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## Health Status and Gender Identity among Northern Illinois University Students, Faculty and Staff

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NORTHERN ILLINOIS UNIVERSITY

Health Status and Gender Identity among Northern Illinois University

Students, Faculty, and Staff

A Capstone Submitted to the

University Honors Program

In Partial Fulfillment of the

Requirements of the Baccalaureate Degree

With Honors

Department Of

Health and Human Sciences

By

Blake Rooker

DeKalb, Illinois

May 14, 2022

University Honors Program  
Capstone Faculty Approval Page

Capstone Title (print or type)

Health Status and Gender Identity among Northern Illinois University

Student Name (print or type) \_\_\_\_\_ Blake Rooker  
Faculty Supervisor (print or type) \_\_\_\_ Julie Patterson



Faculty Approval Signature \_\_\_\_\_  
Department of (print or type) \_\_\_\_ Health Studies \_\_\_\_\_

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Date and Venue of Presentation \_\_ 5/13/22 Invited online Interdisciplinary Team Meeting \_

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## **Abstract**

In the healthcare field, it is critical that practitioners understand their clients. Although support is growing, one of the least understood communities in society is the transgender community. The research set forth by this Capstone seeks to understand how the transgender community views the healthcare they receive. This will help future healthcare practitioners, including doctors, nurses, nutrition professionals, therapists, and so on, know how to best care for transgender clients.

## **Purpose**

In the field of health, it is critical that professionals understand the diversity that exists among their patients. Among the least understood and most vulnerable communities in our society is the transgender community. Although societal and medical support for transgender individuals is growing, there remains a need for widespread, accessible education for healthcare providers about the unique needs of transgender patients and the disparities they experience compared to those who are cisgender (meaning those who identify as the gender they were assigned at birth). The research proposed in this document would seek to improve the care given to transgender patients and clients. This will be done by looking into their perspectives on the care they have received and what aspects of it need to be improved. The goal is to ensure healthcare providers, including doctors, dieticians, nurses, and so on, gain a better understanding of this community and what is appropriate and necessary when caring for them. The research will also seek to learn what health-related disparities exist between transgender and cisgender individuals so that such disparities can be resolved. A survey, as well as perhaps post-survey follow-ups such as focus groups or interviews, will be used to gather data and insights about the experiences of the transgender community, including specific scenarios from the past and what could have been better about them, as well as inquiring about any deficits in care (needs that have not been met, accessibility of care, etc.). This information will be used to create an education program for health professionals so that they can learn about the community in general and learn how to navigate care for transgender patients and clients without bias or invasive questions and with maximized comfort for the patient. It will also be used to gather information on the health disparities between cisgender and transgender individuals. Gaining insights from

the community's perspective can guide healthcare providers on how to navigate care, and it can demonstrate not only existing disparities, but what can be done about them as told by those affected directly by them.

### **Literature Review and Preliminary Meetings**

During the process of writing this proposal, some pre-existing research was found, all of which creates a general foundation for research on the health and nutrition status of the transgender community. Firstly, a study published by Clinical Nutrition ESPEN and written by Rozga et al performed a scoping review of the literature on the nutrition-related health outcomes of transgender individuals. This included the topics of dietary intake, health disparities related to nutrition, hormone therapy, etc. Journals from several databases were explored from the years 1999 through 2019. A total of 189 studies were screened out of the initial 5403. Out of those 189, ten studies examined dietary intake of transgender individuals, 64 discussed health disparities of transgender individuals compared to those who are not transgender, 127 investigated the health effects of hormone therapy, and more. It was concluded that transgender individuals have unique nutrition needs, and that the stage and type of gender-affirming care they are receiving may create variations in healthcare needs. It also concluded that the research looking at quality nutrition care for transgender persons is sparse, and there is a need for more research so that there can be evidence-based guidelines for nutrition care for this community.<sup>1</sup> This indicates that there needs to be more awareness about this community among healthcare providers, including more education to guide health and nutrition professionals on how to provide the best care for them. It also indicates that new information should be gathered on the health disparities between cisgender and transgender individuals considering that, although 64

studies on health disparities were found, the most recent year examined was 2019, and the article itself emphasizes the need for more research.

