

# Distance Traveled for Health Care by Transgender Patients in Central Kentucky

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## INTRODUCTION

It has been estimated that nearly 1.6 million Americans ages 13 and older identify as transgender.<sup>1</sup> Members of this community experience health disparities compared to those who identify as cisgender.<sup>2</sup> Among many factors, this is partly because some transgender patients are averse to disclose details of their personal lives due to fear of discrimination.<sup>3</sup> The hesitancy of some providers to ask about a patient's sexual orientation and/or gender identity due to a lack of comfort or lack of perceived relevance contributes.<sup>3,4</sup> Additionally there may be a shortage of competent providers who can aptly tend to the specific health needs of the transgender community.<sup>4,5</sup> This may cause those within the community to either endure negative health care experiences, avoid seeking care, or travel long distances to receive knowledgeable care.<sup>5</sup>

## PURPOSE OF STUDY

The purpose of the current research was to examine geographic distance traveled among transgender patients who seek healthcare at the University of Kentucky Transform Health Clinic.

## METHODS

Data for this study was obtained through the University of Kentucky Center for Clinical and Translational Science (CCTS) Biomedical Informational Services. The study was conducted under the "honest broker" CCTS Enterprise Data Trust approved IRB (#45668). Inclusion criteria consisted of patients ages 18-99, seen at the UK Transform and Community Health Center between 2016-2023, who were grouped into transgender and non-transgender patients, data was also extracted regarding their zip code, age, and both groups top 10 diagnoses codes for their visits. Multiple visits were excluded to minimize double entries.

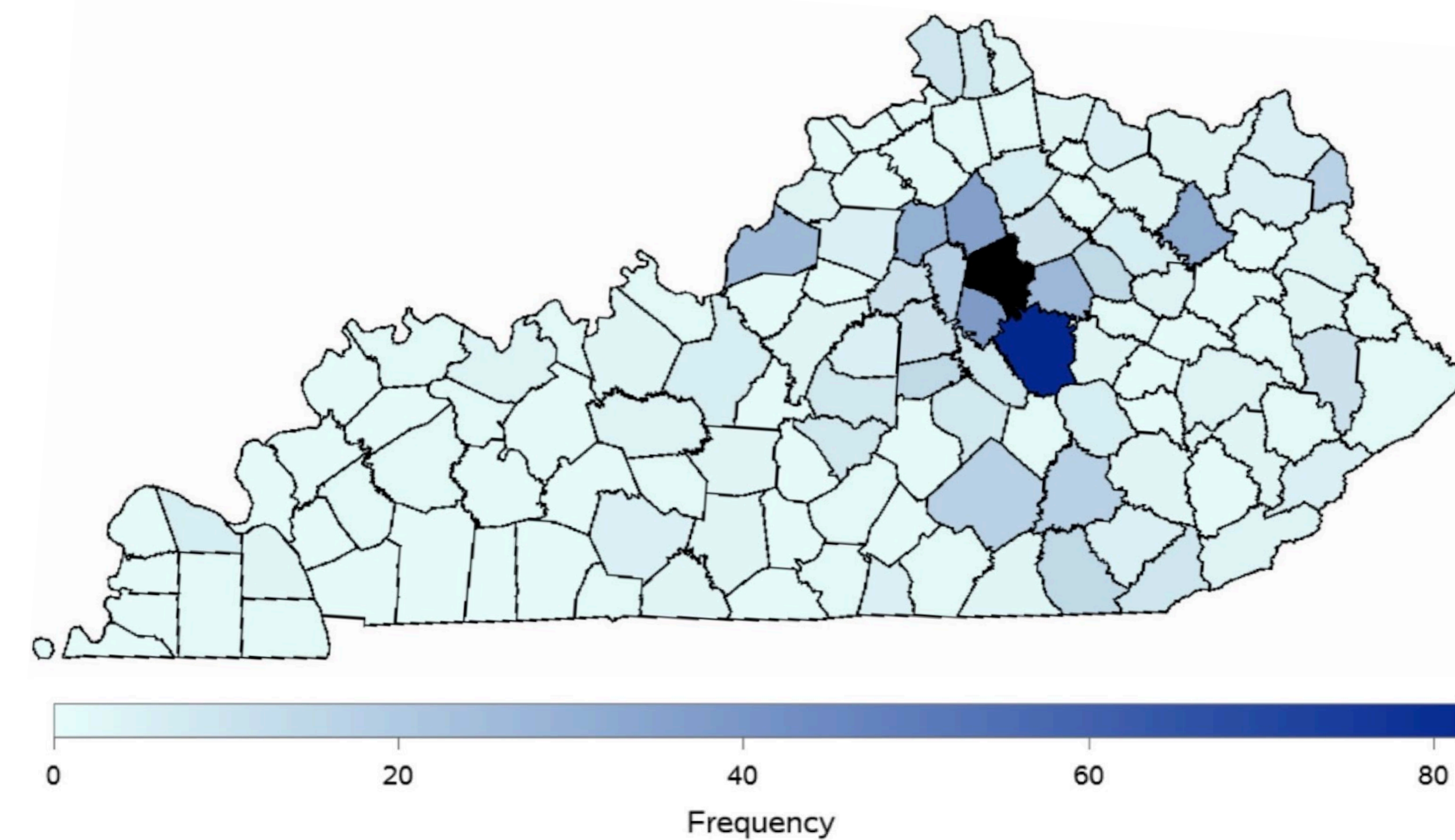
Data was analyzed using SAS 9.4, encounter and diagnoses databases were combined by matching patient and visit identifiers. If a patient selected "Choose not to disclose" to one of the gender questions, the response was coded as missing. A patient was trans-identifying at a visit if at least one of the following were true: 1. birth sex did not match gender or gender identity, 2. gender did not match gender identity, 3. Patient selected "Non-Binary," "Transgender Male/Female," "Queer," or "Other" as the gender identity or 4. diagnoses F64 was marked for the visit. If a patient was coded as trans-identifying at any visit, then the patient was considered trans-identifying and the first visit coded as such was kept. For patients not identifying as transgender at any visit, the first visit was used. All other demographic information was summarized by counts and percentages. This information was best represented by creating a choropleth map of Kentucky to visually understand where patients were traveling from to visit the clinic.

