

# Meeting the Health Care Needs of Transgender People Without Housing

 Illustration of doctor speaking with trans homeless youth

Illustration by Rose Wong



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### TOPLINES

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For transgender people experiencing homelessness, the linked struggles of finding housing and health care are acute. Listen to the latest episode of #TheDosePodcast to learn about one program trying to solve these crises.

As public awareness grows, and more and more people who openly identify as trans enter the field of health care, there is hope for the future of care for transgender people experiencing homelessness

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The U.S. housing crisis and health care are inextricably linked. Compared to the general population, people experiencing homelessness have higher rates of illness and mortality. These struggles are even more acute for transgender people, who often face discrimination when they

seek both housing and health care.

On the latest episode of *The Dose*, Pam Klein, who manages transgender services at the Boston Health Care for the Homeless Program, talks about how to provide health care to transgender people who lack housing. As public acceptance of transgender people grows, and more and more people who openly identify as trans enter the field of health care, there is hope for the future, she says.

## TRANSCRIPT

**SHANOOR SEERVAI:** Even before the pandemic hit, a growing number of Americans were experiencing homelessness. The housing crisis and health care are inextricably linked. Being without a home makes it difficult to get medical treatment and exposes people to disease and other risks. These problems are even more acute for

transgender people who face discrimination when they seek both housing and health care.

I'm Shanoor Seervai, and on today's episode of *The Dose*, we're going to talk about how to address these linked challenges. My guest, Pam Klein, is the manager of

Challenging my guest, Pam Klein, is the manager of transgender services at the Boston Health Care for the Homeless Program. She's also the nurse liaison for the Center for Transgender Medicine and Surgery at Boston Medical Center and has been working for more than 25 years to improve health care services for this extremely vulnerable population. We will talk about what it's like to care for transgender people on the streets, how to find them access to safe and sustainable housing, and what health care for trans communities could look like as public awareness and sensitivity grows.

Pam, thank you so much for joining me on *The Dose*.

**PAM KLEIN:** Thank you so much, Shanoor. I'm really happy to be asked to be here.

**SHANOOR SEERVAI:** So you've been on the front lines of providing what's called gender affirming health care for many years as a nurse and a patient advocate. There is increased visibility of trans people, there's more awareness, but does that translate into meaningful improvements and access to services like specifically health care and housing? Do you see providers being more sensitive?

**PAM KLEIN:** Certainly there is greater awareness among

...and certainly there is greater awareness among providers. There's a lot more, you know, burgeoning services, I think there's much more awareness now about disparities in health care disparities, in health care outcomes.

I think there is a lot of effort, there's a lot of training opportunities out there. Lots of centers opening and focusing on this population. There's a lot of emphasis on providers, to get them, you know, up to speed to be able to care for people and to get people in the door. I think that has definitely improved.

**SHANOOR SEERVAI:** Now, one of the challenges is that there's very little data about trans people and their specific health concerns. So, is the data catching up with this increased awareness?

**PAM KLEIN:** The data is starting to catch up. And when there's data, it's showing that transgender folks have worse outcomes on, like, every health care measure. I think the challenge is still to get this population identified in a sort of consistent way. And it's mandated, if you get federal funds you sort of have to be starting to collect this information and having a mechanism to collect it. But in terms of in practice, how that is, there's still just a lot of challenges for providers

...and that's a challenge for the... Patient...



conversation. And in terms of sexual orientation that's a conversation, and sometimes I think providers just feel like it's not a priority.

And I think that's the big challenge is getting everyone to recognize that this is actually a big priority. It's offering patients that opportunity to identify themselves and to be seen, right? So, so many patients aren't ever asked these questions, are basically invisible to their health care providers and the health care system.

And then, ultimately, hopefully using the data to be able to say, none of these people who are due for their pap smears who are identified as trans men are getting them. Why is that? Well, how, what can we do about that? That's just one example. But if you don't even have a way of identifying folks, you're not going to be able to make appropriate interventions.

**SHANOOR SEERVAI:** Let's talk briefly about where insurance fits in. You said that it's gotten better, but how does a trans homeless person navigate the insurance system?

**PAM KLEIN:** I am from Massachusetts and everybody in Massachusetts is eligible for some level of health insurance.

Massachusetts is unique for some level of health insurance. Virtually all levels of health insurance now do cover medical transition with medications, cover visits, and cover behavioral health visits. Maybe not the sort of lowest level of insurance, but, um, pretty much every other level of insurance will cover surgeries also. So this all happened, I think it was 2013 or 2014, where Medicare basically said gender-affirming care is going to be covered. And so then various insurers, including Massachusetts public insurance, and many other states kind of followed suit. And so that's been a really big shift. There is still a lot of gaps. Sometimes the policy is really great, but there's still a lack of access.

There's still, you know, great, you cover facial feminization now, but if you don't have any surgeons to do it in your area. I feel like, insurers are listening more now, like I just last week was part of a meeting that the Division of Insurance in Massachusetts is holding, these listening sessions, that is a really great model for everywhere is to have those conversations with insurance, insurance regulators, insurance companies, and community members and advocates working in this space, I think has made some really good gains.

