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EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Creating a Transgender Health Program at Your Health Center: From Planning to Implementation

SEPTEMBER 2018



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for \$449,994.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Background

Transgender and gender diverse people need primary care just as all people do, and yet they frequently experience bias, discrimination, and outright rejection from health care providers. For many gender diverse people, not only do they need providers who treat them with respect and sensitivity, but they also require clinicians who have knowledge and skills in providing gender-affirming care, especially in the provision of hormone therapy. Moreover, transgender people often have complex needs outside the traditional bounds of health care, such as housing, employment, social, and legal needs. Offering a transgender health program that supports the whole person by offering wrap-around medical, mental health, and social care is therefore a best practice.

In this guide, we provide a framework for building a health program for transgender and gender diverse patients at your health center. There is no “one size fits all” approach to this work, but there are certain building blocks from which to create your own program that supports the gender diverse people in your community.

Terminology

The term *transgender* here includes the full spectrum of people who have a gender identity that differs from the sex they were assigned at birth. This includes people assigned male sex at birth who identify as female, people assigned female sex at birth who identify as male, and people whose gender identity falls outside of the traditional binary gender structure of boy/man and girl/woman.

Gender diverse is an umbrella term, similar to transgender, but which encompasses a wider variety of gender identities, expressions, and lived experiences. “Trans” is a Latin prefix meaning “on the other side of,” so the word “transgender” is often too restrictive for the experiences of some gender diverse people.

Assessing the Needs of the Local Gender Diverse Community

Prior to developing a transgender health program, it is vital to understand the range of needs of the people in your community.

Needs Assessment Topics to consider

- Barriers to accessing care (e.g., transportation, insurance, fear of discrimination, operating hours, immigration status, language barriers, issues with name and gender on identification documents)
- Types of programs and services that would be beneficial (e.g., HIV/STI screening, sexual risk reduction, support groups, substance use disorder support, social events, housing support, employment support, legal name change)
- Health care priorities (e.g., starting or maintaining hormone therapies, preventive care, cancer screening, HIV care, substance use disorder treatment, etc.)
- Current perceptions of the health center e.g., safety, confidentiality, inclusiveness of transgender people, competence in gender-affirming practices, etc.)
- Sociodemographics of the local gender diverse population (e.g., age, race/ethnicities, employment status).

A sample needs assessment is included in the Transgender Law Center's guide [How to Start a Transgender Clinic](#); 2008.¹

Outreach Methods

- Gender diverse people may not feel comfortable providing information to your health center for a needs assessment at first. In many communities, it also may not be obvious where to reach out to find gender diverse people. In communities with more accessible gender diverse communities, you can start with key opinion leaders, such as those who run transgender-inclusive or transgender-focused programs and support groups at community centers, AIDS Service Organizations, or other transgender-friendly locations (e.g., some faith-based facilities, hospital-sponsored spaces, clubs, health centers, etc.). These conversations can turn into collaborative partnerships down the road. Seeking support from these local leaders can help you to build networks and reach other community stakeholders as a next step.





- In less open communities, you will need to dig deeper to find gender diverse people and get them to trust you. One place to start is social gathering sites, such as Meetup.com, or gender identity-specific websites. If your area has low or limited internet connectivity and access, it is likely that people will use community boards, word of mouth, or pre-existing spaces (like bars, recreational centers, or parks) to find each other.
- In some areas there may be a religious or faith group that is a hub for socialization among transgender people. In other areas people may gather at a person's home or not gather publicly at all.
- It may also be helpful to check with other health and social service professionals in the local area who may work with the gender diverse community to ask them for additional resources and connections.

Tips for Generating Discussion and Ideas

- Host a community forum or town hall meeting in a space where gender diverse people will feel safe and comfortable, including being safe while coming to and leaving the meeting. Offer light meals to participants in consideration of those who may be homeless, under or unemployed, or who might have to choose between eating dinner and coming to a town meeting.
- Host a table/booth at a Pride event, clubs, bars, recreational events, student health fairs, local comic-cons, regional transgender conferences, and similar events, etc.
- Run informal small group discussions or focus groups at the area health center, community center, in private spaces, or online (in real time, or with delayed interaction over several days). Not all people will want to talk in public spaces.
- Put out a suggestion box in reception areas, and/or invite comments through a link or comments option on your website. Post on social media and invite feedback.
- Talk to the local or state health departments to see if they collect data on the health of the gender diverse community; for example, they may collect data on gender identity linked to STIs, HIV, other infectious diseases, or mental health conditions; they may know about the community through their needle exchange, homeless, or risk reduction programs, etc.
- Create a way to gather data on gender identity within the purview of your practice. For guidelines on how to do this, see: www.lgbthealtheducation.org/sogi (see also: [Ready, Set, Go! Guidelines and Tips For Collecting Patient Data On Sexual Orientation and Gender Identity](#)).
- Add questions to health center patient needs assessment surveys specific to gender identity and gender affirmation treatment access and barriers to care.
- Form a community advisory board (CAB) of interested people from the gender diverse community. The CAB can carry through all implementation phases to provide feedback and input on how the program is doing in serving the community.

