INTRODUCTION

• Lack of access to gender-affirming care is a primary concern for transgender & non-binary (TNB) patients. 1
• Large gaps exist in the US medical literature regarding TNB patients outside of urban coastal centers, 2 and current research fails to recognize intersections of gender identity and geography in the US. 3
• Distance to care is cited as a major concern among patients living outside urban areas, 4 with additional concerns of insurance coverage for TNB gender-affirming care. 5
• Generally, rural communities represent a group that is more likely to be white 6 and uninsured 7 when compared to urban groups.
• Nationally, ¼ of TNB patients travel greater than 25 miles for gender-affirming care, and ¾ of those travel over 50 miles; rural TNB are twice as likely to travel these distances for simple routine care. 8
• Access to care is affected by approachability, acceptability, availability, affordability, and appropriateness of healthcare services/providers, as well as the abilities of the patient. 9
• Barriers to care among the TNB community lead to worsened health disparities. 10
• Denver Health (DH), the safety net system in Denver, Colorado, offers decentralized gender-affirming care in a model that includes federally qualified health centers and houses an LGBTQ Center of Excellence.

OBJECTIVES

• Characterize a cohort of TNB patients based on sex assigned at birth, gender identity, race/ethnicity, age, insurance status; anxiety and depression diagnoses; and tobacco use, alcohol use disorder, and marijuana use.
• Compare mean distances traveled between cohorts of TNB Coloradans residing inside and outside the Denver metro area who access gender-affirming care from DH.
• Determine healthcare access patterns among non-urban TNB patients traveling for care to better understand what services are being sought and provided.

METHODS

• TNB patients were identified in the EHR via ICD-10 codes for gender dysphoria and/or identification as TNB through self-reported SG/GI data.
• ZIP code of primary residence identified sub-groups of those in the Denver metro area (those adjacent to Denver County) & those outside the Denver metro area (Non-Denver), which included rural areas defined by population ≥ 2,500. 11

RESULTS (cont.)

Fig 1: Density Mapping of TNB Patients by 3-Digit ZIP Code of Primary Residence in Colorado

18.9% of TNB patients seeking care at DH travel from outside the Denver metro area.
• One-way distance traveled ranges from 0.7 to 353.4 miles, with a mean distance traveled of 11.4 miles for Denver TBN 82.5 miles for non-Denver TNB, mean distance traveled among the entire cohort is 24.6 miles.

Fig 3: Healthcare Utilization Patterns Among Non-Denver TNB

• Nearly all TNB patients accessed gender-affirming care at DH, with a majority also accessing hormone-related care, preventative care, and chronic disease management.
• An additional 45.69% (n = 106) non-Denver TNB patients are currently on the surgery waitlist at our institution, making 22.84% a representation of surgeries performed rather than planned.

CONCLUSIONS

• Definitions of healthcare access among TNB patients must be broadened to include travel distance, as proximity to care is one of many complex considerations when choosing a gender-affirming provider.
• Large numbers of TNB patients traveling for care may enable increased engagement in preventive care and chronic disease management for TNB people.
• Study strengths include: use of EMR data entered by medical providers and staff to systematically evaluate a cohort of TNB patients, chart review used to assess validity of data set, represents patients under-represented in current TNB literature.
• Limitations include: low numbers of TNB patients in rural areas, resulting in lack of statistical power to analyze this sub-group.

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REFERENCES