



# Differentiating the Effects of Exposure versus Medical Education on Transphobia Among a Sample of Emergency Room Practitioners

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# Introduction

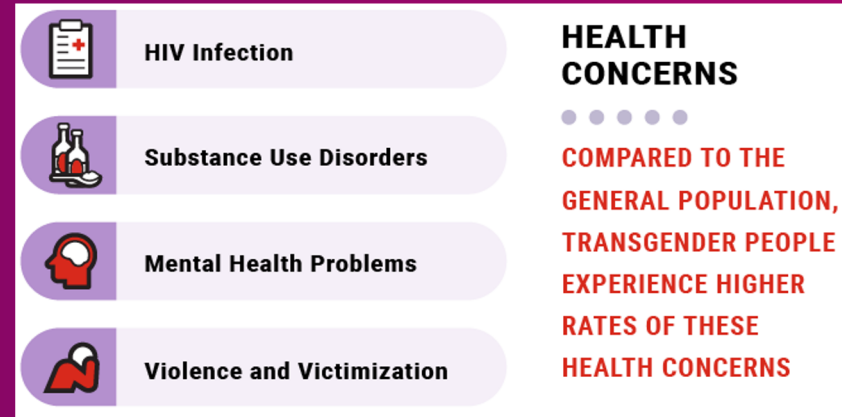
1. Framing the Inquiry
2. Academic Background



# The Relevance of Studying Trans Health



- Transphobia - “The fear or hatred of transgender people or people who do not meet society’s gender role expectations” (UCSF)
  - Bias is interpersonal and institutional
- Adverse health outcomes for transgender and gender diverse folks
  - (“Patient-Centered Care,” CDC)



<https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html>

# In the Emergency Room...



## Urgency and the Consequences of Diminished Quality Care

- Well-intentions are still influenced by bias
  - (Willging, et al., 2019)
- Postponed care or complete avoidance
  - (Glick, et al., 2018) & (Bauer, et al., 2014)

# The Gap in the Literature



- Prior research has been conducted on transphobia's relation to providers' knowledge of TGD health (Stroumsa, et al.)
- Most emergency medicine curricula lack dedicated time to LGBT health
  - (Chisolm-Straker, et al., 2017) & (Moll, et al., 2014)
- Sparse focus on transphobia-related factors in literature

Does exposure to transgender and/or gender diverse (TGD) individuals or education have an association with/predict transphobia in emergency room practitioners?

- + In what ways may there be disparity between exposure and education with respect to transphobia?



# METHODS



- Parent study invited 193 emergency room clinicians working in a Metro Detroit Health System to participate
  - ~40% responded, final N = 81
- Secondary analysis - different variables
- Recoding and statistics - SPSS 27
  - Descriptive statistics
  - Bivariate Analysis
    - T-tests
    - One-way ANOVA
    - Correlation



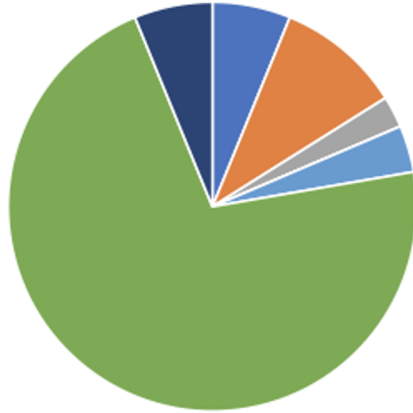
# Results

Descriptive and Statistical Analyses

# Descriptive Analyses - Frequencies

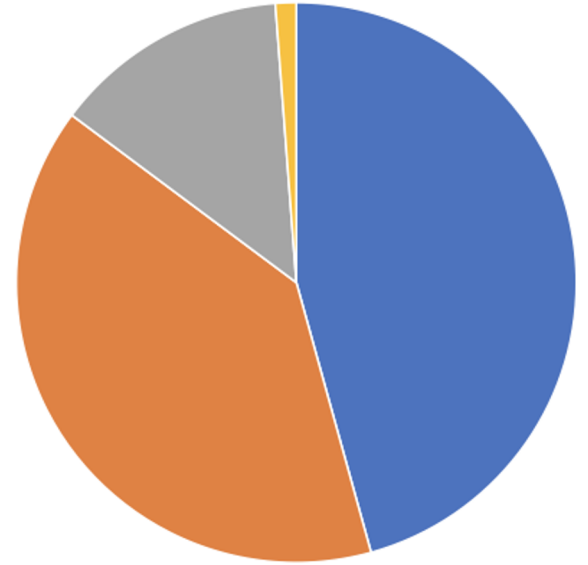


### Racial Composition of Sample



- African American or Black
- Asian American / Pacific Islander
- Latinx or Hispanic
- Native American or American Indian
- Middle Eastern/North African
- Caucasian or White
- Other or Biracial or Multiracial