Tips for Gaining Community Trust

- To help maximize communication, keep an open mind when listening to concerns, questions, and doubts from the community. Listen without judgement or defense, and stay aware of internal resistance or rejection of the information being shared. Avoid questioning or discrediting people's experiences and feelings.
- Offer giveaways, meals, or snacks to incentivize attendance and show appreciation and respect for people's time and any sacrifices they may have made to participate.
- Make sure there are options for people to participate anonymously, and that no photographs are taken by anyone during, before, or immediately after events. Many gender diverse people are understandably cautious about their identity being known, and it is important to ensure privacy and security to the best of your ability.
- Make sure there are all-gender and handicap-accessible bathrooms available. Announce their availability to the people at the gathering and add clear signage on each bathroom so there is no question that it is open to anyone to access.
- Create a signup sheet where people can provide their contact information if they want. Note that many gender diverse people have separate email addresses or aliases that they use to safely find out information and connect with resources and the gender diverse community.
- Be sure to intentionally invite and include input from those who are non-binary, gender fluid, gender queer, agender, etc. Using words such as "gender diverse," "trans," "non-binary," etc., can be a good step toward increasing inclusivity, raising awareness, and creating spaces where people of any gender feel welcome, visible, and included. If you are offering forms, buttons to wear on clothing, or anything else where people can choose to self-identify their pronouns, make sure to include non-binary options, such as "they/them/theirs," "ze/zir/zirs," and "se/hir/hirs" for pronouns. If you include a write-in option for pronouns or gender identity, do not refer to the option as "other;" rather, use "additional option" or "please tell us...", etc.

Organizational Assessment

- As part of the needs assessment process, you will also want to assess the knowledge, interest, and attitudes of the health center. The National LGBT Health Education Center (Education Center) offers a Readiness Assessment process for health centers interested in gaining training and technical assistance in lesbian, gay, bisexual, transgender, and queer (LGBTQ) health: 617-927-6354, or www.lgbthealtheducation.org/about-us/technical-assistance.
- You can also use a more informal process by holding discussions at staff meetings.

Needs Assessment—Summary Checklist

- Talk to leaders of community-based organizations, AIDS Service Organizations, and support groups (e.g., PFLAG, parent or partner groups) about their perceptions
- Ask community leaders to connect you to other community stakeholders for broader participation and input
- Host a forum or town meeting at the health center or other private space
- Run a table or booth at a Pride event, bars, clubs, recreational events, student health fairs, transgender conferences
- Hold informal small group discussions or focus groups
- Form a community advisory board consisting of gender diverse people
- Talk to the public health department about local data
- Add questions to patient surveys; use suggestion boxes and/or online feedback forms or social media feedback options
- Survey or talk to health center staff and other health care professionals who work with the gender diverse populations in the area

MODEL PROGRAMS AND CASE STUDIES

There are several transgender health programs scattered throughout the United States that can serve as models. Some have published literature about their programs, and others may be open to having phone calls or site visits. Below are resources on this topic.

Fenway Health Model: Reisner SL, Bradford J, Hopwood R, et al. Comprehensive transgender healthcare: the gender affirming clinical and public health model of Fenway Health. *J Urban Health*. 2015;92:584-592.

Health Care Access Project: How to Start a Transgender Clinic. Transgender Law Center; 2008. Contains case examples of several models of care. Available at: <https://transgenderlaw-center.org/resources/health/how-to-start-a-transgender-clinic>

Transgender Women of Color Initiative: Rebchook G, Keatley J, Contreras R, et al. The Transgender Women of Color Initiative: Implementing and evaluating innovative interventions to enhance engagement and retention in HIV care. *Am J Public Health*. 2017;107:224-229.

Building a Team and Engaging Allies

Identify Champions

When starting a program, it is important to have at least two internal or institutional “champions” who are in decision-making roles that will collaborate on leading the planning, recruitment, development, and implementation of the program. Take an informal poll of your colleagues to see who is on board, who already has some knowledge, and who might present opposition.

Engage Leadership and Staff

As with any new program, it is crucial to have strong support from administrative and clinical leadership from the start. Building a robust transgender health program requires start-up costs for training and marketing, changes in communication and work flows, as well as potential changes to the physical structure of the health center. If the leadership and key staff do not have a deep understanding of the importance behind the program, it is unlikely the program will succeed or grow. Ideally, the health center’s clinical directors (medical, behavioral health, psychiatry) will make a strong personal commitment to serving this population and will take on a roles in championing the program clinically and with budgetary resources.

Know Your Population

When working to gain support and commitment from colleagues, it is essential to develop a fluency in talking about health care for gender diverse patients. This involves knowing current data on transgender health and socioeconomic disparities, being familiar with the clinical standards of transgender medical and mental health care, and being able to refer others to resources and information as needed to build and maintain competency and sensitivity in care practices.

NATIONAL AND INTERNATIONAL DATA ON TRANSGENDER HEALTH DISPARITIES

National Center for Transgender Equality’s U.S. Transgender Survey, 2016 (28,000 respondents): <https://transequality.org/issues/national-transgender-discrimination-survey>

Institute of Medicine’s Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding, 2011: <http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

Reisner SL, Poteat T, Keatley J, et al. Global health burden and needs of transgender populations: a review. *Lancet*. 2016;388(10042):412-436.

