Health Needs and Experiences of Trans Residents in Small and Rural Areas

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Abstract

This brief paper summarizes the findings from a community-based research project examining the health needs and experiences of trans-identified people in small and rural communities as presented at the 9th annual Laurentian University Faculty of Health conference. This study involved residents who identify as transgender living in North Simcoe/Muskoka, an area comprised of small, rural, suburban and remote communities. It employed a mixed method design, with quantitative findings derived from a comprehensive online survey and qualitative findings from a series of community focus groups. A sample of findings related to health care experiences grounded in the voices of participants was presented. These findings included several common themes that characterize the health service encounter of residents who are transgender. The health care experience of trading off competent trans-specific health care provision for respect and willingness on behalf of the health care practitioner was common, and provides evidence for the lack of trans-specific health care available in these areas. Experiences of service denial or rejection as a result of their trans identities or gender expression were also common. Residents who are transgendered in areas where there is a lack of service infrastructure are also forced to become their own health care experts, a necessary and distressing reality of accessing health care as a transgender individual in small and rural areas.

Key words: Transgender health, Rural health

Résumé

Cette présentation résume les résultats d'un projet de recherche communautaire qui examine les besoins et les expériences en matière de santé des personnes trans-identifiées dans les petites collectivités. Cette étude concernait des résidents qui s'identifient comme des transgenres vivant dans le nord de Simcoe/Muskoka, une région composée de petites collectivités rurales, suburbaines et éloignées. L'étude a employé des méthodes quantitatives et qualitatives; des résultats quantitatifs tirés d'un sondage en ligne complet et des résultats qualitatifs d'une série de groupes de discussion communautaires. Un échantillon de résultats liés aux expériences de soins de santé fondés sur la voix des participants a été présenté. Ces résultats comprenaient plusieurs thèmes communs qui caractérisent la rencontre des services de santé des résidents qui sont transgenres. L'expérience des soins de santé qui consiste à commercialiser des prestations de soins de santé transspécifiques compétentes pour le respect et la volonté de la part du praticien de la santé est fréquente et fournit des preuves de l'absence de soins de santé trans-spécifiques disponibles dans ces régions. Les expériences de déni ou de rejet du service en raison de leur identité trans ou de leur expression sexuelle étaient également courantes. Les résidents qui sont transgenres dans les zones où il ya un manque d'infrastructure de service sont également obligés de devenir leurs propres experts en soins de santé, une réalité nécessaire et pénible de l'accès aux soins de santé en tant que personne transgenre dans les petites et les zones rurales.

Health Needs and Experiences of Trans Residents in Small and Rural Areas

This study was undertaken to better understand the health needs and experiences of residents who identify as transgender living in North Simcoe/Muskoka. The study involved a mixed methods design involving a comprehensive needs assessment online survey (N=58) and four focus groups throughout the area (N=22), guided by an ad hoc group of community members who identified as transgender. Although the study involved a comprehensive needs assessment, themes from the qualitative dimension of the study as they relate to health experiences in small towns and rural areas were the focus of the conference presentation summarized herein.

North Simcoe/Muskoka (NSM) is considered a primarily rural area, comprising approximately 155 villages, small towns, and several small cities with primarily suburban/rural mix. As such, it is characterized by growing yet inadequate health and social services infrastructure. Not surprisingly, just over half of the sample lived in the area's largest city (Barrie) however the remainder of the sample was spread throughout smaller towns and villages, often with only one resident who was trans identifying as living in each of these small areas. Most of the sample were long-term residents of NSM, with only 3 identifying as new to the area and most living in NSM for most or all of their lives, despite the lack of trans-specific health and support services available and relative lack of a transgender community.

The lack of trans-specific health and support services characteristic of most small towns and rural areas forms the context for unique health experiences of residents who are transgender or gender non-conforming. Recent Ontario research established that approximately 49 per cent of the transgender population in Ontario had experienced a significant unmet health care need in the past 12 months (Giblon & Bauer, 2017, p.283). This is compounded in rural communities and small communities in addition to posing unique challenges for social support, coping, and health for transgender and gender non-conforming residents. Without such supports, transgender and gender minority residents of rural areas disproportionately experience poorer general health and mental health outcomes than their more urban counterparts (Horvath, Iantaff, Swinburne Romine, & Bockting, 2014).

