Providing Affirming Care to Transgender and Gender Expansive Patients in a Healthcare Setting
About Us

Paige Ricca, MS, MBA, RN
- She/her/hers
- Doctoral Nursing Student, University of Illinois at Chicago

Carolyn Wahlskog, LCSW
- She/her/hers
- Senior Program Manager at 360 Youth Services
- Transitional Housing Program for LGBTQ+ Youth
- Community Education and Gender Programming Manager at Youth Outlook
- Co-chair of DuPage Community Network: Professionals Serving LGBTQ+ Youth

What about you?
With the person next to you, please share:
- Your Name
- Your Pronouns (she/her, they/them, he/him, etc)
- Your Role
- What you hope to leave with today
Objectives:

- Provide basics of gender 101 and terminology overview
- Understand barriers transgender and gender expansive (T/GE) patients face with attempts to access affirming healthcare
- Describe methods of Community Engagement for DNP project
- Practice affirming communication approaches for supporting T/GE patients
- Self-assess environment (including intake forms) to determine inclusiveness of services
Gender 101 and Terminology
Overview
The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don’t. Like Inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and, a bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It’s okay if you’re hungry for more. In fact, that’s the idea.

**Identity**
- Woman-ness
- Man-ness
- How you in your head, define your gender, based on how much you align (or don’t align) with what you understand to be the options for gender.

**Gender Expression**
- Feminine
- Masculine
- The ways you present gender, through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

**Biological Sex**
- Female-ness
- Male-ness
- The physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair; hormones, chromosomes, etc.

**Sexually Attracted to**
- Nobody
- (Women/Females/Femininity)
- (Men/Males/Masculinity)

**Romantically Attracted to**
- Nobody
- (Women/Females/Femininity)
- (Men/Males/Masculinity)

For a bigger bite, read more at http://bit.ly/genderbread

by it's pronounced MÉTROsexual.com
SEXUALITY AND GENDER ARE INDEPENDENT OF ONE ANOTHER:

**SEXUAL ORIENTATION** is about who you are attracted to romantically, emotionally, spiritually, physically, and/or sexually.

**GENDER IDENTITY** is about how you understand your own gender.

**GENDER EXPRESSION** refers to how you outwardly express your own gender.
Lesbian

A person who is female-identified and is attracted to SOME other females
Gay

A person who is physically, romantically, emotionally and/or spiritually attracted to SOME people of the same gender
Bisexual

A person who has the potential to experience sexual, romantic, physical and/or spiritual attraction for two or more genders
Pansexual

A person who has the potential to experience sexual, romantic, physical and/or spiritual attraction for members of all gender identities/expressions.

This term is used frequently by our current youth attending Youth Outlook.
Asexual

A person who generally has a lack of (or low level of) sexual attraction to others

We are seeing more youth in the drop in centers identifying as asexual or “ace”. There are many different variations of asexuality and it exists on a spectrum.
Transgender

Describes a person whose gender identity differs from the sex they were assigned at birth

- Transgender is an adjective, not a verb or noun
  - Don’t say: we’re going to talk about transgender
  - We don’t say transgenders, transgendered or transgenderism
Cisgender

A term for people whose gender identity aligns with the sex they were assigned at birth

Often called “Cis”
Non-Binary

An umbrella term that reflects gender identities that don’t fit within the accepted binary of male and female. Individuals can feel they are both genders, neither or some mixture thereof.

Terms under this umbrella: genderqueer, gender fluid, agender, bigender, etc.

Non-binary folks may use they/them/theirs pronouns or others such as xe, ze, ey, hir, fae, hu
**Queer**

- Historically, this was a derogatory slang term used to identify LGBTQ+ people.
- A term that has been embraced and reclaimed by the LGBTQ+ community as a symbol of pride, representing individuals who may fall out of “norms” for gender and sexuality.
- Generally, this term can only be used within the community.
Intersex/DSD

Someone whose combination of chromosomes, hormones, internal sex organs and genitals differs from the two expected patterns of male or female.

Previously called hermaphrodite, which is no longer an accepted or appropriate term.
WHAT IS A TRANSITION?

There is no one way to be trans; therefore, no one way to transition.

**Legal**
Changing gender marker on legal documents like driver’s license, passport, social security card, birth certificate, and/or legal name change

**Medical**
Gender affirming care may or may not include hormonal therapy and/or surgical treatments

**Social**
Name and pronoun use, accessing facilities based on gender identity
Pronouns

It’s okay to ask people what pronouns they use!
- She/her/hers
- He/him/his
- They/Them/Theirs
- Other examples: xe, ze, ey, hir, fae, hu
- None or just use their name

Minus 18 pronoun practice app
THE GOLDEN RULE IS TO ALLOW PEOPLE TO SELF IDENTIFY

AND

REFLECT THE LANGUAGE THEY USE BACK TO THEM
What We Know from Research:

The 2015 US Trans Survey which reported on the experience of 30,000 transgender Americans found...

