



# Trans Healthcare for Providers Toolkit

Providers directly impact safety, health outcomes, and access to care for trans and gender nonconforming people. As frontline healthcare providers, nurses have an opportunity to help reduce trans and gender nonconforming health disparities. It is important that nurses are able to provide competent and respectful care to all patients. This means that it is an individual's responsibility to self-educate around healthcare issues that may receive less attention in nursing school curriculum. This toolkit is a basic introduction to some of the terminology and concepts important to transgender health. It is not a comprehensive primer on trans healthcare, nor does it provide information about the process of medical or social transitioning. Its purpose is to equip you with information to begin your own self-education and to give you some basic tools to provide compassionate, respectful care to trans patients you may work with.

Trans people seeking medical care face significant hurdles, including harassment, discrimination, denial of care, and physical and sexual assault. This means that any individual interaction you have with a patient who is transgender is an opportunity to effect change through the care you provide.

Please see our website for additional resources!

## BASIC TERMINOLOGY AND INTRODUCTORY CONCEPTS

### **A word about language:**

Trans terminology exists within a rapidly changing landscape of nuance and context and those outside the trans community often find this intimidating. Providers who are not part of the trans community may find the terminology confusing. Although challenging, navigating these different terms shouldn't be a barrier to providing care. Understanding the basic concepts of sex, gender, and sexuality can help with this process.

## What is sex? What is gender?

Sex is a word we have to describe the physical, hormonal, and biological characteristics bodies have, typically relating to the reproductive system and secondary sex characteristics. Gender is a word that we have to describe one aspect of the complex mix of our inner, external, social, and cultural selves.

Currently, the dominant model of gender in the US is **binary**, meaning that there are two genders commonly recognized in our culture. There is usually a distinction made between biological sex (male/female) and gender (man/woman). Currently, sex and gender are assigned at birth based on the healthcare provider's assessment of how the external genitalia appears.

However, decades of struggle and work by intersex people has shown that biological sex is much more complex than what external genitalia looks like at birth. So it's not really accurate to define male and female as two clearly separate and distinct categories, 100% of the time. For more information about intersex issues, please see resources below.

Furthermore, the struggle and work of trans and gender nonconforming folks has clearly shown that the gender someone is assigned at birth is not always who they really are. Sometimes people identify as a different gender than the one they were assigned, sometimes people don't identify with any gender at all, and sometimes people have a fluid gender identity. These identities maybe fixed, meaning that they don't change over the course of someone's life, or they may be fluid.

Defining gender is no simple task as gender is no simple thing. Gender is a complex and beautiful part of the human spirit that is affected by both intrinsic factors (biology, neurology, physiology, sense of self) and extrinsic factors (culture, social roles, time/place, safety). The truth is that we don't know 100% what causes people to have whichever gender or genders they have and that's okay! Your best bet in navigating this is to just listen and trust that the person you're interacting with is the best authority on their own gender.

As we grow up, we are all taught sets of beliefs and assumptions about gender. We are taught that we can tell what gender someone is by certain social cues; for example, how someone appears physically, what their voice sounds like, or what they're wearing. However, we now know that gender is much more complex than what we can see on the outside and that it's best not to assume how someone self-identifies without asking.

It's important for you as a healthcare provider to learn how to check in with people about their gender identity. One way to do this is by asking what gender pronouns someone uses.

## What are gender pronouns?

A pronoun is how we refer to people without saying their exact name the whole time. Commonly used pronouns include: she/her, he/him, they/them, ze/zir. Some people don't use pronouns at all

and just prefer their name. You don't need to worry about memorizing any comprehensive list of pronouns, the best way to find out is to just ask what pronouns someone uses and then stick with that!

Sometimes knowing the sex someone was assigned at birth is relevant health information, particularly if it pertains to the reason they are seeking healthcare. Other times, this may not be necessary to know. **It is fair to make it a general practice of checking in about pronouns, preferred names, and words to describe body parts with your patients.** For example, you could say, "what gender pronouns do you use? I myself use \_\_\_\_." You may also ask directly if there are particular words that someone uses to describe their body parts, especially those which are typically associated with sex and gender. For example, you may consider asking a person who was assigned female at birth if they prefer to use the word chest instead of breast when discussing self-breast exams. As with all patient care, compassionate, patient-centered listening will help clue you into the language someone uses to describe themselves, their body, and their life.

