

Comparing Asian, Hispanic, vs. non-Asian/Hispanic Transmasculine Experiences to Improve Healthcare Delivery

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Background

This quality improvement program (QIP) centers on the experiences of transmasculine people of color (POC) in healthcare, a critical yet understudied intersection. While transgender adults encounter challenges such as limited access to gender-affirming care and discrimination, transmasculine individuals face additional hurdles such as difficulty accessing gender-specific care.

Stanford LGBTQ+ Program

The LGBTQ+ Program at Stanford Medicine is a primary care facility committed towards providing care for the LGBTQ+ community and being a national model for clinical care, research, and education. It hosts a variety of programs, including:

- Obstetrics and Gynecology Care;
- HIV Prevention, PrEP, and Sexual Wellness;
- Behavioral Health;
- Dermatology;
- Fertility;
- Reproduction and Contraceptive Management;
- Gender-Affirming Care and Hormone Management; and,
- Gender-Affirming Surgeries.

Introduction

This QIP focuses on the experiences of transmasculine people of color at the Stanford LGBTQ+ Program, highlighting the unique challenges they face, such as accessing gender-affirming care to assess and identify areas of program improvement. Identifying common themes within these experiences will facilitate tailored healthcare programs for these underserved populations, acknowledging that their experiences are shaped by the interplay of various identities. It adopts a transformative lens to confront social oppression and aims to identify barriers to care from the perspective of trans individuals seeking primary healthcare.

Methods

This QIP uses mixed methods, comprising of:

1. A web-based survey via REDCap which collects quantitative data on social support, clinic experiences, and barriers to healthcare through various question types; and,
2. Semi-structured interviews with Asian, Hispanic, and Non-Hispanic White transmasculine patients which explores access to care, treatment quality, and cultural differences, employing thematic analysis for interpretation.

Results

The survey is in its final stages of development, is currently being validated, and is awaiting imminent deployment. Interview structure and areas of exploration have been created and reviewed by community touchstones.

Results will be both qualitative and quantitative. Demographic data will be collected through the survey. Selected quotes from interviews will be highlighted. All data will remain anonymous

Conclusions

We will identify areas that can readily be implemented to enhance efficiency and improve the quality of care at the Stanford LGBTQ+ Program.

By incorporating the identified improvements and best practices into existing program protocols, other organizations, from hospital systems to medical schools, can leverage this QIP as a model to foster a culture of continuous improvement and ensure the delivery of high-quality care and cultural humility to their patients.

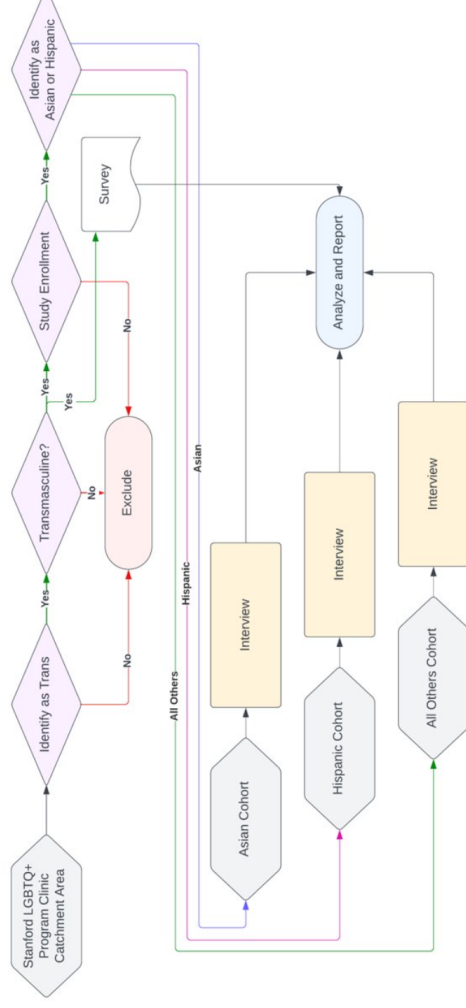


Figure 1: A flowchart describing investigation design and inclusion/exclusion criteria.