### Political Alignment of Participants



- Liberal
- Moderate/Middle of the Road
- Conservative
- Missing



Education Categorical Variables			
Name	Values	Count	Percent (%)
School Location	U.S.	72	88.9
	Other	8	9.9
	Missing	1	1.2
Hours of Formal Education	None	13	16.0
	1-2	37	45.7
	3-5	24	29.6
	6+	6	7.4
	Missing	1	1.2
Hours of Informal Education	None	30	37.0
	1-2	26	32.1
	3-5	12	14.8
	6+	11	13.6
	Missing	2	2.5

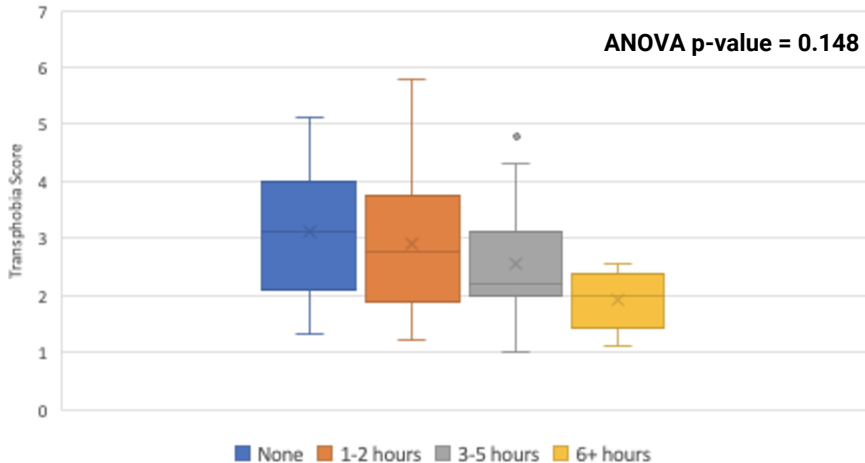


Exposure Categorical Variables			
Name	Values	Count	Percent (%)
Met transgender person	yes	80	98.8
	no/not sure	1	1.2
Met gender nonbinary/gender diverse person	yes	45	55.6
	no/not sure	33	40.7
	Missing	4	3.7
Transgender or Gender Diverse Patients Cared for in the Past Five Years	0	3	3.7
	1-5	44	54.3
	6-20	30	37.0
	>20	4	4.9

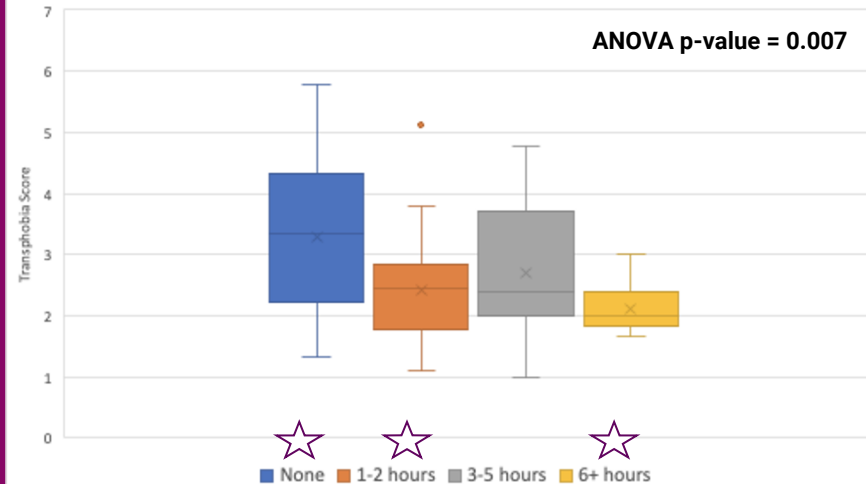
# Comparing Transphobia Based on Hours of Formal and Informal Education



Hours of Formal Education on Transgender and Gender Diverse Health and Assessed Transphobia

