Gender Health SF

Program & Evaluation Update







Mission Statement

Gender Health SF's mission is to increase access to quality gender affirming health care for underserved transgender and non-binary people in San Francisco, regardless of immigration status and/or lack of income.

Values:

- Social justice
- Community investment
- Peer led
- Harm reduction
- Wellness
- Advocacy
- Compassionate whole person care

Program Milestones

2012

- Board of Supervisors Resolution recognizes transition-related care as medically necessary
- Health Commission approves surgery access program development

2013

- · Discriminatory exclusions removed
- Transgender Health Services launch

2017

- Program expansion (staff/programming)
- Move to Zuckerberg SF General Hospital
- New name: Gender Health SF!

2018

 June: New leadership (Jenna Rapues named new Director) focus in building and strengthening peer navigation services

2020

- March: Shelter in Place (COVID) & Remote Navigation Services
- December: Migration to EPIC EHR

2021

- March: New behavioral health clinical director, Janet Moomaw, LCSW
- April: New practice manager, Allyse Gray

2022

- Spring:
 - HR practices TGNB "Lived Experience" special condition, currently "desired qualification"
 - Karen Aguilar, navigator lead
- Summer: Update on WPATH SOC 8
- Fall:
- Co-location with Castro Mission
 Neighborhood Health Center
- Population Health's Ending the HIV
 Epidemic peer navigator grant integrated peer navigation service
- · Trans BIPOC clinical intern

Integrated System-wide Access:

- Culturally congruent patient programming
- > Trans and nonbinary workforce development "peer to professional"
- Wrap-around peer navigation under Behavioral Health Services, Mental Health Services Act
- ➤ Integrated, interdisciplinary care coordination (e.g., Nurse Practitioner, Behavioral Health Clinician)
- Pre-Surgical Assessments and Addendums
- > Peer health education (bilingual, group, and one-on-one)
- Systems of care capacity building and training

Peer Patient Navigation



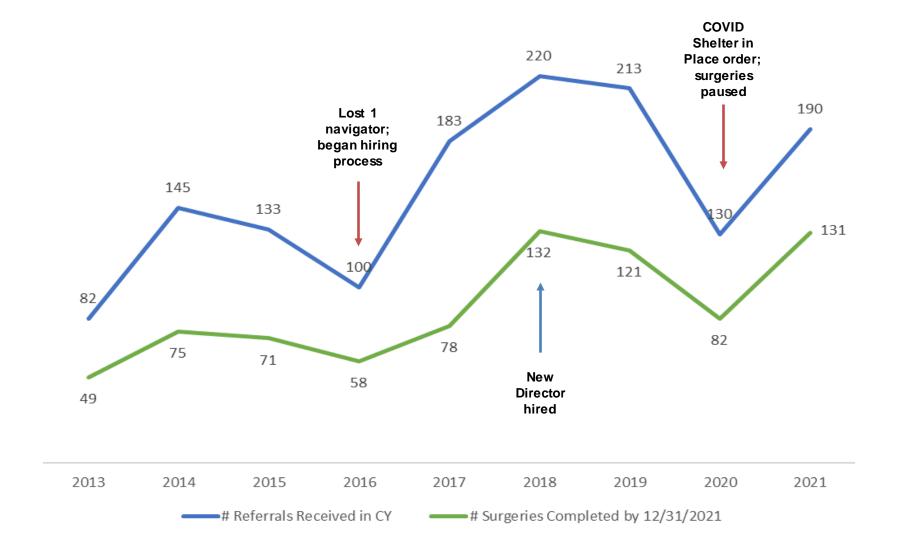
- ✓ Assist patients realize their options for surgery
- ✓ Navigate intense paperwork and insurance requirements
- ✓ Proving peer-patient emotional and moral support
- ✓ Respond to patients' questions, informed consent process, and surgical education
- ✓ Assist with ensuring patients are prepared before and after surgery

Client Demographics

N=855 unduplicated patients served since 2013

Domain	GHSF	2015 US Trans Survey	
Gender	77% trans women (n=658) 22% trans men (n=188) <1% GNB (n=5)	33% trans women 30% trans men 35% GNB	
Race	8% Asian/Asian American (n=72) 17% Black/African American (n=143) 31% Hispanic/Latinx (n=267) < 1%Native American (n=2) 3% Other (n=27) 5% Unknown (n=39) 36% White (n=305)	38% POC 62% White	
Age	6% 18-24 years (n=54) 56% 25-44 years (n=483) 29% 45-64 years (n=245) 8.5% missing (n=73) 42% 18-24 years 42% 25-44 years 14% 45-64 years		
Education	28% some college 24% college degree or higher	40% some college 47% college degree or higher	
Housing	25% unstable	~15% unstable	
Employment	mployment 11% full time 35% full 35% full 35% full 30% part time 29% part time 30% part 30%		

Number of GHSF Surgery Referrals and Completions (2013-2021)



Surgery Referrals by Type: Feminizing

Year	Total# Referrals Received	Total Feminizing Surgeries	Feminizing Mammoplasty	Vaginoplasty	Orchiectomy	FFS	Body Feminization
2018	220	188	51	40	9	70	18
2019	213	175	53	37	10	57	18
2020	130	107	30	21	2	32	22
2021	190	154	35	24	7	46	42

Note: Patients may have more than 1 referral, so counts here add up to more than the number of distinct unduplicated patients served.

Average # ALL Referrals received annually = Approx 188

Average # Feminizing Referrals received annually = 156 (83% of all referrals)

Surgery Referrals by Type: Masculinizing

Year	Total # Referrals Received	Total Masc Surgeries Completed	SubQ Mastectomy			hysto-oophore ctomy		Body Masc. Gen.
2018	220	15	9	1	2	3	0	0
2019	213	30	15	1	1	3	5	5
2020	130	19	14	0	1	2	1	1
2021	190	22	8	2	4	3	2	3

Note: Patients may have more than 1 referral, so counts here add up to more than the number of distinct unduplicated patients served.

Average # <u>Masculinizing</u> Referrals received annually = 21.5

Compared to a National Sample of Trans People

At Program Intake...

- Better overall health
- Less "serious psychological distress"
- Less alcohol and tobacco use
- More cannabis use

Patient Outcomes

Significant improvements in:

- > self-reported body discomfort
- > self-reported gender dysphoria
- > psychological quality of life

Also improved, but not statistically significant:

- > Lower psychological distress
- > Better social relationship quality

QUALITATIVE EVALUATION HIGHLIGHTS



Challenges and Needs

- Fertility preservation coverage for publicly insured individuals
- Out-of-network surgical providers
- Building in-network (ZSFG) genital surgery access
- ➤ Healthy SF Limitations
 - ➤ Annual budget of 350K
 - > Extensive waitlist
 - No budget expansion with increased demand
 - Utility management
- > Peer-to-professional workforce development City employment pipeline
- > HR "trans and nonbinary lived experience" special conditions to support culturally congruent programming
- Systems of care capacity building and training
- Responding to evaluation and trans health research priorities

Jasmine Gee.

GHSF Patient Digital Story

"Transition is ageless, what matters is that I am, and I continue living in my truth."

Thank you!

Questions & Answers?



genderhealthsf@sfdph.org

Main: (628) 206-7979

Fax: (628) 206-7979