
DISCRIMINATION AND HEALTH IN MASSACHUSETTS: A STATEWIDE SURVEY OF TRANSGENDER AND GENDER NONCONFORMING ADULTS

Reisner SL, White JM, Dunham EE, Heflin K, Begenyi J, Cahill S, and the Project Voice Team



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**Massachusetts
Transgender
Political
Coalition**



Raise your voice for our health

Share your stories with Project VOICE

Voicing Our Individual and Community Experiences

The Massachusetts Transgender Political Coalition and Fenway Health seeks transgender adult volunteers in Massachusetts to take part in an online survey on stress and health.

YOU MAY BE ELIGIBLE TO PARTICIPATE IF YOU:

- 🔊 Are transgender or gender non-conforming
- 🔊 Are age 18 years or older
- 🔊 Live or have lived in Massachusetts in the past year

The purpose of this needs assessment is to gain a deeper understanding of the health of transgender adult communities in Massachusetts, and to specifically understand the social stressors that influence health and wellbeing across the life course of transgender people.

Participants have the chance to be entered into a raffle with over \$500 in gift cards and prizes prizes, including an iPad.

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1. EXECUTIVE SUMMARY

About the Survey:

Transgender and gender nonconforming people throughout Massachusetts and the U.S. experience widespread discrimination and health inequities. In July 2012, Massachusetts enacted a law which provides transgender people with legal protections against discrimination in employment, credit, education, and housing. However, the law did not include public accommodations protections, which leaves unprotected all places open to the public, such as doctors' offices, hospitals, nursing homes, health centers, libraries, restaurants, and more. In order to understand the impact of the new law's failure to prohibit discrimination in public accommodations, the Massachusetts Transgender Political Coalition (MTPC) and The Fenway Institute at Fenway Health developed a statewide needs assessment to examine the frequency and health correlates of public accommodations discrimination among transgender and gender nonconforming adults in Massachusetts.

Between August and December 2013, 452 people who were eligible completed the survey online and in-person, providing data on multiple aspects of transgender-related discrimination in public accommodation settings in the past 12 months, as well as health care utilization and mental and physical health indicators.

Key Public Accommodations Findings:

Overall, 65% of respondents reported discrimination in one or more public accommodations settings in the past 12 months.

- Overall, 65% of respondents reported discrimination in one or more public accommodation settings in the past 12 months.
- Those who reported visual gender nonconformity were much more likely to report experiencing public accommodations discrimination in the past 12 months.
- The five most prevalent public accommodations discrimination settings were: transportation (36%), retail (28%), dining (26%), public gathering location (25%), and health care (24%).
- Those who reported public accommodations discrimination in the past 12 months had an 84% increased risk of adverse physical symptoms (such as headache, upset stomach, tensing of muscles, or pounding heart) in the past 30 days and 99% increased risk of emotional symptoms (including feeling emotionally upset, sad, or frustrated) in the past 30 days, compared to those who did not report public accommodations discrimination in the past year.

Key Health Care Findings:

- One in five respondents postponed or did not try to get health care in the past year because of prior experiences of mistreatment in health care settings.
- Discrimination in public accommodations was significantly associated with postponing health care in the past year.
- Twenty-eight percent of respondents said they had not seen a doctor in the past year, while 29% reported having to teach their health care provider about transgender health issues.
- Five percent of respondents reported that a health care provider had refused to treat them in the past 12 months because they are transgender or gender nonconforming.

Conclusion and Key Recommendations:

Public accommodations discrimination is associated with adverse physical and emotional health among transgender adults in Massachusetts. Experiencing discrimination in health care settings is also related to the postponement or avoidance of preventative or emergency health care. Passage and enforcement of a gender identity nondiscrimination law that provides protections in public accommodations, including health care settings, is a critical public health policy approach needed to address transgender health inequities. Furthermore, health care providers must become trained to provide clinically and culturally competent health care to transgender patients. By guaranteeing equal rights, health equality, and justice, we can work to make this happen—for the improvement of the transgender population and society as a whole.

Passage and enforcement of a gender identity nondiscrimination law that provides protections in public accommodations, including health care settings, is a critical public health policy approach needed to address transgender health inequities.

TRANSGENDER is an umbrella term that refers to a diverse group of people whose current gender identity or gender expression is different from their assigned sex at birth (natal sex). Some transgender people identify as transgender, and others do not. Some transgender people have a non-binary, gender nonconforming gender identity or expression, others identify within a binary framework as men or women, female-to-male (FTM) or male-to-female (MTF).

GENDER AFFIRMATION refers to the way that transgender people affirm their gender – typically, this is conceptualized along three dimensions: social (pronouns, name), medical (cross-sex hormones, surgery), and legal (name change, gender marker change). There is no one way to be transgender. Transgender people affirm their gender in diverse ways and combinations and in different settings and contexts.

The term **CISGENDER** refers to non-transgender people (i.e., people who have a concordant current gender identity and birth sex).

A **HEALTH DISPARITY** is “a particular type of difference in health (or in the most important influences on health that could potentially be shaped by policies); it is a difference in which disadvantaged social groups—such as poor, racial/ethnic minorities, women, or other groups who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups” [1].

The term **GENDER MINORITY** is often used to refer to transgender and gender nonconforming people.

The **MASSACHUSETTS PUBLIC ACCOMMODATION LAW** (M.G.L. c. 272, s. 92A, 98 and 98A) defines a place of public accommodation as “any place, whether licensed or unlicensed, which is open to and accepts or solicits the patronage of the general public.”

2. INTRODUCTION

In the Commonwealth of Massachusetts, transgender and gender nonconforming people experience widespread discrimination and health disparities. However, until 2012, transgender people had no legal protections against discrimination in Massachusetts. Today transgender and gender nonconforming people remain vulnerable to discrimination and harassment in public accommodations, which encompass a wide range of settings from public transportation, to restaurants, to hospitals and health centers. After seven years of advocacy by transgender people and allies in Massachusetts, the state legislature passed “An Act Relative to Gender Identity,” which was signed into law by Governor Deval Patrick in November 2011. During this time, the Massachusetts’ hate crimes law was also expanded to include gender identity. Effective as of July 2012, the gender identity nondiscrimination law bans discrimination in employment, housing, credit, and public education on the basis of gender identity. However, transgender people continue to be excluded from protections in public accommodations settings (please see Figure 1: What are public accommodations?).

Past research, media reports, and personal testimonies [2, 3], indicate that transgender people across the Commonwealth have faced and continue to face severe discrimination despite the enactment of the gender identity nondiscrimination law in mid-2012. In fact, since the law’s passage, anecdotal reports indicate that public accommodations discrimination continues to be pervasive, affecting transgender people’s mental health, access to health care, and quality of life. The Massachusetts Transgender Political Coalition (MTPC) and other allies have advocated for public accommodations protections through [An Act Relative to Equal Access in Hospitals, Public Transportation, Nursing Homes, Supermarkets, Retail Establishments, and all other places open to the public](#) (House Bill 1589/Senate Bill 643). Public discussion of this Transgender Equal Access Bill has by and large not focused on health care settings; instead the focus of public discourse has been on public restrooms. Only a statewide assessment will enable us to understand the extent to which discrimination in health settings and other public accommodations venues has an effect on the mental health, access to health care, and quality of life of transgender people of different ages, race/ethnicities, and genders in Massachusetts.

Today transgender and gender nonconforming people remain vulnerable to discrimination and harassment in public accommodations, which encompass a wide range of settings from public transportation, to restaurants, to hospitals and health centers.

What are Public Accommodations?¹

Beginning in March 2013, MTPC, The Fenway Institute at Fenway Health, and the LifeSkills² Team in Boston developed a statewide survey, Project VOICE (Voicing Our Individual and Community Experiences). Project VOICE aims to understand discrimination in public settings since the implementation of the nondiscrimination law and to explore the law in relation to the health of transgender and gender nonconforming people in Massachusetts. In this report, we have summarized the key aspects of initial findings from the needs assessment and recommend policy reforms to improve the lives of transgender people in Massachusetts.

¹ Based on information from MTPC, <http://www.masstpc.org/wp-content/uploads/2012/11/EAB-InfoGraphic.jpg>.

² LifeSkills is a group-based empowerment-focused HIV prevention intervention by and for young transgender women. Efficacy testing of LifeSkills is currently underway in Boston and Chicago. <http://www.projectlifeskills.org/>



WHAT ARE PUBLIC ACCOMMODATIONS?

In Massachusetts, a public accommodation is **any place that is open to the public and provides goods or services**. This includes hotels, restaurants, public parks, buses, trains, theaters, hospitals and health care centers!

3. STUDY BACKGROUND

Massachusetts Gender Identity Nondiscrimination Law Excludes Protections in Public Accommodations:

AN ACT RELATIVE TO GENDER IDENTITY, ADOPTED IN 2011 AND ENACTED IN 2012, ADDS GENDER IDENTITY TO MASSACHUSETTS LAWS BANNING DISCRIMINATION IN EMPLOYMENT, HOUSING, CREDIT, AND PUBLIC EDUCATION. ALSO, MASSACHUSETTS' HATE CRIMES LAW WAS EXPANDED TO INCLUDE GENDER IDENTITY. HOWEVER, TRANSGENDER PEOPLE CONTINUE TO BE EXCLUDED FROM PUBLIC ACCOMMODATIONS PROTECTIONS.

After nearly a decade of advocacy work from state organizations, community members, and policymakers, the gender identity nondiscrimination bill became law in July 2012, providing transgender people with protections in credit/lending, education, housing, employment, and hate crimes. The law has the potential to positively impact transgender people's wellbeing and safety.

Since 2011, MTPC, MassEquality, and other allies have advocated for a critical protection excluded from the legislation – gender identity protections in public accommodations. That same year, House Representatives Carl Sciortino and Byron Rushing and Senators Ben Downing and Sonia Chang-Diaz introduced An Act Relative to Equal Access in Hospitals, Public Transportation, Nursing Homes, Supermarkets, Retail Establishments, and all other places open to the public (House Bill 1589/Senate Bill 643). If passed, this law would prohibit discrimination against transgender residents in all places open to the public, such as doctors' offices, hospitals, nursing homes, health centers, libraries, restaurants, and public transportation. Examples of discrimination include unfair treatment, denial of service based on gender identity or appearance, aggressive language, and physical threats.

Project VOICE was Designed to Address the Limited Knowledge of Transgender Discrimination Experiences and Health:

Transgender people are often misunderstood or ignored in health research [4]. While Healthy People 2020, a Health and Human Services initiative which provides an evidence-based, 10-year agenda for improving the nation's health, has called for more research to improve the health of transgender individuals [5], research on transgender health remains extremely limited [6]. Moreover, transgender research is often integrated into research with lesbian, gay, and bisexual populations, which conceals the specific health needs of transgender individuals [4]. Further, transgender research has historically been limited to understanding HIV risk and prevention. Although HIV represents an important health issue facing transgender communities, especially transgender women [7, 8], other important mental and physical health issues deserve public health attention and research. Though research is limited, studies have found that transgender individuals disproportionately experience health risks including substance abuse, tobacco, mental health distress and suicidality [9-19], with research pointing to discrimination as a major influence on transgender health [3, 4, 19].

Need for Community-Based Health Assessments with Multiple Data Collection Methods:

To our knowledge, Project VOICE is the only community-based needs assessment utilizing multiple recruitment methods to explore the health and wellbeing of transgender people in Massachusetts. The use of multiple recruitment strategies has been shown to be important in accessing diverse samples of transgender people [20]. There have been only a few small, community convenience sample studies within Massachusetts that explore the health issues affecting transgender people [21-24]. Notably, however, Massachusetts is the first state in the country that includes a measure of transgender status on a population-level health survey. This measure has been included on the Behavioral Risk Factor Surveillance System (BRFSS) since 2007. The inclusion of transgender status on the BRFSS enabled Conron and colleagues to conduct the first and only probability study (i.e., random sampling) that we are aware of comparing transgender and cisgender (non-transgender) respondents and documenting health disparities [9]. However, the study only included transgender adults with a telephone line, and did not utilize online or in-person strategies to reach transgender people without a home phone line. In addition, the study was conducted prior to the passage of the gender identity nondiscrimination law and did not assess transgender-specific social determinants of health such as gender affirmation, visual gender nonconforming expression, and experiences of discrimination. Therefore, a community needs assessment represents an important method for surveying transgender people in Massachusetts to understand the unique health care experiences, needs, and gaps facing the community.