Define and Present Your Goals

Early in the process you can develop a written or slide presentation with overall proposed program goals to give to administrative and clinical leadership. Include data on health disparities (e.g., 40% of transgender people have attempted suicide) and other negative outcomes taking place right now due to lack of care and the effects of minority stress.^{2,3,4,5,6,7,8,9,10}

Emphasize how the health center can be at the vanguard of reducing disparities, even if in just one area. Ideas can also be presented at an all-staff meeting to give ample opportunity for staff to provide input and modifications to the proposal. Building institutional ownership of a program among staff by listening to and integrating their ideas is a definite way to boost approval and create a more effective program.

Build Empathy and Awareness

If staff are hesitant or resistant, it can help to share people's stories to build empathy and awareness and to normalize the experiences of gender diverse people. For example, you can show videos of transgender people talking about their life experiences from the online video project, I AM: Trans People Speak: <http://www.transpeoplespeak.org>. You can show films like *Real Boy*, *Ma Vie En Rose*, *Transamerica*, *Laurence Anyways*, *Southern Comfort*, *Still Black*, and *Gen-Silent*, and provide a discussion forum following the showing. You can invite a panel of gender diverse people to come share their personal life experiences and their experiences interacting with health care providers over time. Avoid films that are more about drag culture than transgender identity (e.g., *Priscilla Queen of the Desert*, *The Birdcage*, and *Paris is Burning*).

Emphasize Ethics

It can also be helpful to focus on how providing gender-affirming care fits within the structure of public health ethics. The seven principles of public health ethics are autonomy, beneficence, non-maleficence, justice, fidelity, health maximization, efficiency, and proportionality. Since there is empirical evidence that the only way to ease the suffering of someone with gender dysphoria is through appropriate gender-affirming care, it is logical that all medical and mental health providers should be required to provide such care regardless of personal beliefs or biases against a particular group of people. Remind providers that they treat many patients who have identities and behaviors different from their own, and state that this population is no different in terms of their right to safe and appropriate care.

Offer Coursework

Another option is to suggest that providers take one of the free continuing education (CE) courses on transgender health from the Education Center (www.lgbthealtheducation.org/transgender). The draw of free CE credits can pull some providers into learning more than they initially thought they would. You can also take advantage of printing and distributing training and education modules and publications from the Education Center website to use in professional development in your own center – a good place to start is an 8-minute video showing gender diverse people talking about positive and negative experiences with their primary care providers: *Understanding and Assessing the Sexual Health of Transgender Patients*.

Provide Cost Assessment and Rationale

To address concerns about cost, you will need to develop a long-term analysis that integrates the specific projected course of treatment resource needs into the overall profit and loss of the center. As with any population, there is a rationale behind the revenue structure of serving gender diverse clients. Critical components of the revenue model for gender-affirming care include that many patients will need multiple

visits per year (some initially, and some ongoing), and that in-group referrals from this community carry an enormous amount of weight (many people from the community from far outside your catchment area will come if they hear your clinic is safe and provides gender-affirming care and treatment options). Given the volume of need and the significant lack of care options across the country, it is very likely that these services could be revenue generating, or at worst, revenue neutral. Either way, a solid incorporation of the program into the clinic's financial blueprint is essential for the program to survive and thrive.

Budget items might include:

- Staffing (e.g., full-time program coordinator, insurance and health navigator(s), portion of time for medical and behavioral health providers, front-line staff, data manager if doing evaluation and/or quantitative needs assessment, attorney/legal liaison)
- Recruitment and marketing materials (development and printing)
- Educational materials for patients and staff (development and printing; subscriptions)
- Electronic Health Record form changes
- Training and continuing education for providers and administrative staff
- Equipment (if adding new features, such as gamete storage)
- Space, construction (for growth in clientele, or for safer separate clinic area).

Engaging Staff and Leadership—Summary Checklist

- Early in the process, present program goals and ideas to leadership and staff and invite their input
- Show videos and movies and/or have community speakers that tell personal stories; hold a discussion afterwards
- Discuss how gender-affirming care fits within the structure of medical and public health ethics
- Emphasize the benefits of reducing health disparities in an underserved population
- Introduce colleagues to the basics of transgender health care through free resources and courses: www.lgbthealtheducation.org/transgender
- Discuss how serving gender diverse clients has high potential for generating revenue

Building the Program

Create a Mission Statement and Strategic Plan

The champions, and other identified team members, should work with the executive leadership to develop and publish a mission statement for the program as well as a five-year strategic plan that includes ongoing improvement as well as support for providers who want to expand their knowledge, do research, and invest their time in gender-affirming care. Strategic plans should refer not only to the goals of the clinic, but also create a system that regularly reassesses the program's structure, efficacy, size, and population.

