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Descriptive Report

Filling a Gap in Healthcare for the Transgender Community in the Central Savannah River Area

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Abstract

Background: Lack of insurance coverage and provider training are significant barriers that contribute to health disparities among members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. Locality can exacerbate health disparities due to lack of competent providers and higher levels of community stigma. The Equality Clinic in Augusta, GA, was created by medical students at the Medical College of Georgia to provide care to uninsured or underinsured members of the LGBTQ community in the Central Savannah River Area. The purpose of the following report is to examine demographic characteristics and presenting concerns of patients served by the Equality Clinic during its first two years of existence.
Methods: The current report utilized retrospective medical record review from the first two years of operation to identify trends in patient demographics, presenting concerns, and service utilization.
Results: Although the Equality Clinic was created to provide multiple facets of healthcare to the broader LGBTQ community, the services that were utilized in the first two years were strongly composed of gender affirmative care for those who identified as transgender. Overall, the patients served at the Equality Clinic were healthy with few chronic health conditions reported, however, a high rate of substance use was endorsed.
Conclusions: This study may point to unique needs of transgender patients and highlights the lack of access to gender-related care in the rural southeast United States.

Introduction

Significant health disparities have been identified among members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community.[1,2,3] LGBTQ individuals are also more likely to be uninsured, further compounding social barriers to care.[4, 5] Notably, the Southern region of the United States is characterized by disproportionately low levels of household income and the lowest rates of health insurance among LGBTQ individuals.[6] The South also has the lowest level of social acceptance towards LGBTQ individuals compared to other regions in the United States. The Central Savannah River Area (CSRA), the primary geographic focus of this study, consists of 18 counties within Georgia and South Carolina, including Augusta, Georgia, the major city in this region. Augusta, Georgia was given a 28/100 in the 2021 Human Rights Campaign Municipal (LGBT) Equality Index, indicating significant lack of resources, representation, and visibility.[7] A study by Stepleman et al.[3] investigated the health experiences, behaviors, and needs of LGBTQ individuals living in the CSRA. Responses reflected high rates of mental and physical health disparities, mistreatment by healthcare professionals, and lack of provider competence. Even more telling was the finding that the top three services the respondents stated they would like improved

access to were mental health, youth health, and physical health services.[3]

Student-run clinics have been shown to represent valuable resources for addressing health disparities such as those faced by members of the LGBTQ community in the CSRA.[8] The Equality Clinic was founded in 2013 by a group of medical students, who spearheaded with faculty guidance, clinic services (including coordination with student health care professions in other disciplines), intake documentation, electronic records, marketing, volunteer coordination, space, supplies, social media, and fundraising.[9] Since its inception, the Equality Clinic of Augusta has been primarily staffed by student volunteers in the health professions and has prioritized an interdisciplinary educational focus. This student-run clinic serves underinsured or uninsured individuals at no cost and creates a welcoming and affirming environment for members of the LGBTQ community. The Equality Clinic operates as an integrated medical practice where patients schedule appointments based on their primary concern. For example, in one visit, they may see a medical provider, a dental provider, and a mental health provider. Appropriate community referrals are made when required services are beyond the scope of the clinic such as long-term psychotherapy, medical specialty care, etc. One particular gap in care the clinic fills is access to gender-affirming treatment, as such, there is specific focus on gender affirming care in clinic services.

The Equality Clinic operates for approximately four hours during the evening two times per month. Medical student clinic coordinators organize all aspects of clinic operation including provision of volunteer training on how to offer affirming care to members of the LGBTQ community. Students undergoing training in provision of healthcare services (e.g., medical students, interns in clinical psychology, etc.) meet with patients while receiving supervision from healthcare professionals who also volunteer their time. Laboratory services are generously donated by the Augusta University Medical Center. Furthermore, an advisory board comprised of students and faculty practitioners address quality improvement initiatives, clinic financing, outreach activities, programmatic concerns, and overall management of the clinic.

Understanding of the health needs of the LGBTQ community in the rural South can be informed by examining the care provided at a student-run clinic designed to address gaps in clinical care for this population. The aim of the current study is to describe the patient demographics, services utilized at the Equality Clinic during its first two years of operation, and highlight trends in utilization, specifically regarding gender-affirming care.