The 2011 U.S. National Transgender Discrimination Survey (NTDS) included 283 Massachusetts adults surveyed online [2, 3]. In order to build on this work, Project VOICE worked with community organizations and leaders to engage a diverse sample of transgender respondents, both online and in-person across Massachusetts. Specifically, Project VOICE sought to assess transgender people's experiences of discrimination more than one year after the implementation of the gender identity nondiscrimination law.

About the Project VOICE Survey:

In 2013, The Fenway Institute at Fenway Health and MTPC collaborated to develop and conduct a stress and health needs assessment to understand the social stressors, including discrimination, that influence the health of transgender and gender nonconforming adults in Massachusetts. Over three months, a team of community-based advocates, transgender leaders, researchers, and LGBT policy experts created the survey instrument. Between August and December 2013, transgender and gender nonconforming people in Massachusetts were approached in-person (via community events, programming, and gatherings) and online (via electronic listservs, emails, website postings at Fenway and MTPC, and social networking sites) to complete the web-based electronic survey (either online or in-person using an electronic tablet).

Over 4 months, 452 people were eligible and completed the survey, providing data on multiple aspects of transgender-related discrimination experienced in housing, employment, education, and public accommodations, including health care settings, restaurants, public transportation, criminal justice locations, and more. We present initial key findings here. More extensive demographic and methodological information is included at the end of this report.

4. FINDINGS



Description of the Sample

The majority of respondents completed the study online (88%) and 12% took the survey in-person. Those taking the survey online were significantly more likely to be White non-Hispanic ($p=0.001$), had higher levels of educational attainment ($p=0.001$), were less likely to be in the greater Boston area than outside of greater Boston ($p=0.001$), and were less likely to have a low income ($p=0.03$). There were no significant differences in terms of age, the percentage of respondents who said they were female-to-male (FTM) or male-to-female (MTF), the percentage of respondents who reported having had medical gender affirmation, visual nonconforming gender expression, health insurance status, and public accommodations experiences when online and in-person samples were compared ($p>0.05$). The top three ways participants learned about the survey were through the Internet, email, and word of mouth.³

Assigned Sex at Birth and Gender Identity:

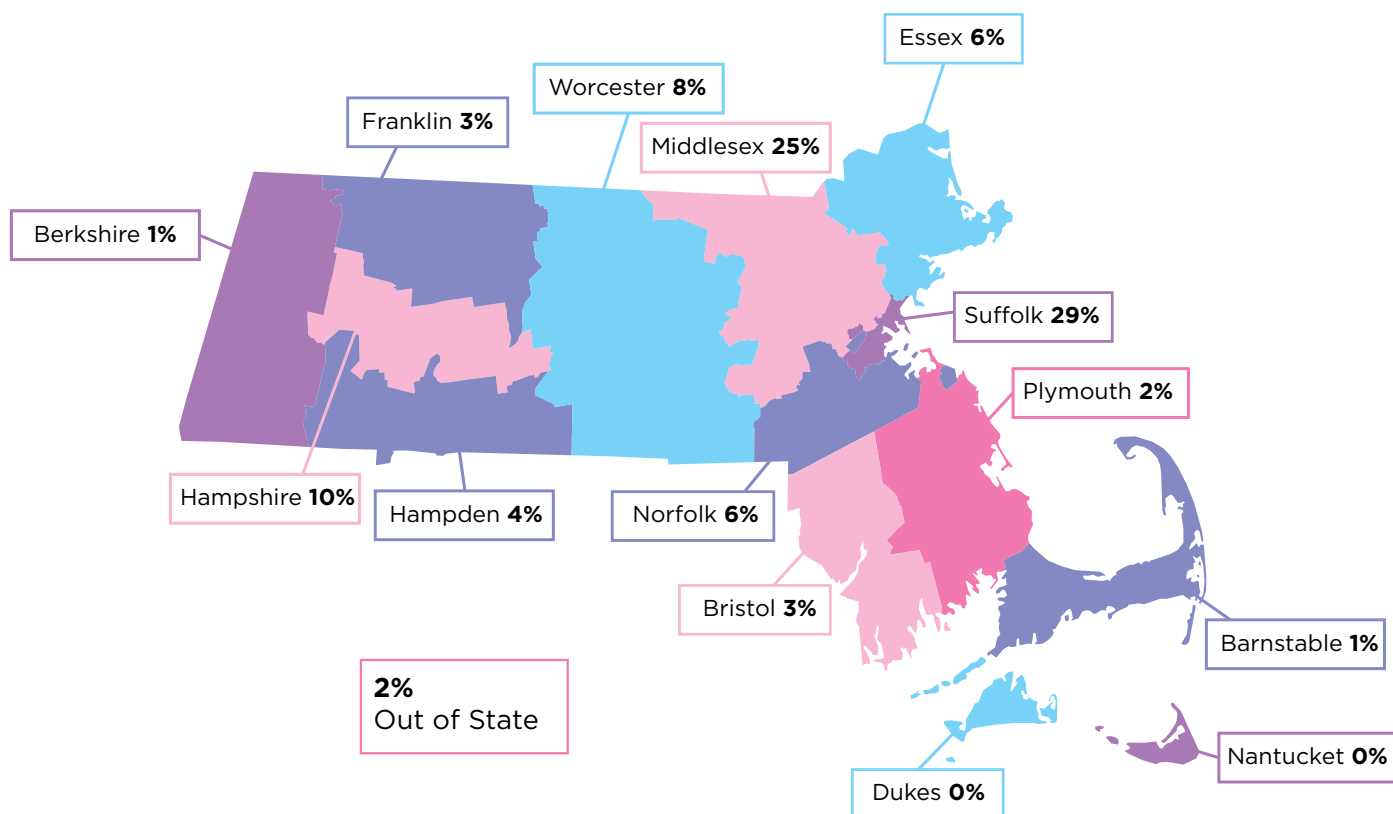
Among the 452 participants, 28% were assigned a male sex at birth and identified as a woman, female, or on the male-to-female (MTF) spectrum; 9% were assigned a male sex at birth and identified as gender nonconforming or a non-binary gender identity; 31% were assigned a female sex at birth and identified as a man, male, or on the female-to-male (FTM) spectrum; 32% were assigned a female sex at birth and identified as gender nonconforming or a non-binary gender identity. About 5% of the sample (20/452) indicated that they had been diagnosed with a medically-recognized intersex condition; 12 of these individuals were assigned a male sex at birth, and 8 were assigned a female sex at birth. More than half (55%) had medically affirmed their gender through cross-sex hormones and/or surgery.

³ A single multivariable logistic regression model was used to compare the sociodemographic characteristics of respondents who completed the survey online versus in-person. The model included: age, gender identity, race/ethnicity, education, income, geographic location, medical gender affirmation, visual gender nonconforming expression, health insurance status, and public accommodations access. Risk Ratios (RR) and 95% Confidence Intervals (95% CI) were estimated. Taking the survey online was significantly associated with greater likelihood of being White non-Hispanic (RR=3.35; 95% CI=1.63, 6.88; $p=0.001$), having higher level of educational attainment (RR=1.97; 95% CI=1.31, 2.94; $p=0.001$) and decreased likelihood of living in the greater Boston area (RR=0.30; 95% CI=0.14, 0.61; $p=0.001$) and having a low income (RR=0.27; 95% CI=0.08, 0.91; $p=0.03$).

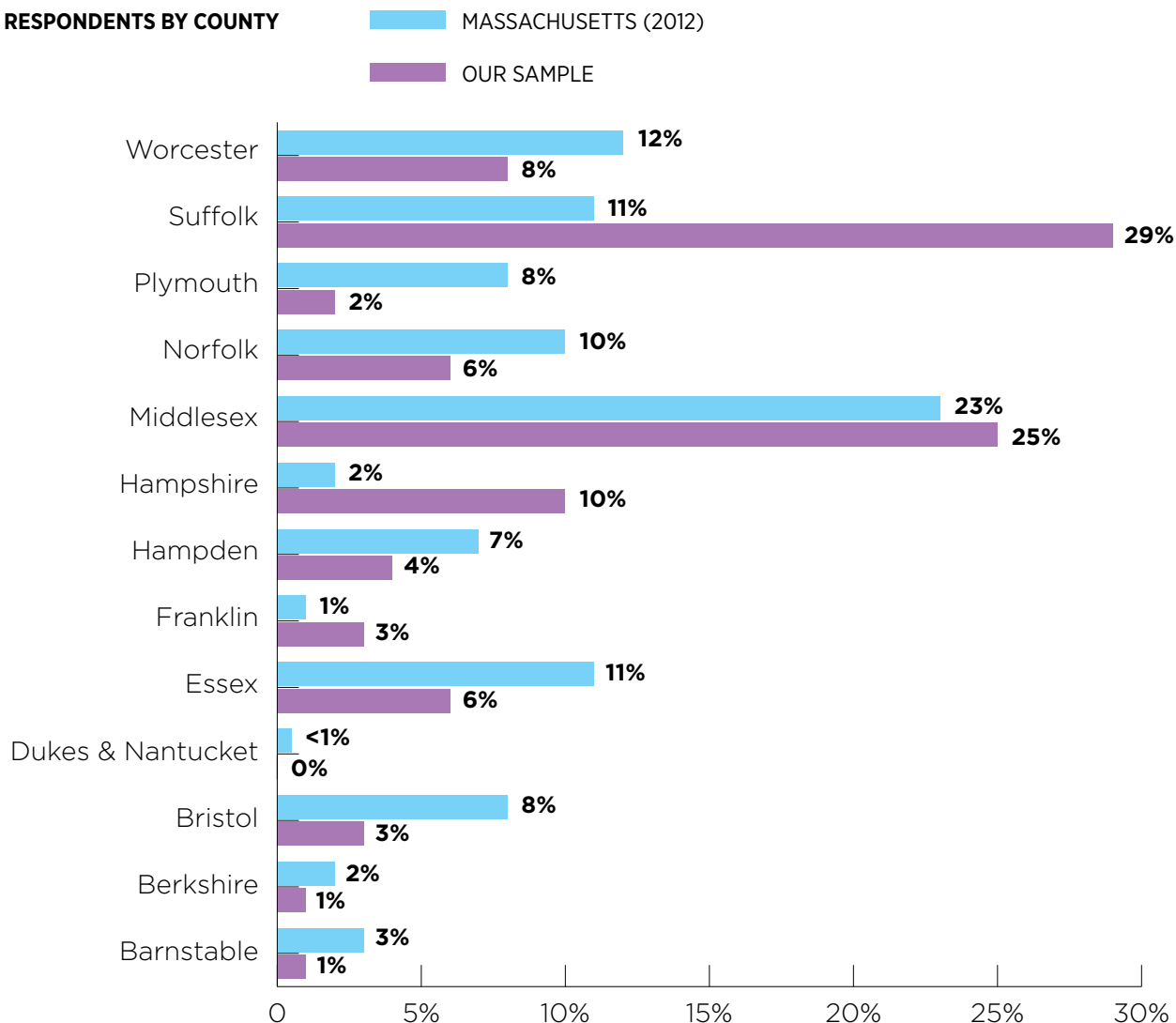
Geographic Distribution of the Sample:

The sample included respondents from every county in Massachusetts with the exception of Nantucket and Martha's Vineyard (Duke and Nantucket counties); 41% were from the greater Boston area (i.e. Boston, Braintree, Brockton, Brookline, Cambridge, Chelsea, Everett, Milton, Quincy, Revere, Somerville, and Winthrop). Ten respondents were residing out of state at the time of the survey, but met eligibility requirements (i.e., had lived in Massachusetts for at least 3 months of the prior year).