CONSIDER HOW TRANSGENDER SERVICES WILL BE OFFERED AND TO WHOM

- Will your program be integrated within regular health center hours and space? Or, will you offer specific service times and days and/or a separate location?
- Will your program mainly focus on a specific subset of gender diverse people within your community? If so, what criteria will you use to determine the subset that your center will focus on? What will you do to specifically recruit, gain the trust, and meet the needs of this population?

Identify the Service Model

The ideal service model will offer a fully integrated program of gender-affirming primary care, behavioral health care, hormone therapy, referral to surgical gender affirmation services, and post-operative care. Ideally, these services are offered as an integrated part of the overall medical and behavioral health departments' daily services. If transgender patient safety is a concern, the program can consider keeping different hours or creating a separate, safer physical space or location for gender diverse patients. The health center can also provide security in waiting areas and outside the health center, and offer general public education programs to raise awareness and acceptance of gender diverse people. Caution is necessary to ensure that any choice to use separation does not become isolating, punishing, ostracizing, or otherwise unequal in quality of care and support services available to the gender diverse patients. The needs assessment can help determine what options will provide the safest, most respectful, and best services to the population within the needs and capacity of the health center.

Define the Population(s)

If the community needs assessment shows a much greater need within a specific population, it may be more effective to initially focus on recruiting and providing care to a subset of the gender diverse population. For example, if young transgender women of color in the community are at greatest risk for numerous health problems and are not accessing care, then it may be best to focus first on gaining the trust of this population, at least in the beginning stages of the program. If shown to be successful, the program will be in a position to naturally expand to others in the community. Remember that even if you are focusing on one population, it is necessary to treat all people who come, regardless of gender identities, ages, and race/ethnicities, etc. Also, the growth and expansion of a clinic may require multiple population needs assessments, outreach, and client initiation. In many communities, not all members of the broader gender diverse population will wish to be in contact with others who are gender diverse. These divisions often separate along race, ethnic, socioeconomic, language, sexual identity, and other lines, making it important to notice who you may be missing when you are identifying your clientele.

It is also important in outreach and while doing assessments to be aware that only a portion of gender diverse people identify as gay/queer/lesbian/bisexual or other sexual minority. Many identify as heterosexual or straight in relation to their gender. Therefore, it is vital to expand understanding and outreach beyond traditionally LGBTQ clubs, bars, events, and culture. Some gender diverse people have medical histories of gender affirmation treatments that are not known to anyone else in their personal or social lives. Outreach activities, therefore, need to be sensitive to privacy needs, and providers and outreach staff need to be aware that "trans pride" is not the goal or interest of all gender diverse people.

Adapt Treatment Protocols

Many (though not all) gender diverse people seek gender-affirming hormone therapy. Primary care providers can be trained to safely and effectively provide hormone therapy. Therefore, it is important to develop a standard treatment protocol for providers who will be administering hormones and/or puberty suppression treatment if treating prepubertal patients. Although no single standard of treatment exists, there are several evidence-based published protocols that can be adapted. Most protocols provide information about initiation and maintenance of patients on hormone therapies, as well as general preventive primary care, and puberty suppression.ⁱ Health center teams should decide together on the treatment protocol and policies.

Transgender Medical Care Protocols	
Protocol	Contents
<p>The Center of Excellence for Transgender Health, University of California San Francisco: Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People</p> <p>Last updated: 2016</p> <p>http://transhealth.ucsf.edu/protocols</p>	<ul style="list-style-type: none"> • Hormone therapy requirements and regimens • General physical exam • Cancer screening and considerations • HIV, STIs • Reproductive health/Fertility options • Mental health considerations • Cardiovascular, diabetes screening and considerations • Silicone and filler use • Surgery/Postoperative care • Voice and communication • Hair removal • Children and adolescent care
<p>World Professional Association for Transgender Health: Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7.¹²</p> <p>Last updated: 2012</p> <p>www.wpath.org</p>	<ul style="list-style-type: none"> • Hormone therapy requirements and regimens • General preventive care • Mental health considerations • Surgery/Postoperative care • Voice and communication • Reproductive health/Fertility options • Children and adolescent care • Considerations for people with disorders of sex development • Puberty suppression
<p>American Endocrine Society: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline¹³</p> <p>Last updated: 2017</p> <p>https://www.endocrine.org/guidelines-and-clinical-practice/clinical-practice-guidelines/gender-dysphoria-gender-incongruence</p>	<ul style="list-style-type: none"> • Hormone therapy requirements and regimens • Adverse outcome prevention and long-term care • Surgery • Adolescent care • Puberty suppression
<p>Fenway Guide to LGBT Health: Medical and surgical management of transgender patients: what the primary care clinician needs to know.¹⁴</p>	<ul style="list-style-type: none"> • Health history and exam • Hormone therapy requirements and regimens • General preventive care and screening • Mental health considerations • Surgical interventions • Puberty suppression

ⁱ See also: Mahfouda S, Moore JK, Siafarikas A, Zepf FD, Lin A. Puberty suppression in transgender children and adolescents. *Lancet Diabetes Endocrinol.* 2017;5(10):816-826).

