

# PRACTICE TRANSFORMATION:

*Improving Access to Care and Quality of Care for  
Unstably Housed Transgender and Gender Non-  
Conforming Persons*

National HCH Conference, May 9, 2015

# Welcome and Introductions



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# Tells us a little about yourself.....

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- ❑ Your name
- ❑ Organizational role
- ❑ What do you hope to get out of today's training?



# PRE-ASSESSMENT

10 MINUTES.....

# Acknowledgements

- ❑ The National Association of Social Workers
- ❑ Lambda Legal Defense & Education Fund



# Purpose



The purpose of this training is to introduce participants to the issues faced by unstably housed transgender and gender nonconforming (TGNC) individuals in health care, and to increase participant's ability to provide culturally competent care to these individuals.

# Goals

- ❑ Clarify and assess personal, religious and cultural views and values of health providers regarding transgender and gender non-conforming persons and develop strategies that balance personal beliefs with professional responsibilities.
- ❑ Identify issues of risks, challenges and strengths specific to TGNC populations and the service delivery system.
- ❑ Develop an action plan for immediate, short-term and long-term activities that will develop or enhance professional and agency cultural competency.

# Working Agreements

- ❑ Respect differences of belief, opinions, values
- ❑ Use “I statements”
- ❑ Step up/Step back
- ❑ Right to pass
- ❑ Express feelings, concerns, questions
- ❑ Take responsibility for what you say & don't say
- ❑ Be open
- ❑ Confidentiality





# DEFINITIONS ACTIVITY

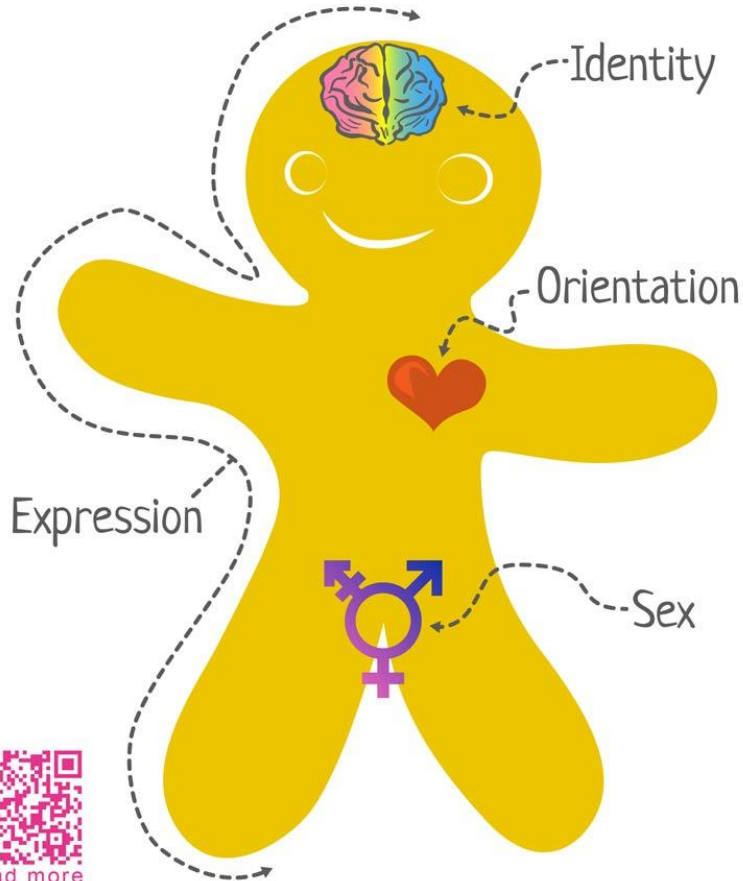
- ❑ Paired activity
- ❑ Genderbread person

# Terms

- ❑ Transgender
- ❑ Transsexual
- ❑ Gender Non-Conforming
- ❑ Gender Identity
- ❑ Cisgender
- ❑ Gender expression
- ❑ Gender binary
- ❑ Sexual orientation

# The Genderbread Person

by [www.ItsPronouncedMetrosexual.com](http://www.ItsPronouncedMetrosexual.com)



## Gender Identity

← Woman Genderqueer Man →

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

## Gender Expression

← Feminine Androgynous Masculine →

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

## Biological Sex

← Female Intersex Male →

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

## Sexual Orientation

← Heterosexual Bisexual Homosexual →

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

# Gender and Sexuality Spectra

## BIOLOGICAL SEX

(anatomy, chromosomes, hormones)

← male ----- intersex ----- female →

## GENDER IDENTITY

(sense of self)

← man ----- two spirit/third gender ----- woman →

## GENDER EXPRESSION

(communication of gender)

← masculine ----- androgynous ----- feminine →

## SEXUAL ORIENTATION

(attraction)