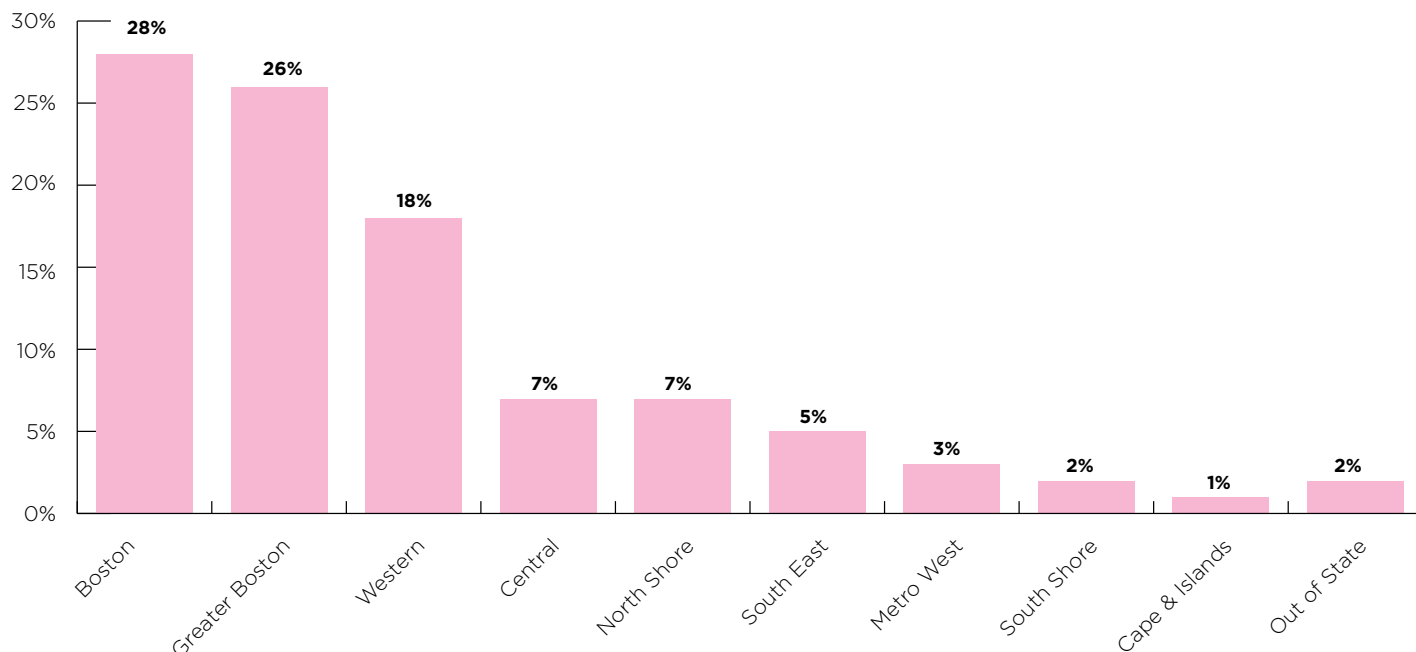
RESPONDENTS BY COUNTY



RESPONDENTS BY COUNTY



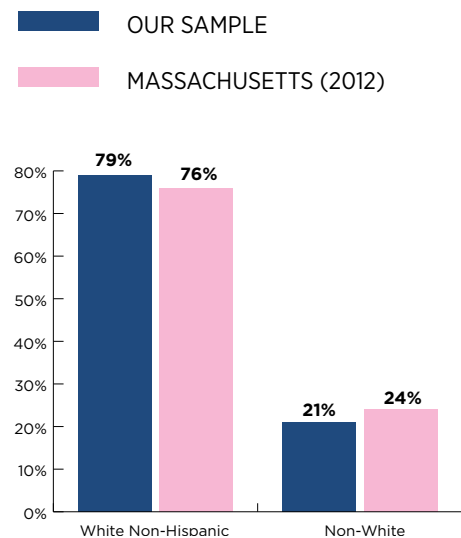
RESPONDENTS BY REGION



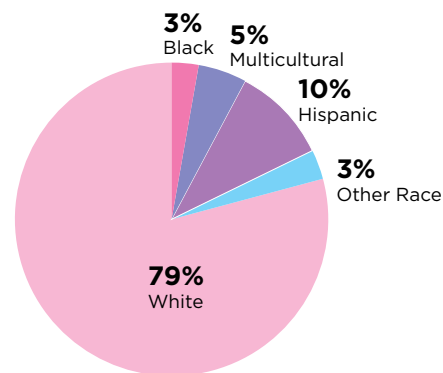
Age, Race/Ethnicity, and Socioeconomic Status:

Respondents ranged in age from 18 to 75 years, with a mean age of 33 years (SD=12.8). The majority of respondents were White non-Hispanic (79%). Ten percent were Hispanic, 5% Multiracial, 3% Black, and 5% another race/ethnicity besides White non-Hispanic, Black, and Hispanic.

RACE/ETHNICITY OF RESPONDENTS VS. MASSACHUSETTS POPULATION



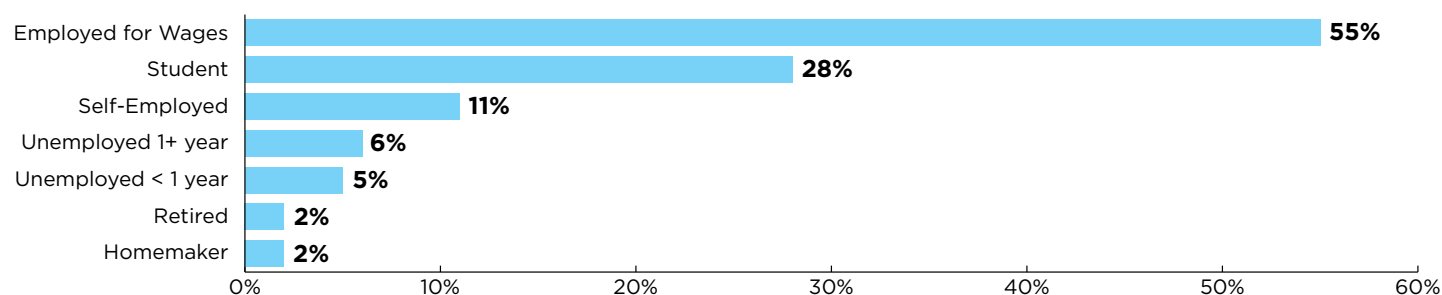
RACE/ETHNICITY OF RESPONDENTS



The majority of respondents (86%) had completed some college or more. Despite high levels of education, respondents tended to have much lower incomes than the Massachusetts population as a whole, with many living near or below the poverty line. Respondents had a median income between \$25,000 and \$35,000 (age-standardized to the Massachusetts population) [25], about half the median household income of residents of Massachusetts between 2008 and 2012 (\$65,339) [26]. Sixteen percent reported an annual income of less than \$10,000; this was more than twice the percentage of Massachusetts residents overall who reported earning less than \$10,000, and comparable to what was observed among transgender individuals on the national level [3]. The majority of respondents (66%) were employed for wages or self-employed and 28% were students. Among those who were employed, either for wages or self-employed, the median income was higher (between \$35,000 and \$50,000); however, this was still less than the median income for Massachusetts residents between 2008 and 2012 [26].

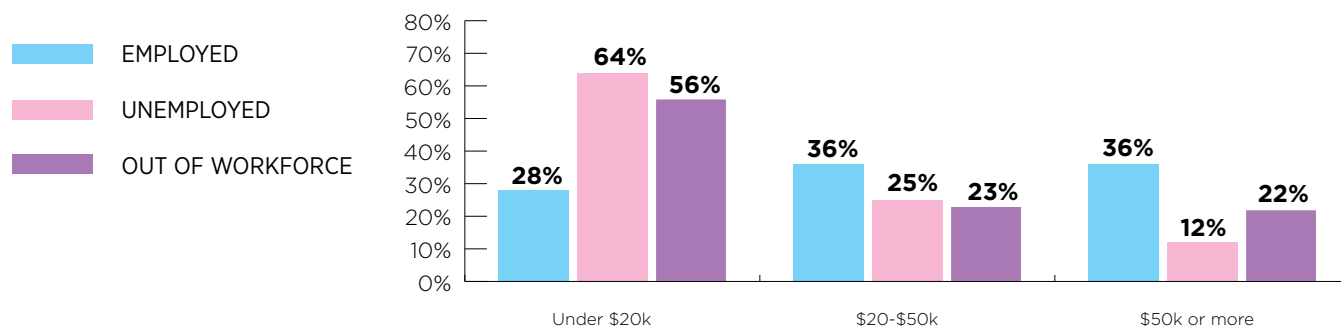
When asked about employment (with the option of selecting as many responses as were applicable), respondents reported the following:

EMPLOYMENT STATUS



Based on these responses, we determined that of all our respondents, 63% were employed for wages or self-employed, 8% were currently unemployed, and 30% were out of the workforce (as unemployed students, retirees, homemakers, or on disability). When calculating the unemployment rate, the U.S. Department of Labor excludes those who are out of the workforce; applying the same standard to our sample, we calculated an unemployment rate of 7% which is comparable to the 2013 rate in Massachusetts [26].

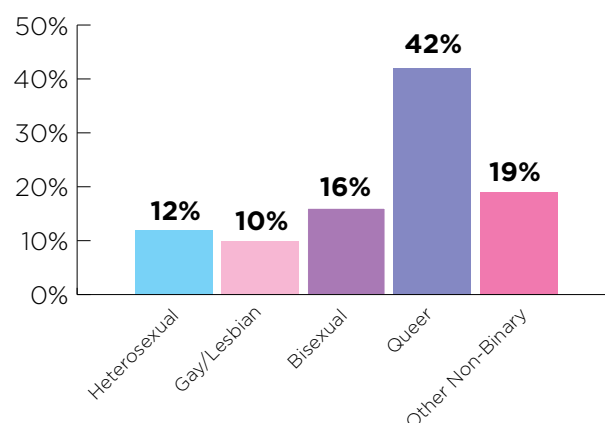
INCOME BY EMPLOYMENT STATUS



Sexual Orientation, Relationship Status, Family, Military & Civic Engagement:

Respondents endorsed diverse sexual orientation identities. The most common sexual orientation was queer (42%),⁴ followed by other non-binary identities (19%) and bisexual (16%).

SEXUAL ORIENTATION IDENTITY



The relationship status of respondents was as follows: 48% partnered, 46% single, and 6% other. More than 1 in 10 respondents (15%) were parents and had biologic or adopted children.

Almost all respondents were U.S. citizens (98%) and were registered to vote (92%). Five percent were currently or had previously served in the military.

⁴ Originally a slur and pejorative term for homosexual in the late 19th century, beginning in the late 1980's social and political groups began to reclaim the word queer as a proud identity. Today, queer is an umbrella term used by many sexual and gender minorities who are non-binary identified in sexual orientation and/or gender identity or expression.

The most common sexual orientation was queer (42%), followed by other non-binary identities (19%) and bisexual (16%).

