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To cite this article: Jessica Simmons, Stephanie Hartman, Kawai O. Tanabe & Meredith E. Hayden (2023): Gender-diverse health on campus: Developing a comprehensive, multidisciplinary gender-diverse care team, Journal of American College Health, DOI: [10.1080/07448481.2023.2168545](https://doi.org/10.1080/07448481.2023.2168545)

To link to this article: <https://doi.org/10.1080/07448481.2023.2168545>



Published online: 31 Jan 2023.



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BRIEF REPORT



Gender-diverse health on campus: Developing a comprehensive, multidisciplinary gender-diverse care team

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ABSTRACT

Objective: To optimize healthcare for gender-diverse students at a large, public university's Student Health and Wellness (SHW) Center. **Methods:** SHW professionals from medicine, gynecology, health promotion, counseling, psychiatry, and disability services developed a multidisciplinary gender-diverse care team (GDCT) in 2016. The GDCT's team-based design was created to support a diverse student body and provide extra resources to a vulnerable population, ensuring students engage fully in the University. **Results:** The GDCT has assisted approximately 93 unique students, in-person or by phone with clinical or supportive care. The number of students presenting with questions pertaining to transgender and gender-diverse health care has increased since 2016. **Conclusions:** Having a comprehensive, multidisciplinary GDCT available within a university SHW provides transgender and gender-diverse students with access to a safe, inclusive, and resource-rich environment to seek care and serves as a potential model for other college health centers.

ARTICLE HISTORY

Received 31 August 2021
Revised 16 November 2022
Accepted 8 January 2023

KEYWORDS

Gender-diverse; university;
student health

Introduction

Over the last several years, the number of gender-diverse (GD) students presenting to college health centers has steadily increased.¹ This population has a much higher risk of mental health problems, substance misuse, and poor physical and mental health outcomes.²⁻⁴ In addition, they often do not access affirming health care or have long wait times before getting an appointment with a provider trained in GD healthcare needs.⁴⁻⁶ To offer the best patient-centered model of care, college health providers require up-to-date knowledge of medical guidelines and unique needs pertinent to the GD college population.⁷ In addition, GD patients benefit from multidisciplinary team-based care, so that care is coordinated and comprehensive of all healthcare needs.⁸

The purpose of this paper is to describe one large public university's experience creating a unique gender-diverse care team (GDCT) to address the increasing need for GD care among university students. The team's aim is to welcome and support all GD students, including helping to navigate the gender transition process and access community resources.

Methods

In 2016, the University Student Health and Wellness Center (SHW) sought to create a GDCT to offer students comprehensive health care from a cohesive group of healthcare professionals knowledgeable of GD students' unique needs.

The GDCT was formed by bringing together SHW professionals from medicine, gynecology, health promotion, counseling, psychiatry, and disability services; each trained in GD care and offering expertise from their related fields. The multidisciplinary team meets monthly to collaborate on patient care and public health issues, including complex treatment decisions, clinical updates, policies and resources. In addition, the GDCT created professional ties with local transgender health professionals, including providers within the affiliated academic medical center and with community physicians. Providers also participate in a Gender-Related Health Committee at the medical center. This collaboration allows for seamless care coordination for students as their needs change and they move in and out of academic enrollment.

The GDCT's work is reflected in the Campus Pride Index, the national LGBTQ benchmarking tool for colleges and universities to create a safer, more inclusive and LGBTQ-friendly campus environment.⁹ The index tool includes over 50 self-assessment questions, corresponding with 8 different LGBTQ-friendly factors including: LGBTQ policy inclusion, support and institutional commitment, academic life, student life, housing, campus safety, recruitment and retention efforts and counseling and health.

The GDCT also encourages student engagement by actively promoting services and providing several access points for care. A Web page highlighting the GDCT provides comprehensive information regarding the mission and services offered by the team.¹⁰ Students may schedule their

initial visit with any team member and most visits can be scheduled online which decreases barriers for students reluctant to discuss their healthcare needs over the phone.¹¹

Medical clinicians provide care aligned with the student's goals of transition, offering primary care as well as gender affirming hormone therapy. Medication options are discussed in depth, including temporary and permanent physical changes. Impact of medication on fertility is presented to each student, and those expressing interest in sperm banking or egg harvesting are referred appropriately. Referrals are also arranged, as needed, for voice training, disordered eating, gender affirming surgery, laser hair removal and electrolysis, and financial and insurance assistance. Gynecologists provide management for irregular bleeding, menstrual suppression, cervical cancer screening, breast or chest exams, and nuanced hormonal questions. Psychologists, psychiatrists, and licensed clinical social workers at SHW offer counseling and/or medication therapy as needed. Disability access and health promotion staff expedite resources, accommodations, and communications. All team members assist with letters to support legal changes such as updating social security cards.

