

Welcome

Thank You Partners!

Greater Oregon Behavioral Health, Inc.

Central Oregon Health Council

Older Adult Behavioral Health Initiative



Disclosures

• Neither Carey Jean Sojka nor Kylan Mattias de Vries have conflicts to disclose.



- Audio and video are muted for all attendees.
- Select ... to populate the open select in the control of the Q&A featured and use the Chat function for everything else.
- Presentation slides and recordings will be posted shortly after the session at: https://www.ohsu.edu/oregon-office-of-rural-health/forum-aging-rural-oregon.
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Presents,

Rural Trans Health in Oregon

Speakers:

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Kylan Mattias de Vries, PhD | Associate Professor & Program Chair, Gender, Sexuality & Women's Studies |

Southern Oregon University

Rural Trans Health in Oregon

Carey Jean Sojka, PhD (she and they) Kylan Mattias de Vries, PhD (he or they)

Gender, Sexuality, and Women's Studies Program



Conflict of Interest

We have no conflicts of interest or relationships to disclose.



What we will cover today

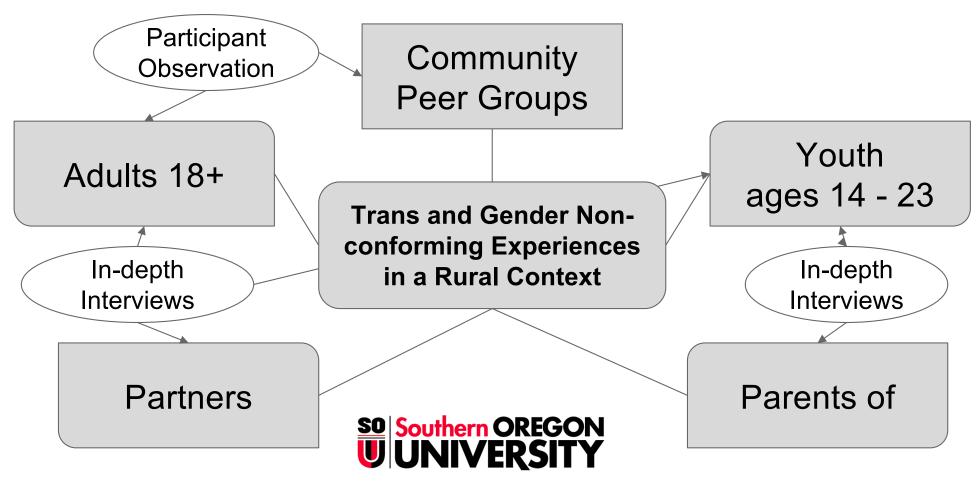
- Learn about the challenges that trans people (including binary and nonbinary individuals) face when accessing health care in rural Oregon.
- Explore ways that trans people often navigate and respond to these barriers.
- Gain an introductory understanding of how to advocate with and care for trans communities.
- Learn about trans educational resources, including Southern Oregon
 University's Certificate in Transgender Studies and Trans and Queer Training program opportunities.



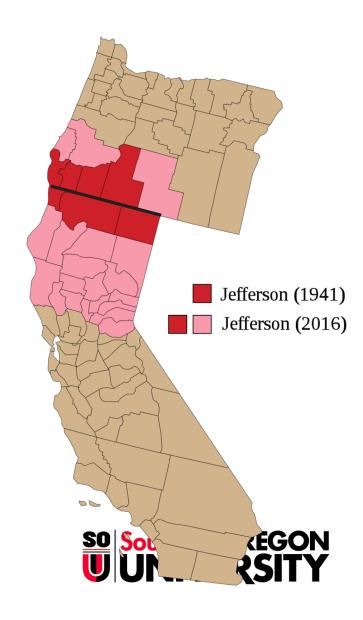
Our Research



Rural Trans Ethnography



Location



Findings



Findings: Challenges & Responses

- Challenge #1: Barriers to Establishing
 Care
- Challenge #2: Lack of Provider Knowledge
- Challenge #3: Discrimination
- Responses: Trans Folks Responding to Challenges



Challenge #1: Barriers to Establishing Care



Difficulty Finding Providers

Barriers to Establishing Care

I have no idea how I would even find [transaffirming doctors]. The same with therapists. (Grey)



Insurance and Access Challenges

Barriers to Establishing Care

Every time I have to get my hormones, it doesn't show up on their list of things that you're supposed to have as medications, and then with the surgeries and everything, and just encountering different levels of bureaucrats who are unsure about whether this is covered. It's like, well, I've already had it verified that it was covered. 'Well, I don't know that it's covered.' You go through this whole thing, and you're in this constant state of distress, wondering how this is gonna' play out. (April)



Lack of Providers

Barriers to Establishing Care

I called all 43 people on the list [of mental health care providers]. Of that, nine people said that they felt it was within their realm to write a letter, and three of them were taking patients. (Anthony)

One of the problems with regards to health care in the rural area is there is exactly one endocrinologist that works with trans people.... There is no access to gender reassignment surgery. (Kitty)



Long Waits for Care

Barriers to Establishing Care

For me, the consultation for one operation isn't for two years, and then the consultation for another one is not until the following—those are just the consultations. Then having to wait another two to three years while being on hair removal, then setting up the actual surgery.... (Marisol)