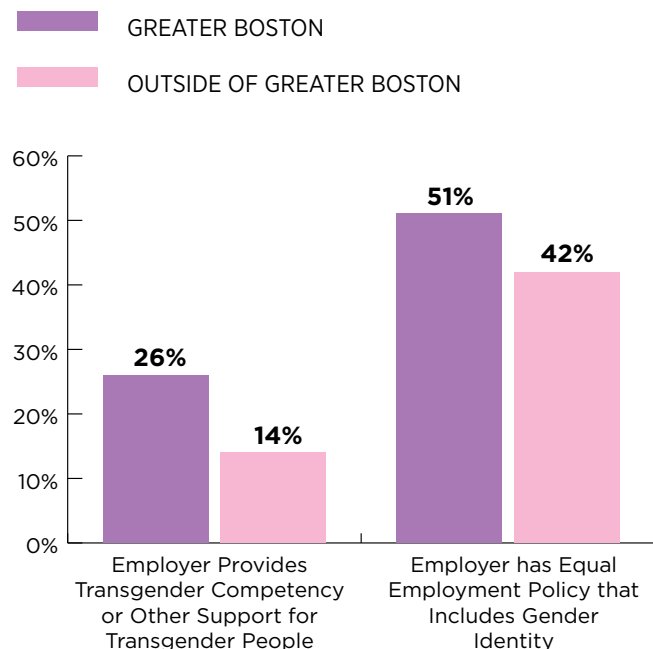
Employment and School Protections:

Among the 250 respondents who were employed for wages, nearly half (46%) indicated that their employers have an equal employment opportunity policy that includes gender identity, 19% said their employer did not have such a policy, and 35% didn't know.

The majority of respondents employed for wages indicated that their employer did not have transgender competency training, resources, and/or other forms of support for transgender people (57%). Nineteen percent reported that their employer did have transgender-related training or support, and 24% didn't know.

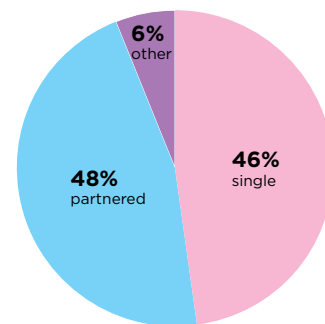
When looking at employer protections and services by geographic region, those living in greater Boston more frequently reported having an employer that has an equal employment policy that includes gender identity and provides transgender competency training or other support compared to those outside the greater Boston area.

TRANSGENDER PROTECTIONS IN EMPLOYMENT

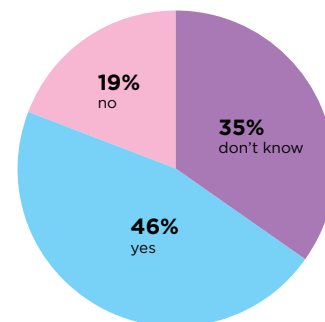


About a quarter (27%) of the sample were students currently attending school (high school, college, graduate school, etc.) in Massachusetts, of which 62% were attending a private high school or university and 36% were attending a public high school or university. Among the 124 enrolled in school in Massachusetts, the majority of respondents indicated that their school had a nondiscrimination policy that includes gender identity (60%), had gender neutral restrooms⁵ accessible throughout campus/school (60%), and allow transgender students to use their preferred name on school documents (52%). However, less than 50% of respondents indicated that their school provided transgender inclusive housing policies⁶, a health center with providers knowl-

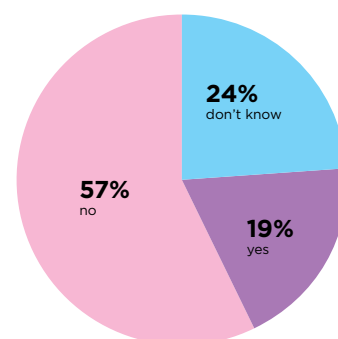
RELATIONSHIP STATUS



EMPLOYER HAS EQUAL EMPLOYMENT POLICY THAT INCLUDES GENDER IDENTITY



EMPLOYER PROVIDES TRANSGENDER COMPETENCY TRAINING OR OTHER SUPPORT FOR TRANSGENDER PEOPLE

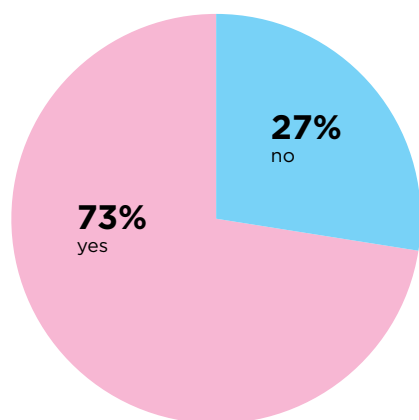


⁵ "Gender neutral" restrooms refer to restrooms that are single stall or unisex. Some transgender people call these "gender inclusive" restrooms.

⁶ "Gender inclusive housing policies" refers to having rooms, floors, or dorms that are gender inclusive and not sex-segregated.

Those attending private high school, college, or university were more likely to attend a school that enables transgender students to use their preferred name on school documents, more likely to have gender inclusive restrooms throughout campus, and more likely to have a school health center with providers knowledgeable about transgender concerns.

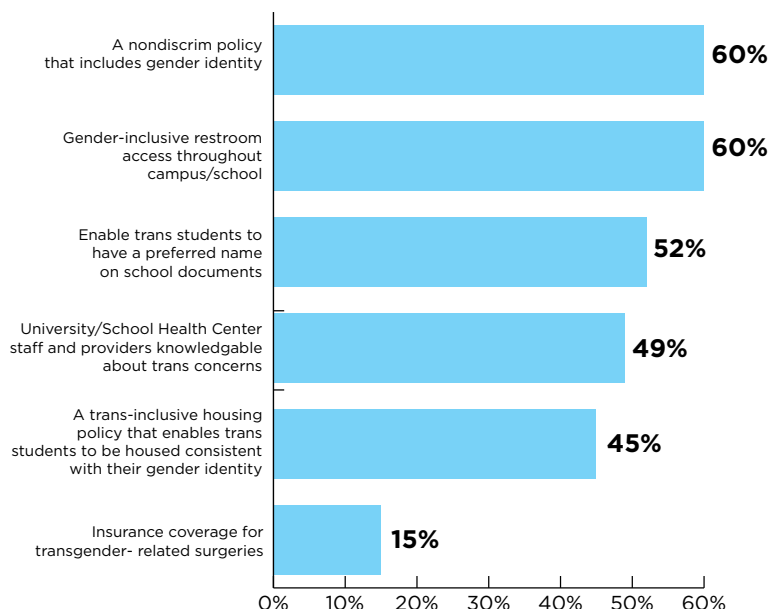
HEARD OF MA TRANSGENDER RIGHTS LAW



edgeable about transgender health concerns, or insurance coverage for transition related services (see below).

Overall, those who attended private high school, college, or university reported better access to transgender affirming policies than those attending public high schools or universities. For example, those attending private high school, college, or university were more likely to attend a school that enables transgender students to use their preferred name on school documents ($p<0.0001$), more likely to have gender inclusive restrooms throughout campus ($p<0.0001$), and more likely to have a school health center with providers knowledgeable about transgender concerns ($p<0.0001$).

TRANSGENDER PROTECTIONS IN MA SCHOOLS



Awareness of Law and Knowledge of Aspects It Does and Does Not Protect:

Awareness levels and understanding of the new gender identity nondiscrimination law and its protections were modest. While the majority of respondents had heard of the transgender rights law in Massachusetts (73%), when asked about protected areas covered by the law, knowledge tended to vary. The majority of respondents who answered the question correctly indicated that the law made it illegal to discriminate on the basis of gender identity in employment (64%), housing (61%), and public education (51%). However, 60% incorrectly indicated that credit and lending was not protected under the law, or they did not know that it was included. Similarly, when asked about public accommodations venues not protected under the law (i.e., public hospitals, transportation, nursing homes, supermarkets and retail establishments), the majority incorrectly indicated that they were protected (60%) or indicated that they did not know (83%). Only 39% correctly indicated that the law protects people from hate crimes based on gender identity.

THE CURRENT GENDER IDENTITY NONDISCRIMINATION LAW: WHAT IT DOES AND DOES NOT INCLUDE

INCLUDES

Protections on the Basis of Gender Identity and Expression within:

- Hate crime laws
- Nondiscrimination laws on:
 - Employment
 - Housing
 - Credit
 - Education

DOES NOT INCLUDE

Protections on the Basis of Gender Identity and Expression within:

- Public accommodations, such as:
 - Public hospitals
 - Transportation
 - Nursing homes
 - Supermarkets
 - Retail establishments

“I’VE EXPERIENCED MORE PERVERSIVE AND VIOLENT SOCIAL DISCRIMINATION AS A PERSON WITH DISABILITIES THAN AS [A TRANSGENDER PERSON]. HOWEVER, TRANS IS MUCH MORE LIMITING IN ACCESSING MEDICAL CARE. I REALLY THINK CAREFULLY ABOUT GOING TO ANY DOCTOR AND WORRY ABOUT HOW I WILL BE PERCEIVED AND TREATED BY ANY MEDICAL PROFESSIONALS I DON’T ALREADY KNOW.” -VOICE RESPONDENT

Discrimination in Unprotected Areas - Public Accommodations Discrimination since Enactment of the Nondiscrimination Law:

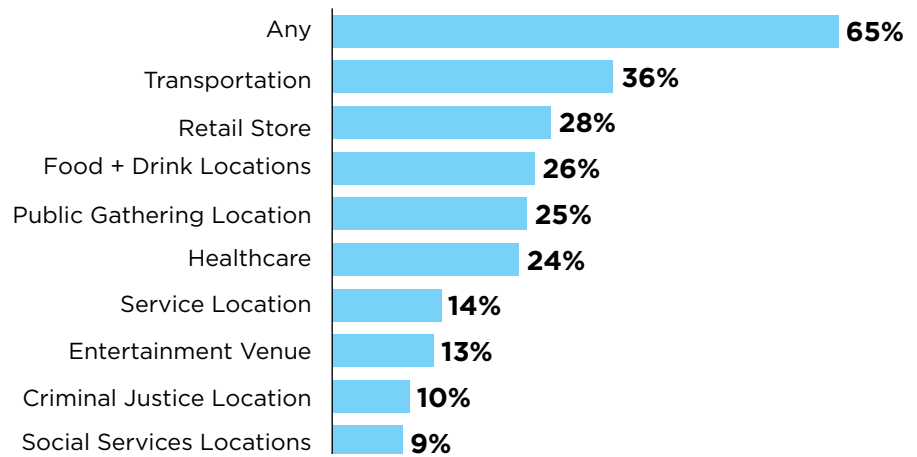
The majority of respondents (65%) had experienced discrimination in at least one public accommodations setting in the past 12 months, a period when the new gender identity nondiscrimination law—which does not ban discrimination in public accommodations—was in effect. Discrimination was defined as mistreatment on the basis of one’s transgender or gender nonconforming identity/presentation and included verbal harassment and physical assault.

When asked about specific public accommodations venues, transportation settings and retail stores were among the venues in which discrimination most frequently occurred. The five most prevalent discrimination settings were transportation (36%), retail (28%), restaurant (26%), public gathering (25%), and health care facility/service (24%).⁷ The following graph depicts the frequency of verbal harassment, mistreatment or physical assault by venue type among those who frequented these venues in the past 12 months:

Transportation settings and retail stores were among the venues in which discrimination most frequently occurred.

⁷ Definitions stated on the survey: Transportation included a bus, plane, taxi, train and stations, terminals, depots, and platforms; Retail included retail stores; Restaurant included any food or drink location includes a restaurant, bar, and other establishments serving food or drink; Public gathering included auditoriums, houses of worship and other places of public gathering; Health care facility/service location included dental and medical offices, pharmacies, clinics, hospitals, nursing homes, substance abuse treatment center, rape crisis center, emergency room, and ambulance; Service location included laundromats, drycleaners, banks, barber shops, travel agents, gas stations, funeral parlors, employment agencies, and providers of professional services such as accountants, and insurance agents; Entertainment venue included theaters, concert halls, sports stadiums, museums, libraries, parks, zoos, and amusement parks; Criminal Justice Location included a police station, court house, jail, or correction facility; Social service included homeless shelters, food banks, child care centers, senior citizens centers, adoption agencies, and other social service establishments; Lodging included a hotel, inn, motel, campground, and resort.