Stigma and discrimination intersect with the lack of health and trans health infrastructure to produce some alarming realities for transgender residents. For example, just over half of the sample reported that they had avoided accessing general health care in the past 12 months due to fears about the service encounter experience given their trans identity or gender expression. Only half of the sample reported that their primary/dedicated health care provider was aware of their trans or gender expression identity.

Trading Off Health Care Competence for Willingness to Care

Most participants reported positive health care experiences in the NSM—however what constituted “positive” was surprising. Most residents detailed positive health encounters with service providers despite their lack of competence or even basic knowledge about trans-specific

health care. Participants identified these encounters as positive because the practitioner was at least willing to learn and/or treated them with gender-affirming respect. A conversation in the focus group illustrates this trade-off:

(Participant A)“I’m still with my old family doctor, he seems sympathetic. I don’t feel he treats me any different than he was before. Now, keep in mind that I’m not out full-time, but he knows of my situation and he helps me the best that he can.

(Participant B in response): I’ve been full-time for just over a year, and I’ve been with a family doctor now for twenty some odd years. So I’m still with the same doctor, I asked him about his experience with trans gender and I think he had one trans gender patient that I’m aware of probably twenty or thirty years ago. So very very limited experience, but since coming out, the limited dealings I’ve had with him since, he hasn’t really treated me any differently, so that aspect has been good that way.

(Participant C contributes) I’d just like to say about my doctor, she has been excellent with me, despite the fact that she doesn’t understand.”

Having to make the trade-off between health care competence/knowledge and the willingness to work with patients who are transgender is concerning not only in terms of access to competent care but also the disparity it represents when compared to non-transgender health encounters. Cysgender residents are not likely to confronted with such trade-offs in their health care.

Service Denial or Rejection

Seventy-six per cent of respondents reported that they had not been refused services as trans individuals in NSM. However, 24 per cent confirmed they had been rejected or denied health care services, with 7 residents reporting their care provider had terminated services after disclosure of their trans identity. Another 10 residents reported that although their general health care continued, their service provider refused to discuss or treat their trans-health specific matters. Another 10 reported that their provider had belittled or ridiculed either their trans identity or decisions related to transitioning. “I was told by an individual at the hospital that I would not be treated there” (focus group participant).

Many residents who are transgender are re-directed to another source, most often far away from their homes. The practical consequence of this reality is that residents are forced to leave their communities for services, often at great distances and personal expense. Fifty-three per cent of the survey participants access most or all of their health care services outside of the NSM region, resulting in a patchwork of services resident are forced to navigate independently.

But just to go to my family doctor I'd be kind of afraid just for discriminatory reasons. Just growing up here and transphobia and homophobia and all how it is in this town for the most part."

"Because we're seeing all sorts of people all over the place and there's no real connection. It's like a whole pile of satellites that's just floating around out there."

Forced Experts in Their Own Care

Patchwork health care services represent significant health care risk. Gaps in services and health provider communication can pose serious consequences for health such as unnecessary delays. When residents did access health care services in NSM, in general they were met with a lack of trans-specific health care competence and thus had to educate their providers not only about their specific health needs but also procedures related to supporting their trans identities, gender expression, or transition. They must become experts in their own care, not out of empowerment, but out of necessity.

"While he [the health care provider] was trying to be supportive, he didn't even know when to start, so I had to do all the work, to tell him what I need, and that was difficult."

"They want to know that they're going to go see is going to have some kind of idea of what's going on, like there's a lot of fear about being the one that has to teach the lessons, right?"

Conclusion

Overall, respondents said they had positive health care experiences, but what constitutes a positive encounter needs to be understood from a lens that accounts for the pervasive forces of transphobia. Positive meant respectful or willing providers, and did not factor competency or availability/access. The professional and scholarly literatures have established the urgent need for mental and physical health services to be developed and maintained in rural areas (Horvath et al., 2014). Given the lack of health and social service infrastructure in these communities, it is reasonable that one would expect fewer options and resources than are typically available in larger, metropolitan areas. It should not be assumed however that people who need trans-specific health and social services can and should leave their communities for services. Residents who are transgender should still expect to have their health care needs met "in place". As in the case of this study, the majority of the sample are long-term residents of these small towns and villages—staying in place despite their experiences of poor health care access and responses.

Limitations

There are several limitations to the generalizability of this study to other small town or rural areas. The sample size, although considered small by most research standards, is an ample size given the nature of the study. The sample however identified as primarily Caucasian and English-speaking. Trustworthiness of the study results was established through its mixed methods design, with focus group providing confirmation of the quantitative data, as well as through a member checking process for findings.

References

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