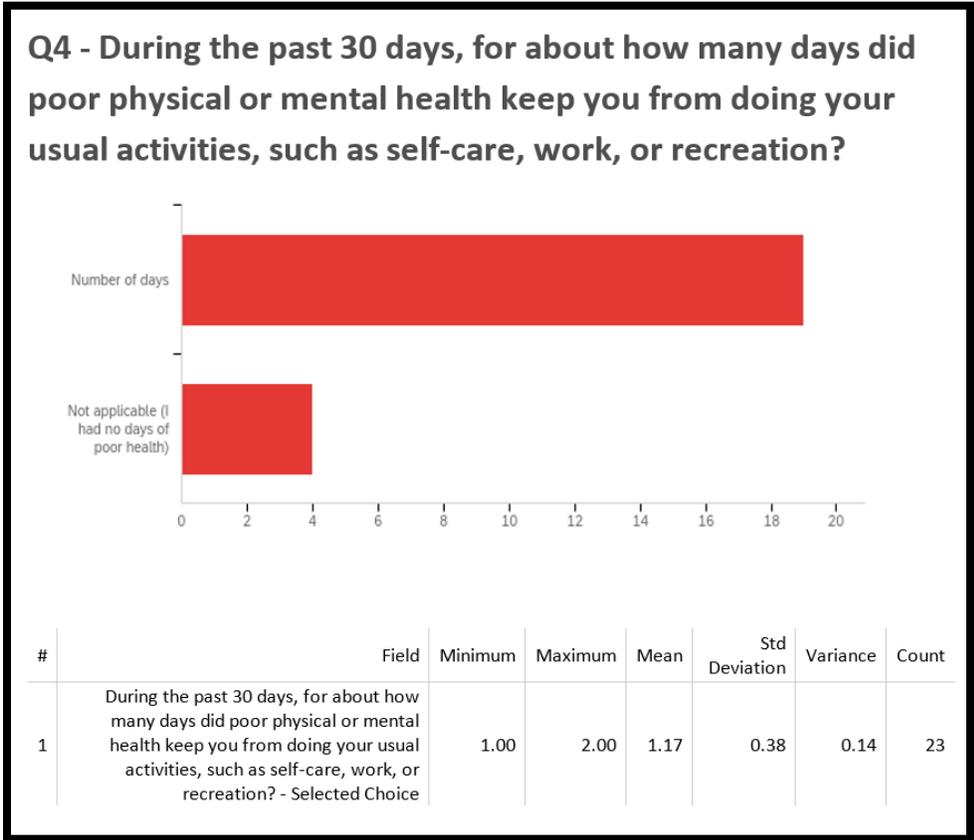
Another article from Bob Roehr for the British Medical Journal takes a journalistic approach that cites several quotes from interviews with medical professionals who provide care to transgender patients, including but not limited to gender-affirming care. In its introduction, the article discusses the increased social awareness created by transgender celebrities and the increase in gender-related care sought by those who are transgender. Although an increase in access to healthcare for transgender individuals is mentioned, the article also states that concern for basic needs still exists, along with concerns for safety and struggles with the continued marginalization of trans people of color. It also clarifies that although gender-affirming care can be lifesaving and is often as necessary as treatments for hypertension or diabetes, not all transgender individuals want medical intervention to their bodies, and some even identify as non-binary rather than male or female. Further, it notes that some seek different care than others, with many seeking hormone therapy and some seeking different surgeries than others. It mentions also that the views of medical providers are shifting, that many providers are making fewer assumptions about their patients, and that many providers feel that caring for transgender patients is rewarding in a way that is unlike any other focus of care. Among the necessary education is the use of preferred pronouns and other cultural competencies. Finally, the article states that educational materials already exist, including online resources, conferences, and even medical tracks with credit for continuing medical education (CME).<sup>2</sup> Although it is stated at the end that this is not an externally peer-reviewed article, it has a wealth of offerings to this proposal. It highlights the rapidly growing social awareness and self-awareness surrounding transgender existence, as well as the fact that every transgender individual is unique in their needs, in how

