Improving correctional healthcare providers’ ability to care for transgender patients: Development and evaluation of a theory-driven cultural and clinical competence intervention

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ABSTRACT

Rationale: Correctional healthcare providers’ limited cultural and clinical competence to care for transgender patients represents a barrier to care for incarcerated transgender individuals.

Objective: The present study aimed to adapt, deliver, and evaluate a transgender cultural and clinical competence intervention for correctional healthcare providers.

Method: In the summer of 2016, a theoretically-informed, group-based intervention to improve transgender cultural and clinical competence was delivered to 34 correctional healthcare providers in New England. A confidential survey assessed providers’ cultural and clinical competence to care for transgender patients, self-efficacy to provide hormone therapy, subjective norms related to transgender care, and willingness to provide gender-affirming care to transgender patients before and after (immediately and 3-months) the intervention. Linear mixed effects regression models were fit to assess change in study outcomes over time. Qualitative exit interviews assessed feasibility and acceptability of the intervention.

Results: Providers’ willingness to provide gender-affirming care improved immediately post-intervention (β = 0.38; SE = 0.41, p < 0.001) and from baseline to 3-months post-intervention (β = 0.36; SE = 0.09; p < 0.001; omnibus test of fixed effects χ² = 23.21; p < 0.001). On average, transgender cultural competence (χ² = 22.49; p < 0.001), medical gender affirmation knowledge (χ² = 11.24; p = 0.01), self-efficacy to initiate hormones for transgender women, and subjective norms related to transgender care (χ² = 14.69; p = 0.001) all significantly increased over time. Providers found the intervention to be highly acceptable and recommended that the training be scaled-up to other correctional healthcare providers and expanded to custody staff.

Conclusion: The intervention increased correctional healthcare providers’ cultural and clinical competence, self-efficacy, subjective norms, and willingness to provide gender-affirming care to transgender patients. Continued efforts should be made to train correctional healthcare providers in culturally and clinically competent gender-affirming care in order to improve the health of incarcerated transgender people. Future efficacy testing of this intervention is warranted.

1. Introduction

Societies across modern Western history have created and reinforced a binary gender system (i.e., male and female) based on biological sex characteristics (e.g., chromosomes and genitalia) (West and Zimmerman, 1987). Under this binary system, having a gender that aligns with one’s sex characteristics is considered normative, while transgender people – those who have a gender identity that differs from their assigned birth sex – are labeled as the “other” and experience widespread stigma as a result (Goffman, 1963). Structural (e.g., cultural
norms and beliefs, restrictive social policies) and interpersonal (e.g., discrimination) forms of stigma constrain access to necessary resources for transgender people, including education, employment, income, and healthcare (White Hughto et al., 2015). Excluded from the legitimate economy, some transgender individuals turn to street economies such as sex work to survive or substance use to cope with mistreatment, placing them at risk for arrest, incarceration, and poor health (Garofalo et al., 2006; Grant et al., 2011; James et al., 2016; Reisner et al., 2014).

Biased policing and sentencing practices also contribute to the disproportionate incarceration of transgender individuals (Grant et al., 2011; James et al., 2016; Wolff and Cokely, 2007). While there are no systematic efforts to identify transgender individuals in U.S. prisons, estimates suggest that 16% of the estimated 1.4 million transgender adults in the U.S (Flores et al., 2016) have been incarcerated in their lifetime (Grant et al., 2011), compared to just 3% of the U.S. general population (Glaze and Kaelble, 2014).

Prior research with currently and formerly incarcerated transgender individuals shows that transgender people are a highly stigmatized inmate population who are at risk for stigma-driven verbal harassment and physical assault (Jenness et al., 2009; Lydon et al., 2015; White Hughto et al., in press). Interpersonal forms of stigma-based discrimination and violence have been linked to physical trauma and mental health conditions that often require treatment, including depression, anxiety, and suicidality (White Hughto et al., 2015). Moreover, incarcerated transgender people seeking physical and mental health treatment report being verbally harassed by their healthcare providers (White Hughto et al., in press), and denied necessary general and transgender-specific care, such as hormones to medically affirm one’s gender and other treatments for gender dysphoria (Brown and McDuffie, 2009; James et al., 2016; Lydon et al., 2015; Reisner et al., 2014; White Hughto et al., in press). Further, denial of necessary healthcare has been linked to depression, non-suicidal self-injury, and death by suicide in incarcerated transgender populations (Brown, 2014; Brown and McDuffie, 2009; Edney, 2004; Tarzwell, 2006).