← attracted to women ----- bisexual/asexual ----- attracted to men →



# ICE BREAKER

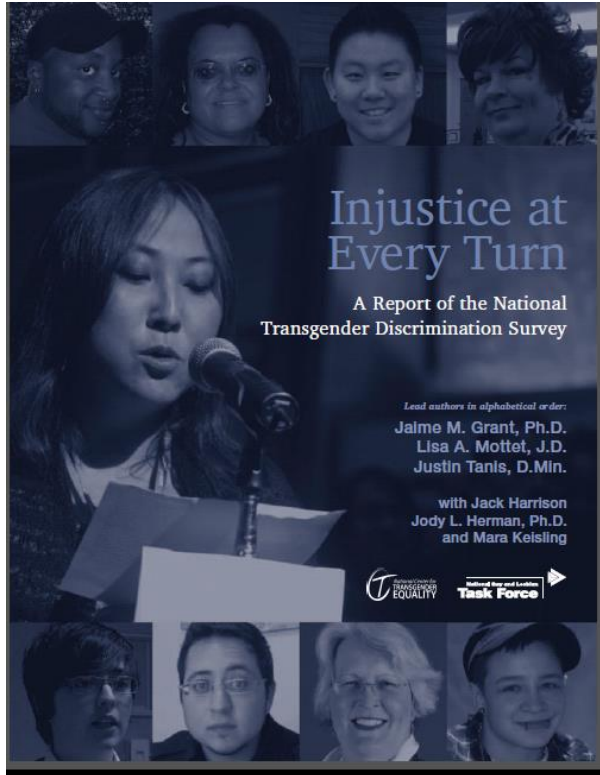
It doesn't have to end this way.....

# Gender normativity

- ❑ Gender normativity: social system standards enforcing the cisgender male/female binary that dictate what appropriate feminine and masculine behavior is.
- ❑ A gender normative space/practice/policy assumes each person's gender identity is based on sex assignment leaving no room for those who do not conform to this binary



# Impact of discrimination, oppression and social isolation

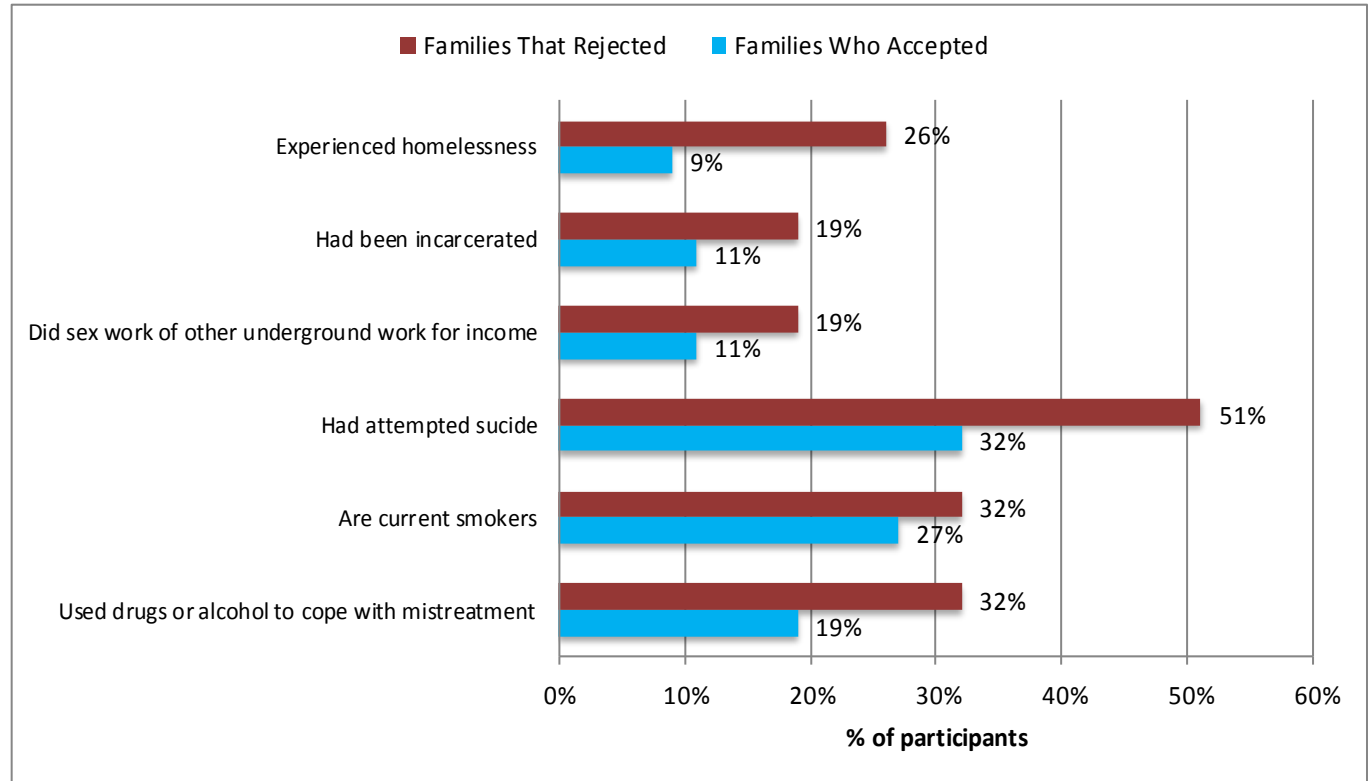


- National Transgender Discrimination Survey (2011); 6450 TGNC participants
- Discrimination pervasive throughout the entire sample



# Family life and it's impact on TGNC persons

Research suggests one of the most significant factor in predicting health and well-being outcomes for TGNC persons is family. (NTDS)



# Specific potential outcomes

- Housing instability
- Suicide attempts or ideations
- Substance use
- Depression and anxiety
- HIV/AIDS
- Involvement with justice system
- Victims of violence
- Survivors of violence
- Lack of or limited access to homeless services

# Housing instability (NTDS)

It is estimated that:

- 1 in 5 transgender persons are unstably housed or at risk or in need of shelter services
- 40% of unstably housed youth identify as LGBTQ