they identify their gender, and in who they are as individuals. It also emphasizes the need for health professionals, including doctors, nurses, dieticians, therapists, etc. to be educated on transgender healthcare. Additionally, it indicates that educational resources for medical providers already exist, and therefore a review of said resources will likely be necessary to ensure the research and educational presentation proposed in this paper would be adding something new to the field. It also provides a sense of hope that the medical field is open to change and is becoming more inclusive. It even addresses the idea that transgender existence is about much more than medical intervention, including social, financial, and safety concerns. Aside from the literature review, it is worth noting that a meeting was held over Zoom with Jennifer Waters of Benedictine University to share the goals of her research and for this research to be discussed with her, and to get advice from Waters about what can be done for this capstone. The idea presented in this paper was formed during this discussion. A meeting has also been held virtually with Dr. Julie Patterson to discuss the expectations of this work and the ideas to be explored over the course of this semester.

## **Research**

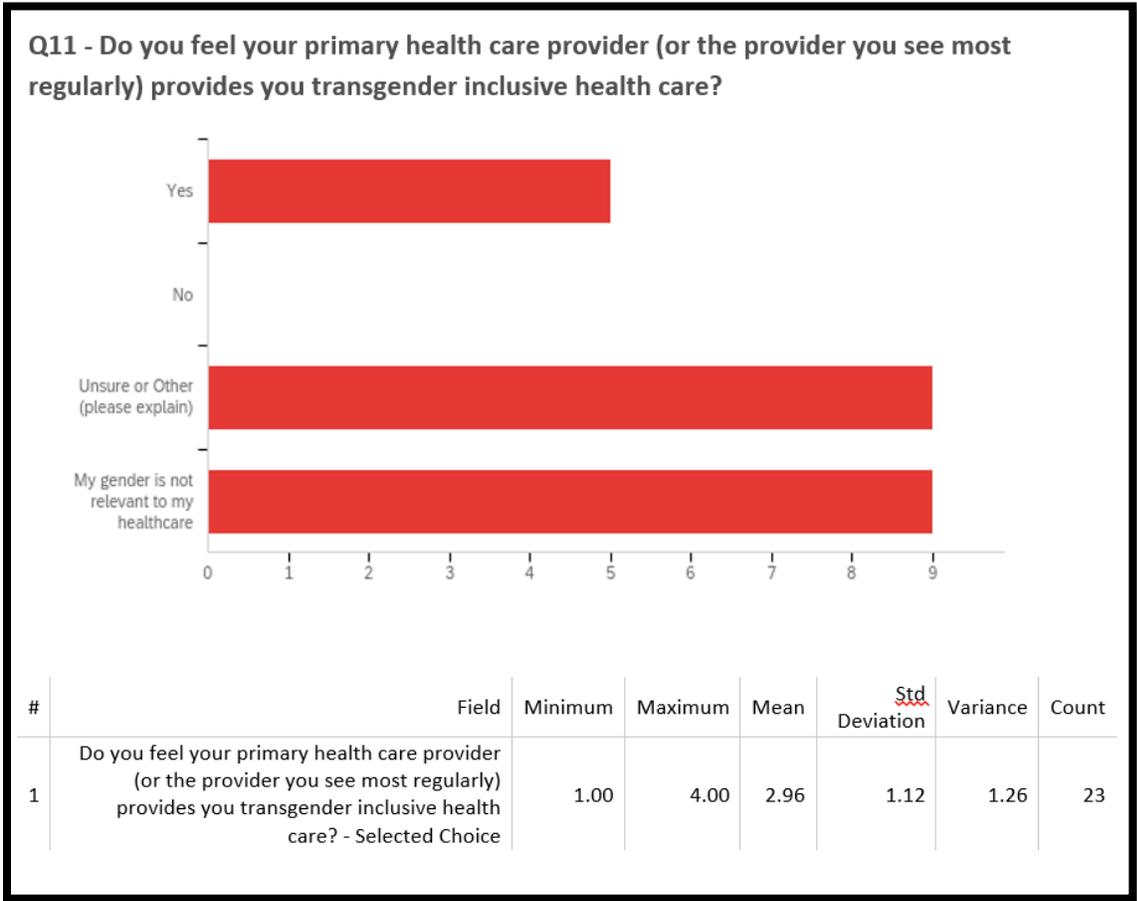
A survey from the center in Colorado was used to create a Qualtrics survey for those involved with Northern Illinois University.<sup>3</sup> A total of 43 responses were obtained, but 9 of them were from the surveyor and the professor testing the survey before it was published. Thus, the first 9 responses were discarded, leaving 34 responses total. Out of these 34, 15 respondents were not transgender or gender non-conforming in any way, whereas six were transgender or gender non-conforming, one was unsure, and one self-described as an androgynous woman. An overwhelming majority were heterosexual, white, and non-Hispanic. Nearly all responses were from current undergraduate students, with the exception of one graduate student, one who was

