

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 7020

### **Title**

*The Midwest Trans Health Education Network: Increasing Access to Gender Affirming Care Through Virtual Training Cohorts*

### **Priority 1 (Research Category)**

Education and training

### **Presenters**

Colin Whitmore, BA, Dylan Flunker, MPP (Masters of Public Policy), Kelsey Leonardsmith, MD, FAAFP

### **Abstract**

Context: Gender affirming medical care is associated with long term benefits for transgender and non-binary patients but access to such care does not meet the current need. This mismatch is worsened in rural communities. Many practicing providers receive no training in gender affirming hormone care, working competently with gender diverse patients, or ensuring an affirming care environment.

Objectives: (1) Identify system based and provider side barriers to accessing gender affirming medical care in rural settings (2) Explain how virtual training and peer mentorship networks can reduce provider side barriers to providing gender affirming medical care. Study Design: Participants were asked to complete an anonymous and voluntary pretest-posttest survey to describe their experience. The survey had questions based on the likert scale as well as free text responses. Setting or Dataset: A pretest-posttest survey design was utilized to assess the intervention. Participants were surveyed on their experience with the course, self-rated knowledge, and confidence levels regarding the provision of primary and hormone care to and degree of experience with transgender and non-binary patients.

Population Studied: Upper Midwest based providers interested in providing gender affirming and primary care for transgender adults located in rural areas. Intervention/Instrument: Virtual training program that provided educational seminars, opportunities for care conferences, telementorship, peer-cohort networking, and clinic site visits. Outcome measures: Self-rated knowledge and confidence in provider competence before and after the course. Results: Participants noted significant increases in their knowledge of working with and confidence in providing care to transgender or non-binary patients.

Responses to open-ended questions led to changes in the format for the second cohort. Conclusions: Virtual training cohorts are an effective method for democratization of gender affirming medical care expertise so that rural providers can adopt this model of care and respond to the needs of their local communities. Using participant feedback to iterate on an educational intervention can improve efficacy

across cohorts. Ongoing telementorship networks may facilitate expanding competence after the intervention.

Downloaded from the Annals of Family Medicine website at [www.AnnFamMed.org](http://www.AnnFamMed.org). Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact [copyrights@aafp.org](mailto:copyrights@aafp.org) for copyright questions and/or permission requests.