

Expectancies as Contributors to Health Disparities in Transgender Adults

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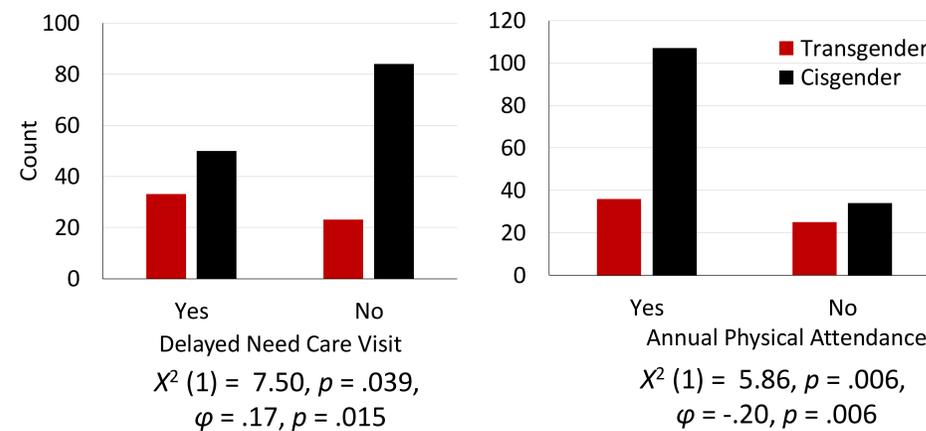
BACKGROUND

- Transgender individuals are demonstrated to face a variety of health disparities in relation to both health behaviors (e.g., doctor visits) and outcomes (e.g., health, pain).
- Expectancies are well-established predictors of these health behaviors and outcomes which may be relevant to these disparities, yet their role in transgender health remains understudied.
- This study explored whether different types of expectancies help explain health disparities among transgender individuals.

METHOD

- A community sample recruited from Prolific ($N = 200$; $M_{age} = 39.16$, $SD = 12.75$; 27% transgender).
- Answered single items assessing physical attendance, whether they had delayed needed care, and reporting on their health status (e.g., poor, fair, good, excellent).
- Participants then imagined they needed to go to the doctor for nonspecific symptoms (e.g., headache, dizziness) that interfered with their daily functioning and reported their expectations for the interaction.
- To assess affective expectations, the Positive and Negative Affect Schedule (PANAS) was modified to assess anticipated affective states and modified to include additional medically relevant emotions (e.g., relieved, cared for).
- Interpersonal expectancies were assessed with six items assessing expectations health-relevant interpersonal interactions (e.g., I expect that my doctor will be friendly toward me, listen to my concerns, spend enough time with me).
- Outcome expectancies were assessed with the Treatment Expectation Scale (Clemens et al., in prep), which measures deliberative, intuitive, and magnitude dimensions of outcome expectancy.
- Participants also completed items related to health history, physician trust, and attitudinal care barriers.

RESULTS



	Self-Rated Physical Health				
	Poor	Fair	Good	Very Good	Excellent
Transgender	14.8%	27.9%	26.2%	29.5%	1.6%
Cisgender	2.8%	19.1%	43.3%	30.5%	4.3%

$\chi^2(4) = 14.98, p = .005, \eta = .19$

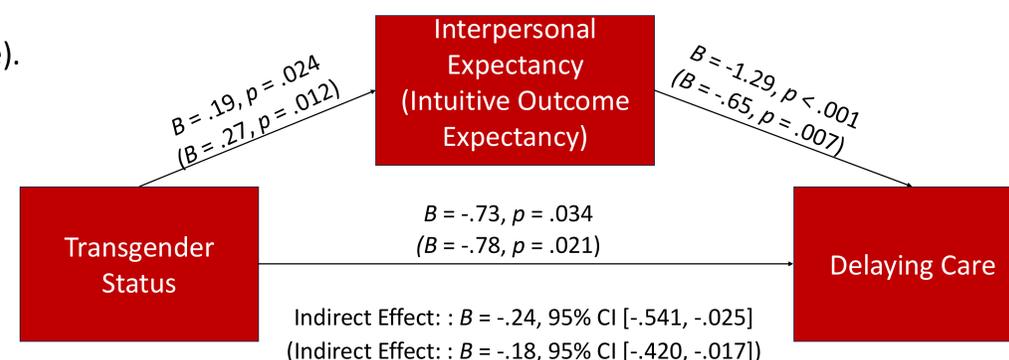
	Trans?	M	SD	Sig.
Interpersonal	Yes	3.07	.55	$p = .044, d = .31$
	No	3.24	.52	
Negative affective	Yes	2.34	.88	ns
	No	2.18	.84	
Positive affective	Yes	2.35	1.07	$p = .017, d = .37$
	No	2.72	.98	
Outcome (total)	Yes	3.07	.70	$p = .050, d = .30$
	No	3.27	.63	
Cognitive outcome	Yes	3.23	.64	ns
	No	3.32	.65	
Intuitive outcome	Yes	3.02	.74	$p = .013, d = .39$
	No	3.28	.63	
Magnitude outcome	Yes	2.97	.80	$p = .025, d = .35$
	No	3.22	.70	

RESULTS

- Transgender participants were less likely to have had a recent physical, more likely to have delayed needed care, and reported worse overall health.
- They also reported significantly lower interpersonal expectancies, positive affective forecasting, and outcome expectancies.
- Mediation analyses showed that these expectancies helped explain health differences between transgender and cisgender participants.

DISCUSSION

- These findings highlight expectancies as a key psychological factor shaping transgender health experiences and care engagement.
- Expectancies present a potential point of intervention to reduce health behavior and outcome expectancies with low-cost and time-limited interventions.
- Further experimental work is needed to understand if modulation of expectancies directly influences health variables.
- The present findings also suggest that improving care interactions for transgender individuals may have downstream impacts on their care utilization and treatment outcomes.
- This study is limited by its cross-sectional design. The mediation model clarifies relationships among variables but should be interpreted with caution.
- Future studies should also assess these factors in medical environments (e.g., before medical appointments).



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