All medical and mental health providers employ the same clinical guidelines and protocols, drawing from Endocrine Society Guidelines, University of California, San Francisco's (UCSF) Transgender Guidelines, and the World Professional Association for Transgender Health (WPATH) to ensure that students receive safe, up-to-date, and individualized care.¹²⁻¹⁴ Ongoing competency and professional development are expected and supported for all GDCT staff. All medical providers on the team complete continuing medical education and training for transgender healthcare. The GDCT also plans and facilitates core competency training for all SHW staff members which is required every 2 years. The most recent core competency training focused on provision of affirming care.

Demographic data and care provided at GD visits are collected in Mediat, SHW's electronic health record. For this study, a chart review was conducted by the 2 principal investigators, who also provide care to patients receiving

gender affirming care, to provide a snapshot of the types of services GD students are seeking at SHW and the outcome of their transition. Medical notes and labs were reviewed. GD students were identified based on ICD10 codes (F64.0, F64.8, F64.9, Z79.899, Z87.890) and a clinical review was performed to ensure that students were receiving gender-affirming care. The data included: student race/ethnicity, academic status (graduate/undergraduate), citizenship status, gender identity, number of visits, SHW services utilized and outcome of transition while under GDCT care for visits between January 2014 to August 2022. All frequencies and averages were computed in R version 4.2.1 and RStudio v2022.11.0 (Vienna, Austria). The retrospective chart review study was approved by the University Institutional Review Board (IRB) with a waiver of consent.

Results

Since 2016, the number of GDCT staff has grown from 8 to 11 members, allowing more robust staffing of appointments. During the study period, the GDCT assisted approximately 93 unique GD students, with over 1,300 clinical and supportive care visits related to GD issues. The interdisciplinary GDCT has discussed 84 cases at their monthly meetings; some complex cases are reviewed multiple times over the course of their care. Approximately, 72% of the GD students are White, 60% are undergraduates and the majority (96%) are US citizens. The number of unique GD students seeking GD care each year and the total number of GD related visits has been increasing since 2014 (Figure 1), with the exception of academic years 2020 and 2021 which was likely due to the COVID pandemic, where SHW saw decreased utilization across the entire University student population. The GD students self-identified as trans female (18.3%), trans male (17.2%), female (15.1%), non-binary (15.1%), male (4.3%), uncertain/still exploring (26.8%) or agender (3.2%) at the start of their care at SHW.

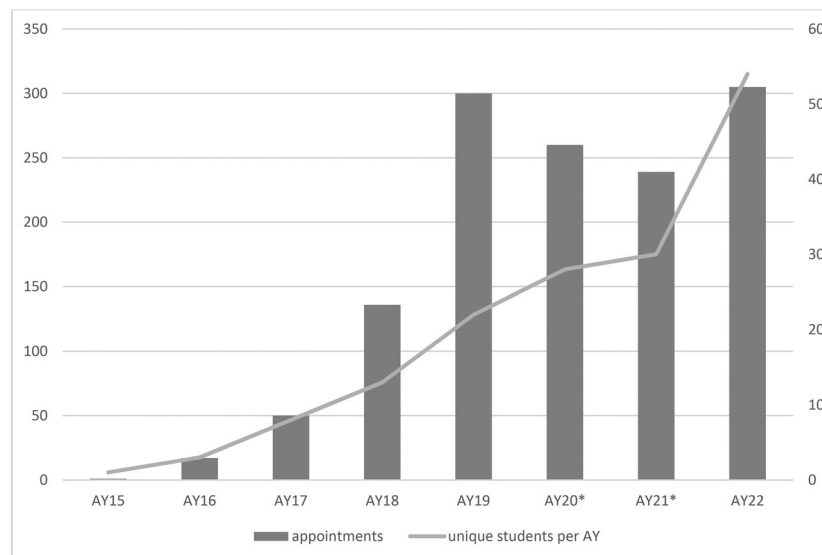


Figure 1. Gender-diverse-related appointments and unique students by academic year. *COVID may have affected these years.