Methods

Procedure

The current study employed retrospective medical record review of the first two years of clinic operation from September 2014 through September 2016. The hospital Institutional Review Board (IRB) approved the project and patient consent was waived. Patient data was mined from the Kareo electronic medical record (EMR) (Web-based Version, Kareo, Irvine, CA) and paper charts by two medical students, a public health graduate student, and an undergraduate research assistant. Information for codes was obtained from patient intake paperwork, medical Subjective, Objective, Assessment and Plan (SOAP) notes, and behavioral health notes.

Preceding data mining, a codebook was created by selecting variables of interest (demographics and health variables, detailed below) from paper forms and electronic medical records. Initial coding began with one coder, who trained two additional coders. When a new coder was brought in, each coder re-coded a randomly selected chart from the other two coders' weekly list until an inter-rater coding reliability of over 95% was achieved. Inter-rater reliability calculations were done by converting the number of correctly coded variables into a percentage. From then on, coding reviews were done for every 10-12 charts. Charts with less than 95% inter-rater reliability were re-coded. All charts were randomly assigned.

Patient Demographics Collected from EMR

Patient demographics included in the study were age at first visit, sex assigned at birth, gender, race/ethnicity, relationship status, zip code, insurance coverage and eligibility for services at

the clinic, and gross monthly income. Demographics were obtained from clinical documentation and patient intake paperwork.

To assess how far patients were travelling to the clinic, Google Maps (2019, Google, Mountain View, CA) was used to estimate the drivable distance between the zip code of the clinic (30904) and the patient zip code found in the chart.

Patient Health Variables Collected from EMR

Numerous health variables were extracted from the charts, however, the current study focused on: 1) reasons for visit as endorsed by patient, 2) chronic health conditions, 3) information related to gender affirming care, 4) psychological conditions, and 5) social history. First, the patient's self-reported reason for their appointment was indicated in their intake paperwork. Second, patients also indicated on their intake paperwork if they had any of the following chronic health conditions: hypertension, polycystic ovary syndrome (PCOS), migraines, chronic pain, asthma, diabetes or other. The number of chronic health problems was coded to include zero, one, or more than one chronic health condition. Third, coders identified if the medical assessments were related to gender, mental, or physical health. It is important to note that all procedures conducted across these categories are important for LGBTQ affirming healthcare. Distinctions of mental health and gender affirming care were made in the present study to allow for identification of health needs that may be particularly relevant to the LGBTQ population. Gender-affirming care primarily specified if patients were seeking gender affirming hormone therapy (GAHT; defined as prescription of hormones taken by a patient to facilitate acquisition of secondary sex characteristics consistent with their gender identity). Gender health-related variables indicated if the patient was already on GAHT when they came to the clinic and if the hormones were feminizing or masculinizing. Fourth, whether or not the patient received a behavioral health consult was also coded. Mental health variables assessed by the provider as indicated in the chart included anxiety, depression, bipolar disorder, insomnia, post-traumatic stress disorder, panic attacks, and gender dysphoria. Finally, providers also assessed social history including sexual activity, tobacco use, and number of alcoholic drinks per month.

Results

Participants

The final sample included medical charts of 156 adult patients. Seventeen patients were excluded from the study due to substantial incomplete demographics or data. While the Equality Clinic serves people with diverse gender identities and sexual orientations, the majority of patients (71%) identified as transgender. Most patients reported their relationship status as not in a relationship (59%) and their race as White (55.8%); 10% of pa tients identified as Hispanic or Latinx (Table 1).

Table 1. Individual Demographics

Variable	n	%
Sex Assigned at Birth		
Male	68	50.0
Female	81	51.9
Intersex	1	<1.0
Gender		
Man	18	11.5
Woman	21	13.5
MtF	54	34.6
FtM	57	36.5
Other	6	3.9
Race		
Black	32	20.5
Asian	2	1.3
Hawaiian/Pacific Islander	1	<1.0
White	87	55.8
Native American	2	1.3
Multiracial	8	5.1
Other	16	10.3
Ethnicity		
Not Hispanic/Latinx	111	71.1
Hispanic/Latinx	16	10.3
Relationship status		
In a relationship	60	38.5
Not in a relationship	92	59.0
Eligibility		
Underinsured	56	35.9
Insured	96	61.5
Uninsured	4	2.6

