Creating a Trans-Affirming Practice

A Training for NYACP

Carolyn Wolf-Gould, MD
The Gender Wellness Center
Bassett Healthcare Network

www.genderwellnesscenter.com
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The following planners of this activity have disclosed no relevant personal or financial relationships with any commercial interests pertaining to this activity:

Jessica Silk, MPH - CEI Program Director
Tara Melfi, MPH, CHES - CEI Program Coordinator
Mark Stratton, MPH - CEI Program Coordinator

The following planner(s) of this activity have disclosed relevant personal or financial relationships with commercial interests pertaining to this activity:

Antonio E. Urbina, MD - CEI Medical Director:
Speakers’ Bureau for Gilead, VIIV, and Merck

No commercial funding was received to support this activity.
DISCLOSURES

1. No Disclosures

2. The treatment of gender. dysphoria with hormone therapy is not FDA approved

3. My pronouns are she/her/hers
LEARNING OBJECTIVES

1. Discuss the role of medical providers in caring for transgender people.

2. Describe barriers and ways to overcome them when delivering healthcare to transgender individuals.

3. Identify best practices in establishing and implementing affirming and supportive models of care for transgender individuals.
Meet the Gender Wellness Center Clinical Team: Medical

Medical Providers

Carolyn Wolf-Gould  
MD  
Dr. Carolyn Wolf-Gould is the director of the Gender Wellness Center and the medical director of...

view profile

Christopher Wolf-Gould  
MD  
Dr. Christopher Wolf-Gould is board certified in family medicine. He received a Bachelor of Arts...

view profile

Jacqueline Kelchlin  
FNP  
Jacqueline Kelchlin is a family nurse practitioner (FNP) at the Gender Wellness Center. After earning...

view profile
Meet the Gender Wellness Center Clinical Team: Mental Health

Mental Health Providers

**Justine Woolner-Wise**
LMSW

Justine Woolner-Wise received her Master of Social Work from Syracuse University, and has been a...

[view profile ▸]

**Patricia Noon**
LMSW

Patricia Noon, LMSW, became affiliated with the Gender Wellness Center team at Bassett Healthcare...

[view profile ▸]

**Susan C. Turell**
PhD

In clinical practice since 1987, Susan C. Turell, PhD, has spent many years advocating for equity,...

[view profile ▸]
Gender Surgery Specialty Care at Bassett

Dr. Elizabeth Lax  
Plastic Surgery

Dr. Nicholas Hellenthal  
Urology

Dr. Srinivas Ketharaju  
Gynecology

Dr. Thomas Huntsman  
Plastic Surgery

Dr. Patrick Mannal  
Plastic Surgery
How many people Identify as Transgender in the US?

Figure 1. Percent of Adults Who Identify as Transgender in the United States

“Bummer of a birthmark, Hal.”

Gary Larson
What do you have to know to provide trans affirming healthcare in your workplace in Bassett?

1. Develop understanding of the lived experience of transgender people
2. Understand the barriers to healthcare and healthcare disparities that transgender people face
3. Learn how to offer trans-specific health care
4. Know yourself
5. Learn how to affect change in your system
“An Important and Unpopular Truth:”

“Transgender medicine is not complicated.

Caring for transgender patients in a medical system built on the gender binary is complicated.”

Lynch K. Accomplices Wanted: Combining Lived Experience and Learned Expertise to Provide Affirming Medical Care to Transgender Patients. Obstetrics & Gynecology. 2020;Publish Ahead of Print. doi:10.1097/AOG.0000000000003652
Creating Welcoming Spaces

Gender Wellness Center
Transgender Health Services
Case #1

Sam is a 45 y.o. man who presents to your internal medicine practice for low back pain. You are the physician and have known Sam for years. When you perform the new SOGI* data screen in your EMR, he tearfully admits that he has felt like a woman inside but suppressed these feelings due to fear of rejection. The feelings are getting unbearable.

He is married to a cisgender woman and has 3 kids. He is a pastor in a rural, Methodist church in a nearby town.

You are the first person he ever told about his feelings only came out today because you asked about gender identity. He says, “I hope you don’t think I’m crazy.”

*SOGI: Sexual Orientation/Gender Identity
Case #2

Mel is 50 y.o. transgender man who presents to you, the gynecologist, for chronic pelvic pain on testosterone.