Create an Informed Consent Model

Historically, most protocols for gender-affirming medical interventions strongly recommended or required that patients receive a psychosocial evaluation and several months of counseling prior to initiating medical treatments. The consensus now among transgender health experts is that most patients over 18 can be evaluated and given hormone therapy in primary care by a trained medical provider without needing mental health counseling. This approach, known as an informed consent model, avoids unnecessary and prolonged barriers to potentially life-saving treatment,¹⁵ and also helps to further depathologize gender diversity. The process at Fenway Health (a Boston-based health center), for example, involves discussing hormone treatments in detail with patients, including risks, benefits, and reproductive impact, gathering a relevant psychosocial and medical history and other information, and then providing the best care options available for the specific individual. This approach sees gender affirmation as a routine part of primary care service delivery, rather than a mental health condition in need of treatment.

For patients under the age of 18, WPATH and others recommend these youth be treated by a multidisciplinary team that includes a primary care provider, mental health professional, and an endocrinologist if puberty suppression or hormone treatment is under consideration. The role of the mental health professional is to support gender identity development, coping strategies related to stigma and rejection, and any other psychological, family, or social issues.^{12,16}

Add More Program Elements and Services

In addition to foundational care, it is helpful to add wrap-around services that address social determinants known to affect the health and well-being of transgender and gender diverse people. If services cannot be offered onsite, it is important to have relationships with outside agencies that offer reliable referrals for gender diverse clients. Additional program elements may include:

- HIV/STI services (case management, testing, navigators/linkage-to-care, STI screening, treatment, pre-exposure prophylaxis (PrEP), and partner notification)
- Provider-led and peer-led support groups for a variety of identities, issues, family members
- Medical Legal Partnerships/Legal services (i.e., for name and gender marker change, insurance coverage, legal document changes, etc.)
- Insurance navigation supports
- Fertility and reproductive counseling and planning; alternative insemination, gamete banking
- Substance use disorder treatment
- Community events, such as information sessions, legal clinics, dressing for success, community parties, movie showings, and discussions
- Linkage to housing, employment, skills development, secondary education, college
- Collaboration with academic institutions to conduct transgender-focused scientific research to improve care nationally and beyond
- Collaboration with speech and language professionals and voice trainers
- Collaboration with, and even on-site hosting of, hair removal providers



Develop Staff Competencies and Clarify Roles

All personnel who interact with patients will need to provide a safe, comfortable environment that promotes effective care for transgender and gender diverse people. The necessary staff competencies for a transgender health program are described below.

All Staff

All health center staff should receive a foundational level of training in gender diversity, basic population demographics and health disparities, and gender affirming health care as relevant to job position and skill set. The core points to include are:

- **Effective communication:** e.g., using a patient's correct name and pronouns; maintaining the privacy of patients' gender identities and being careful to only disclose when necessary for care; avoiding assumptions about a patient's gender; asking only questions pertinent to care (not out of curiosity); admitting inexperience when confronted with an unknown issue or question; apologizing for lack of knowledge or making mistakes without offering excuses; moving on with the appointment and/or discussion calmly following apology; and graciously accepting a patient's feedback about unconscious bias, mistakes, or microaggressions. It is also critical that staff speak respectfully even when patients are not present. If the chatter behind closed doors is different than the patient-facing language, it is only a matter of time before people recognize the clinic as not being truly inclusive. A helpful resource for training staff in communication is the Education Center's: [Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff](#)
- **Gender identities:** e.g., understanding the differences between gender expression, gender identity, assumed gender, assigned gender, gender roles, and sexual orientation; learning about the full spectrum of gender identity and expression. It may help to provide staff with multiple models for how to think about gender—what works for one person may not work for someone else.
- **Health disparities:** e.g., recognizing the high burden of discrimination and negative experiences that most gender diverse people must cope with on a daily basis, and how that can affect their health, and their safe access to or trust of health care. It may help for staff to practice conscious awareness when interacting with gender diverse clients to sensitively deescalate presentations of defensiveness, fear, aggression, and reluctance, etc., that are often an anticipatory reaction to historic experiences of social stigma and oppression, and not necessarily reflective of their current experience with you personally or your health center.

If possible, health centers should provide different types of training formats (e.g., in-person, web-based, group, and one-on-one). Some people prefer to have time to think about the concepts alone without feeling watched or



judged. For others, small groups that allow open discussion of what people know/think/believe about gender diversity work best. It may be possible to find trainers locally; or visit the Education Center for online training options.

Transgender health programs need to be mindful of frequent shifts in perspective, language, and standards of care as the field and knowledge base for treatment grows rapidly. Understand that gender diversity is a natural expression of human diversity, and as with all identities, there are philosophical, linguistic, sociological, and cultural changes happening all the time. Ongoing care skills and communication training can be provided through routine means such as rounds, case discussions, professional development, and annual human resource training modules. Staff who resist change, or who have objections to serving transgender people based on pre-existing beliefs, will need additional coaching and check-ins to meet institutional expectations for care to all patients. A discussion of ethical constructs for providing care can be helpful.