Gender-affirming care refers to acknowledging and respecting a patient’s gender identity and supporting access to hormones and other therapies for transgender patients seeking to medically affirm their gender (Reisner et al., 2015). In some cases, the lack of access to gender-affirming care that incarcerated transgender people face is grounded in correctional healthcare providers’ limited transgender cultural competence (e.g., knowledge and ability to use gender-affirming terminology, supportive attitudes and interactions) (Clark et al., 2017; White Hughto et al., in press). In other cases, mistreatment is driven by providers’ lack of clinical competence (e.g., knowledge and ability to administer hormones) to appropriately care for transgender patients (Clark et al., in press; Rosenblum, 1999; Tarzwell, 2006; White Hughto et al., in press). A recent qualitative study of recently incarcerated transgender women in New England found that correctional healthcare providers frequently misgendered transgender women by using male names and pronouns. Transgender women in the study also reported that some providers did not recognize the medical necessity of providing medical gender affirmation therapies and in some cases, transgender inmates had to educate their providers in order to receive appropriate medical care (White Hughto et al., in press). Research suggests that while some correctional providers possess transphobic attitudes and are unwilling to provide gender-affirming care to transgender patients, many providers want to provide gender-affirming care, but lack the requisite knowledge and skills to do so (Clark et al., 2017). Research also highlights that providers working in correctional settings face structural barriers in providing transgender inmates with appropriate and necessary care. These barriers include restrictive hormone policies, limited healthcare budgets, and inadequate institutional support (Clark et al., 2017; Routh et al., 2015; Tarzwell, 2006; White Hughto et al., in press). While structural barriers to the delivery of gender-affirming care for transgender patients must be intervened upon at the institutional level, educational efforts to increase correctional healthcare providers’ cultural and clinical competence to care for transgender patients must accompany structural changes in order to increase providers’ ability and willingness to provide gender-affirming care. Further, educational efforts may be more easily implemented than policy changes, and thus, hold promise for immediately improving healthcare access, and ultimately, the health of incarcerated transgender people.

Educational efforts to increase transgender cultural competence (e.g., trainings covering terminology and transgender discrimination) have been successful in improving provider awareness and understanding of transgender patients by exposing them to the healthcare barriers that transgender people encounter (Hanssmann et al., 2008). Interventions to improve providers’ transgender clinical knowledge have also demonstrated success. For example, a lecture covering the durability of gender identity and hormone treatment regimens significantly increased physician-residents’ knowledge and willingness to provide hormone therapy to transgender patients (Thomas and Safer, 2015). To our knowledge, only one other transgender-affirming educational intervention has been evaluated in a correctional setting. The study, which involved the delivery of a lesbian, gay, bisexual, and transgender (LGBT) health curriculum, found that healthcare-related complaints by transgender inmates dropped by over 50% three months after the training; however, baseline data were not collected from providers, and the training focused on LGBT issues broadly, rather than specifically on the unique healthcare needs of transgender individuals (Jafer et al., 2016). Transgender cultural and clinical competence interventions that are adapted to the correctional context and assess changes in provider knowledge, attitudes, and behaviors over time are urgently needed.

The present study aimed to adapt a transgender cultural and clinical competence intervention (White Hughto and Clark, in press) and open field-test the intervention with healthcare providers working in correctional settings. Grounded in theoretical models of behavioral change (Ajzen, 1991; Fisher et al., 2002), the study engaged correctional administrators, embedded the intervention into continuing education trainings, and delivered a transgender cultural and clinical competence curriculum that was responsive to the unique structural contexts of providing care in correctional settings (e.g., gender binary institutions, restrictive hormone policies, limited institutional support for transgender care). Using a longitudinal design, the intervention was assessed for initial feasibility and acceptability and preliminary efficacy via changes in providers’ knowledge, attitudes, and behavioral intentions to care for transgender patients from baseline to follow-up. Given the documented healthcare challenges that incarcerated transgender people face and the mental and physical health sequelae of insufficient access to culturally and clinically appropriate care, interventions that address providers’ lack of cultural and clinical competencies – a primary source of these healthcare barriers – has the potential to improve health outcomes for incarcerated transgender populations.

2. Method

2.1. Sampling and procedures

Between June and August 2016, correctional healthcare providers participated in a single session, group-based intervention to improve transgender cultural and clinical competencies and willingness to care for transgender patients. The intervention was piloted during three separate trainings with healthcare providers working in correctional facilities in Connecticut and Massachusetts. The intervention was led by two cisgender facilitators with extensive experience conducting transgender health trainings and who were not affiliated with the correctional system. Participants were eligible if they were: 18 years of age or older; fluent in English; identified as a healthcare provider (e.g., medical doctor, nurse, physician’s assistant, psychologist, psychiatrist, social worker, mental health counselor); and currently practicing in a
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