PUBLIC ACCOMMODATION DISCRIMINATION - PAST 12 MONTHS



“I WOULD JUST LIKE TO SAY THAT I AM A HEALTH CARE PROFESSIONAL. DESPITE KNOWING WHAT I KNOW (I.E. WHEN I SHOULD SEEK MEDICAL CARE), I STILL PUT IT OFF OUT OF FEAR OF DISCRIMINATION AND HOW I MIGHT BE TREATED BY THE PROVIDER OF THE CARE AND/OR THE STAFF.”
~VOICE RESPONDENT

When exploring discrimination based on gender identity, experiences of public accommodations discrimination was high across groups. Using a two-step method to cross-classify respondents’ current gender identity by natal birth sex, we compared respondents who identified as MTF or female/woman (binary), FTM or male/man (binary), male assigned sex at birth who identified as non-binary, and female assigned sex at birth who identified as non-binary. Non-binary respondents (e.g., genderqueer, bi-gender, pangender, gender variant) reported the most experiences of discrimination in the past 12 months (69% female born; 60% male born), followed by FTM participants (55%) and MTF participants (52%). These differences were not statistically significant, meaning that on average, discrimination in public accommodations settings in the past 12 months was similar across gender identity groups.

PUBLIC ACCOMMODATION DISCRIMINATION BY GENDER IDENTITY

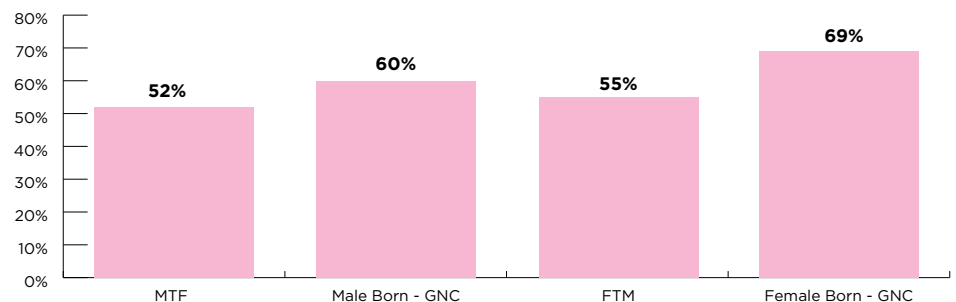


Figure Terminology: MTF = male-to-female; GNC-MAB = gender nonconforming - male assigned sex at birth; FTM = female-to-male; GNC-FAB = gender nonconforming - female assigned sex at birth

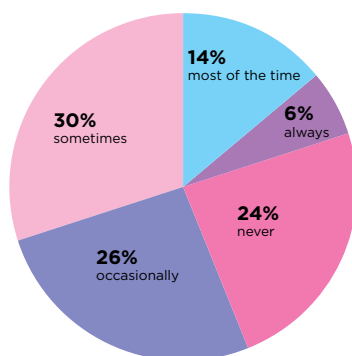
“I HAVE AVOIDED SOME SERVICES I NEED FOR FEAR OF DISCRIMINATION, BUT I HAVE A PCP WHO IS TRANS*-FRIENDLY.”
~VOICE RESPONDENT

More people of color reported discrimination in public accommodation venues in the past 12 months (66%) than White non-Hispanic respondents (57%); however, this difference was not statistically significant. On average, race/ethnicity did not confer additional risk of discrimination in public accommodations in the past 12 months among transgender respondents.

Socio-demographic Correlates of Public Accommodations Discrimination - The Key Role of Visual Gender Nonconformity:

The 2011 National Transgender Discrimination Survey (NTDS) found that visual gender nonconformity was a significant risk factor in eliciting anti-transgender bias [3]. Using the same questions asked by NTDS, we asked participants to indicate the extent to which other people could tell whether they were transgender or gender nonconforming. Respondents indicated:

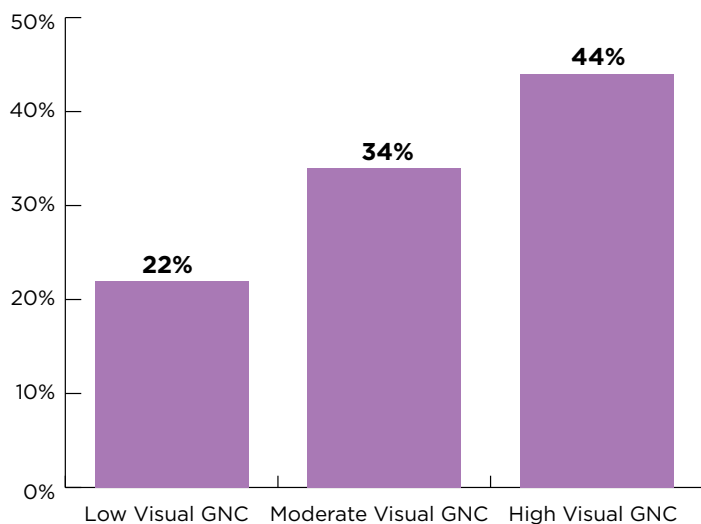
PEOPLE CAN TELL IF I'M TRANSGENDER OR GENDER NONCONFORMING EVEN IF I DON'T TELL THEM



Visual nonconforming gender expression was significantly associated with experiencing discrimination in public accommodations in the past 12 months (shown graphically below).

Specifically, compared to low levels of visual nonconformity (people can “never” tell I’m transgender), respondents with moderate (people can “occasionally/sometimes” tell I’m transgender) ($p=0.01$) or high (people can “most of the time/all of the time” tell I’m transgender) nonconforming gender expressions had a significantly higher probability of experiencing public accommodations discrimination in the past 12 months. No significant differences in public accommodations discrimination were found by age, gender identity, race/ethnicity, income, education, employment, health insurance, cross-sex hormone use, surgical gender affirmation, or data collection method.

EXPERIENCED DISCRIMINATION IN 1 OR MORE PUBLIC ACCOMMODATION VENUES, PAST 12 MONTHS



*GNC= Gender Non-Conforming

Visual nonconforming gender expression was significantly associated with experiencing discrimination in public accommodations in the past 12 months.

Health Correlates of Experiencing Any Discrimination in Public Accommodations in the Past 12 Months:

Mental Health

Public accommodations discrimination statistically predicted increased risk of experiencing physical symptoms in the past 30 days as a result of how one was treated based on gender identity or gender expression, receiving an asthma diagnosis, and receiving gastrointestinal diagnosis.

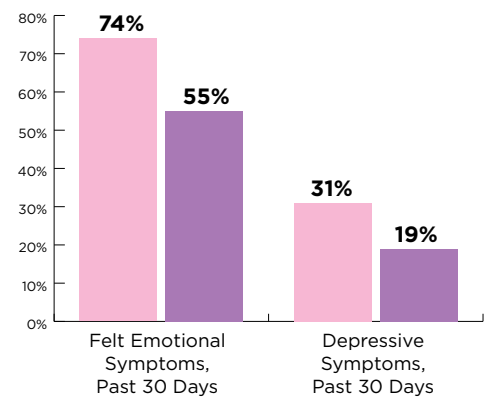
“IN THE BEGINNING OF THE YEAR, I WAS TURNED DOWN BY FOUR OR FIVE PSYCHIATRISTS ON THE BASIS THAT I’M TRANS. THEY REFUSED TO SEE ME EVEN FOR A SLIGHT MED[ICATION] CHANGE WHICH I DESPERATELY NEEDED SINCE I WAS BECOMING INCREASINGLY SUICIDAL.”

~VOICE RESPONDENT

Overall, 68% of respondents reported experiencing negative emotional symptoms in the past 30 days, including feeling emotionally upset, sad, or frustrated as a result of how they were treated based on their gender identity or gender expression. Public accommodations discrimination in the past 12 months was significantly associated with negative emotional symptoms in the past 30 days ($p=0.002$). More than one in four (27%) respondents had clinical depression in the past seven days.⁸ Public accommodations discrimination in the past 12 months was significantly associated with past-week depression ($p=0.02$).

MENTAL HEALTH

DISCRIMINATION
NO DISCRIMINATION



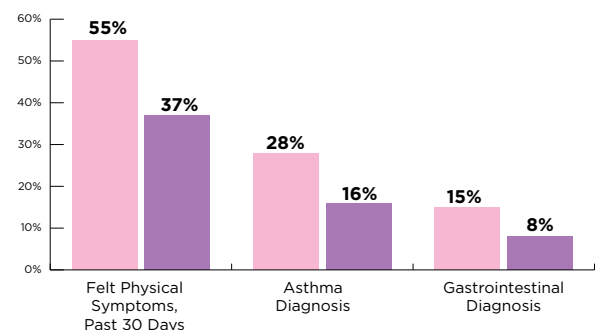
Physical Health

We examined three stress-related physical health outcomes: (1) physical symptoms in the past 30 days, such as headache, upset stomach, tensing of muscles, or pounding heart, as a result of how they were treated based on gender identity or gender expression (49%); (2) asthma diagnosis (24%) by a doctor or medical provider; and (3) gastrointestinal diagnosis (e.g., Crohn’s disease, ulcerative colitis, irritable bowel syndrome) by a medical provider (12%).

Public accommodations discrimination statistically predicted increased risk of experiencing all three health outcomes ($p=0.02$).

PHYSICAL HEALTH

DISCRIMINATION
NO DISCRIMINATION



⁸ Scale is based on the Center for Epidemiologic Studies Depression Scale (CES-D). A score of 16 points or higher is considered a positive screen for clinically significant depressive symptoms.

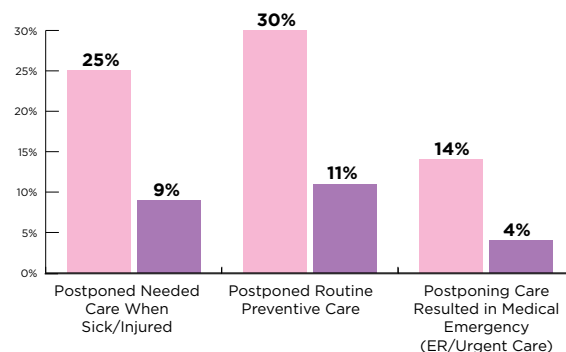
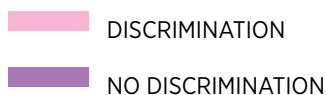
Health Care Utilization

Approximately one in five of respondents (19%) indicated that they postponed or did not try to get medical care when they were sick or injured in the past 12 months because of disrespect or mistreatment from doctors or other health care providers due to being transgender or gender nonconforming. Twenty-four percent indicated that they postponed or did not try to get check-ups or preventative care for the same reason. Eleven percent reported postponement of care that resulted in a medical emergency which required emergency room or urgent care treatment for the same reason.

We examined whether discrimination in the past 12 months was associated with health care utilization behaviors. Discrimination in one or more public accommodations settings in the past 12 months was significantly associated with past 12 month health care utilization behaviors, including: postponing needed medical care when sick or injured ($p<0.0001$), postponing routine preventive care ($p<0.0001$), and postponing care that resulted in having a medical emergency that required going to the emergency room or urgent care ($p=0.002$).

When asked specifically about health care experiences in the past 12 months, 28% had not visited a doctor. When respondents saw medical providers, including doctors, they often encountered ignorance about basic tenets of transgender health. About a third (29%) indicated that they had to teach their health care provider about transgender or gender nonconforming people in order to get appropriate care in the past 12 months. Five percent of the respondents reported that a health care provider refused to treat them in the past 12 months due to their transgender identity or gender nonconforming expression

HEALTH CARE UTILIZATION



One in five of respondents (19%) indicated that they postponed or did not try to get medical care when they were sick or injured in the past 12 months because of disrespect or mistreatment from doctors or other health care providers due to being transgender or gender nonconforming.