## REFERENCES &

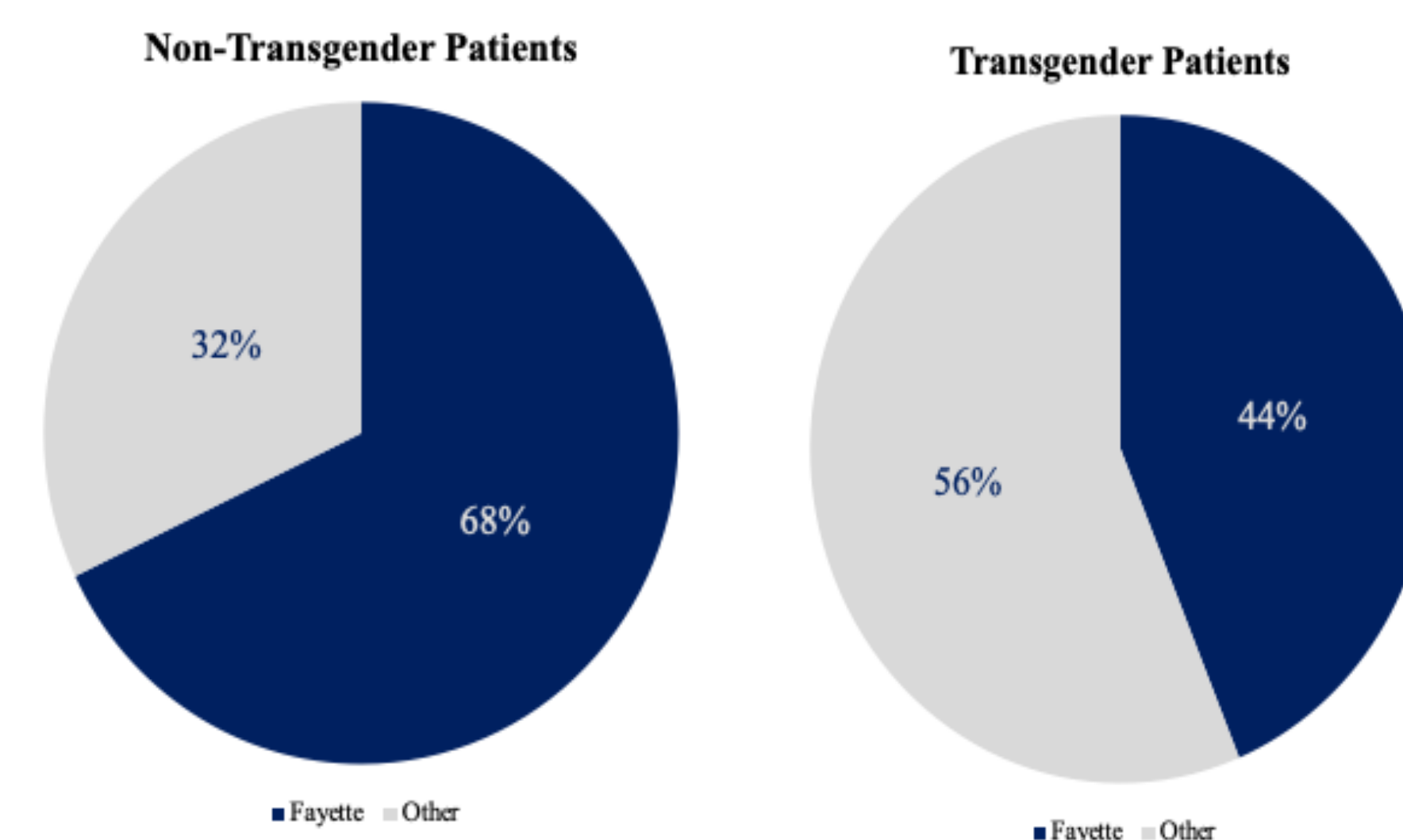
## ACKNOWLEDGMENTS



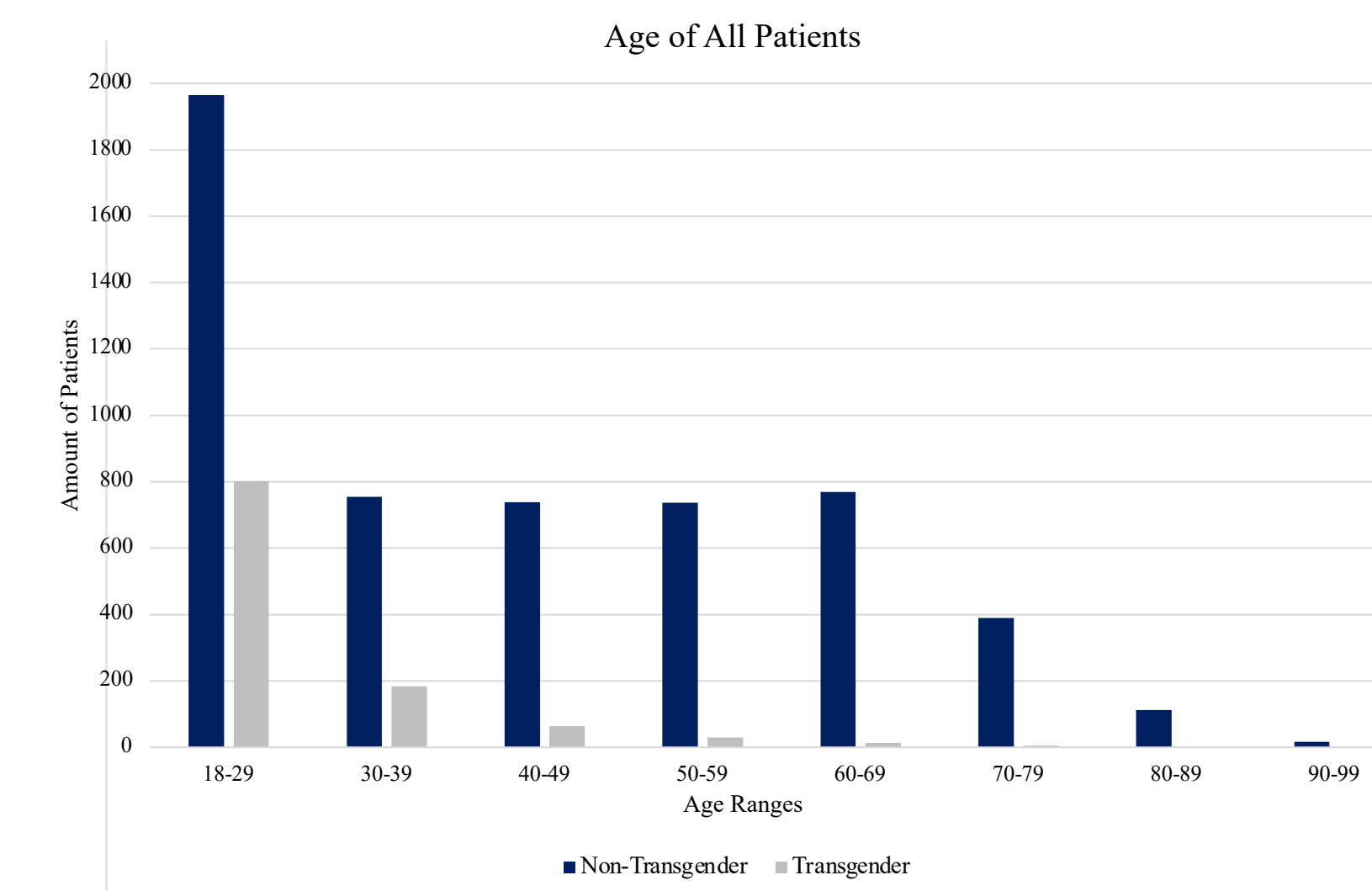
## RESULTS



**Figure 1:** Choropleth map of Kentucky displaying where transgender patients travel from within the state. The top 5 counties outside of Fayette County included: Madison, Jessamine, Scott, Franklin, and Rowan.



