

LC 15 Ohio Governor's Letter

1. How did COVID impact the work of your community partners?

As a result of the constraints placed upon institutions due to the current coronavirus pandemic, our community partners Central Clinic and the Trans Clinic at CCHMC have experienced serious changes that have inhibited their ability to successfully fulfill their responsibilities to their patients and community. One of the main ways that work has been impacted is that employment has become unstable for staff members at Central Clinic and the Trans Clinic. Central Clinic has experienced a steep decline in patient appointments. Patients are both not making appointments to see their psychiatrists and there has also been a marked increase in no-shows. It has also become very difficult to accept new patients as face-to-face interactions have become impossible and psychiatrists cannot meet new patients and get a sufficient rundown of their past and present health. The overall decrease in patient volume has resulted in many staffers losing their jobs.

COVID also impacted the services offered at Central Clinic. Services had to move from in-person visits to audio-only telehealth visits, and the overall volume of patients decreased. Many people either did not make follow-up appointments or were no-shows to their meetings, even though the meetings were virtual. The clinic was also not receiving new patients. Psychiatrists with previously full schedules would sometimes find themselves seeing no patients for the day, either from a lack of appointments or no-shows. Social distancing also made it difficult for patients to engage in group workshops or therapy sessions, which limited the modes of therapy psychiatrists were able to use to engage their patients.

Telehealth can make it more difficult for patients to connect with their healthcare providers. This is a factor because Central Clinic uses audio-only calls for telehealth instead of video appointments adding another barrier to the patient's ability to connect with their provider, limiting the patient and provider's ability to communicate nonverbally. The audio call format also can lead to patient's being in a chaotic environment during their appointment. For example, a patient could answer a call while running errands which would lead to an ineffective healthcare environment. There also is the potential of people in the surrounding area overhearing confidential medical information.

Lastly, COVID has largely exacerbated mental health issues for patients. This pandemic situation is highly stressful, with stay-at-home orders being issued, businesses shutting down, the fear of contracting the virus, being laid off from jobs, etc, and the stress continues to be worsened by complete mismanagement of this pandemic by our federal government. Patients need mental health services more than ever. However, the majority of behavioral health therapists and psychiatrists are reporting that patients are attending fewer appointments than ever. This is likely due to mental health being placed lower on the priority list when things such as paying rent and keeping your job take priority. This is why we hope our governments step in with aid to relieve patients of such financial stressors so that they can prioritize their mental health and get the help that they need, especially in such dire times.

2. How did COVID impact the community and clients served by your community partners?

When reaching out to providers regarding the effects of COVID-19 on the transgender population, Dr. Sarah Pickle, a primary care provider specializing in gender diverse care, shared her experience:

“Transgender patients face high rates of health problems like diabetes, heart disease, high blood pressure and asthma, and tobacco use.. mak[ing] COVID-19 more dangerous. Transgender persons are also at a higher risk of certain cancers which can affect immune systems... [and are] more likely to be living with HIV when compared to the general population... This affects transgender women of color more than any other group.

Not only are transgender persons are less likely to seek care for fear of discrimination, but there is also a lack of healthcare professionals who are trained to meet their healthcare needs. Access was further limited by the pandemic...[including] access [to] gender confirming surgeries, which are life changing and life saving for patients.”

Another provider, Dr. Anne Schwentker, who performs surgeries within this population, added, “We did cancel/delay surgery for 6 weeks at the Governor’s direction (a move I completely agree with), and are struggling to catch back up because we have had to reorganize the hospital to allow for adequate distancing of patients, families, and staff, which means were are not able to increase capacity above our pre-COVID ability. Of course it is difficult for patients to delay surgery, but for Trans+ individuals, the stress of delaying surgery is compounded by the risk that a prior approval may expire or insurance may be lost. I have had cases (pre-COVID) where insurance approval expired and then the insurance refused to cover the surgery when we resubmitted, which is devastating.”

A trans masculine community member stated that delays to their top surgery, “drained me emotionally. Needless to say this made an already stressful time much more stressful. I cannot explain how much my life has improved after having this surgery; it is immeasurable.”

Dr. Pickle also stated that, “many transgender persons experience high levels of anxiety, depression, and post traumatic stress disorder during non-pandemic circumstances. Adding on the stress of job loss & financial uncertainty, high rates of homelessness, social isolation and concern about their health... those mental health experiences are going to worsen. The TransLifeLine, a 24/7 support line for transgender folx who are in crisis, report that their calls about thoughts of suicide have gone up by 89% since the start of the COVID pandemic. I have seen this same trend in my patients over the last 6 months.”

The trans masculine community member added that “the ability to have telehealth covered under insurance is huge and needs to stay. This is especially true for mental health care. There are very few mental health professionals that are competent in LGBTQ+ issues and...[having a] competent counselor without having to out oneself could be life saving for a queer person.”

Further, Dr. Pickle explained that, “limited [access] to government agencies, like the social security office, passport agencies, and the bureau of motor vehicles has limited transgender persons ability to update their legal documentation to align with their gender identity. This affects their

safety (having ID that reflects gender identity decreases risk of violence due to being trans), and ability to utilize their insurance and apply for jobs and benefits.”

3. How might students and physicians use their platform to advocate for the needs of your partners and their community?

Considering the impact of the COVID-19 global pandemic on the Ohio transgender community and the disproportionate impact on transgender people of color, we feel it is now more important than ever that medical students learn to effectively advocate for the needs of the transgender community. To maximize impact, this should be done through three venues: advocacy within medicine, advocacy within the community at large, and legislative advocacy. Impactful advocacy within medicine must reach current physicians, other providers, and hospital administration, but it must start with the education of future physicians. As current medical students, we are in the unique position of being able to provide direct feedback to shape future curriculum decisions. In the context of advocating for underserved communities, this means identifying gaps in our education and assisting in the construction of educational materials to provide us with a basic understanding of their needs and what we can do to help. We are also uniquely positioned to discuss the importance of having a robust transgender health curriculum amongst our medical student peers. This education, however, must not be limited to the scope of a medical school, and must extend to attending physicians already in the field. To achieve this will require governmental support from the state of Ohio to create incentive for physicians to further their training and in turn better serve individuals within their community

But building bridges between the transgender community and the medical community is not something that can be completed overnight. Medical students and physicians need to show up with their feet to form new relationships, partnerships, and collaborations. Last year, our group participated in the Transgender Day of Remembrance, where we bore witness to the violence that transgender individuals face *every day*. This event crystallized the urgent need to elevate the voices of those calling out to end this violence. Through conversations in and out of the clinic, medical providers should be attentive to the non-medical issues experienced by the gender diverse patients they care for. This information should then be shared within their departments, and even further to the hospital’s administrative board. With a likely multi-year timeline for the national or even statewide adoption of best practices, hospital systems need to be the catalyst for change in their communities, especially for those that are most vulnerable in our society.

Ultimately, the disparities affecting the transgender population cannot be addressed without proper legislative support. In our discussions with members of the transgender community, we consistently heard about difficulties accessing healthcare, both in terms of access to knowledgeable providers and access to health insurance. Even with insurance, transgender patients face many obstacles in getting approval for care and treatment that should be routine, and this is highly variable across and even within insurance companies. Legislative action to mandate insurance coverage for essential gender-affirming care would close this significant gap. Further, legislation that ensures transgender patients have access to essential services, be it healthcare or housing, without fear of discrimination or reprisal. Finally, ensuring that community organizations have access to financial support will allow them to direct transgender patients to appropriate care resources.