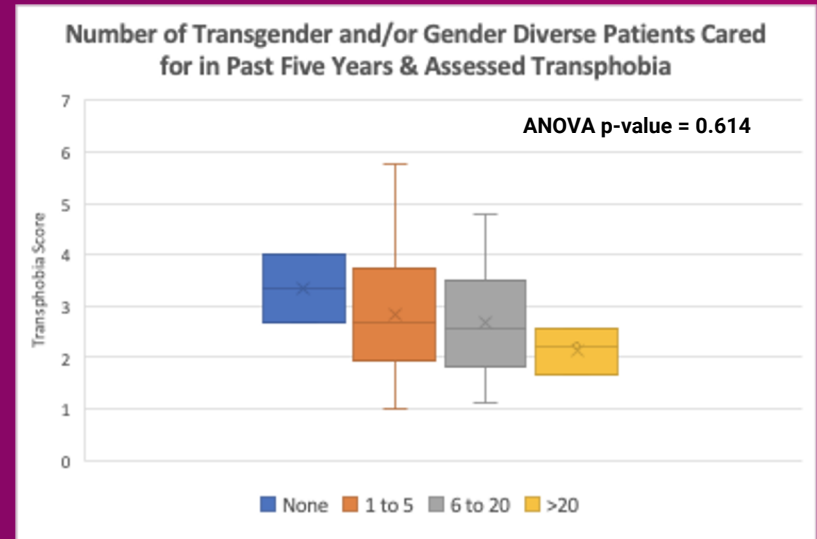
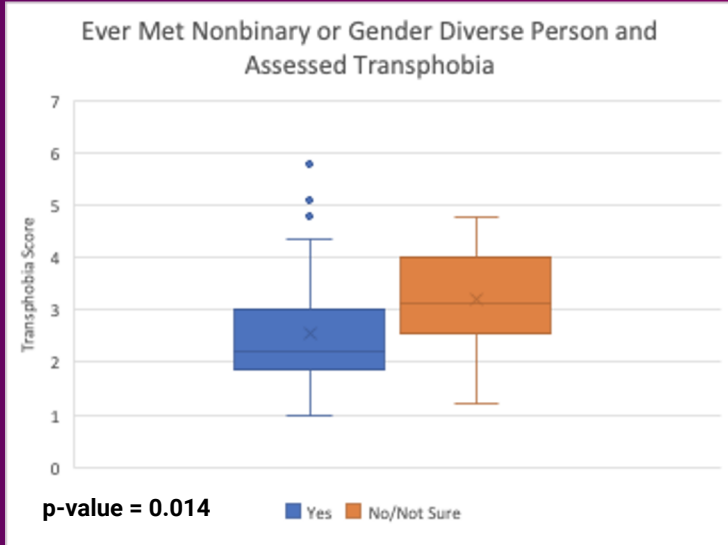


Hours of Informal Education on Transgender and Gender Diverse Health and Assessed Transphobia





# Exposure Variables & Transphobia



# Discussion



# Interpretations and Ramifications



Variable Type	Variables with Significantly Different Transphobia Among Values
<i>Education</i>	Hours of Informal Education (Negatively Related)
<i>Exposure</i>	Met a Gender Nonbinary/Gender Diverse Person ('Yes' associated with lower transphobia)

- Factors within both Education & Exposure are Associated with Transphobia
  - Comparison within and among these sets
- Role of Descriptive Characteristics - Political Affiliation and Religiosity

# Limitations



## Sample



Size

Participant recruitment

## Survey



Missing answers

Comfort level with questions

## Analysis



Bivariate analysis versus  
multivariate analysis

# Conclusions





# Research and Moving Towards Social Justice

— REACHING FOR —  
*Health Equity*

Reducing health disparities brings us closer to reaching health equity.

An illustration showing two silhouettes of people standing on a grassy field. The person on the left is taller and stands on the ground. The person on the right is shorter and stands on a brown rectangular block. Both are reaching up towards two identical circular signs that say "BEST HEALTH POSSIBLE" with an apple icon. A banner above them says "Reducing health disparities brings us closer to reaching health equity." The background is a light blue sky with clouds and a white fence.

Programs designed to reduce health disparities

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

<http://www.cdc.gov/minorityhealth/strategies2016/>

CS262907

<https://www.cdc.gov/minorityhealth/strategies2016/index.html>



<https://pointfoundation.org/experience-trans-healthcare-patient-doctor/>

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