MtF: Male-to-female; FtM: Female-to-male

Table 2. Familial demographics

Variable	M	SD	Min	Max
Age	29.5	11.2	18.0	75.0
Family size	1.5	1.1	0.0	8.0
Gross monthly household income ($)	679.20	701.10	0.00	4,000.00
Distance traveled to clinic (miles)	56.5	57.1	1.6	231.0

M: mean; SD: standard deviation; Min: minimum; Max: maximum

Table 3. Reasons patient came to Equity Clinic

Reason	n	%
Gender health	99	63.5
General physical	27	17.3
Mental health	17	10.9
Specific chronic or long-term illness	16	10.3
Illness symptoms	13	8.3
Sexual health	5	3.2
Other reason for visit	38	2.4

Totals are greater than 100% as patients could check more than one reason.

Table 4. Chronic health problems or concerns

Condition	n	%
No health problem	98	62.8
Multiple conditions	27	17.3
Migraines	10	6.4
High blood pressure	8	5.1
Diabetes	7	4.5
Chronic pain	6	3.9
Asthma	6	3.9
Polycystic ovarian syndrome	4	2.6

Table 5. Social history endorsed during patient visit

Variable	n	%
Tobacco use	79	50.6
Consume 5+ alcoholic drinks/month	53	34.0
Drug use	74	47.4
Sexually active	61	39.1
Past/current suicidal ideation	17	10.9
Sexual assault	3	1.9

The ages of patients treated in the clinic ranged from 18 to 75 years with 29.5 years as the mean age (SD = 11.2) at first visit. The clinic served three underage patients during this period with parental consent, however, they were excluded in this study because the IRB only approved inclusion of those over 18 years old. The distance patients traveled from home to the clinic ranged from 1.6 miles to 231 miles with an average distance traveled of 56.5 (SD = 57.1) miles. Most patients did not have health insurance (61.5%) and 35.9% were underinsured. Income ranged from no income to $4,000/month with an average household income of $679.20/month (SD = $701.10). Patients came from diverse family sizes which ranged from zero family members to eight (M = 1.5, SD = 1.1) (Table 2).

Incoming Patient Concerns

Patients self-reported coming to the Equality Clinic for a variety of health concerns including gender health (n = 99), general physical health (n = 27), mental health (n = 17), specific chronic illness (n = 16), illness symptoms (n = 13), and sexual health (n = 5) (Table 3). Most patients (n = 98) denied preexisting chronic health conditions while others endorsed one (n = 58) or more than one (n = 27) condition. Patients presented with a variety of chronic health conditions including high blood pressure (n = 8), PCOS (n = 4), migraines (n = 10), chronic pain (n = 6), asthma (n = 6), diabetes n = (7), and other (n = 36) (Table 4).

Care Provided

During the first 2 years of operation, the Behavioral health team members were involved in 54.5% of visits (n = 85). Many patients endorsed health risk behaviors including tobacco use (n = 79), consumption of > 5 alcoholic drinks in a month (n = 53), drug use (i.e., illicit substances such as cocaine, cannabis, methamphetamine, etc.; n = 74), and past or current suicidality (n = 17) (Table 5).

Equality Clinic averaged approximately 18 student volunteers per clinic. Given that most patients reported their chief complaint was related to gender health, care predominantly focused on

Table 6. Prior GAHT use at the time of first visit

GAHT Use	n	%
On GAHT	25	16.0
On feminizing hormones	19	12.2
On masculinizing hormones	6	3.8

GAHT: gender-affirming hormone therapy

Table 7. Treatment plans

Plan	n	%
Labs	117	75.0
Follow up	107	68.6
GAHT prescribed	76	48.7
Psych medication prescribed	10	6.4
Discuss GAHT plan and risks	12	7.7
Other medication prescribed	31	19.9
Pap smear at next visit	8	5.1
Advised to monitor BP	4	2.6
Quit smoking	6	3.9

Totals more than 100% as patients could receive multiple items on their treatment plan.
GAHT: gender-affirming hormone therapy; BP: blood pressure