Front Desk/Front-Line staff

Front desk, registration and other front-line staff should learn how to avoid making assumptions about gender (e.g., “How may I help you?” instead of “How may I help you sir?”) and to ask clarifying questions about gender identity in a respectful manner (“We wish to be respectful. Can you tell me what your pronouns are?”). Front-line staff also must learn how to talk sensitively with patients about dissimilarities between name and gender on insurance documents/legal documents vs. medical records (for example, “Could your chart be listed under another name?” OR, “What name is your insurance under?” OR, “It is important that we bill this visit to the name listed on your insurance so we can get you coverage for the appointment.”). It may be helpful to offer to assist patients to change the name on their insurance card if they indicate they have a legal name change that is not yet registered on health insurance. For instance, staff could offer to speak to the insurance carrier and fax over the court name change order to the carrier, then verify at the next visit that the insured name has changed. It is important to teach all staff that an insurance card, or a chart name, are not indicators of “legal” identity and should never be referred to as a patient’s “legal name.” Changes or differences in name and pronouns need to be updated and listed in the registration information of a chart at check-in or when new patients register for care.

Medical Assistants and Technologists

Medical Assistants and Technologists require the same knowledge and respectful approach as front-line staff. In addition, they ought to develop a protocol for making sure that gender and name information is passed along to the provider (e.g., when passing along vital signs).



Primary Care Providers (PCPs)

PCPs should have the ability to provide gender-affirming hormone therapy for people across the gender spectrum. Hiring staff with this experience is difficult due to a lack of transgender health training in medical education; therefore, medical staff should be provided education, clinical supervision, and mentoring through continuing education courses and other opportunities (see box below). It is also important to emphasize that providing gender-affirming hormone therapy is not a complicated process in most cases, and is well within a PCP's ability.

PCPs also need to know how to provide routine primary care for transgender people and to make clinical decisions based on anatomy and not identity. This is best done by taking an anatomical inventory (a list of organs present and absent).¹⁷ For many gender diverse people, the care required for retained anatomy (for example, the cervix), may feel very uncomfortable, frightening, or even impossible. Providers should be sensitive and competent to discuss risks and benefits around anatomy-based procedures and should be open to alternative strategies such as self-insertion of a speculum. In addition, PCPs ought to discuss

TRAINING OPPORTUNITIES FOR MEDICAL AND BEHAVIORAL HEALTH TEAMS

There are a growing number of continuing education courses available in hormone therapy, behavioral health, and transgender and non-binary medical care for primary care providers. [The National LGBT Health Education Center](#) specializes in training health center providers in transgender care through the following opportunities:

- Transgender Health ECHO (TransECHO): An evidence-based educational model that uses web-based video conferencing technology and case study discussions to build expertise among health center teams. Sessions are led by expert faculty who specialize in transgender-focused research and patient care.
- Advancing Excellence in Transgender Health: A Core Course for the Health Care Team: An annual three-day CME conference organized by Fenway Health and Harvard Medical School, designed to train the health care team in providing gender-affirmative health care, grounded in research evidence and best clinical practices. Sessions are led by expert faculty specialized in transgender-focused research and patient care.
- TransTalks is an online training series on the health care needs of the transgender community offering free continuing education credits for medical professionals.

the patient's goals for medical or surgical affirmation treatments (if any) and learn about a patient's risk through comprehensive history-taking. Knowing that gender diverse populations have higher risk for certain health concerns, such as depression, suicidality, trauma/violence, HIV/STIs, and substance use disorders, will also help guide PCPs to provide appropriate screening. PCPs should also learn to provide post-operative care for gender-affirming surgeries, monitor for risks associated with hormone usage, and counsel on the significant risks involved in non-medical injection of silicone (e.g., "pumping parties") and fillers and learn how to treat those who have already used these means of gender-affirming body modifications.

PCPs should also have referrals on-hand for gender-affirming surgeons, hair removal providers, behavioral health providers, and social support resources who are competent in providing care and treatment to gender diverse people. Keep in mind, however, that the closest surgeons and specialists who provide this care may be quite far away. Providers may need to expand their referral circle to providers in other states, or even countries, and may need to counsel and support patients distressed by the lack of opportunity or financial ability to access this kind of care.

PCPs should also keep themselves up-to-date on the latest medical literature related to transgender health and gender affirmation treatments. Health centers should offer paid support for providers to regularly attend conferences or other continuing education opportunities to expand their knowledge of transgender and non-binary identities and lived experiences. See Resources and the box below.

Behavioral Health Providers

Behavioral health is an integral part of an interdisciplinary approach to gender-affirming care. Behavioral health providers should serve the role of helping patients navigate social, personal, and familial aspects of gender identity and expression. Behavioral health professionals should not, however, act as gatekeepers to medical gender affirmation. The decision about whether or not to initiate hormone therapy should be managed by the PCP unless it is important for the safety of the patient that the behavioral health provider weigh in regarding readiness for treatment.

Behavioral health providers will need to develop proficiency in writing letters of support for surgery and other gender-affirming procedures, since most insurances still require their involvement in the process. The WPATH Standards of Care provides detailed information on the content typically recommended in these letters of referral and support. Note that some surgeons and medical providers or insurers have additional requirements for documentation. Like PCPs, behavioral health providers should also receive institutional assistance and be encouraged to regularly update their knowledge of gender diversity and transgender lived experiences through reading up-to-date literature, attending conferences, and accessing other continuing education opportunities.