Transitory Providers in Rural Areas

Barriers to Establishing Care

A lot of our doctors and any health care providers we get here are travelling. That's how we get a good chunk of our care, is people who are not committed to the community. There's little accountability for the knowledge base they're bringing, and they could be gone by the next time you go back. (Ata)



Traveling for Care

Barriers to Establishing Care

I don't really see my doctor often. It's been tough in the sense that I have to drive three hours just to get hormones. It's a little bit ridiculous, but okay. I still have access. (Forrest)



Challenge #2: Lack of Provider Knowledge



Lack of Provider Experience & Knowledge

Lack of Provider Knowledge

I can totally go see a therapist, but I don't trust anyone. I don't trust anyone to have any idea of what I'm talking about in terms of my gender or how that relates to issues I have with my family or my community or my partner. I don't—I just know automatically I'm gonna know more than my therapist or my doctors. (Grey)



Relying on the Trans Narrative

Lack of Provider Knowledge

The first therapist I met with, I think they really wanted me to go on that trans* narrative, like start testosterone, do this, do that, do that. I think one time I came in wearing a skirt, because it was hot. I was like, I can get away with wearing a skirt. There's nothing wrong with it. Clothing does not equal gender. I think that shut the door for me on that. (J)



Lack of Trust in Providers

Lack of Provider Knowledge

I'm dressed very femininely. Underneath, there are some parts that people wouldn't perceive as feminine, so it's gonna be really—it's gonna be an awkward situation. I don't know of their training, and I don't know their level of competency with transness, and that kind of thing. It's never a comfortable position to be in. It's more like I have to put myself through this in order to get what I need.... I just have to—for lack of a better word, suck it up. That's not something that should be the case. (Marisol)



Challenge #3: Discrimination



Explicit Discrimination

Discrimination

There's quite a few doctors in the area that openly very transphobic and unwilling to work with someone who is seeking hormone replacement therapy. (Forrest)



I was getting my blood drawn and I fainted, and then I just remember fainting and hearing the lab guys misgendering me. I was like, "...I'm supposed to be safe here." (Lee)

Misgendering

Discrimination



Structural Discrimination

Discrimination

I did have to go to a women's clinic for my hysterectomy. I was so nervous, because I walked in and all the ladies just kinda' like—they could tell I don't belong, and everyone's givin' me weird looks. I'm just sittin' there like, I don't wanna' be here either, and I'm so nervous, but then the doctor was really nice. She just knew my pronouns. (Peter)



Trans Folks Responding to Challenges



Avoiding Care

Responding to Challenges

My physical therapy office, I haven't been back for two months because, every time I go in, I argue with my physical therapist about my pronouns. It's like, because I don't have a higher income, and I can't just travel to another town, or pick a different therapy office, or talk to my insurance and be like do you cover anything else—I don't have those options, so it's like, I don't go, or I go and suffer. (Switch)



Not Disclosing Trans History or Identity

Responding to Challenges

[Out of 8 PCPs over the years], about three of those I've shared [being transgender] with. One of them was a very bad experience, so I can speak about bad medical experiences here in this county. That's made me pretty gun-shy about sharing it." (Brandon)

I have yet to come out to my doctor 'cause I'm not exactly sure how that will go, which I think is actually something I need to get braver on because I feel like there's actual, real things that I want to talk about in the healthcare, and that I feel like having to come out to my doctor is preventing me from actually knowing that knowledge that could be really useful to me. (Grey)



Patients Educating Providers

Responding to Challenges

My doctor—they were not informed of WPATH. They had heard of Harry Benjamin standards from the late 70's, and they were operating off of that.... At my place of work, I've gone through a WPATH training on the standards of care that prevail now, worldwide for trans patients. I was in that situation of educating them. I was like, okay, turns out, things have changed, we have different standards, and here they are, and I'm gonna start hormone therapy. (April)



Advocating with and Caring for Trans Patients



Suggestions for Providers

Be compassionate: "Maintain an open mind, and be compassionate with the person, because they're going through a rough time. It's not easy to transition." (Phoenix)

Small things make a big difference: "[Introductions with pronouns] probably would make me feel a lot better just because I've never had a doctor do that before." (Ross Lynn)

Change structures (both physical and bureaucratic): "Make accessible bathroom areas... [and shift] responsibility to not being like, oh trans person, you have to figure out how to navigate the system on your own. Here, let's make the system more accessible to you." (Aurora)



General Tools for Trans Care

- Advocate within your organizations and systems to create structural supports for trans people accessing care
- Take time to learn about appropriate language and affirming practices (from sources besides patients/clients)
 - Names and pronouns
 - Complexity of identities
 - Learning to avoid assumptions and language that can be harmful
 - o Gender affirming care practices
- Regularly review up-to-date research affirmed by trans scholars and activists
- Understand the need for regular, ongoing trans education



Trans Educational Resources



Transgender Studies Certificate



- Interdisciplinary and intersectional
- Available to admitted and non-admitted students
- Prepares students to work or continue working in a variety of fields addressing trans lives
- Email Kylan de Vries at <u>gsws@sou.edu</u> for more information



Trans and Queer Training Program



- The Trans and Queer Training program offers trainings, workshops, and consultations to organizations on lesbian, gay, bisexual, transgender, queer, and other gender and sexuality topics as well as equity, diversity, and inclusion more broadly.
- Email Carey Jean Sojka at <u>tqt@sou.edu</u> for more information



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