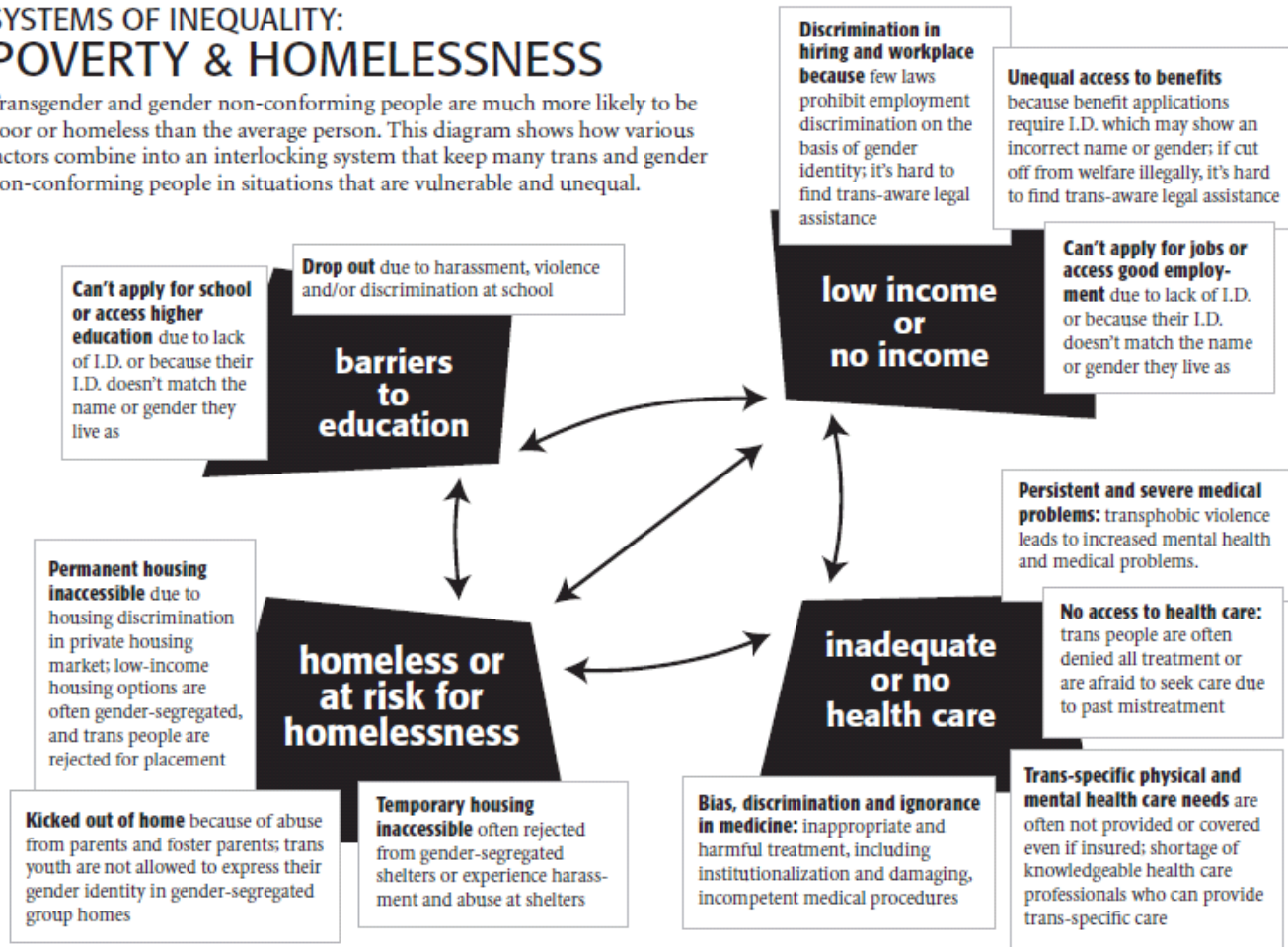
- 1.7% of sample were currently homeless
- 40% moved to a less desirable housing
- 19% became homeless due to family rejection
- 11% evicted from housing at some point
- 19% denied housing
- 26% couch surfing
- 12% had sex to secure place to stay

NTDS respondents lived in extreme poverty:

- Nearly 4 times more likely to have household income of less than \$10,000 per year compared to the general population.

## SYSTEMS OF INEQUALITY: POVERTY & HOMELESSNESS

Transgender and gender non-conforming people are much more likely to be poor or homeless than the average person. This diagram shows how various factors combine into an interlocking system that keep many trans and gender non-conforming people in situations that are vulnerable and unequal.



# Health outcomes (NTDS)

## Suicide

- 41% reported attempting suicide compared to 1.6% general pop.
- 69% of TGNC who have experienced homelessness reported having attempted suicide

## Substance use

- 26% reported use of alcohol or drugs to cope
- 49% of TGNC who have experienced homelessness reported use of substances to cope, 2 times the rate of those who had not