## **What is cisgender?**

Cisgender (pronounced siss gender) is a useful term developed to refer to non-transgender people. Typically, it means that the gender that was assigned to someone at birth is the gender that they identify with.

## **What about sexuality?**

Sexuality and gender are largely independent from one another. Trans people, like cisgender people, have a wide variety of sexualities, sexual identities, and sexual behavioral practices. It is vital to not make assumptions about anyone's sexual identities or behaviors. Again, sometimes information about someone's sexuality or sexual behaviors may be relevant health information and sometimes it won't be.

## **About asking questions:**

Sometimes you may need to know information about the gender or sex someone was assigned at birth, and/or information about their sexuality or lifestyle practices, in order to take care of them. An important rule to follow is to check in about whether the questions that you have are based in curiosity or in providing good patient care. Trans people are often bombarded with questions about their gender, body, sexuality, and life that serve no purpose but to satisfy other people's curiosity. Stop and think before you ask.

# TRANS HEALTHCARE MATTERS

## Why learn about trans health?

The US Department of Health and Human Services includes health equity for LGBT (lesbian, gay, bisexual, and trans) people as a goal for Healthy People 2020. This includes improved curriculum on LGBT issues in nursing and medical schools.

Trans patients face significantly poorer health outcomes and lower rates of accessing healthcare. Trans people face a myriad of intersecting issues that lead to poor health outcomes. The 2010 National Transgender Discrimination Survey Report on Health and healthcare, a groundbreaking survey of 6,450 trans participants from 50 states and US territories, brought to light high rates of physical violence, sexual violence, poverty, unemployment, homelessness, drug and alcohol abuse, HIV infection, and suicidality. 41% of the participants reported at least one suicide attempt, compared to 1.6% of the general population. Trans and queer youth are also significantly more likely to experience homelessness, making up almost 50% of the homeless youth population. It is important to note that trans folks of color, especially trans women of color, experience **significantly higher** rates of violence, unemployment, discrimination, hate crimes, and other forms of oppression.

Additionally, trans people report high levels of postponing medical care when sick or injured due to fear of discrimination and inability to afford healthcare. Other reported issues also include refusal of care, harassment and violence, and lack of provider knowledge of transgender care. Trans patients also report high levels of physical and sexual violence at the hands of healthcare providers. Historically, trans patients have faced high levels of harassment, discrimination, exploitation, and medical gatekeeping in the medical system.

It is important to have an **intersectional understanding** of these issues and the particular ways that they may lead to poor health outcomes and prevent someone from accessing healthcare. No single part of someone's experience should be considered independent or unaffected by the other parts. For example, due to employment discrimination, a person who is trans is more likely to experience unemployment and poverty. Unemployment and poverty come with their own set of stressors, trauma, and risk. They may also lead to homelessness. Remember that a high number of trans people report losing housing due to trans status. Living without housing comes with another set of stressors, trauma, and risk. Then consider that perhaps a trans person is able to find a job, but may not be able to disclose their trans status at that job, which can lead to increased feelings of dysphoria and worsened mental health. This same person may also have a lack of family or social safety net on which they can rely. All of these, interwoven, can affect someone's overall health and wellbeing and worsen other existing issues.

It is important that you, as a healthcare provider, are able to understand the possible interconnections of these issues and ask your patients questions that reveal their experience. While it

is one thing to understand these issues on a theoretical level, an individual patient will have their own experience that cannot be generalized from statistics.

## **Specific Barriers to Accessing Care**

Trans folks often face multiple barriers to accessing care, including financial need/insurance issues, lack of provider knowledge and lack of safe and culturally appropriate care, and other personal and cultural factors.

### **Financial Barriers**

The National Transgender Discrimination Survey (NTDS) found that 28% of participants had postponed care due to discrimination and 48% had postponed due to inability to afford it. The study also found that study participants were less likely than the general population to have health insurance, less likely to be covered by an employer, and more likely to be covered by state insurance programs. Rates of health coverage worsened substantially for African-American and undocumented survey participants.