When you enter the room, he appears panicked. "I’m not sure I can go through with this. I can’t stand people looking at me down there."
Case #3

Rachelle is a 28 y.o. transgender woman who presents to your psychiatric practice. She was referred by her orthopedist after complications for knee surgery after a MVA. She tells you that after she came out a year ago, she was fired from her job as foreman in a welding shop, and her family rejected her. In the chart, you see she has been hospitalized several times this year for depression and suicidal feelings. She tells you she is down again after this surgery. “Even my knee surgery went south. I will never get a new job. It’s time to give up.”
Case #4

You are the doc in the emergency room, getting history from Ryan Wesson, Male. 32 years old. He is complaining of abdominal pain.

You are aware he is a psychiatrist at drug treatment center across town.

Taking care of doctors makes you nervous. Doctors are often terrible patients. He is even wearing his stethoscope!

BP is 170/110. He hasn’t taken his BP meds in a week, because he ran out.
A 32-year-old transgender man, presenting with severe lower abdominal pain and hypertension, is classified as a man who hasn’t taken his blood-pressure medications. When examined several hours later, he’s found to be pregnant, but no fetal heartbeat can be detected.
<table>
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<tr>
<th><strong>DEFINITIONS</strong></th>
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<td><strong>LGBTQIA+</strong></td>
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<td><strong>Asexual</strong></td>
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<td><strong>Pansexual</strong></td>
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Understand the components of gender
1. Sex Assigned at Birth
2. Gender Identity
4. Sexual Orientation
What’s the difference between sexual orientation and gender identity?

“Sexual Orientation is who you go to bed with.

Gender Identity is who you go to bed AS.”

-Diane Ehrensaft, PhD
SEX

GENDER IDENTITY

GENDER ROLE

SEXUAL ORIENTATION

Male
Man
Masculine
Heterosexual

Female
Woman
Feminine
Heterosexual
Transgender:

Umbrella term including many categories of people who are gender variant.

A term for individuals whose gender identity, gender expression, or behavior is different from that typically associated with an individual’s assigned sex at birth.
The Transgender Umbrella

Gender-variant
Gender-atypical
Gender non-conforming
Transgender
Transsexuals

Crossdressers
Intersex
Two-Spirit
Transmen (FTM) and Transgender Women (MTF)
Gender-Benders and Gender-Blenders

Bi-Gendered
Non-binary
Gender Expansive
Gender-Queer
Third Sex
Key Definitions

Transgender

“Anyone whose gender identity and/or gender expression differs significantly from what is expected of them in their culture based on their sex assigned at birth.”

Cisgender

“Describes people whose gender identity matches what is expected of them based on their sex assigned at birth.”

![Diagram showing cis (Z) and trans (E) configurations]
“Mom, what’s normal?”

“It’s just a setting on the dryer, honey.”
What are we treating?

Gender Dysphoria

Previously referred to as *Gender Identity Disorder.*

“*Gender dysphoria* refers to discomfort or distress that is caused by a discrepancy between a person’s *gender identity* and that person’s *sex assigned at birth.*”

(WPATH, SOC, 7th version)
Going to the doctor for treatment?

Must be an illness, right?

WRONG.

“Being Transsexual, Transgender, or Gender Nonconforming is a matter of Diversity, not Pathology.”

This is not a disease or disorder.

But gender dysphoria can cause extreme discomfort, and like other medical conditions, there are ways to address this.”

World professional Association for Transgender Health SOC
Normal yes, but nonetheless. . .

Transgender people face barriers and trauma while attempting to access health care.

They face significant health care disparities and require preventative services and treatment interventions tailored to unique needs.

Clinicians often don’t know the SO/GI of their patients, leading to missed screenings, less effective counseling, culturally insensitive remarks and other missteps.

This increases trauma for our patients and leads to poor care.
Barriers to HealthCare for Transgender people:

Might patients face any of these barriers to care in your office?

Wolf-Gould, C. From Margins to Mainstream: Creating a Rural-Based Center of Excellence in Transgender Health for Upstate NY, RWJF
1. Minority Stress

“Minority Stress refers to the excess stress that members of stigmatized groups experience because of the prejudice and discrimination they face.”