**Figure 2:** Pie chart denoting the percentages of non-transgender and transgender patients that travel from within or outside of Fayette County.



**Figure 3:** A grouped bar graph showing the number of non-transgender and transgender patients in each age range.

**Top 10 Most Common Diagnoses: Non-Transgender Patients**

Diagnosis Code	Description	(n=) (% of NT patient population)
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	(1584) (28.9%)
I10	Essential (primary) hypertension	(1354) (24.7%)
Z00.6	Encounter for examination for normal comparison and control in clinical research program	(901) (16.4%)
Z00.00	Encounter for general adult medical examination without abnormal findings	(769) (14.0%)
E78.5	Hyperlipidemia, unspecified	(606) (11.0%)
F41.9	Anxiety disorder, unspecified	(529) (9.6%)
Z23	Encounter for immunization	(487) (8.9%)
K21.9	Gastro-esophageal reflux disease without esophagitis	(428) (7.8%)
Z79.899	Other long term (current) drug therapy	(407) (7.4%)
E11.9	Type 2 diabetes mellitus without complications	(389) (7.1%)

**Table 1:** The top 10 most common diagnoses reported for the non-transgender patient population.

**Top 10 Most Common Diagnoses: Transgender Patients**

Diagnosis Code	Description	(n=) (% of TG patient population)
F64.0	Transsexualism	(883) (80.5%)
F64.9	Gender identity disorder, unspecified	(640) (58.3%)
F41.9	Anxiety disorder, unspecified	(149) (13.6%)
Z00.00	Encounter for general adult medical examination without abnormal findings	(135) (12.3%)
F32.9	Major depressive disorder, single episode, unspecified	(134) (12.2%)
Z79.899	Other long term (current) drug therapy	(101) (9.2%)
Z23	Encounter for immunization	(96) (8.8%)
F41.8	Other specified anxiety disorders	(75) (6.8%)
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	(73) (6.7%)
F41.1	Generalized anxiety disorder	(66) (6.0%)

**Table 2:** The top 10 most common diagnoses reported for the transgender patient population.

## SUMMARY OF RESULTS

This data sample contains 6580 total patients. 83.3% (n=5483) were non-transgender and 16.7% (n=1097) were transgender. 56.2% (n=617) of the transgender population traveled from outside Fayette County compared to 32.1% (n=1751) of the non-transgender population (p<0.0001). Transgender patients recorded a median value of 6 visits per patient compared to a median value of 1 for non-transgender patients (p<0.0001). Ages 18-29 made up the largest group for all patients 42% (n=2767). This age range accounted for 73% (n=802) of transgender patients. Of the top 10 diagnoses for transgender patients, 4/10 were related to anxiety and depression, compared to only 1/10 in non-transgender patients.

## DISCUSSION

**A.** Transgender patients may be traveling more because they are trying to access gender affirming care. Traveling to get this care may be due to a lack of gender affirming clinicians, patients being asked to teach their providers about gender affirming care, a lack of clinical skill among clinicians, and difficulty scheduling appointments.<sup>6</sup> The travel could also be due to their doctor refusing to provide them with care.<sup>6</sup>

**B.** The data revealed a 6:1 ratio for the median number of visits for transgender patients to non-transgender patients. This is suggestive that trans-identifying patients have a notable comfortability with being seen at the Transform health clinic. It can be reasonably assumed that this comfortability is correlated with the comprehensive and holistic approach that the providers at this clinic implement including but not limited to demonstrating cultural competencies around gender-diverse populations and their awareness and avoidance of associated microaggressions among healthcare providers.<sup>7</sup>

**C.** Four of the top 10 diagnoses for transgender patients were related to anxiety or depression, compared to only one of the top 10 diagnoses for non-transgender patients. This finding may be supported by the minority stress theory, which postulates that those with identities that are stigmatized in society endure disproportionately high stress from both external and internal origins.<sup>8</sup>

**D.** In this study 62.22% of patients did not identify both their birth sex and current gender identity to the EHR. The advancement of EHR systems to accommodate for transgender patient's medical information provides the opportunity for improvement in care for transgender patients who face countless barriers to care.<sup>9</sup>

**E.** Data analysis shows most transgender patients are in the 18-29 age group. It is hard to pinpoint with certainty why this is the case. In one article, reasons cited by older transgender patients who did not seek gender affirming care included lack of support from family/friends, financial difficulties, concerns with being accepted by coworkers, and lack of access to providers.<sup>10</sup>

## CONCLUSION

A higher percentage of transgender patients are traveling from outside Fayette County compared to non-transgender patients. Considering that a known barrier to care for transgender patients is distance traveled, more providers outside of urban areas should be trained in gender affirming care to allow for rural care for transgender patients.