Only a minority of states have specific policy prohibiting private and public insurance from having trans exclusionary policies, meaning that in most states providers can deny care based on these exclusions unless the patient can provide proof of ability to pay denied charges. Providers are often unsure of how to bill for trans related healthcare, since insurance companies may deny charges that do not match with the legal gender marker (male or female) or appear to be directly related to the provision of gender affirming healthcare such as hormones or surgical procedures. Charges may even be denied simply because the patient is trans, even if the care provided is unrelated to transition-specific medical care.

### **Lack of Provider Knowledge and Lack of Access to Safe Care**

Trans patients are often put in the position of needing to educate their provider about trans specific healthcare. The NTDS survey found that 50% of participants reported having to educate medical providers about transgender care. This lack of knowledge on the part of the healthcare provider directly impacts quality of care and the patient-provider relationship. Lack of provider knowledge is a provider-specific barrier as many healthcare providers report wanting to serve trans patients, but feeling unprepared.

Unfortunately, medical offices are too often an unsafe place for trans patients, as many trans folks report experiences of abuse and discrimination, as well as physical and sexual violence in medical settings. Furthermore, disclosure of transgender status increased likelihood of discrimination and abuse.

## Other Factors Leading to Healthcare Avoidance

Historically, medicine and psychology has been a site of stigmatization, discrimination, and oppression of transgender folks. While the breadth of this history is too much for this document, it is important to understand that, although particular policies may have changed, awareness of this history can become a barrier to accessing care, as with other marginalized communities. You are encouraged to incorporate this aspect of medical history into your own self-education.

Other factors that may hinder someone from accessing healthcare may include fear of medical providers, personal trauma history, oppression fatigue from navigating daily microaggressions, gender/body dysphoria, and lack of trust that healthcare providers will be able to address healthcare needs.

Problems in healthcare structure also include being required to mark “male” or “female” on medical forms and not having space to include preferred name in addition to legal name. For many trans patients, legal gender and/or legal name may not coincide with presenting gender/anatomy. Many trans patients cite discordance with legal name and gender markers as a source of fear when seeking healthcare. Gender-specific equipment and rooms may also increase dysphoria for trans patients (for example, speculums). Lack of gender neutral restrooms may also present issues.

## What Can We Do?

Providers can increase safety of access by becoming clinically competent and culturally aware and by providing a safe and welcoming environment. Clinically appropriate care has the potential to increase health maintenance screening, decrease healthcare avoidance, improve patient satisfaction and trust, increase adherence to particular health treatments (i.e. substance abuse treatment, HIV treatment), and improve health outcomes on a population and individual level.

Very few health and science programs address the needs of trans patients in a clinical or classroom setting. Increased trans-inclusive curriculum is needed in nursing, medical schools, and CME/CNE programs.

Aside from the broad structural changes required to make healthcare safe, accessible, and appropriate for trans patients, individual practitioners do have the ability to transform patient-provider interactions. By becoming informed and prepared, an individual provider can provide culturally appropriate, respectful care to trans patients, helping to minimize traumatic interactions and maximize the potential for positive health outcomes.

## REFERENCES:

Intersex Society of North America. <http://www.isna.org/>

Serano, Julia. Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity. N.p.: n.p., n.d. Print.

Grant, J.M., Mottet, L.A., Tanis, J.T. et al (2011). Injustice at every turn: A report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.

21, 2010 June. "Gay and Transgender Youth Homelessness by the Numbers." Center for American Progress. Center for American Progress, 21 June 2010. Web. 16 Sept. 2016.

2012 October. "Transgender Rates of Violence." Forge. Forge, October 2012. Web. 16 Sept. 2016.

13, 2016 May. "Map: State Health Insurance Rules." National Center for Transgender Equality, 13 May 2016. Web. 16 Sept. 2016.

2015. "Providing Trans\* Health Care Matters: How Providers Directly Impact Safety, Outcomes, And Access To Care For Trans\* Patients." Cedar River Clinics. Cedar River Clinics, 2015.