1. Minority Stress

“The minority stress model states that social conditions characterized by prejudice and stigma…predispose LGBT people to greater exposure to stress compared with heterosexual cisgender individuals. In turn, this excess exposure to stress can cause adverse health outcomes”

1. Minority Stress

“Minority stress is a persistent feeling of loneliness.

It’s the creeping suspicion that if you are honest about yourself, others will reject you.

It’s the experience of outright bullying, violence and discrimination.

It is the insidious gray background to an otherwise sunny day.

But nothing fights a gray day like a rainbow.”

-- Elizabeth Sutherland

The Gender Spectrum Collection
1. Minority Stress: Internalized Transphobia

Post on Facebook:

“So if you’re cisgender or masculine and you’re wondering why trans women tend to be kind of bitter about everything, consider what it’s like being one of us. Consider that literally every person on earth was brought up to be kinda sorta deeply repulsed by you at a pretty fundamental level – and, since you unfortunately grew up on earth, that includes yourself, it even includes other trans women.

So you’re dealing with that and it’s a lot and it’s irreparably fucked up your relationship to your body and probably fucked up your relationships to your family and your pre-transition friends. But you’re also slowly realizing that every single relationship you’ll ever have to every single person you’ll ever know in your entire life is going to have that same disgust as it’s point of departure. Fundamentally, you’re just a little bit gross to yourself and to other people, and there’s nothing you can do about it, and its forever, and fuck you are tired.”

– posted by Boobvoid
2. Stigma
2. Stigma

Consider:
When did you last reach out for help?
2. Stigma
2. Stigma
2. Stigma

“Sexual orientation and gender identity are not risk factors for health problems; stigma associated with those identities creates the risk.”

Eliason et al, LGBTQ Cultures: What Health Care Professionals Need to Know About Sexual and Gender Diversity
3. Lack of Access to Affirming Care

"It is difficult to explain our problems to the doctors because their lack of awareness and ignorance."
Not well trained?

There’s a reason for that.

Average number of hours dedicated to LGBT health in an entire medical school education: FIVE

How much training have you had?

3. Lack of access to affirming care:

As staff in an office setting, we must look at our own Implicit and Explicit Bias.
Explore and Understand Your Own Implicit Bias

https://implicit.harvard.edu/implicit/

PROJECT IMPLICIT SOCIAL ATTITUDES
Log in or register to find out your implicit associations about race, gender, sexual orientation, and other topics!

![Login and register options](image)

Or, continue as a guest by selecting from our available language/nation demonstration sites:

![Language selection options](image)
80% of 1st year medical students expressed implicit bias against lesbian/gay people. Nearly 50% expressed explicit bias.
4. Structural/Institutionalized Discrimination:

LGBT Employment in 2019
Non-Discrimination Laws By State

Data source: Movement Advancement Project, Human Rights Campaign
4. Structural/Institutionalized Discrimination

Trump Administration Invites Health Care Providers to Discriminate Against LGBT Patients with New HHS Rule

By Lambda Legal
JANUARY 18, 2018

Lambda Legal has published an analysis of the U.S. Department of Health and Human Services' (HHS) new rule, issued earlier in the day, creating a new unit within the HHS Office of Civil Rights (OCR) called the “Conscience and Religious Freedom Division.”

The aim of the new unit is to shield from the consequences of violating anti-discrimination protections healthcare workers who refuse to perform certain procedures, such as abortion, or who refuse to treat transgender patients, or to provide other services because of moral objections. Lambda Legal’s analysis shows that the rule will almost certainly result in the denial of medical care to people and cause potentially life-threatening harm, in violation of numerous laws and regulations that prohibit such discrimination.
What further barriers to care are faced by Transgender people in our *rural* setting?
Rural Transgender Population: Increased Social Isolation
Rural Transgender Population: Transportation Issues
Rural Transgender Population: Exposure, Increased stigma
Rural Transgender Population: Complete lack of access to trained providers
Rural Transgender People Face:

- less political power
- increased visibility
- fewer alternatives in the face of discrimination
- fewer support structures
- less support from faith organizations and local government.
The Challenge: Why is it so difficult to provide inclusive, respectful and quality care to LGBTQ patients?