- One in four (25%) respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.

- More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.

- One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender, with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

- In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford it.
Additional Health Findings

- 39% of respondents experienced serious psychological distress in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale), compared with only 5% of the U.S. population.

- 40% have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%).

- 7% attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%).

- Respondents were living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%).

- HIV rates were higher among transgender women (3.4%), especially transgender women of color. Nearly one in five (19%) Black transgender women were living with HIV, and American Indian (4.6%) and Latina (4.4%) women also reported higher rates.
What the Community is Reporting:

- Disproportionate prevalence of depression, anxiety, obesity, substance use disorder, HIV
- LGBTQ clients report discrimination in health care settings
- Lack of LGBTQ sensitivity among health providers
- Lack of community resources to address local problem
Research Project Concept, Development and Process
Purpose

Community-driven project to evaluate the effectiveness and feasibility of web-based LGBTQ+ cultural sensitivity to primary care providers, administrators and staff in a single clinic setting

Methodology and Analysis

- Community-based Participatory Research (CBPR)
- Cultural competency self-assess, pre-and post-cultural competency training measured in five focus areas among participants
- Post-training clinic office evaluation
- Program evaluation
Target Population:
LGBTQ+ youth ages 18-24, in Chicago suburbs

Primary Audience:
Primary care health providers, direct care staff and clinic administrators in selected clinic setting

Secondary Audience:
Educational administrators at corporate level of health system
Initial Plan:
- Community-driven process/ Community Assessed
- Identify Problem
- Develop intervention to evaluate
- Encountered Barriers

Re-examination of Problem:
- Identification of barriers from systems perspective
- Recommendations solutions/ways to address and remove barriers
## Barriers to Implementation from a Systems Perspective

<table>
<thead>
<tr>
<th>Barriers</th>
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<tbody>
<tr>
<td>Individual</td>
<td>• Lack of leadership or champion for cause</td>
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<tr>
<td></td>
<td>• Lack of inter-cultural readiness to change</td>
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<tr>
<td>Clinical level</td>
<td>• Lack of resources</td>
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<td></td>
<td>• Lack of inter-cultural readiness to change</td>
</tr>
<tr>
<td>System level</td>
<td>• Lack of Inter-campus communication</td>
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<tr>
<td></td>
<td>• Lack of inter-cultural readiness to change</td>
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Cultural Competency in Mental Health Peer-Run Programs and Self-help Groups: A tool to assess and enhance your services (NAMI & UIC, 2010)

- Quality rating scales in five focus areas:
  - “1” – No presence of the described focus area
  - “4” – Active and high presence the described focus area

- Online training module
- Role Play scenario practice
- Participant Program Evaluation Survey
- Office evaluation
Evaluation Questions:
(outcome measures in five areas)

- **Focus Area 1**: Administrative Policies and Guidelines
- **Focus Area 2**: Peer Providers and Group Leaders
- **Focus Area 3**: Services and support
- **Focus Area 4**: Program and Environment
- **Focus Area 5**: Communication and Language Capacity, Including Intake Forms

Post Training Program Evaluation
## Current Update: Addressing Barriers to Implementing a Competency Program

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Recommendations</th>
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</thead>
<tbody>
<tr>
<td>Individual</td>
<td>• Be aware of your own biases, educate yourself&lt;br&gt;• Recognize teachable moments to educate others&lt;br&gt;• Help with access to resources</td>
</tr>
<tr>
<td>Clinical (Community) level</td>
<td>• Get involved in community support networks&lt;br&gt;• Gain knowledge in current status of your own clinic (office)&lt;br&gt;• Help with access to resources</td>
</tr>
<tr>
<td>System level</td>
<td>• Understand how change occurs within targeted system&lt;br&gt;• Assist to adapt plan to setting&lt;br&gt;• Help with access to resources&lt;br&gt;• Be advocate for policy changes</td>
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From a Patient Point-of-View

What to look for when finding or being an affirming provider
Online Presence/ Walking in the Office

What does the patient observe? (Ex. Any LGBTQ safe zone signs? Any pictures of diverse couples or families? Any flyers about LGBTQ community events?)

How is the patient greeted?

How do they sign in? How are they called from the waiting room?

Who are all of the staff they will interact with?

- Receptionist, nurse technician, ultra sound technician, billing office, nurse, nurse practitioner, doctor, other patients in the waiting room
Checking In

Bad Example

At this time, the patient name does not match the name written on the insurance card:

(Clerk looks at clipboard, still frowning.) “Oh no. Your name doesn’t match your insurance card? Well, this is a problem! I don’t have a way to fit that into my computer system!”

Better Example

At this time, the patient’s name does not match the name written on the insurance card.