In addition to providing individual counseling and evaluation, it can be helpful for behavioral health providers to offer groups specifically for gender diverse populations. Providers seeking to offer such groups should have extensive competence and confidence in their knowledge of gender diverse communities, and should defer to the needs of the group regarding format, content, and pace. Other helpful groups include those for the partners, parents, and siblings of gender diverse people, and groups for gender diverse children and youth.

Case Managers

Case managers should attain similar competencies to medical assistants, and should also try to create and maintain a list of local agencies that are gender-affirming so they can make referrals (e.g., organizations that address substance use disorders, mental health problems, homelessness, and intimate partner violence). In the many areas where there are not any local trans-competent resources, the care team will need to help patients devise plans and find supports in the larger community that will help keep the patient safe and/or treated appropriately. Some national resources may be available for consultation (see Resources).

Program Director/Coordinator

There are a variety of ways to divide administrative duties among staff. Most programs will need to hire a Program Director or Coordinator to oversee the operation of the clinic in general, schedule and lead team meetings, maintain referral and networking lists, oversee the budget and spending, support patients with

insurance issues and name changes, ensure all staff are appropriately and effectively trained, coordinate shadowing and mentorships, help with authorizations and other paperwork, and help with recruitment of staff and patients. In larger programs, these roles may need to be assigned to multiple staff members, and not just the Program Director.

Executive Staff

As leaders of the health center, executives should possess a deep and thoughtful understanding of the mission and purpose of the transgender health program, and be able to effectively communicate the program goals and mission through presentations and networking opportunities at the local, regional, and national levels. As much as possible, executives should support the transgender health team in working to build and maintain connections with national and international leaders in transgender medicine and social policy.

Supervisors

All supervisors should be able to competently and adequately provide support to their supervisees in their area of practice with regard to transgender health care and services. This includes the obligation to maintain their own continuing education and to provide ongoing direct care and services to gender diverse people so that they are able to continue developing skills and insights.

Supervisors should ensure that their team(s) can demonstrate skills of sensitivity and competence in working with gender diverse people within the first three to six months for some areas (medical treatment, behavioral health care basics), and earlier (30-days) for basic respectful interactions and ability to uniformly ask every new person the correct name and pronoun to use. Supervisors should be given opportunities to expand their knowledge of the needs of gender diverse patients, including conference attendance, shadowing experts, and leadership development programs.

Hire Gender Diverse Staff

As much as possible, health centers should seek to hire gender diverse staff. This can be done by including language in hiring documents that specifically state that people of all gender identities and expressions are sought and welcome. In addition, health centers can place ads in LGBTQ literature, gender diverse listserves or groups, and make known that they offer benefits that cover gender affirmation treatments and a variety of family configurations. It is important for the community to be represented among the staff. At the same time, take caution not to unconsciously use a gender diverse staff person's identity or experience in a tokenizing way, or expect them to be a corrective or educative presence for staff. In addition, do not require them to be a public spokesperson or publically visible representative of gender diverse communities unless they desire to serve this role.

Build Community Alliances and Partnerships

To create effective alliances and partnerships with outside agencies for referrals and collaborations, it is important to attain trust by ensuring that all clients referred to you from those agencies receive an excellent experience at your program and that gender diverse patients you send to other agencies receive excellent care. It is also important to be very clear about what your program and programs you may refer to do and do not do so that expectations do not exceed reality. Writing up Memoranda of Understanding (MOUs) can help with setting and maintaining expectations.

In addition, potential allies will respond to ongoing communication about how their participation may influence outcomes. If you let agencies see that they are critically needed as allies, it makes them more likely to become and to stay engaged as allies. Maintaining a newsletter or web presence that acknowledges partnerships, keeping resource/referral databases up-to-date, and sending a personal acknowledgement (handwritten notes are great) when one of your allies goes above and beyond for one of your patients can all make a difference.

Learn about Insurance Coverage

Some insurers have specific exclusions for gender-affirming care, and some may refuse coverage for routine care of transgender people, especially in cases where the anatomical inventory indicates the need for different screenings than are indicated by the gender marker on the person's health insurance enrollment. For out-of-network and out-of-state referrals that are frequently necessary (for surgical treatments in particular), providers may be required to appeal to the insurer with a rationale for care and with documentation showing there are no in-network providers for this care. That said, many private health insurers have adopted highly inclusive coverage for gender-affirming medical treatment.

Insurance coverage of gender-affirming care varies by state and by employer, and many factors can further complicate navigation, such as disability insurance and plan type (e.g., HMO, PPO). The challenges for providers are to learn what is required by each insurance provider, how to help a patient meet the criteria, and where to find information about changes in insurance coverage and criteria. Insurance criteria may change frequently as insurers catch up on current best practices and standards of gender-affirming care. It is also important for providers to learn how to appeal insurance denials, write letters in support of appeals made for medically necessary gender-affirming care, and to seek out staff within insurance companies who are competent to discuss and help navigate gender affirmation coverage for patients within the scope of their benefits. All of this work greatly increases the administrative burden on providers, and is a good argument for hiring one or more staff members to focus on insurance referrals and patient advocacy.