Table 8. Services utilized on first visit

Service	n	%
Medical	153	98.1
Behavioral health	85	54.5
Dental	16	10.3
Multiple services	91	58.3

these concerns. Overall, 118 patients were assessed for gender dysphoria and 104 patients were given a gender dysphoria diagnosis. Prior to receiving care at the Equality Clinic, 16.0% of patients were already taking GAHT medication. More of these patients came to the clinic on feminizing (n = 19) hormone therapy than masculinizing (n = 6) (Table 6). A new prescription for GAHT was initiated in many visits (37.2%, n = 58) and equally for patients seeking feminization and masculinization. In addition to gender care, treatment plans included prescribing psychiatric medication (n = 10), prescribing other medication (n = 31), monitoring blood pressure (n = 4), and smoking cessation (n = 6) among various other concerns (n = 53) (Table 7). Overall, 153 patients utilized medical services, 85 utilized behavioral health services, 16 utilized dental services, and 91 utilized multiple services (Table 8).

Behavioral Health Care

Mental health is a large concern in the LGBTQ community, warranting further exploration in the present study. Prior to seeking care at the Equality Clinic, several patients were diagnosed with and treated for psychiatric disorders including depression (25.0%), anxiety (24.4%), bipolar (5.1%), trauma-related (3.2%), and substance use disorders (< 0.1%). Several patients were previously being treated with psychiatric medications including mood stabilizers (5.8%), antidepressants (16.7%), anxiolytics (9.6%), and medications for substance use disorder (2.5%). New diagnoses were made for depression (12.2%), anxiety (16.0%), bipolar (2.6%), trauma-related (2.6%), and substance use disorders (1.9%).

Throughout the first two years of the clinic, 15 patients reported past suicidal ideation, four reported past issues with self-harm, two reported current suicidal ideation, and one reported current self-harm behavior. No patients required psychiatric hospitalization. Of the 85 patients seen by behavioral health, 43 were recommended to receive follow-up at the next Equality Clinic appointment, 26 were referred for individual therapy, four for support groups, and one for social services.

Discussion

The Equality Clinic in Augusta, GA is a student-run clinic that was created to provide inclusive and culturally competent health care to the LGBTQ community in the CSRA who are uninsured or underinsured. Consistent with reports from Hasenbush et al.,[6] Equality Clinic patients' gross monthly household income was very low ($679.2/month, on average) and most patients did not have any health insurance (61.5%; n = 96).

The clinic offers a broad range of services including medical care, dental care, and mental healthcare. While the clinic is marketed to the entire LGBTQ community, the use of the clinic has been predominantly by transgender patients who are seeking gender related care. Of note,

data summarized in the present study come from 2014–2016. This is important context given that approaches to gender affirming care evolve over time. For example, Davy and Toze[10] review the controversial nature of gender dysphoria as a diagnosis. They demonstrate how the scientific literature regarding gender affirming diagnosis and care has evolved over time and call for continued development of the field to better promote the wellbeing of transgender people.[10] Regarding diagnosis of gender dysphoria in the present study, The Equality Clinic of Augusta uses the standards of care outlined in the World Professional Association for Transgender Health (WPATH). WPATH provides standards for mental health, hormone therapy, reproductive health, confirmation surgery, and communication therapy among other interventions. The diagnosis of gender dysphoria is used to classify symptoms commonly associated with a desire for gender confirmation interventions which often allows access to these medical interventions and resources a patient may need during their transition.[11] The Equality Clinic of Augusta uses these standards with an informed consent model while acknowledging that often a diagnosis is necessary for further services in the community such as confirmation surgery.

High rates of utilization of gender affirming healthcare at the Equality Clinic may speak to the unique place the transgender population inhabits within the LGBTQ community. This finding is consistent with research emphasizing that transgender individuals often face unique difficulties associated with accessing gender affirming healthcare relative to cisgender members of the LGBTQ community.[12] Compounding this problem, health insurance companies often refuse to support trans-affirming treatments, which exacerbates substantial barriers to care already faced by transgender individuals and denies patients' relief from gender dysphoria and distress.[13] While all members of the LGBTQ community continue to face health disparities and access to care, these disparities and access to competent trans-affirming care are especially significant for members of the transgender community living in the CSRA. Given the distance some patients would travel to receive care (57.1 miles, on average), it is clear the Equality Clinic is filling a vital need for transgender patients in the CSRA, across Georgia, and in neighboring states.