# Health outcomes (NTDS)

## HIV

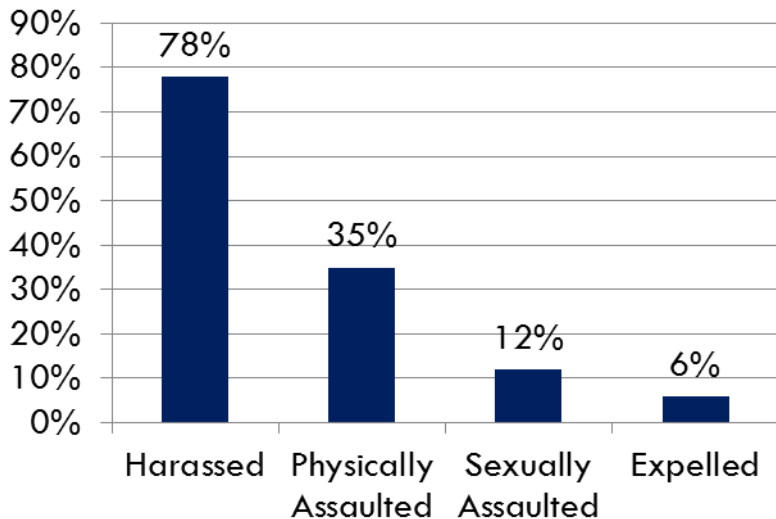
- 2.64% reported having HIV, a rate 4 times high than the general pop. at 0.6%
- HIV rates higher for TGNC who have had experiences of homelessness than those who have not (7.12% vs 1.97%)

# Safety: TGNC persons and provider perspectives of safety can differ greatly

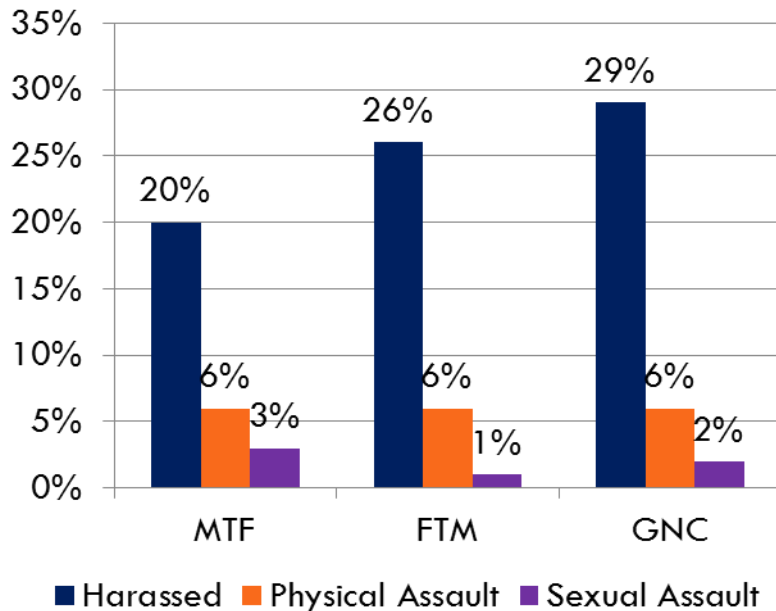
- ❑ TGNC patients have reported that doctors' offices, hospitals, and other sources of care were often unsafe spaces. (2011 National Transgender Discrimination survey)
  - ❑ Some postpone care
  - ❑ Some seek alternative treatment outside of medical offices
- ❑ Virtually all youth identified safety as a primary concern in accessing services. Only 20% of providers identified safety as one of the top five concerns. (2003 survey at Walden Family Services, San Diego, CA)
  - ❑ Major disconnect between provider and client perspectives on safety.

