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Title

Characteristics of Transgender and Gender Diverse Adults pursuing Gender-Affirming Hormone Therapy and Surgery

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: People who identify as transgender or gender diverse (TGD) are a growing demographic with unique healthcare needs. There are calls for action to increase the visibility and needs of this community, particularly as systemic barriers limit access and perpetuate health disparities. To improve health outcomes, more information about the types of healthcare that TGD adults are receiving is needed

Objective: To describe demographic characteristics of adults who 1) did or did not undergo gender confirming surgery (GCS) 2) compared estradiol- versus testosterone-based gender affirming hormone therapy (GAHT) at a large tertiary health center

Study Design: Retrospective cohort study. Two-step process with ICD-9/10 codes associated with TGD and identifying those whose sex assigned at birth was noncongruent with gender identity. Index date defined as the date of the first prescription for GAHT or date of first GCS procedure

Analysis: Baseline characteristics were described descriptively. Student t-test and chi-squared tests for continuous and categorical variables were used to compare differences between groups

Dataset: Electronic health record data from 2012-present at one large Intermountain West healthcare system

Population Studied: Adults (18+) with an encounter for gender affirming care (n=4,190). One group examined patients who underwent GCS (n=1120) and those without GCS (n=3070). The second group compared those on testosterone-based hormone therapy (n=1027) and estrogen-based hormone therapy (n=1222)

Outcome Measure: Describe baseline demographics and health status prior to starting GAHT or undergoing GCS

Results: Compared to TGD adults without GCS, those who received GCS were more likely transgender men (17.9% no surgery vs 27.9% surgery) rather than transgender women (23.5% vs 14.6%) or non-binary (11.0% vs 9.8%). GCS patients were also less likely to have Medicaid (13.0% vs 7.0%). Compared to those on estrogen-based hormone therapy, those on testosterone-based therapy were younger (mean age 29 vs 25 years old), more diverse in race/ethnicity (6.7% vs 13.0% identify as Hispanic/Latino), higher BMI (26.8 vs 29.2) and more likely to have commercial insurance (76.8% vs 80.6%)

Conclusion. Demographics of TGD adults who underwent GCS or not and those on estrogen- versus testosterone-based GAHT are different. Additional analysis will be performed to explore the differences in co-morbidities to better understand the needs of the community