<table>
<thead>
<tr>
<th>Your patients</th>
<th>Your staff</th>
<th>Your clinicians</th>
<th>Outside world</th>
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<tr>
<td>Feel judged and unsafe, fearful of clinicians and staff</td>
<td>Confused about concepts and terminology, “We don’t understand what it means to be trans.”</td>
<td>“We haven’t been trained and don’t understand terminology and medical needs.”</td>
<td>Changing national discussion and initiatives</td>
</tr>
<tr>
<td>Concern about privacy and how knowledge of LGBTQ status will affect their health care</td>
<td>Not comfortable asking questions or receiving the answers.</td>
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<td>Divisive cultural climate Religious beliefs Fear of the unknown Judgement</td>
</tr>
</tbody>
</table>
Health Care Disparities for Transgender People

- Discrimination in Public Accommodations: Over 37% reported harassment or disrespect in retail stores, 35% in hotels or restaurants, 25% in health care settings, and 29% by police.
- Only 16 states and D.C. ban employment discrimination based on gender identity.
- 15% of trans people live in poverty.
- 28% of Latin@ Trans People Live in Poverty.

Job insecurity can result in sporadic health care coverage, and inadequate housing.

Fenway Health | fenwayhealth.org
Health Care Disparities for Transgender People

**Trans People Are More Likely to Report Lacking Any Health Insurance.**

- Black Transgender Respondents: 31%
- All Transgender Respondents: 19%
- White Transgender Respondents: 17%
- General Population: 15%

**Some Trans People Postpone Seeking Medical Care Due To:**

- Fear of Bias: 28%
- Inability to Pay: 41%

**Transgender People Also Report Being Denied Care.**

- MTF: 22%
- FTM: 19%
- Asian: 15%
- Black: 19%
- Latinx: 22%
- White: 17%
- Multiracial: 27%
- American Indian: 35%

_Fenway Health_ fenwayhealth.org
Health Care Disparities for Transgender People

- 62% have experienced depression
- 41% have attempted suicide
- 30% report smoking daily, compared to 20.6% of U.S. adults
- 26% of transgender people report using drugs or alcohol to cope with discrimination
- HIV infection among:
  - Black Trans People 4.4%
  - All Trans People 2.6%
  - U.S. Total 0.6%

FENWAY HEALTH fenwayhealth.org
How do we make ourselves, our offices and our institutions welcoming to transgender patients?
Practice Cultural Competency

Cultural Humility
Terminology
Avoiding assumptions
Avoiding outdated and offensive terminology
Ensure Privacy
Respectful, nonjudgmental communication.

A positive or negative experience with one staff member sets the tone for the whole visit.
Address Structural/Institutionalized Discrimination:

Serve as professional allies and **change** the policies and procedures that create barriers to care and employment for LGBTQ people at our own institutions.
Equality, Equity, Liberation

Interaction Institute for Social Change | Artist: Angus Maguire
interactioninstitute.org
Use a trauma informed approach to care:

**Trauma Assessment and Inquiry: A Tiered Approach**

*Disclosure is NOT the goal*

1. Broad Inquiry
2. Risk and Safety Assessment
3. Intervention

- Provide a safe environment for people to share as much or as little as they want
- Minimize need to retell the story
- Include education about trauma and its effects
- Balance trauma with resiliency

What do you need to *know* for this work? 
And what do you *bring* to this work?
Create a welcoming office space
If your office is a safe space, post affirming signs

Patient Non-Discrimination Policy

UCSF Medical Center (San Francisco, CA)

It is the policy of UCSF Medical Center not to engage in discrimination against, or harassment of, any person employed or seeking employment or patient care with UCSF Medical Center on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical, mental or other disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). Non-discrimination information is available in an alternate form of communication to meet the needs of people with sensory impairments.
Wear a symbol of LGBTQ Pride

This lanyard from the Human Rights Campaign signifies to patients and colleagues that you are a “safe” person to talk about LGBTQ concerns.
Tell and ask names and pronouns:

“Hi! My name is Dr. Ofori and my pronouns are she and her.

What name do you prefer?”

What are your pronouns?”
When you make a mistake . . .

“I’m so sorry that I just misgendered you (called you by the wrong name).

Let me try again!
Bathrooms are Key

Gender neutral bathrooms are not just kind, they **OFFER SAFETY** to transgender and gender nonconforming people.