# Experiences of Harassment and Assault (NTDS)

## In K-12 setting



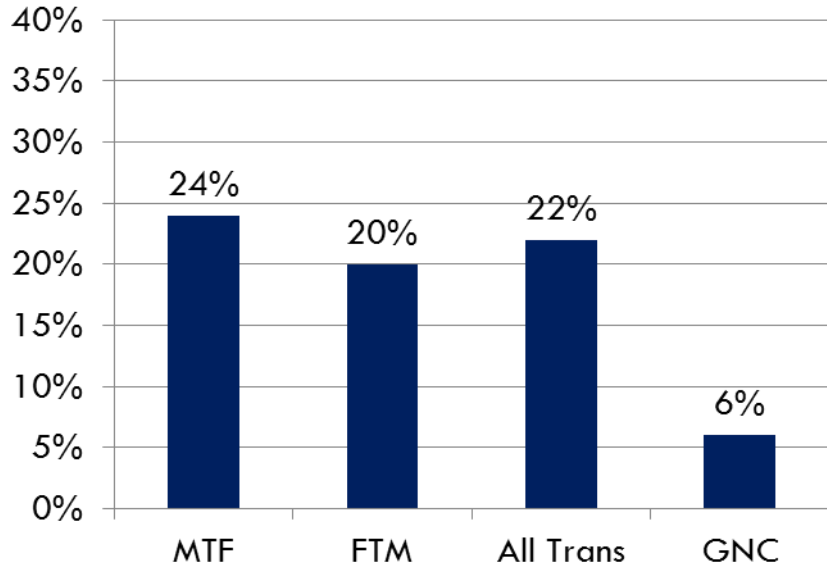
## By Police



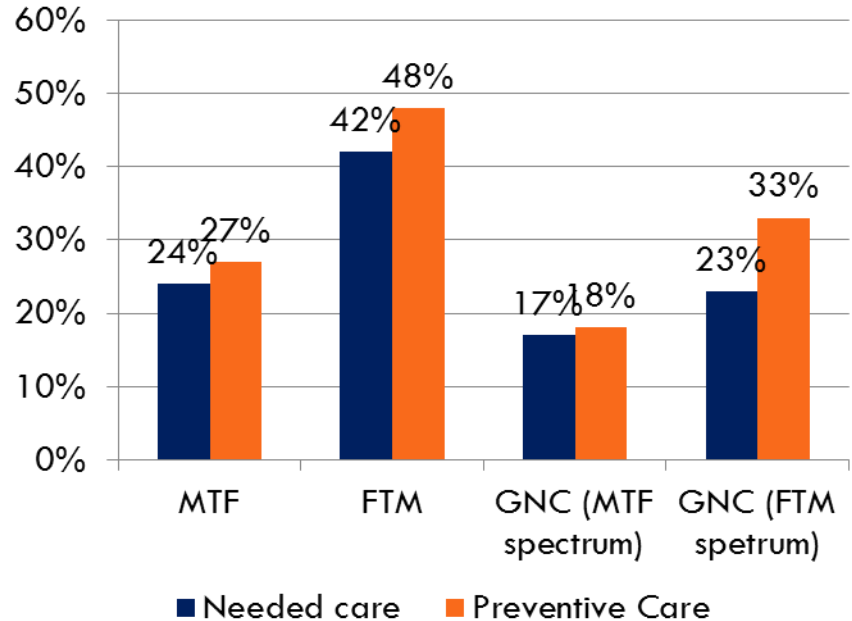


# Access to care (NTDS)

## Experienced refusal to provide care



## Postpone care due to discrimination by provider



# Access to care (NTDS)

- ❑ 50% of sample reported having to teach their medical providers about transgender care
- ❑ Lack of access to health care and discrimination in health care
  - ❑ Trans people may not have access to medical transition resources- including hormones or medically necessary surgeries

# Additional concerns

- ❑ Safety in public spaces:
  - ❑ It may not be safe for transgender people to dress or present in the gender that they are when living on the streets or in shelters
  - ❑ Lack of safety in presenting gender in the workplace
  - ❑ Difficulty for those who are unstably housed to access to clothing, hair, hair removal, make-up, and accessories that are consistent with their gender
  - ❑ Difficulty accessing safe bathrooms in settings including shelters, doctor's offices, etc.
- ❑ Being asked inappropriate questions



# PROGRESS

*Resistance, resilience, organizing victories*

# In the news.....

Bangordailynews.com



Transgender student's lawsuit ends with 75K award, order telling Orono schools to allow bathroom access



By Judy Harrison, BND staff

Posted Dec. 01, 2014, at 6:15pm

BANGOR, Maine — A final order has been issued in a transgender student's lawsuit against the Orono School Department over the denial of her access to the girl's bathroom in grade school and middle school....



HEALTH NEWS FROM NPR

[your health](#)[treatments & tests](#)[health inc.](#)[policy-ish](#)[public health](#)[treatments](#)

# Puberty Suppression Now A Choice For Teens On Medicaid In Oregon

APRIL 05, 2015 3:37 PM ET

KRISTIAN FODEN-VENCIL



# In the news

Bostonglobe.com

## Boston, transgender woman settle lawsuit: Officers' actions under scrutiny



By Maria Cramer

Posted Feb. 5, 2013

The city of Boston has agreed to pay a transgender woman \$20,000 in exchange for dropping her suit against the officers who arrested her on disorderly conduct at a homeless shelter, in a case that highlights the department's absence.....

# Insurance coverage

- ❑ As of *May, 2014*, transgender people receiving Medicare may no longer be automatically denied coverage for sex reassignment surgeries
- ❑ Private insurers are following suit



# Housing Policy changes

- HUD- issued the “*Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity.*” (February 3, 2012)
- HUD issued “*Appropriate placement for transgender persons in single-sex emergency shelters.*” (February 20, 2015)



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WASHINGTON, DC 20410-7000

OFFICE OF COMMUNITY PLANNING  
AND DEVELOPMENT

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Special Attention of:

ESG recipients and subrecipients  
CoC recipients and subrecipients  
HOPWA Grantees

Notice: CPD-15-02  
Issued: February 20, 2015

This notice remains effective until amended,  
superseded, or rescinded.

Cross References: 24 CFR 5.105(a)(2); 24  
CFR parts 574 and 576; 77 FR 5662

**SUBJECT: Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities**

**I. Purpose**

On February 3, 2012, HUD published the *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity* final rule (Equal Access Rule) (77 FR 5662). This final rule requires that HUD’s housing programs be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status. The rule defines “gender identity” to mean “actual or perceived gender-related characteristics.” 24 CFR 5.100; 77 FR at 5665. The final rule also prohibits owners and administrators of HUD-assisted or HUD-insured housing, approved lenders in an FHA mortgage insurance program, and any other recipients or subrecipients of HUD funds from inquiring about sexual orientation or gender identity to determine eligibility for HUD-assisted or HUD-insured housing. The rule does not, however, prohibit voluntary self-identification of sexual orientation or gender identity, and it provides a limited exception for inquiries about the sex of an individual to determine eligibility for temporary, emergency shelters with shared sleeping areas or bathrooms, or to determine the number of bedrooms to which a household may be entitled. 24 CFR 5.105(a)(2).

# MA Transgender Political Coalition

- “Shelter for All Genders” - A guide to making homeless shelters safe for transgender people. (2013)
- Putting policy into practice
- Provides recommendations to agencies working with transgender and gender nonconforming persons in shelters or services throughout the Commonwealth.





# VALUES CLARIFICATION

# Professional responsibility: Primary care

- Health care for TGNC persons is not specialized care
  - Cancer screenings: mammograms, prostate exams, pap smears
  - Transgender or transexual people who have not used cross-sex hormones require the same screening and care as their cis-gender pairs.



# TRANSGENER YOUTH

# Trans Youth: Unique Challenges

- Complicated by individual circumstances, family circumstances, cultural and ethnic expectations
- Healthy growth and development influenced by support, effective coping, ability to integrate gender and sexual orientation into identity formation and self-concept.
- Ineffective management of challenges can have adverse outcomes over time.