“I see your name does not match your insurance card. That’s ok. We can just use your social security # to make sure the insurance card is yours. You can just write your preferred name here in this space.”
## Client Registration

**Legal Name**
- Last
- First
- Middle Initial
- Name used:

**Legal Sex (please check one)**
- Female
- Male

**Pronouns:**

**Date of Birth**
- Month
- Day
- Year

**Social Security #**

**State ID # or License #**

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**Your answers to the following questions will help us reach you quickly and discreetly with important information.**

**Home Phone**

**Cell Phone**

**Work Phone**

### This information is for demographic purposes only and will not affect your care.

1. **Annual Income**
   - No income

2. **Employment Status**
   - Employed full time
   - Employed part time
   - Student full time
   - Student part time
   - Retired
   - Unemployed
   - Other

3. **Racial Group(s)**
   - African American / Black
   - Asian
   - Caucasian / White
   - Native American / Alaskan Native / Inuit
   - Pacific Islander
   - Other

4. **Ethnicity**
   - Hispanic/Latino/Latina
   - Not Hispanic/Latino/Latina

5. **Country of Birth**
   - USA
   - Other

6. **Preferred Language (choose one):**
   - English
   - Español
   - Français
   - Português
   - Русский
   - Other

7. **Do you think of yourself as:**
   - Lesbian, gay, or homosexual
   - Straight or heterosexual
   - Bisexual
   - Something else
   - Don't know

8. **Marital Status**
   - Married
   - Partnered
   - Single
   - Divorced
   - Other

9. **Veteran Status**
   - Veteran
   - Not a Veteran

10. **Referral Source**
    - Self
    - Friend or Family Member
    - Health Provider
    - Emergency Room
    - Ad/Internet/Media/Outreach Worker
    - School

11. **What is your gender?**
    - Female
    - Male
    - Genderqueer or not exclusively male or female

12. **What was your sex assigned at birth?**
    - Female
    - Male

13. **Do you identify as transgender or transsexual?**
    - Yes
    - No
    - Don’t know

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**Please turn over**
Bad Example

Patient: (hunched over and appears nervous) “Well, the main reason I made the appointment today was because I have been having a lot of stomach pain and I have trouble sleeping.”

Provider: “Hmm. (frowns) I see here you also have been taking hormones, which can cause all kinds of side effects.”

“I am not an expert in the area of hormone treatment, so can’t help you.

You are going to have to go somewhere else to be treated.”

Better Example

Provider: “Hello. It says here that you prefer to go by J, is that right?” (J nods.) “What seems to be the problem today, J? It says your main complaints are trouble sleeping and headaches.”

Patient: “Well, the main reason I made the appointment today was because I wanted some advice about how to feel less stressed and get better sleep.”

Provider: ” Hmm, ok.” (Provider nods their head) “We can figure this out. Let’s get a better picture of what is going on. Are you still taking the medications on this list?” (Provider continues their assessment...
Pax is a 21 year old, trans masculine individual from the suburbs of Chicago. Pax uses he/him pronouns and has not had a legal name change, though he has changed his drivers’ license to say male. He just enrolled in Medicaid and needs to choose a managed care plan. He has been prescribed testosterone from a different provider and is looking to switch to a clinician closer to his home. Before he can do so, he comes down with a cold. He calls your office to set up an appointment.

Describe a barrier Pax may experience while trying to access healthcare.

Describe one thing you can do as a provider to improve their experience of accessing care.
How to be an Ally

- Talk to your current patients who may be LGBTQ! If appropriate, ask about their experience.
- Add gender identity to your agency or organization’s non-discrimination policy.
- Create an affirming resource/referral list.
- Educate yourself about affirming language.
- Hire transgender people.
- Create welcoming waiting rooms.
- Do research to understand how systems + barriers are interconnected.
- Acknowledge mistakes without dwelling on them.
- Interrupt transphobia.
- Update your forms.
- Schedule an in-service training for staff.
- Offer trans-inclusive health insurance.
- Make agency bathrooms gender neutral.

Transgender Law Center, 2013
Other Trainings

- World Professional Association for Transgender Health (WPATH)
  - Standards of Care
- Webinar Modules through Fenway Institute

Improving Health Care for Transgender People

This module will guide learners through the basics of transgender health care in four parts. Part 1 begins by defining transgender-related disparities. Part 2 focuses on providing affirmative health care to transgender patients. Part 3 discusses gender affirmation treatment, and part 4 describes ways to create a more inclusive and welcoming environment for all patients.
References

Additional Health Resources

- Lambda Legal Affirming Hospital Guidelines
- Inclusive Pharmacy Practices
- Injustice At Every Turn- National Transgender Discrimination Survey
- Brooklyn Hospital Settlement
- Living as a Man, Fighting Breast Cancer: How Trans People Face Care Gaps
- National LGBT Health Webinars
Questions?

Paige Ricca,
pricca2@uic.edu

Carolyn Wahlskog,
cwahlskog@360youthservices.org or carolyn.wahlskog@youth-outlook.org

Thank you!