5. CONCLUSION

Passed in 2011 and implemented in 2012, An Act Relative to Gender Identity provides transgender residents of Massachusetts with much needed protections against discrimination in employment, credit, education, and housing. However, the law did not include protections in public accommodations. Project VOICE surveyed transgender Massachusetts residents about their experiences in places open to the public, including doctors' offices, hospitals, nursing homes, health centers, libraries, restaurants, and more. Findings show that discrimination against transgender and gender nonconforming adults is pervasive in Massachusetts.

The 452 transgender and gender nonconforming adults who participated in the Project VOICE study reported frequent discrimination in public accommodations as well as significant barriers to accessing health care, including discrimination in health care, refusal of care and verbal harassment. One in five respondents said they did not seek health care within the past year because of prior experiences of discrimination in health care settings. Discrimination in health care and other public accommodations represents a major barrier to transgender and gender nonconforming people accessing care and services and likely contributes to and exacerbates significant disparities in health outcomes for transgender people.

These results underscore the compelling need to complete the work begun in 2011 and pass and enforce a gender identity nondiscrimination law that provides protections in public accommodations, including health care settings.



6. RECOMMENDATIONS

How Can the State and Federal Policymakers Respond?

1. **Pass the Equal Access Bill:** This survey reveals the lived experiences of transgender people and affirms what other studies of transgender people have indicated: that transgender people experience widespread discrimination in public settings across Massachusetts. The Equal Access Bill—known officially as “[An Act Relative to Equal Access in Hospitals, Public Transportation, Nursing Homes, Supermarkets, Retail Establishments, and all other places open to the public](#)” ([House Bill 1589/Senate Bill 643](#)) will prohibit discrimination on the basis of gender identity in public accommodations, such as hospitals, and could improve access to health care for transgender people, hopefully leading to better health outcomes.
2. **Ensure Enforcement of the Gender Identity Nondiscrimination Law.** Nondiscrimination protections for transgender people in Massachusetts exist in some areas such as employment, credit/lending, education, and housing. Although the sample we surveyed is highly educated (86% had completed at least some college), only 55% are employed for wages. This could indicate continued employment discrimination despite the 2012 gender identity nondiscrimination law outlawing discrimination in employment on the basis of gender identity. Data from the 2007 and 2009 Massachusetts Behavioral Risk Factor Surveillance Survey indicate that transgender people were more likely to be unemployed and to be living in poverty [9]. Government agencies responsible for enforcing workplace protections, such as the Attorney General’s office and the Massachusetts Commission against Discrimination, should educate Massachusetts’ employers about the gender identity nondiscrimination law and provide support in amending their policies to be consistent with the law’s requirements.
3. **Ensure Coverage of Transgender Health Care by Private Insurers and Support Implementation of Policies Providing Transgender Health Care Coverage through State and Federal Insurance Plans.** On June 20, 2014 Massachusetts joined California, Vermont and other states in providing coverage for transgender medical services, including gender reassignment surgery, as a standard benefit in its government health plan for lower-income and disabled people, MassHealth [27]. The state Division of Insurance also issued a directive for private market insurers concluding that the denial of coverage for medically necessary care on the basis of an individual’s gender identity is inherently discriminatory and prohibited under Massachusetts law [28]. These actions follow the mid-2014 changes in federal policy that allow for the coverage of gender-transition related care through Medicare [29] and the Federal Employees Health Benefits Program [30]. These actions are in line with the positions of many national organizations recommending inclusion of transgender-specific care, including the American Psychiatric Association [29], the American Medical Association [30], the American Psychological Association [31], and the National Association of Social Workers [32]. While these changes represent considerable progress, there is still more work to be done. We encourage the swift implementation of these policies through MassHealth, encourage the Governor’s Office to move forward with the provision of similar directives to the Group Insurance Commission, and request that state agencies support private insurers in revising coverage policies to ensure equal access to transgender care statewide.

The Equal Access Bill—known officially as “An Act Relative to Equal Access in Hospitals, Public Transportation, Nursing Homes, Supermarkets, Retail Establishments, and all other places open to the public” (House Bill 1589/Senate Bill 643) will prohibit discrimination on the basis of gender identity in public accommodations, such as hospitals, and could improve access to health care for transgender people, hopefully leading to better health outcomes.

4. **Support Other State Bills Affecting Transgender Residents of the Commonwealth.** Several other bills, though not transgender-specific, would benefit the health of transgender people if passed. These include [An Act Regulating Use of Credit Reports by Employers](#) (House Bill 1744/Senate Bill 80), [An Act Relative to Abusive Practices to Change Sexual Orientation or Gender Identity in Minors](#) (House Bill 154), and [An Act Relative to Lesbian, Gay, Bisexual and Transgender \(LGBT\) Awareness Training for Aging Service Providers](#) (House Bill 547) [34].
5. **Pass the Employment Nondiscrimination Act (ENDA).** After languishing in Congress for more than two decades, ENDA, which would outlaw employment discrimination on the basis of sexual orientation and gender identity, passed the U.S. Senate in late 2013 for the first time. However, House Speaker John Boehner said he would not allow ENDA to come up for a vote in the House in 2014. Speaker Boehner should allow a vote on [ENDA \(Senate Bill 815\)](#) to protect LGBT people in the majority of states that still lack sexual orientation and gender identity (SOGI) nondiscrimination laws covering employment.
6. **Issue an Executive Order Banning Sexual Orientation and Gender Identity (SOGI) Discrimination by Contractors Hired by the Federal Government.** President Obama has been a strong advocate for LGBT equality, accomplishing significant advances from support for marriage equality to attention to LGBT health and HIV prevention with gay and bisexual men both in the U.S. and in global HIV programs. President Obama has indicated that he would sign ENDA into law if Congress were to pass it. However, Speaker Boehner is unlikely to allow the House to vote on ENDA in the 2014 session. We urge President Obama to issue an executive order banning SOGI discrimination by federal contractors in order to protect the employment rights of thousands of LGBT Americans.

How Can Health Care Organizations and Providers Respond?

Many health providers are unaware how to provide medical care to transgender patients. In our sample about 29% had to teach their doctor how to treat them.

1. **Increase Cultural Competence Training for Providers and Frontline Staff.** The sample was well insured (95% had health insurance) and the majority (72%) had been to the doctor in the past year. However, 23% said that they had delayed preventative care, and 20% postponed care when they were sick or injured. Nearly 6% were refused medical care altogether due to their gender identity. These delays are alarming, especially given the high prevalence of negative health outcomes resulting from discrimination. Health centers and staff should utilize available resources to train staff either internally or externally. (See Resources for Health Providers, page 27.)
2. **Train All Health Care Providers in Transgender Care.** Many health providers are unaware how to provide medical care to transgender patients. In our sample about 29% had to teach their doctor how to treat them. A recent study found that the majority of medical schools dedicate five hours or less to LGBT topics in their curricula, and a full third devote no time at all to teaching future providers how to provide culturally competent care to LGBT patients [35]. (See Resources for Health Providers.)

3. **Update Non-Discrimination Policies to Include Gender Identity.** Health centers should add “gender identity” to their non-discrimination policies for staff and patients, and update the policy everywhere it appears (e.g., website, signage, employee handbooks).
4. **Join Other Organizations in Supporting the Equal Access Bill, and Convey Your Support to Your Elected Officials in the State Legislature.** Make your support known via press release, conveying support to MTPC (info@masstpc.org), contacting legislatures to stress why this bill is a health issue (617-722-2000), and encourage contracting organizations to support.

How Can Other Public Accommodations Venues Better Accommodate Transgender and Gender Nonconforming People?

Transgender and gender nonconforming people experienced high levels of discrimination in every surveyed area of public accommodations (e.g., transportation, retail stores, lodging, etc.) There is a lot of work to be done in order for these spaces to be safer for transgender and gender nonconforming people in Massachusetts. Specifically:

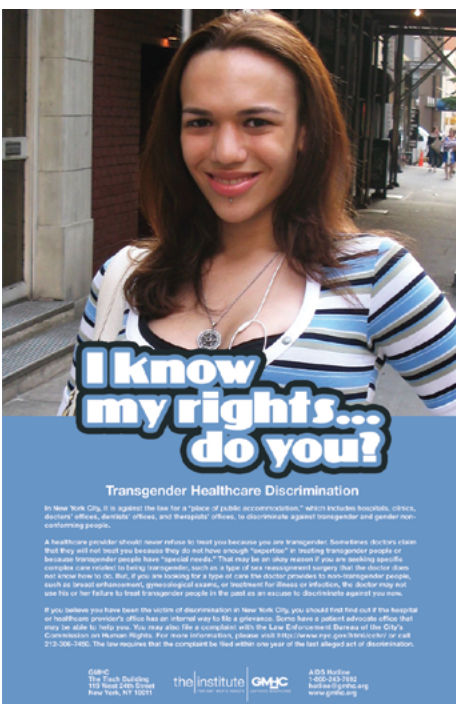
1. **Make Government Accommodations More Accessible.** Even at government and city agencies, 19% of respondents said that they were verbally harassed or mistreated. Twenty-one percent reported experiencing verbal discrimination in social service locations, and 19% in criminal justice locations. This was consistent with the Massachusetts sample from the 2011 National Transgender Discrimination Survey, in which 22% of respondents reported being denied equal treatment by a government agency or official [2, 3]. Government agencies should institute anti-discrimination policies to make these spaces safer and more accessible to all Massachusetts residents, regardless of gender identity.
2. **Train Government Staff to Provide Culturally Competent and Nondiscriminatory Services to Transgender People.** In February 2013 the Veterans Health Administration (VHA) within the U.S. Department of Veterans Affairs issued a directive requiring all VHA staff to provide culturally competent and nondiscriminatory services, including health care, to transgender and intersex⁹ veterans [36]. We consider this a model directive, and urge state government agencies in Massachusetts to adopt similar policies, and provide training, to educate their staff and end transgender-related discrimination by public sector workers.
3. **Create More Welcoming Signage.** Publicly identifying allies in social service settings through symbols such as “safe space” stickers and rainbow flags signal a safe, welcoming setting for transgender people and promotes a climate of acceptance [37]. Transgender specific fliers in waiting rooms also send an important message of acceptance and inclusion. Public accommodations venues should create welcoming signage so that transgender individuals can identify spaces that are safe and accepting.



9 According to the Intersex Society of North America, intersex is “a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.”

What Can Individuals and Community Groups Do?

1. **Report your experience to the Massachusetts Transgender Political Coalition (MTPC) online at <http://www.masstpc.org/take-action/report-your-experience/>, by email at info@masstpc.org or by phone at 617-778-0519.** Both your positive and negative experiences are important. Share your story with MTPC to receive support and learn more about how your personal story can be used to help make a difference for all transgender and gender nonconforming people in Massachusetts.
2. **Report Discrimination to the Massachusetts Commission against Discrimination (MCAD) and MTPC.** If you have experienced discrimination, do your best to write down a history or timeline of the act(s) of discrimination. Try to include names, dates and any other relevant information you can think of. To file a complaint around discrimination in housing, employment, or public accommodations contact MCAD (Boston: 617-994-6000, MCAD Worcester: 413-739-2145, MCAD Springfield: 508-799-8010). MTPC can also assist with filing a discrimination complaint, and can be contacted over email at info@masstpc.org or by phone at 617-778-0519.
3. **Contact Your State Representatives and Senators and Ask Them to Support the Equal Access Bill.** Personal stories change hearts and minds and are the driving force behind passing laws. Your voice matters! To help the bill receive the deserved priority, contact your representatives stressing the importance of the bill's passage. If you would like help with any of the steps below, feel free to reach out to MTPC.
 - Learn who your state representative and senator are by entering your address at: <http://www.wheredoivotema.com/bal/MyElectionInfo.aspx>. This Secretary of State website will provide you with the names of all your elected officials. You can also call the Massachusetts State House (where the House of Representatives and the Senate are located) by dialing 617-722-2000.
 - Write your testimony about the importance of equal rights protections for transgender people in all places of public accommodation. Learn more about what to say in your letter here: <http://www.masstpc.org/take-action/testimony>
 - Meet with your legislators in person and bring copies of your written testimony to leave with your legislators after the meeting. Learn more about what to say in your visit at <http://www.masstpc.org/take-action/contact-elected/meet-officials>. If you are not able to visit in person, mail a copy of your testimony to both your representative and senator.
4. **Educate Transgender Individuals and the Broader Community on Transgender People's Rights.** Though the gender identity nondiscrimination law passed in November 2011, 36% of the transgender residents of Massachusetts sampled in 2013 had never heard about the gender identity nondiscrimination law, indicating that there is still work to be done in terms of educating the broader community about the law and its protections. Public education campaigns should be created and led by community-based organizations and funded by relevant government agencies and private funders. For example, the Gay Men's Health Crisis in New York City ran a campaign after the 2002 passage of the New York City gender identity nondiscrimination law. The campaign, "I know my rights—do you?" was developed based on findings from focus groups with transgender women of



color and addressed the nondiscrimination protections included in the new law [38]. In Massachusetts, we have a large and pressing need for more education in both transgender and non-transgender communities about what the current law covers and does not cover.