Make sure you have gender neutral bathroom signs.

(If you need to get, let me know!)
Careful with exams: patients may be uncomfortable

Pay attention to gowns/drapes.

Ask how people want you to refer to their parts.

“I’m aware a genital exam may be uncomfortable for you. Anything I can do to make this more comfortable? “
Learn to take an LGBTQ Inclusive Sexual History (if it is appropriate to your work)
Routine Healthcare Screening Tests: “If you’ve got it, check it . . .”

Provide care for the anatomy that is present, regardless of the patient's self-description or identification, presenting gender, or legal status.

Mammogram*
PAP tests*
Prostate Ca counseling?
Anal PAPs for high risk?
BRCA+ Considerations
STI screening for high risk

(UCSF CoE Website)
Follow Professional Guidelines for Care

WPATCH Standards of Care, 2012

The Endocrine Guidelines, 2017
Gender Affirming Surgical Procedures

**Trans-feminine surgeries**
- Facial hair removal
- Orchietomy
- Breast augmentation
- Tracheal Shave

**Trans-masculine surgeries**
- Mastectomy
- Hysterectomy
- Salpingo-oophorectomy
- Urethroplasty

**Facial Feminization**
- Vaginoplasty
- Labiaplasty
- Body contouring procedures
- Metoidioplasty
- Scrotoplasty
- Phalloplasty
- Vaginectomy

Photo by JAFAR AHMED on Unsplash
Understand Concept of Medical Necessity

- Medical and surgical care considered “medically necessary” for the treatment of gender dysphoria.

- And in NYS, these medically necessary therapies are covered by public and private insurance (sometimes not covered by self-funded plans).
Collection and Use of SOGI Data in EMR

Why collect SOGI data?

The process of asking all patients about their SO/GI empowers us to know our patients better and provide them with the appropriate patient centered services they need.
Best Practices for SOGI Collection

All Patients given a written form to fill on their own in private

Patient info posters/handouts available on why important

Staff/Clinicians aware and trained
Collect SOGI Data in EMR

Clinicians and nurses collect more specific information in exam room as part of the patient interview.

Be aware: Patients need to trust you in order to tell you the truth!

Just asking, may make it possible to come out at a later date. Good to update
“I have two new questions I’m asking all my patients about sexual orientation and gender identity.

Is it okay if I ask you these questions?”
What to say:

“I’m asking questions that give your providers the information needed to provide the best medical care possible. This information is confidential and only used for providing care.”
What not to say:

“I know this is embarrassing . . .”

“I hate to have to ask you this . . .”

“I know this probably doesn’t apply to you . . .”
“What is your sexual orientation?”
“What is your gender identity?

What was your sex assigned at birth?

What are your pronouns?

What steps have you taken to transition?”
“What parts do you have?”
What we are NOT asking:

“Who do you have sex with?”

“What exactly do you do in bed?”
Develop an understanding of the lived experience of our patients

1) Listen to their stories

2) Learn some of the history of transgender medicine

3) Bring others with you – staff, colleagues, community

4) Know that even if you try to do everything right, the system may leave a patient feeling...
It’s ok to make mistakes

Stepping on toes is the unintentional pain caused by a **NEWFOUND WILLINGNESS** to be close with people who are different.
IT’S OK TO FEEL AWKWARD AS YOU LEARN

If this seems AWKWARD, it's me, not you.
The rewards to being a member of a trans-affirming office

As medical providers, we assist transgender patients in finding expression for their authentic selves.
Live Webinars for Your Workplace

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Please visit www.surveymonkey.com/r/CEIHVCOE2020

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CEI Line 1-866-637-2342

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www.ceitraining.org 866-637-2342

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HIV Primary Care and Prevention Center of Excellence

We offer Clinical Cards (HIV Testing, Rapid ART, PrEP, PrEP On-Demand, and PEP and Gender Pronoun Buttons Abbott, AbbVie, Hologic, and Tilly in the World) to New York State Clinicians. All tests free of charge!

CEI Clinical Cards can be discreetly attached to a medical provider name tag while providing all the important information needed to make clinically sound decisions.

Order Yours Today!
https://www.surveymonkey.com/r/CEITrainerTools
QUESTIONS?
Carolyn.Wolf-Gould@bassett.org
www.genderwellnesscenter.org