students -- I know they're not so young, they're actual grownups -- but I see the students really educating the faculty about this comfort with changing pronouns and being comfortable asking preferred name.

I know that older physicians have said, "What's the one question I have to ask her? Tell me exactly how to say it." And the truth is, I just need physicians to be more comfortable with a complicated, nuanced conversation. And I think the young people are really leading the way. And so that's what's really inspiring about working in medical education in general, right? They're really pushing us all to get better about things.

DUTCHEN: But, of course, not everyone who works at Harvard Medical School or studies at Harvard Medical School, is a student, right? We also have faculty, we have practicing physicians.

HALEM: That's right. That's right, 10,000 of them.

DUTCHEN: Many, many of them.

HALEM: Many, many.

DUTCHEN: So what are some of the things going on to help them?

HALEM: That's a great question. So, we talked about how we're integrating this into the current curriculum for the new students. For current faculty, we offer faculty development workshops. We're offering lunch-and-learns, we're offering larger lectures and teach-ins. The point is that this is an ongoing process, just like for the students.

I can't tackle everything you need to know about transgender people in one afternoon. I can scratch the surface if you come for one hour, if I can get you, as a faculty member. But what I really see happening with faculty is they come in for something and then they want to bring it back to their specialty or their department at the hospital and talk about the specifics of how transgender patients, for instance, intersect with their specialty.

So for instance, I've got faculty members who work in radiology and they come and they learn the "101s" of transgender health. But then we need to go back to that radiology department and talk about how to do a mammogram for transgender women. Do transgender men need mammograms? How do we do chest exams? We more often call them chest exams now. How do we do chest exams that are sensitive to how people feel about their chests? That's a very specific specialty that deserves sort of a group effort of thinking through how can we do this in the right way. And that's what we're doing at Harvard.

So we do this kickoff where we offer these 101s in which we say, again, the first step: This matters. The second step: How can we train young people? And then that next part really has to say: How can we now bring this home to your specific institution and make it resonate and work for you? And that's really, I think, one of the positive parts about having so many faculty and so many hospitals to get to take this on.

DUTCHEN: Is the ultimate goal, then, to have every faculty or staff member be trained in providing the highest quality care to these patient populations?

HALEM: I think it's always the goal to have physicians well trained and ready to go. What I'm more interested in is physicians who appreciate this as an important patient population. They're ready and comfortable to serve them.

My first piece of advice for physicians is not [to] go figure out exactly what the protocols for hormones are. My first step for physicians who are learning this later in their career says get comfortable with the language, get comfortable in your own skin talking about these issues with your patients, because there is not one-stop shopping when it comes to transgender health. Things are still changing. We're at the beginning of all of this. I don't need you to be an expert, I just need you to be ready and willing and excited.

DUTCHEN: Now, of course, that is what happens after a patient has come in and made it to the doctor's office. And, of course, there are issues that arise before then, some of which you've already talked about. Finding a doctor that you can go to in the first place; being able to reach the office. And then you might get into the waiting room and fill out an intake form that only has a checkbox for "M" and a checkbox for "F," or that says, "What is your legal name," for example? So what are some of the hurdles here, and has Harvard Medical School been finding ways to make it a better experience for people?

HALEM: Yeah. You know, we work with 17 hospitals, and this is the number-one conversation that I have when I go into the hospital setting or I talk to a primary care group or a physicians group, is how can you be more aware of what transgender patients are facing before they even reach you in the intake room? It's so vital to figure out all the ways that we can create a welcoming, inclusive, affirming environment.

So, I call this the environmental ways, right? What is the environment here in my waiting room? So first and foremost, look at your intake forms. We've got some best practices that we share with physicians and hospitals about how to ask questions in a short piece of paper to get at -- to really signal to trans people, "I want to see you, I want to know more." So how to ask the questions about sexual behavior and gender identity on an intake form.

And secondly, how to make sure that you capture and ask for a preferred name and then only use that preferred name. It's really vital that that -- if there is a different legal name, that that's only used by those who need to know it. It actually makes a lot of sense. Insurance providers might need to know that. But for you as the physician or me as the front desk worker shouting your name in the waiting room, I don't want to mis-gender you, I don't want to "out" you. Using someone's legal name is often a way of outing someone as transgender, and that can be really harmful. So really finding ways to always use preferred name.

And then look around the room. Can you have magazines out? Could you put a poster up? Could you have something that says, signals to those of us in the LGBT community, "Hey, we see you, you're welcome here." You know, "Glad you made it."

DUTCHEN: Yeah. So fourth on our list of things that HMS is trying to do to improve some of these health care disparities, then, is the research angle, right?

HALEM: Yes, please more! More research, please! You know, research, I'm so proud to be at a really vital research institution. I'm so proud to be at a place that really takes this seriously. That's another one of the major areas that Harvard has said, "This is important." So, we're connecting people who want to do LGBT health research.

DUTCHEN: Because that's another area of disparity, isn't it?

HALEM: That's a huge area of disparity and it's a vital part of making the case for why transgender health matters. Here at Harvard Medical School, we've got teams of people thinking about this in many different ways.

So, there's people thinking about youth, right? When you think about young people and adolescents. We've got research going on specifically thinking about transgender youth. We're thinking about the negative health consequences of things like minority stress and

stigma. We're talking about issues like bullying. We're talking about long-term effects of hormones. We're talking about affirming, you know, plastic surgery and how beneficial that can be to someone's life.

We're talking about -- there's wonderful research going on about best practices like best practices for doing pelvic exams on transgender men, right? I mean, there's so many different aspects that deserve research as well as really highlighting some of the best practices going on and getting good data around that. It's going to be crucial to the next phase of transgender health.

DUTCHEN: Yeah. Well, it's a lot of stuff happening.

HALEM: Yes.

DUTCHEN: I imagine there's a lot more that needs to happen?

HALEM: Yes, there always is. And, you know, I feel like when I first got here, we started this office, the LGBT Office opened two years ago, and it's only grown the work exponentially since we opened. So my job is really -- the idea is, how can I support everybody to find their way to take this work on?

You know, I just spent weeks with our facilities department, right? We're a huge workplace; thousands and thousands of people work here. We're a place where trans people come in and out. We just spent weeks working on new bathroom signage, right?

Like, this is the -- we get to talk about everything here at Harvard Medical School. So we're talking about cutting-edge research, we're talking about patient care. And then I also get to talk about facilities and bathrooms, and that's what's exciting about transgender health, is it lets us all think about the community and how can it be even more inclusive and more welcoming and finding more and more opportunities to do that.

DUTCHEN: I can think of few more fulfilling jobs.

HALEM: Than talking about bathrooms all day, yes that's true! It is, it is very fulfilling, and, you know, the world is hard. I don't want anyone to think that with all of the great public personas and celebrities and TV shows about transgender people, I don't want people to forget that it's still very, very hard to be transgender in America today. Most trans people lack the resources, they lack the connection and support that they so much deserve. These are folks whose families and churches have not been welcoming and affirming to them.

So it's our job as a community of healers and as a community of change-makers to step into the fray and be the strong advocate for transgender people.

DUTCHEN: Well, thank you for doing this work and thank you for coming here to talk with us about it today.

HALEM: Well, thank you for having me.

[MUSIC PLAYING]

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