(Stieglitz et al. 2010)

# DSM

- ❑ DSM-IV-R: Transgender:
  - ❑ Gender Identity Disorder: a mental disorder
- ❑ DSM-V: Transgender:
  - ❑ Gender Dysphoria: Distress over “a marked incongruence between one’s experienced/expressed gender and assigned gender.”

# Transitioning

- ❑ Transitioning is the process of aligning one's outward appearance with one's own internal sense of their gender
- ❑ Three general aspects to transitioning
  - ❑ Social: name, pronouns, interactions, etc.
  - ❑ Medical: hormones, surgery
  - ❑ Legal: gender marker and name change



# Clinical presentation

- ❑ Gender in childhood is not always fixed
- ❑ Most providers look for pervasive, persistent, insistence when assessing gender dysphoria in children
- ❑ Puberty is likely to be particularly distressing for transgender children, although puberty is often distressing for non-trans people as well
- ❑ Important to follow a child's lead in what they prefer and centering self-determination of identity and expression

# Medical: hormones, surgery

- ❑ WPATH recommends that treatments of minors only involve counseling and reversible medical interventions necessary to decrease distress.
  - ❑ Partially reversible treatments include masculinizing or feminizing hormone treatments
  - ❑ Puberty blockers for youth
- ❑ WPATH advises against surgery before at least 1 year living in the gender role that is congruent with their gender identity and should be at least 18 years old
- ❑ Provider role: educate and advocate on behalf of clients within their communities.

# Medical steps in transitioning

- ❑ Comprehensive psych eval mandatory prior to beginning hormone therapy
- ❑ Comprehensive H&P and counseling on hormones prior to beginning hormone therapy
- ❑ Estrogen and Anti-Androgens primary treatments for MTF
- ❑ Testosterone primary treatment for FTM
- ❑ Longer-acting meds preferred for adherence issues
- ❑ Regular physicals and lab testing necessary

# Population estimates

- ❑ Challenge of making relevant definition
  - ❑ transgender is not necessarily how someone identifies
- ❑ 0.3% to 1.4% of the general population
  - ❑ Widely quoted prevalence that appears at odds with real world experience
  - ❑ Conventional prevalence based on presentation to specialized centers



# SCENARIOS ACTIVITY

# A Road Map to a Culturally Competent Transfriendly Clinic.



# Objectives



After this presentation attendees will be able to :

- 1) Identify at least 3 uncommon or unforeseen pitfall that may arise when transitioning a clinic to a culturally competent and trans-friendly environment.
- 2) Identify personal challenges to transgender cultural competency within themselves and other team members.
- 3) Gather community, national, and international resources and standards essential to best practice and compassionate care.





# Fertile Ground?

- ▶ The 45th Street youth clinic in partnership with Country Doctor has been providing care to the majority of homeless youth in the greater Seattle area. The Youth Clinic has provided transgender care long before our recent standardization measure in July of 2014. A culture of compassion and nonjudgmental care had long since been established by well before it became a Neighbor care clinic in 1993.
- ▶ The Youth Clinic serve youth and young adults ages 12-23, who are currently experiencing homelessness or have been homeless within the past 12 months. In addition to allopathic medical care, The clinic also provides , naturopathic care ,Yoga, acupuncture, dentistry, mental health counseling, social services and outreach.
- ▶ The clinic is staffed by a paid staff and utilizes volunteers from all disciplines.
- ▶ Through staff and client identified gaps in care, a plan was undertaken to standardize care to involve all available disciplines to provide best practice.

# Fertile Ground?

The Youth Clinic had already taken measures toward creating a welcoming environment.

- ❖ The space employed no gender specific restrooms.
- ❖ Preferred gender pronouns were clarified on intake forms.
- ❖ Preferred names were used consistently
- ❖ Strong adherence to " No bullying and nondiscrimination" policies.
- ❖ Non-gender specific clothing donation bins.
- ❖ Some ongoing training regarding LGBTQ specific mental and medical health concerns

Pretty good so far?

# Context



- ▶ A period of high turnover.
- ▶ A well meaning, but inexperienced medical director.
- ▶ A large volunteer pool with varied levels of commitment.
- ▶ The sole provider of medical care for gender fluid clients had moved on.
- ▶ An increasing number of LGBTQ and fluid clients
  - ▶ Word of mouth.

# Identified Gaps.

- ▶ Care had been on a case by case basis without standardization.
- ▶ Full integration of mental health services had not been fully defined and subsequently not incorporated in a meaningful way .
- ▶ Wide variation in provider level of comfort with transgender clients and Medical management of transition.
- ▶ Wide variations in self- identified competencies in hormone replacement in general.
- ▶ No protocols, informed consent, or means of ongoing care after aging out of clinic.
- ▶ Wide variation in ancillary staff comfort level with trans clients

# Patient concerns.

- ▶ Through word of mouth from the youth clinic started to see an influx of new patients requesting assistance with transitioning. Some patient were coming as far as 50+ miles for care.
- ▶ Patient expected the same liberal care prior to establishment of protocols.
  - ▶ Infrequent lab monitoring.
  - ▶ Those clients with unstable mental health concerns and/or ongoing drug use challenged the providers and staff with regards to safety.
  - ▶ Don't ask, don't tell about drug use and mental health care.
- ▶ Patient started to complain that the process was confusing and inconsistent.
  - ▶ No continuity of care
  - ▶ Some providers refused to provide this type of care.
  - ▶ Patients c/o that they had to "train" the providers on care of transgender clients

# Provider Concerns

- ▶ How to manage patient that presented with untreated or unstable mental health concerns, that had been previously prescribed hormones from the youth clinic.
- ▶ Legalities around prescribing medications with irreversible effects:
  - ▶ Infertility, Impotence, irreversable body changes...
- ▶ Informed consent vs the "Letter".
- ▶ Lack of competency with medical management of a transitioning patient.