**SHANOOR SEERVAI:** So you've mentioned now that specifically at the Boston Health Care for the Homeless Program, you're able to try different approaches to maybe

programs, you're here to try different approaches to maybe what some other states or other programs are doing. For example, housing first is the conventional approach to stabilizing and serving people who are experiencing homelessness. But that doesn't always work with transgender people. Can you unpack that a little bit?

**PAM KLEIN:** You know, there's this effort to say, we don't want to keep making more shelters, right? We need to get people into housing, get them the support they need. The issue is that the housing has not materialized in that way.

There is an organization, again in Massachusetts, called the Transgender Emergency Fund that is really trying to raise money to create such an entity here. In Casa Ruby in D.C. I visited, you know, kind of only goes up to age 24, 25 and it's an awesome place. I think there is this gap, there is a lot more attention these days paid, to gender-diverse youth, because there's recognition of how at risk they are. But there's this group of older people who are kind of kind of forgotten.

**SHANOOR SEERVAI:** So let's talk specifically about shelters. You mentioned that even if staff are trained, maybe, other shelter residents may not be sensitive to transgender people coming in. Historically shelters have been segregated by gender and it's binary, right? It's male and female.

**PAM KLEIN:** And that's still the case. I think the difference is that it used to be that you had to stay where your state-issued ID said. So if you were male on your ID, you had to stay on the male side. Like even if you identified as female, even if you presented as female, you know, they sort of shunted you over to where you were legally.

And that's all changed which, you know, is definitely good. I will tell you that I have a patient who told me that she's a female identifying patient and was given the opportunity to stay on the female side. And she's actually from Honduras originally. And she said that she felt less comfortable there than on the male side. She felt that on the male side there were a lot of Honduran men who kind of protected her. And that she felt on the women's side everyone was just really, you know, catty. And you know, that's her word, that she just didn't feel as welcome.

So it's interesting to, you know, you make these assumptions. This came up in a presentation to staff and that gets to another point about working directly with the community in these efforts, right? So I'm sort of touting this, shelters like how that changed and how great it is for everybody. And

then when she spoke, she actually — it was kind of contradicting what I said but, you know, it was a great point.

**SHANOOR SEERVAI:** So let's talk about how you work with the community, because it's most important to hear the voices of the people who we're trying to serve, and how does Boston Health Care for the Homeless do that?

**PAM KLEIN:** Thinking back to the beginning as you know, I mean, I've always been an ally, but I do feel like early on it was all about, what can I do? How do I educate? There wasn't that much involvement, in a way, with having patients or clients be doing these like educational efforts, or if they did, they would be asked, you know, sort of out of the goodness of their heart, would they do that.

And people should not be expected to share their experience, even in the effort to educate others, without being compensated for it. It's a much richer, better educational experience to have somebody of the community letting folks know what they need. I'm much more of a, almost a conduit, where I am the R.N., the one with the credentials or whatever, who can sort of get things organized, but I'm definitely making sure that I am bringing along people who can certainly speak to issues a more personal way. And I

think that, you know, is really a value. Also though, just more specifically to your question: I have a patient who I met back in like 2010 and she became a community advisory board member for BHCHP, and then joined our board actually. And that's been really great to have Sarah as part of our board helping determine how BHCHP is going forward.

**SHANOOR SEERVAI:** And so building on this idea of meeting patients, clients, where they are, your organization is maybe trying to get people to come in to see their primary care provider and get preventive health care. And if somebody is living on the streets, maybe that's not their number one priority. So how do you reach them?

**PAM KLEIN:** The COVID pandemic, kind of heightened this. We sort of lost, people, you know, got evicted. People just didn't come into care because they were worried about their safety. And we started regular outreach. Health Care for the Homeless has a street team and also regular outreach to patients.

Like the HIV team goes out and finds patients and make sure they're taking their meds. And someone brought to our attention that there was this little cohort of trans identified folks staying out on the street. And so we developed a little pilot. It's only been about, I guess, a month now, going out

specifically to engage with these folks, give them information. Working on a little grant to get some clothing, like chest binders for some trans men, and different clothing for folks to help with gender expression. And that seems like it's working. There's a provider and a case manager and AmeriCorps member volunteer who go out together and, a nurse, a Health Care for the Homeless Program nurse. And so this nurse has kind of done these warm handoffs to this little outreach team to introduce different patients to them. And then they'll come, they'll meet with me and I'll kind of make sure they get connected, you know, back to primary care or get connected for the first time to primary care.

**SHANOOR SEERVAI:** What you're saying is that someone out on the street, they may not see their primary care provider as their number one priority. They need a chest binder. If you meet them with the chest binder, then you can get them in to see the doctor.

**PAM KLEIN:** It's like an engagement tool. Exactly.

**SHANOOR SEERVAI:** Well, I want to talk a little bit more about the pandemic because the pandemic disrupted health care delivery. You know, we've heard about all the elective surgeries being canceled, and I just wonder what impact that would have on gender-affirming health care, gender-

affirming surgeries.

**PAM KLEIN:** Yeah, so certainly on surgeries, they were basically put on hold, and that was very stressful for patients. What I think what added to that is the way that the information comes to the patient, the electronic medical