never involved with NIU and thus did not continue the survey, and a former student who is currently part-time staff at the university. A great majority of respondents either lived on-campus with a permanent residence elsewhere, or were living exclusively off-campus. The majority also live more than 30 minutes of driving distance away from Dekalb, Illinois. Overall health was ranked as “very good” among most respondents. Over the past 30 days at the time of responding, days spent with poorer health ranged from 0 to 5 days among responses, with one respondent saying 10 days were spent unwell, making for an average of 1.2 days spent in poorer health. For mental health, the lowest number of days spent unwell was 0, and the highest was 28, with an average of 6.2 days spent in a state of depression, stress, or otherwise poor mental health.



According to the chart above, during one or more days out of 30, most respondents were unable to perform normal activities due to poor physical or mental health.

Most respondents reported no use of or interest in hormone therapy for the purpose of gender transition, but four responses stated present use, more than three said in the past, two stated plans to obtain it in the future, and one said they prefer not to say. Seventeen respondents said they have not had gender-affirming surgery and don't plan to, but two said they have, and four stated desire or plans to do so. Eighteen respondents said they have health insurance with four saying they did not. Off-campus general health care not connected to NIU was most common, but on-campus mental health services were more used than off-campus services.



Unsure or Other (please explain) - Text

My primary health care provider doe snot know I identify as non-binary

I'm cisgender so this doesn't apply to me directly

Not applicable

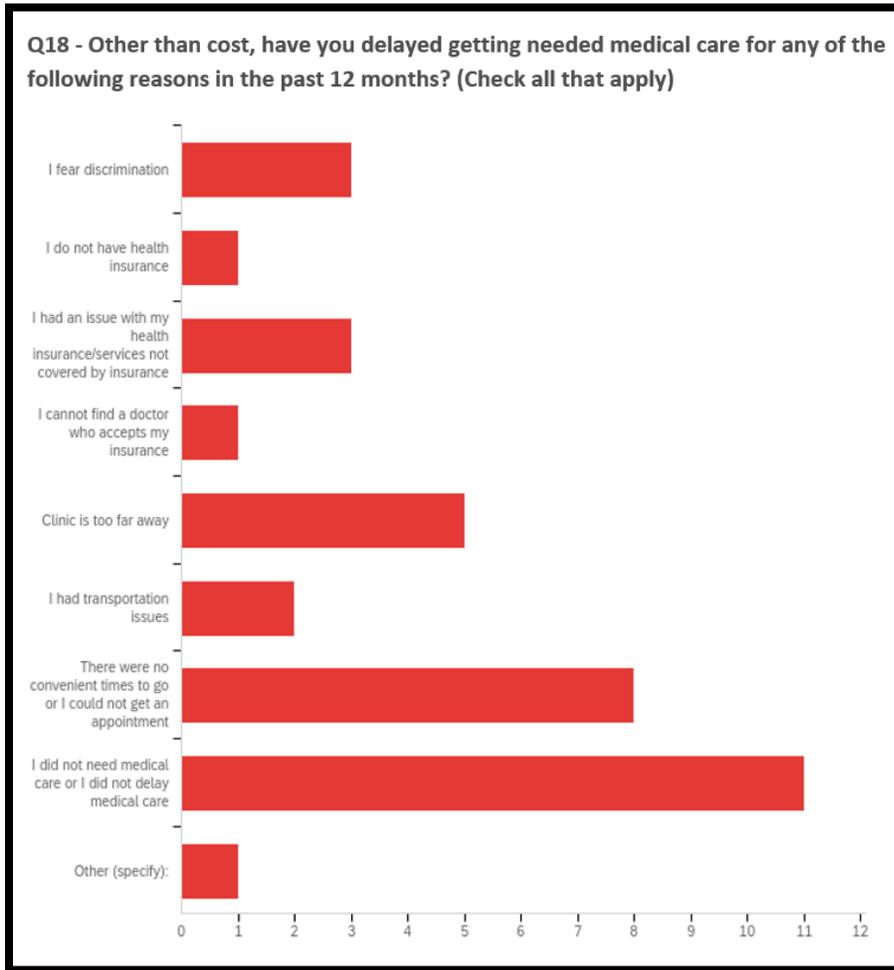
PCP for general wellness, OBGYN for female/reproductive health visits