# Provider Level of Comfort.

- ▶ **Pay Attention!** – these are prime indicators of provider level of comfort
- ▶ “This is specialized medicine”.
- ▶ “There are certificate programs that you need to complete in order to deliver this care to patients.”
- ▶ “There are too many legal pitfalls associated with this type of care”.
- ▶ And the most honest answer “I don’t feel comfortable with this type of care”.

# Primary Care ?

## ▶ **Primary Care Protocols Project**

- ▶ Needs assessment studies in an array of cities across the U.S. have indicated that transgender people experience obstacles when attempting to access adequate **primary health care**.
- ▶ "A lack of training for health care providers may lead to less than optimal care for LGBT adolescents and adults," and stigma increases barriers to care.
- ▶ - [Center for Excellence in Transgender Health- Website](#)



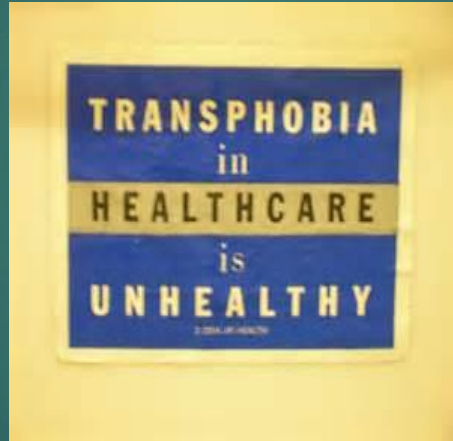
# Primary Care

- ▶ How Vancouver Coastal Health defines a PCP.
- ▶ With a willingness to learn, your local PCP can work with you to ensure your health needs are met. For example, a primary care provider can:
  - ▶ Assist you with exploring hormone therapy Hormone Therapy (HT): administration of sex hormones for the purpose of bringing one's secondary sex characteristics more in line with one's gender identity; hormone replacement therapy; HRT; trans-hormonal therapy. and gender affirming Surgery
  - ▶ Prescribe hormone therapy
  - ▶ Monitor your hormone therapy
  - ▶ Assess and refer for gender-affirming surgical readiness assessments Surgical Readiness evaluation conducted by a healthcare professional to determine if a patient is ready to be referred for gender-affirming surgery.
  - ▶ Support you emotionally

# Primary Care

- ▶ The World Professional Association for Transgender Health promotes the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People
- ▶ The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. This assistance **may include primary care**, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments.

# Primary care and Homeless medicine.



# Studies of Provider Comfort with Transgender Medical Care.

- ▶ A study conducted at Boston University concluded that a simple curriculum change significantly increased students self reported willingness to care for the transgender client
  - ▶ The study included a questionnaire was administered before and after a course that introduced treatment and care of the transgendered clients
  - ▶ Prior to the unit, 38% of students self-reported anticipated discomfort with caring for transgender patients. In addition, 5% of students reported that the treatment was not a part of conventional medicine. Students in the second-year class were no different than other students. Subsequent to the teaching unit, the second-year students reported a 67% drop in discomfort with providing transgender care ( $P < .001$ ), and no second-year students reported the opinion that treatment was not a part of conventional medicine.
    - ▶ Safer, Joshua D. Section of Endocrinology, Boston university , Boston MA June 2012

Ummm!



# How to Alleviate Provider and Team discomfort: Resource Sharing.

Measure we took to improve medical competencies:

- Find an experienced provider/group shadow or call in times of panic.
  - Ingersoll, WPATH , Center for Excellence
- Hire Volunteers comfortable with transgender medicine and with sharing that knowledge
- Exhaustive use of internet resources:

Center for Excellence in transgender health.

[transhealth.ucsf.edu](http://transhealth.ucsf.edu)

The World Professional Association for Transgender Health

[WPATH.org](http://WPATH.org)

Go to a conf

- ▶  Others
- ▶  Consult Dr Google
- ▶ Clients ? More on this later .

# How to Alleviate Provider and Team discomfort: Education.

Measure we took to improve team competencies.

- Monthly team/ all staff meetings to discuss complex issues/patients
  - No feel alone.
- Ongoing training
  - "LGBTQ" 101
  - Trauma- informed care
  - Motivational interviewing
  - Harm reduction.
- Revision of protocols as necessary
  - Not etched in stone- revisions came from ongoing input from clients and provider.
  - Collaborative.
  - CAVEAT- we learned these as we went along often times as a reaction to a problem





# How to Alleviate Provider and Team discomfort: Protocols

- ▶ Informed consent vs. “the letter”
- ▶ Referral letters written by mental health professional are often necessary to initiate cross-gender HRT. Protocols based in a harm reduction philosophy generally don't require a referral letter from a mental health professional.
  - ▶ MH professional felt like “gatekeepers”
  - ▶ No consistency amongst community.
  - ▶ Not a magic ticket.
  - ▶ Often client were more versed that providers in MH requirements.
  - ▶ Often required sometimes to ensure diagnosis of Gender Dysphoria DSM-5 or Gender Identity Disorder (DSM -4)

# How to Alleviate Provider and Team discomfort: Protocols

- ▶ Harm Reduction

- ▶ "Harm reduction" is a set of practical strategies that reduce negative consequences of drug use, meeting patients "where they're at," addressing the conditions of drug use or other risky behaviors, as well as the use or behavioral practice itself. ([www.harmreduction.org](http://www.harmreduction.org)).

