

Research Finds Association Between Provider Knowledge, Transgender Health Outcomes

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By Andrea DeHaan, Communications Team Lead & Editor

Nearly 1 in 4 transgender and nonbinary individuals report having to teach medical providers about their needs, according to a recent study co-authored by a Utah State University researcher.

The [article](#), co-authored by Guadalupe Marquez-Velarde, was published in the Journal of the American Medical Association (JAMA) Network Open last month.

“If you perceive that your clinician is not knowledgeable enough to care for your health, that actually impacts how you perceive your physical, mental and general wellbeing,” said Marquez-Velarde, assistant professor of [sociology](#).

The study’s co-authors analyzed data from the [2015 U.S. Transgender Survey](#) to understand patient perception of provider knowledge. Fewer than 25% of transgender adults in the sample reported having a clinician well versed

in transgender care, and perceiving that their clinician was not entirely knowledgeable about how to treat them significantly predicted poor self-rated health and severe psychological distress. Findings were similar for individuals who reported having to teach their physicians about their medical needs as transgender people.

In an environment of increased legislation surrounding gender-affirming health care and in a state that was the first to ban such care for transgender youth, Marquez-Velarde says it is important to have empirical evidence for what might seem like an obvious outcome. Having this study published by [JAMA](#), among the most widely circulated general medical journals, has the potential to reach medical educators overseeing clinician training.

“We want this message to get to the actual people who are going to be treating transgender and nonbinary individuals,” Marquez-Velarde said. “Medical students need to know about sexual and gender minorities, just as they need to know about racial and ethnic minorities.”

Marquez-Velarde’s work often focuses on the association between systems of inequality, such as racism and transphobia, and physical and mental health outcomes among populations at higher risk of health disparities, but she says this work is personally meaningful.

“When hatred is very loud, you have to be louder. And in my case,” she said, “we have to be louder with the evidence.”

The article also allowed USU Ph.D. students Mudasir Mustafa and Jesse Shircliff to participate in the peer-reviewed research process. Medical sociology student Mustafa says she was used to researching health disparities among marginalized populations but had not previously considered transgender populations as a separate category.

“The findings of this research highlighted that there is a need to investigate the health disparities among the nonbinary population,” Mustafa said, “and [to consider] them as separate populations in order to propose effective strategies to mitigate the social and health inequalities.”

Mustafa and Shircliff are among graduate and undergraduate students from several universities participating in the [Population Health and Intersectionality Collaborative \(POP*HI\)](#) — a team of health disparities researchers from various disciplines and institutions working together to investigate LGBTQ+ health and related issues. The collaborative, which Marquez-Velarde co-founded, emphasizes “team science” and lets students

participate in multiple projects while learning to work with other researchers.

“Dr. Marquez-Velarde has been an awesome mentor,” said Shircliff, who is part of a sub-team leading a series on employment for transgender and nonbinary workers. “I’m glad to be in POP*HI and part of a tradition of studying how gender, race, and other social statuses shape people’s lives simultaneously.”

Marquez-Velarde’s latest publication is the sixth in a series of studies she has published with her collaborators and students examining the social experiences of transgender and nonbinary individuals and their associations with mental health. Not having access to good health care isn’t going to stop people from being transgender, Marquez-Velarde said, “it’s just going to jeopardize their mental health.”

“I want physicians to know more about this, so trans and nonbinary people can go to the doctor with confidence.”

The full article can be accessed on JAMA’s Open Network site: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2805304?widget=personalizedcontent&previousarticle=0>