What Can Researchers Do?

1. **Conduct More Transgender-Specific and Inclusive Research.** The 2013 Youth Health Survey and the 2013 Youth Risk Behavior Survey in Massachusetts are the first in the country to ask about gender identity. Furthermore, the Massachusetts Behavioral Risk Factor Surveillance Survey is the only state-funded survey to ask about gender identity. Measures that identify transgender respondents on population surveys help us to understand the health risk behaviors, access to health care, percentage who are veterans, and other issues affecting transgender people and represent an important step toward health equity for transgender people in Massachusetts. Adding measures of gender identity to other surveys and health surveillance efforts is recommended to monitor health disparities. Additionally, future state-wide transgender health needs assessments should consider the following areas for improvement: more in-person outreach, greater outreach to Spanish speakers, oversampling of racial/ethnic transgender communities, more funding for outreach staff and participant incentives, and shorter surveys.

What Can Employers Do?

1. **Update Equal Employment Opportunity Policies to Prohibit Discrimination on the Basis of Gender Identity.** Among the employed respondents, only 47% knew whether their employer had policies protecting gender identity. Additionally, only 47% of our employed participants had workplaces with equal opportunity policies that included gender identity, and only 19% were certain that their employers had training, resources or other support for transgender employees. To comply with the new employment protections, businesses can update and enforce equal employment opportunities to support transgender workers.
2. **Hire Transgender Employees.** In our sample, transgender people were much less likely to earn \$50,000 annually and more likely to earn less than \$10,000 annually, as compared with the U.S. population as a whole. This analysis adjusted for the lower average age in our sample. Economic opportunity, and especially employment opportunity, is a key social justice issue for transgender people in Massachusetts. Employees should recognize the skills of transgender applicants, and also include gender identity as part of any affirmative action plans.

7. RESOURCES FOR HEALTH PROVIDERS



- **Institute of Medicine's 2011 Report:** The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. <http://www.ncbi.nlm.nih.gov/pubmed/22013611>
- **The World Professional Association for Transgender Health:** 2012 Standards of Care for Transgender, Transsexual, and Gender Nonconforming People. www.WPATH.org
- **Fenway Institute's Guide to Lesbian, Gay, Bisexual, and Transgender Health** provides medical professionals with guidance, practical guidelines, and clinical issues relevant to the LGBT community. <http://www.lgbthealtheducation.org/publications/top/>.
- **The Joint Commission Field Guide** includes in the appendix a substantial list of resources for improving health and health care outcomes for LGBT youth. <http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>
- **Fenway Health's National LGBT Health Education Center** provides free learning modules and training webinars on LGBT health and health care for LGBT populations. <http://www.lgbthealtheducation.org>
- **National LGBT Health Education Center:** Best Practices for Front-line Health Care Staff. http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v6_02-19-13_FINAL.pdf
- **The Center of Excellence for Transgender Health** holds a biannual transgender health summit, hosts a transgender health provider protocol, and publishes guidelines and reports on transgender health. transhealth.ucsf.edu/
- **Transgender-Inclusive Health Care Coverage and the Corporate Equality Index, 2014.** Human Rights Campaign. www.hrc.org/transbenefits

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10. APPENDIX I: METHODS

In 2013, between August and December, The Fenway Institute at Fenway Health and the Massachusetts Transgender Political Coalition (MTPC) conducted a stress and health needs assessment of transgender and gender nonconforming adults in Massachusetts.

Purpose: The purpose of the needs assessment was to gain a deeper understanding of the health of transgender/gender nonconforming adult communities in Massachusetts, and specifically, to understand the social stressors, like discrimination, that influence health.

Sample: A sample (n=452 final responses) of Massachusetts transgender adults were recruited using three forms of sampling techniques: 397 online, 39 in-person, and 16 in-person with the brief version. The online survey was offered in both English and Spanish, and a total of 4 Spanish surveys were considered complete.



Inclusion/Eligibility Criteria:

1. Self-identifies as transgender or gender nonconforming;
2. 18 years old or older;
3. Lives in Massachusetts (or had lived in Massachusetts for at least 3 months of the past year);
4. Has not previously completed the survey;
5. Able to read and understand English or Spanish (or English if taking the in-person brief survey).

Recruitment: Two recruitment methods were used to enroll our sample: online and in-person.

Online Sampling: The survey link was launched through the electronic networks of MTPC, Fenway Health, and their partnering organizations. This included email lists, websites, newsletters, press releases, and social media. Study staff worked closely with community leaders across the state to identify and recruit possibly eligible participants for the study. Additionally, flyers and business cards were spread across the state at community-based organizations, health centers, support groups, social events, and other appropriate venues. Snowball sampling techniques were used to encourage participants to refer friends, co-workers, or acquaintances that may be eligible.

In-Person Sampling: Staff members of the target population or transgender/gender nonconforming allies carried out in-person recruitment. To identify in-person sites, we used MTPC's list of engaged collaborators, across geographic regions. Transgender Awareness Week events at Fenway Health and transgender support groups, for example, were used for survey recruitment. Paid outreach consultants engaged hard-to-reach populations, especially Spanish-speaking and transgender people living outside of the Boston area. Direct recruitment only occurred where transgender/gender nonconforming respondents would be considered safe to disclose their gender identity and expression.

Limitations

While the data collection for Project VOICE is complete, the data presented only represents a fraction of VOICE's outcomes. Other forms of data analysis are still underway, so reported numbers may not reflect those later submitted for peer review. A more in-depth paper on the methods is forthcoming.

Measures

Data were collected via electronic tablets using a secure web-based link. Questions from major surveys were used or adapted, from such sources as the U.S. National Transgender Discrimination Survey (NTDS), Behavioral Risk Factor Surveillance System (BRFSS), and the Growing Up Today Study (GUTS), among others. In-person surveys contained fewer measures than online surveys. The Spanish version contains fewer measures due to translation burden. The surveys included measures on:

- Demographics (age, assigned sex at birth, current gender identity, sexual orientation identity, employment, income, education, gender affirmation)
- Health care (health insurance coverage, met and unmet health care needs)
- Discrimination (discrimination in public accommodations, including health care settings)
- Health (sexual risk, mental health, substance use, chronic diseases)

Protection of Health Information and Risks to Participation

Before beginning the survey, an informed consent outlined participant rights and provided information about the study. For instance, participants could decline or withdraw at any time, and had the option to skip any questions that they felt uncomfortable answering. The confidential survey contained no identifying information, and the raffle page was not connected to password-protected data. Participants were encouraged to use our contact information if they had questions. Fenway Health has considerable experience implementing studies to protect privacy.

Benefits to Participation

Participants may have felt good about advancing the health and wellbeing of transgender populations in Massachusetts. Respondents were also entered into a raffle. For the brief version of the in-person survey, \$5 gift cards were offered. The project often sponsored food at recruitment events and support groups.

IRB and Funding

Project VOICE was reviewed and approved by The Fenway Institute Institutional Review Board (IRB). MTPC received funding from the Miller Institute through the, "Public Education on Transgender Communities." TFI provided additional funding to support the needs assessment.

Data Analysis and Methodology Notes

SAS® version 9.3 statistical software was used to analyze data. Univariable, descriptive statistics were obtained for all variables of interest. Distributions of individual items were assessed, including missingness. Because missingness was differential and violated the missing completely at random assumption required for valid statistical inferences using listwise deletion [39], data were multiply imputed. A fully conditional specification (FCS) [40, 41] imputation method was used as in previous transgender research [20]. All subsequent statistical analyses were conducted in the imputed dataset.

First, we compared transgender respondents reporting public accommodations discrimination in the past 12 months to those who did not. A single multivariable logistic regression model was estimated with public accommodations discrimination (yes/no) as an outcome that included sociodemographic characteristics: age, gender identity, race/ethnicity, income, education, employment, health insurance, visual gender nonconforming expression, cross-sex hormone use, surgical gender affirmation, and data collection method. Second, we modeled binary outcomes for mental health (emotional symptoms past 30 days, positive screen for clinical depression past week), physical health (physical symptoms past 30 days, asthma diagnosis, gastrointestinal diagnosis), and health care utilization past 12 months (postponed needed care when sick, postponed routine preventive care, ER due to delaying care) as a function of our primary statistical predictor: public accommodations discrimination (yes/no). Models were adjusted for age, FTM versus MTF spectrum, race/ethnicity, income, education, employment, health insurance, visual gender nonconforming expression, cross-sex hormone use, surgical gender affirmation, and data collection method. Adjusted Risk Ratios (aRR) were estimated [42] rather than odds ratios because the prevalence of outcomes were >10%.

APPENDIX II: TABLES

Table 1. Demographic Characteristics of Transgender Adults Sampled in Massachusetts (n=452)

	MEAN	(SD)
AGE IN YEARS (RANGE 18 TO 75)	32.6	12.76
	%	N
AGE		
1 Age 18-29	55.75	252
2 Age 30-39	18.36	83
3 Age 40-49	12.39	56
4 Age 50+	13.50	61
ASSIGNED SEX AT BIRTH ON ORIGINAL BIRTH CERTIFICATE		
Female	63.06	285
Male	36.94	167
CURRENT GENDER IDENTITY		
Male-to-Female (MTF)/Trans Woman/Woman/Female Identity	27.65	125
Male Assigned Birth Sex, Non-Binary Gender Nonconforming Identity	9.29	42
Female-to-Male (FTM)/Trans Man/ Man/Male Identity	31.42	142
Female Assigned Birth Sex, Non-Binary Gender Nonconforming Identity	31.64	143
RACE/ETHNICITY		
White non-Hispanic	79.42	359
Black	2.88	13
Hispanic/Latino	9.51	43
Other Race/Ethnicity	2.88	13
Multiracial	5.31	24
EDUCATIONAL ATTAINMENT		
High School Diploma/GED or Below	14.37	65
Some College	29.65	134
College Degree	33.63	152
Graduate Degree	22.35	101
PERCEIVED SES		
No Income	10.62	240
Low Income/Lower Class	43.98	994
Higher Income/Upper Class	3.98	90

Demographic Characteristics of Transgender Adults Sampled in Massachusetts (n=452)

	MEAN	(SD)
AGE IN YEARS (RANGE 18 TO 75)	32.6	12.76
	%	N
INCOME		
Low (<20K)	40.93	185
Moderate (20K-49,999)	31.19	141
High (50K+)	27.88	126
HEALTH INSURANCE		
Private	63.94	289
Public	31.42	142
Uninsured	4.65	21
EMPLOYMENT STATUS		
Employed for Wages	55.31	250
Self-Employed	11.06	50
Unemployed 1+ year	6.42	29
Unemployed < 1 year	5.31	24
Homemaker	1.55	7
Student	27.65	125
Retired	2.43	11
VISUAL NONCONFORMING GENDER EXPRESSION		
Low	50.22	227
Moderate	30.09	136
High	19.69	89
MEDICAL GENDER AFFIRMATION		
Hormones and/or Surgery	54.87	248
Live Full-Time	75.22	340
SEXUAL ORIENTATION IDENTITY		
Heterosexual	12.17	55
Gay/Lesbian	10.4	47
Bisexual	15.93	72
Queer	42.48	192
Other Non-Binary (questioning, I do not label myself)	19.03	86
RELATIONSHIP STATUS		
Single	45.58	206
Partnered	48.01	217
Other	6.41	29

Demographic Characteristics of Transgender Adults Sampled in Massachusetts (n=452)

	MEAN	(SD)
AGE IN YEARS (RANGE 18 TO 75)	32.6	12.76
	%	N
OTHER CHARACTERISTICS		
Registered to Vote	91.81	415
Military Service	5.31	24
Birth Children	15.04	68
SURVEY MODE		
Online	87.83	397
In-Person	12.17	55
GEOGRAPHIC REGION		
Greater Boston Area	41.37	187
Outside Greater Boston Area	58.63	265

Table 2. Public Accommodations Discrimination Experienced by Transgender Adults Sampled in Massachusetts (n=452).