Significant barriers to healthcare, particularly among transgender individuals, likely contribute to increased stress and negative mental health outcomes. Results from the current study support this possibility. While most patients had minimal health concerns, high rates of anxiety and depression were observed, and half of the patients endorsed health risk behaviors including use of tobacco, alcohol, and other drugs. These observations are consistent with previous literature, which found transgender and gender nonconforming (TGNC) individuals experience higher rates mental illness and substance use.[14] The present findings highlight the need to improve access to LGBTQ affirming healthcare (particularly regarding gender-affirming care) and substance use treatment in the South.

Evolution of the Clinic

The Equality Clinic has evolved to meet the unique needs of the LGBTQ community in the CSRA. Since its inception in 2014, services have expanded to include: on site human immunodeficiency virus (HIV) testing and counseling, human papillomavirus (HPV) screening, oral cancer screenings, pre-exposure prophylaxis (PrEP), a transgender support group, and assistance with applications for financial assistance for other medical care. Involvement of additional medical disciplines has also expanded to include occupational therapy, physician assistants, and pharmacy. In the future, we aim to include additional services to address patient needs including transportation to clinic, additional options for lab testing, financial coverage of GAHT, financial means for gender confirmation surgery, housing instability, and childcare during clinic hours.

Student run clinics serve a vital role in providing care to uninsured and underinsured patients. The Equality Clinic has filled a gap in the CSRA and continues to evolve to meet the needs of this community.

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Disclosures

The authors have no conflicts of interest to disclose.

References

1. Daniel H, Butkus R, Health and Public Policy Committee of the American College of Physicians. Lesbian, gay, bisexual, and transgender health disparities: executive summary of a policy position paper from the American College of Physicians. Ann of Internal Med. 2015 Jul 21;163(2):135-7. LINK
2. Meyer IH, Brown TN, Herman JL, Reisner SL, Bockting WO. Demographic characteristics and health status of transgender adults in select US regions: Behavioral risk factor surveillance system, 2014. Am J Public Health. 2017 Mar 8;107(4):582-9. LINK
3. Stepleman LM, Yohannan J, Scott SM, et al. Health needs and experiences of a LGBT population in Georgia and South Carolina. J Homosex. 2019 Jun 7;66(7):989-1013. Epub 2018 Aug 10 LINK
4. Buchmueller T, Carpenter CS. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000–2007. Am J Public Health. 2010 Mar;100(3):489-95. Epub 2011 Aug 30 LINK
5. Kates J, Ranji U, Beamesderfer A, Salganicoff A, Dawson L. Health and access to care and coverage for lesbian, gay, bisexual and transgender (LGBT) individuals in the US. San Francisco (CA): Kaiser Family Foundation. 2018 May 3. 35 p. LINK
6. Hasenbush A, Flores A, Kastanis A, Sears B, Gates G. The LGBT divide: a data portrait of LGBT people in the Midwestern, Mountain & Southern states. Los Angeles (CA: The Williams Institute. 2014 Dec. 42 p. LINK
7. 2021 Municipal Equality Index Scorecard: Augusta-Richmond, Georgia [Internet]. Washington (DC): Human Rights Campaign Foundation; 2021 Dec [accessed Dec 2021]. Available from: LINK
8. Simpson SA, Long JA. Medical student-run health clinics: important contributors to patient care and medical education. J Gen Intern Med. 2007 Mar;22(3):352-6. LINK
9. Equality Clinic of Augusta [Internet]. Augusta (GA). Available from: LINK
10. Davy Z, Toze M. What is gender dysphoria? A critical systematic narrative review. Transgend Health. 2018 Nov 9;3(1):159-69. LINK
11. Coleman E, Bockting W, Botzer M, et al. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. Int J Transgend. 2012 Aug 1;13(4):165-232. LINK
12. Kcomt, L., 2019. Profound health-care discrimination experienced by transgender people: rapid systematic review. Soc Work Health Care, 2019 Feb;58(2):201-219. Epub 2018 Oct 15 LINK
13. Padula WV, Baker K. Coverage for gender-affirming care: Making health insurance work for transgender Americans. LGBT Health. 2017 Aug 4;4(4):244-7. LINK
14. DeCou CR, Lynch SM. Sexual orientation, gender, and attempted suicide among adolescent psychiatric inpatients. Psychol Serv. 2018 Aug;15(3):363-9. LINK