- ▶ Street Hormones, Lay doctors, Internet hormones, Self adjustment of meds

- ▶ Contrast to Letter for initiating Hormone therapy

- ▶ Informed consent – Does not require the letter.

- ▶ Informed consent requires a detailed discussion with the patient covering the risks and benefits of treatment,

- ▶ a detailed assessment of lifestyle changes prior to hormone initiation.

- ▶ A an assessment of mental health and substance abuse issues.

# How to Alleviate Provider and Team discomfort: Protocols

- ▶ Measures we employed:
  - ▶ Again we reacted;
  - ▶ Do this prior to initiating a program.
    - ▶ Decided to employ informed consent/harm reduction model as a default
    - ▶ Multiple revisions of protocol (samples available)
    - ▶ Developed pre and post transition counseling +/- 3 months for those client assessed as not prepared for hormone therapy. Usually impulsive , not stable on mental health meds, active substance use problems.
    - ▶ Adopted extensive informed consent and protocols for MTF and FTM,
    - ▶ Made protocols available to clients.

# How to Make The Clinic More Welcoming: 2.0

- ❖ The space employed no gender specific restrooms.
- ❖ Preferred gender pronouns were clarified on intake forms.
- ❖ Preferred names were used consistently
- ❖ Strong adherence to " No bullying and nondiscrimination" policies.
- ❖ Non-gender specific clothing donation bins.
- ❖ Some ongoing training regarding LGBTQ specific mental and medical health concerns

Pretty good so far?

# How to Make The Clinic More Welcoming: 2.0

- ▶ Identified remaining gaps:
  - ▶ No visual representation of Transgender clients in clinic.
  - ▶ Ancillary staff not assessed for level of comfort
    - ▶ Identified cultural/religious difficulties with some staff
  - ▶ Pharmacy identifying patients by recorded name instead of preferred name.
  - ▶ Volunteer not fully adapting to changing clinic culture.
  - ▶ Clients often educating providers about trends in treatment/management.
  - ▶ Reach an accord about “tripping over pronoun's.

# FIN.



“You belong with the peoples”

- Alex M.

“Stay Human, because it's not about who you love, but do you love”

- Michael Franti.

“I am finally starting to feel like me”

Braxton

# How to Make The Clinic More Welcoming: 2.0

- ▶ Measures we employed or those that are in process:
  - ▶ Ancillary staff and Pharm.
    - ▶ Education – take a trauma informed care approach.
    - ▶ Liberal use of “Nicknames” on intake sheets
    - ▶ Assist clients with legal name changes .- keep a supply of state forms.
    - ▶ “Rude is rude”- One on one conversations with those holdouts.
  - ▶ Advertise out “welcomes”
    - ▶ More posters and advocacy items representing our wonderful and beautiful trans population.
  - ▶ Reduce volunteer staff to those committed to the clinic and the clinic mission and culture.

# How to Make The Clinic More Welcoming: 2.0

- ▶ Client education staff.
  - ▶ Hire “Josh”- advocacy and a trans community voice.
  - ▶ Form an advisory board amongst clients
  - ▶ Access trans sites focused on discussion about health care and transitioning trends. Be careful there are surprises out there
    - ▶ **Lauras Playground**- [www.lauras-playground.com/chat.htm](http://www.lauras-playground.com/chat.htm)
    - ▶ **TG Chat** <https://tgchatroom.com>
    - ▶ **Susan’s Place** -[www.susans.org](http://www.susans.org)
    - ▶ Facebook !
  - ▶ Always way ahead of the clinic providers.

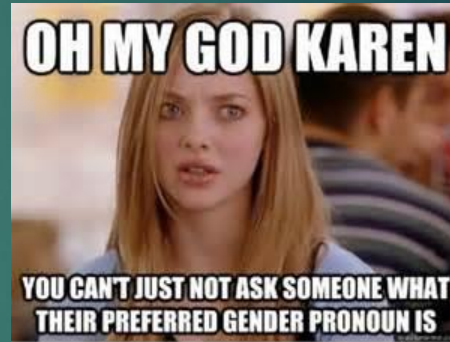




# A Brief Word About Pronouns

- ▶ There are two crucial concepts that providers should keep in mind when treating transgender patients:
  - ▶ Honor the patient's preferred gender identity and use the pronouns and terminology that the patient prefers.
  - ▶ A transgender patient's body may have elements, traits, or characteristics that do not conform to the patient's gender identity: For trans people, their anatomy does not define them, even though that anatomy may require treatments that are typically provided for persons of the opposite sex. Do not treat a transgender patient as if she or he is nothing more than her or his body. Respect the patient's gender identity, and treat the body as if it belongs to them, rather than defines them.-Center for excellence

# A Brief About Pronouns



# A Brief Word About Pronouns

- ▶ Linked to not only patient feeling welcome, but provider comfort.
- ▶ Understand the hypervigilance
- ▶ Visual cues misleading wit clients in transition.
- ▶ Focus is on not on offending client, not provider comfort
  - ▶ Ask, Practice, apologize if you misstep, Do better next time rinse and repeat.



# ACTION STEPS

PARTICIPANTS TO BRAINSTORM STEPS.....



# ACTION STEPS

RECORD STEPS TO BE IMPLEMENTED  
IMMEDIATELY, IN TWO WEEKS, AND IN 6  
MONTHS.....

# QUESTIONS

THANK YOU!

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**COMPETE YOUR EVALUATIONS!!**

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