	%	N
ANY PUBLIC ACCOMMODATIONS DISCRIMINATION	65.04	294
Transportation	35.62	161
Retail	27.65	125
Food	26.33	119
Public Gathering	24.78	112
Health Care	23.67	107
Service Location	14.16	64
Entertainment Venue	13.05	59
Government Agency	9.73	44
Social Service Agency	9.29	42
Lodging	5.97	27
NUMBER OF SETTINGS EXPERIENCED PUBLIC ACCOMMODATIONS DISCRIMINATION		
0	34.96	158
1	21.86	104
2	17.69	82
3	16.95	68
4+	8.54	40

Table 3. Correlates of Any Public Accommodations Discrimination (y/n) (n=452)

	PUBLIC ACCOMMODATIONS DISCRIMINATION Y/N 65.04%	
	ARR (95% CI)	P-VALUE
Survey Mode	0.95 (0.48, 1.89)	0.89
Age (continuous)	1.00 (0.98, 1.02)	0.64
FTM vs MTF	1.29 (0.80, 2.08)	0.29
Medical Affirmation	0.88 (0.58, 1.34)	0.56
Moderate GNC vs Low GNC	2.00 (1.23, 3.26)	0.005
High visual GNC vs Low GNC	2.04 (1.16, 3.58)	0.01
White vs Person of Color	0.73 (0.42, 1.26)	0.25
Moderate Income vs High Income	0.71 (0.42, 1.20)	0.21
Low Income vs High Income	1.12 (0.64, 1.97)	0.68
Education (continuous)	0.88 (0.69, 1.11)	0.28
Employment (employed y/n)	1.31 (0.83, 2.07)	0.25
Public/No Insurance	0.91 (0.54, 1.52)	0.71

+Multivariable logistic regression model included: age, gender identity, cross-sex hormone use, surgical gender affirmation, visual gender nonconforming expression, race/ethnicity, income, education, employment, health insurance status, and survey modality. aRR = Adjusted Risk Ratio. 95% CI=95% Confidence Interval. GNC= Gender Nonconforming.

Table 4. Public Accommodations Discrimination and Mental Health Outcomes (n=452)

	TENSION TRANS EMOTIONAL SYMPTOMS, PAST 30 DAYS 67.70%		CESD DEPRESSION, PAST 7 DAYS 26.55%	
	ARR (95% CI)	P-VALUE	ARR (95% CI)	P-VALUE
Public Accommodations Discrim Y/N	1.99 (1.29, 3.06)	0.002	1.76 (1.08, 2.89)	0.02
Survey Mode	0.92 (0.45, 1.88)	0.82	2.90 (1.30, 6.47)	0.009
Age (continuous)	0.97 (0.95, 0.99)	0.004	1.00 (0.98, 1.02)	0.85
FTM vs MTF	0.94 (0.57, 1.55)	0.80	0.89 (0.53, 1.50)	0.65
Medical Affirmation	1.08 (0.69, 1.68)	0.74	0.71 (0.45, 1.12)	0.14
Moderate GNC vs Low GNC	2.62 (1.55, 4.45)	0.0004	0.89 (0.52, 1.51)	0.66
High visual GNC vs Low GNC	2.12 (1.17, 3.82)	0.01	1.04 (0.58, 1.88)	0.89
White vs Person of Color	1.00 (0.56, 1.77)	0.99	0.56 (0.32, 0.98)	0.04
Moderate Income vs High Income	0.94 (0.54, 1.63)	0.82	0.70 (0.38, 1.30)	0.25
Low Income vs High Income	1.13 (0.63, 2.02)	0.69	1.50 (0.83, 2.70)	0.18
Education (continuous)	0.93 (0.71, 1.19)	0.54	0.76 (0.58, 0.98)	0.03
Employment (employed y/n)	1.15 (0.71, 1.86)	0.56	0.88 (0.53, 1.44)	0.6
Public/No Insurance vs Private	0.99 (0.58, 1.69)	0.96	1.01 (0.58, 1.78)	0.97

+Multivariable logistic regression models for each mental health outcome adjusted for: age, gender identity, cross-sex hormone use, surgical gender affirmation, visual gender nonconforming expression, race/ethnicity, income, education, employment, health insurance status, and survey modality. aRR = Adjusted Risk Ratio. 95% CI=95% Confidence Interval. GNC= Gender Nonconforming.

Table 5. Public Accommodations Discrimination and Physical Health Outcomes (n=452)

	PHYSICAL SYMPTOMS ^A		ASTHMA DIAGNOSIS		GI DIAGNOSIS	
	49.12%		24.12%		12.39%	
	ARR (95% CI)	P-VALUE	ARR (95% CI)	P-VALUE	ARR (95% CI)	P-VALUE
Public Accommodations Discrim Y/N	1.84 (1.21, 2.79)	0.004	2.05 (1.23, 3.42)	0.006	2.25 (1.11, 4.58)	0.02
Survey mode	1.65 (0.85, 3.23)	0.14	0.97 (0.47, 2.01)	0.93	0.73 (0.28, 1.92)	0.52
Age (continuous)	0.97 (0.95, 0.99)	0.001	0.99 (0.97, 1.02)	0.61	1.04 (1.01, 1.07)	0.009
FTM vs MTF	0.80 (0.50, 1.27)	0.34	1.39 (0.80, 2.41)	0.24	5.88 (2.38, 14.54)	0.0001
Medical Affirmation	1.33 (0.89, 2.00)	0.17	0.99 (0.62, 1.57)	0.96	1.27 (0.68, 2.38)	0.45
Moderate GNC vs Low GNC	1.25 (0.79, 2.00)	0.34	0.61 (0.35, 1.06)	0.08	0.72 (0.34, 1.56)	0.41
High visual GNC vs Low GNC	1.96 (1.15, 3.36)	0.01	1.07 (0.60, 1.92)	0.82	1.36 (0.64, 2.89)	0.42
White vs Person of Color	0.74 (0.44, 1.25)	0.27	0.98 (0.55, 1.75)	0.95	2.19 (0.90, 5.33)	0.08
Moderate Income vs High Income	0.71 (0.42, 1.19)	0.19	1.60 (0.87, 2.94)	0.13	1.02 (0.46, 2.25)	0.96
Low Income vs High Income	1.26 (0.74, 2.15)	0.40	1.41 (0.75, 2.67)	0.29	1.13 (0.50, 2.57)	0.77
Education (continuous)	1.05 (0.83, 1.33)	0.67	0.97 (0.75, 1.27)	0.83	0.71 (0.50, 1.00)	0.05
Employment (employed y/n)	1.25 (0.80, 1.94)	0.34	1.11 (0.67, 1.84)	0.69	1.22 (0.61, 2.44)	0.57
Public/No Insurance vs Private	1.18 (0.71, 1.96)	0.51	1.05 (0.59, 1.86)	0.87	0.94 (0.43, 2.05)	0.88

^aWithin the past 30 days, physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your transgender identity / expression?

+Multivariable logistic regression models for each mental health outcome adjusted for: age, gender identity, cross-sex hormone use, surgical gender affirmation, visual gender nonconforming expression, race/ethnicity, income, education, employment, health insurance status, and survey modality. aRR = Adjusted Risk Ratio. 95% CI=95% Confidence Interval. GNC= Gender Nonconforming.

Table 6. Public Accommodations and Health Care Utilization (n=452).

	EMERGENCY CARE ^A		POSTPONED CARE WHEN SICK OR INJURED ^B		POSTPONED ROUTINE PREVENTIVE CARE ^C	
	10.62%		19.25%		23.67%	
	ARR (95% CI)	P-VALUE	ARR (95% CI)	P-VALUE	ARR (95% CI)	P-VALUE
Public Accommodations Discrim (y/n)	3.95 (1.66, 9.42)	0.002	4.17 (2.15, 8.09)	<0.0001	3.69 (2.05, 6.67)	<0.0001
Survey Mode	3.04 (0.82, 11.28)	0.10	1.93 (0.66, 5.61)	0.23	2.23 (0.80, 6.23)	0.13
Age (continuous)	1.00 (0.97, 1.03)	0.94	0.98 (0.96, 1.01)	0.22	0.98 (0.95, 1.01)	0.11
FTM vs MTF	2.11 (0.93, 4.81)	0.08	3.20 (1.57, 6.50)	0.001	2.56 (1.36, 4.82)	0.004
Medical Affirmation	1.04 (0.53, 2.01)	0.92	3.62 (2.02, 6.49)	<0.0001	1.45 (0.88, 2.40)	0.14
Moderate GNC vs low GNC	1.67 (0.80, 2.72)	0.17	1.14 (0.62, 2.11)	0.67	0.88 (0.50, 1.55)	0.66
High visual GNC vs low GNC	1.11 (0.46, 2.71)	0.81	0.72 (0.34, 1.54)	0.40	0.74 (0.38, 1.43)	0.36
White vs Person of Color	2.10 (0.85, 5.20)	0.11	3.23 (1.44, 7.24)	0.004	2.39 (1.19, 4.80)	0.01
Moderate Income vs High Income	1.14 (0.46, 2.80)	0.78	0.98 (0.49, 1.99)	0.96	1.18 (0.62, 2.24)	0.66
Low Income vs High Income	0.93 (0.37, 2.32)	0.88	1.77 (0.86, 3.65)	0.12	2.12 (1.09, 4.11)	0.03
Education (continuous)	0.69 (0.48, 0.98)	0.04	1.12 (0.83, 1.52)	0.46	1.14 (0.86, 1.52)	0.36
Employment (employed y/n)	0.91 (0.44, 1.90)	0.80	1.01 (0.56, 1.84)	0.97	1.31 (0.76, 2.26)	0.33
Public/No Insurance vs Private	3.77 (1.70, 8.48)	0.001	1.02 (0.52, 2.01)	0.95	0.73 (0.39, 1.38)	0.34

^a I postponed or did not try to get medical care when I needed it, and this resulted in a medical emergency where I had to go to the ER or urgent care clinic to get immediate help.

^b Due to or because of my transgender identity or nonconforming gender expression, I postponed or did not try to get medical care when I was sick or injured because of disrespect or mistreatment from doctors or other health care providers.

^c Due to or because of my transgender identity or nonconforming gender expression, I postponed or did not try to get check-ups or other preventive medical care because of disrespect or mistreatment from doctors or other health care providers.

*Multivariable logistic regression models for each health care utilization outcome adjusted for: age, gender identity, cross-sex hormone use, surgical gender affirmation, visual gender nonconforming expression, race/ethnicity, income, education, employment, health insurance status, and survey modality. aRR = Adjusted Risk Ratio. 95% CI=95% Confidence Interval. GNC = Gender Nonconforming.