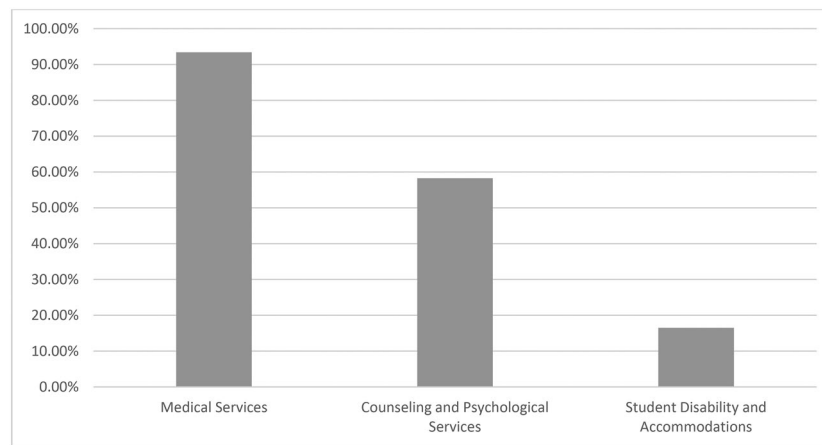


Figure 2. University Student Health & Wellness services utilization by gender-diverse students.

Overall, 93% of GD students utilized medical services at SHW including visits for checking hormone levels, adjusting medications and discussing side effects, and discussing transition plans. Fifty eight percent of GD students utilized counseling and psychological services and 16% utilized accommodation services since 2014 (Figure 2); with over half (59%) of them utilizing more than one of these services. The average wait to see a medical provider to discuss medical transition is 7–10 days. Most (86% of 93) students initiated gender affirming hormones while under the care of the GDCT. Among them, 35% reached optimal hormone levels, 38% were still transitioning at the time of data collection, and 27% were receiving care outside of the health system or have since graduated so not enough information was available to determine whether their optimal levels were attained.

Discussion

There has been an increase in GD students presenting to the University for gender dysphoria and gender-diverse-related health concerns, as seen across other colleges and universities.^{1,15} Several possible explanations for this increase include destigmatization of the LGBTQ+ community as well as a decrease in barriers to care with increased insurance coverage for gender affirming services including hormonal therapy.¹⁶ Furthermore, as GD services become more available in primary care settings, patients have increased access to care.

The GDCT staff work collaboratively to optimize individual student care and advocate for public health efforts around GD concerns. With almost all GD students utilizing medical services and over half (58%) utilizing counseling services, students are benefitting from the cumulative expertise especially related to mental health and clinical management. Having a standardized approach to team-based care and evidence-based medical protocols ensures that students receive safe, up-to-date, and individualized care. In addition, the multidisciplinary team's monthly meetings to discuss and collaborate on patient care and public health issues, ensures a proactive approach to address the higher risk of mental health problems and outcomes a GD students may

encounter. These care partnerships are particularly important right before and at the start of medical transition, when students often need extra support.

This article describes a care team model developed at a large, public university and may not be generalizable to other smaller universities and colleges which may not have the same composition of staff or affiliated medical center to form a similar GDCT team. Another limitation of the study was that the number of GD related visits at SHW was based on ICD10 diagnosis codes entered by the health-care provider in the electronic medical record. If a provider did not include a GD related ICD10 code, that visit would not have been counted, therefore the actual number of GD related visits could be underestimated in this study.

The formation of the GDCT and the provision of consistent care in terms of addressing patients by their lived names during visits helped ensure a high Campus Pride Index of 4.5 out of 5 stars rating for the University. Campus Pride Index provides a national listing of LGBTQ+ affirming institutes of higher education. The increasing number of GD students seeking care underscores the importance of being a LGBTQ-friendly University campus and having an established GD team. For institutes of higher education looking to replicate this multidisciplinary team-based model, the investigators suggest having a point person to help spearhead development of educational resources, website, electronic health record templates, creating a medical protocol for evidence-based standardization of care (for example, ensuring team follows same lab monitoring algorithms), meeting as a team regularly to review specific patients and ensuring their medical, mental health, financial, and social needs are addressed. Allocating time for team meetings and designating staff can certainly pose staffing challenges. During busy clinic times, circulating cases (through confidential electronic medical record) on the agenda prior to the meeting allows just the team members actively involved in care to attend the meetings. If staff turnover occurs, new staff will need to be selected and trained in terms of gender affirming care (for example, staff member attends WPATH section on mental health care). This can take time but is a robust professional and clinic development goal.

A GDCT can provide GD students with access to a safe, inclusive, and resource-rich environment to seek care. Furthermore, in providing access to a spectrum of resources, the team increases the “sense of agency” documented as beneficial in other studies⁴ thus improving overall sense of wellbeing and mental health.

Conflict of interest disclosure

The authors have no conflicts of interest to report. The authors confirm that the research presented in this article met the ethical guidelines, including adherence to the legal requirements, of the United States and received approval from the IRB at the University of Virginia.

Funding

No funding was used to support this research and/or the preparation of the manuscript.

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