do not have a pcp

Never told them

Sixteen respondents were not transgender and thus could not answer gender-specific questions. However, among transgender respondents, most could state at least one beneficial factor in their care such as inclusivity of forms, the office stating specifically that they are inclusive, etc., although one respondent did report that their doctor does not know they are nonbinary. Two transgender respondents reported that their office does not have inclusive forms, and one stated their doctor does not know enough about transgender health care. When asked what healthcare providers could be doing differently to be more inclusive to transgender patients, responses offered a variety of areas of improvement, including more knowledge on transgender healthcare needs, improve comfortability with transgender patients, improving office policies and forms, a more welcoming office, and better ability to offer transgender-specific healthcare and not just other needs. When asked whether they had had a discriminatory experience with a healthcare provider, 20 respondents said never, one said yes, and two said they prefer not to say. The one discriminatory experience was reported as being with a doctor who was not familiar with trans patients. Next, when asked what the underlying reason was for the discriminatory experience(s), one respondent said they were discriminated against due to ignorance to HRT, also called hormone replacement therapy, and two individuals reported they just had a negative experience rather than a discriminatory one, while one respondent said they either didn't know or

they could not explain it. Furthermore, nineteen respondents said they were able to afford to see doctors, while four said they could not see a doctor due to cost during the past year.



Respondents reported a mix of non-financial reasons they did not seek the care they needed during the past year.

**Conclusions**

Overall, the results of the survey demonstrate the wide variety of experiences that an individual involved with Northern Illinois University will go through. Most responses were from undergraduate students, and it appears that the average student at NIU struggles with mental health more than physical health. The average respondent is also able to afford their medical

needs, and being transgender does not necessarily affect this. It also appears that, among transgender respondents, healthcare providers are generally accepting of transgender individuals, but could be doing more to provide satisfactory care to transgender patients. This includes more education on transgender needs, more welcoming offices, more inclusive language on documents, and more. Discriminatory experiences could be reported through after-visit surveys, but there is also concern regarding a lack of understanding of transgender patients in the greater Dekalb area. This can be resolved by bias training for all healthcare practitioners; having diversity training be required as part of education for doctors, nurses, nutrition professionals, psychiatrists, therapists, and so on could be a way to ensure that biased incidents do not occur. Furthermore, a potentially confounding factor in the data could be that the survey was open from the middle to the end of the semester, and thus midterms and finals could have both brought on more stress. Additionally, the number of respondents is very small and specific to the NIU population, and thus only reflects a very specific community of individuals.

### **Conflicts of Interest**

The author of this research is transgender, and thus there is potential for bias. No other conflicts of interest need to be disclosed.

### **References**

1. Rozga M, Linsenmeyer W, Cantwell Wood J, Darst V, Gradwell EK. Hormone therapy, health outcomes and the role of nutrition in transgender individuals: a scoping review. *Clinical Nutrition ESPEN*. 2020;40:42-56.
2. Roehr, B. Comfortable in their bodies: the rise of transgender care. *BMJ: British Medical Journal*. 2015;350

3. Thecenter One Colorado. Transgender Health Survey. Published 2014. Accessed May 11, 2022. [https://one-colorado.org/wp-content/uploads/2017/06/Transgender-Health-Survey-2014\\_02182014.pdf](https://one-colorado.org/wp-content/uploads/2017/06/Transgender-Health-Survey-2014_02182014.pdf)