Determine Work Flow and Electronic Health Record Format

Each team will need to establish a care system, or work flow, that functions across disciplines and departments, and that is codified within the general policies, protocols, and clinical functions of the health center. The specifics of the system will depend on the care model used. For example, a stand-alone clinic might have transgender-focused demographic and medical intake forms at registration, while an integrated program may use general population (but inclusive of all genders) demographic forms at registration, and then have PCPs ask the transgender-focused history questions during the medical exam.

Most health centers will likely need to make modifications to their electronic health record (EHR) system to accommodate diverse gender identities. All health centers should already be collecting sexual orientation and gender identity data that gets entered into the EHR system at registration and/or during the clinical exam. Ideally, the EHR allows for a patient's correct name and pronouns to be recorded and displayed so that they are visible to all levels of staff. In addition, health centers will want to modify the EHR to include anatomical inventories, as well as procedures, prescriptions, and medications specific to gender affirmation. Some EHRs are more limiting; and health centers have reported that inflexible EHRs are one of the greatest challenges in setting up effective programs for gender diverse patient populations. Nonetheless, most have been able to create effective workarounds—just be sure to build in a few months of planning to get the EHR ready for implementation.

Use a Trauma-Informed Care Approach

Due to the high levels of trauma experienced by gender diverse people, all transgender health programs should strongly consider using a trauma-informed approach that shapes the way the entire program is implemented. Ways to do this include: educating staff on how trauma affects engagement in care and responses to medications, routinely screening patients for experiences of trauma, using evidence-based trauma-focused interventions to treat those affected, and/or having collaborative partnerships with organizations that specialize in treating posttraumatic stress symptoms and who are competent in and knowledgeable about working with gender diverse patients. For gender diverse people, trauma-informed care also means understanding that the patient may not be comfortable with some aspects of an exam, may need additional choice and autonomy to engage in a particular examination, and may react with strong emotions, including anger, dissociation, or panic, if something happens during a health care encounter that reminds them of a past traumatic experience. See Resources for more on trauma-informed care.

Create a Welcoming Health Care Environment

Health centers will need to create an atmosphere that is intentionally and actively inclusive and respectful of gender diverse patients and their families prior to recruiting patients. Even just a few changes to policies, forms, and the physical environment will create a more culturally-sensitive environment. These include:

- Adding space on registration/intake forms and EHRs for the patient's pronouns as well as chosen name if different than the name on the patient's insurance or identification documents
- Ensuring that all forms (intake, history, etc.) avoid assumptions about gender and anatomy, do not force binary-only options (i.e., male or female), and include diverse identities and family configurations
- Adding images of gender diverse people to the health center's website, educational brochures, newsletters, and marketing materials.
- Offering clearly labeled all-gender restrooms, and having a policy that patients and staff can use restrooms that reflect their gender identity
- Prominently posting non-discrimination policies that include gender identity and expression, as well as sexual orientation
- Displaying gender diversity and transgender specific images and signs, such as the transgender flag or symbol
- Acknowledging and institutionally supporting Transgender Day of Remembrance, and LGBTQ-specific days and events that openly include gender diversity in them, such as some Pride events or parades
- Training all staff to ask for and use correct pronouns and names
- Promoting a workplace culture of awareness, inclusion, and equity
- Strictly and consistently enforcing policies that prohibit disrespectful behavior based on known or presumed gender identity and gender expression (e.g., gossiping, staring, intentionally misgendering)
- Actively recruiting and hiring a gender diverse staff.





Implementing Your Program

Once your systems are ready to go, it is best to start with a small number of patients and then grow from there. This is likely to happen anyway, as it will take time for patients to find and trust your program. To recruit patients, you can refer back to the strategies that worked best for the needs assessment. You will likely already have identified a few patients at your health center and through the outreach for the needs assessment. Some teams like to use the Plan Do Study Act (PDSA) method to test how well the implementation of the program is going (see: <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>). Frequent meetings with executive leadership, weekly team meetings, monthly CAB meetings, as well as semi-annual check-ins with the rest of the health center staff will help the program improve and respond quickly to issues that arise.

Conclusions

By creating a transgender health program within your health center, you are providing a much-needed service to a marginalized and underserved population. A program where gender diverse patients can get not only their medical needs met, but can also find interdisciplinary services for case management, social opportunities, and more, provides a unique opportunity to improve the overall health and quality of life of gender diverse people. Moreover, by engaging in an important and interesting program of care, clinicians and other staff will be able to experience greater professional fulfillment, and will be able to build strong collegial networks of national and international clinics and providers committed to care, research, expertise, and supports for gender diverse populations.

Resources

The National LGBT Health Education Center

Education and training webinars, publications, learning modules, and videos
www.lgbthealtheducation.org/topic/transgender-health/

Transgender Health ECHO (TransECHO)
www.lgbthealtheducation.org/transecho/

Advancing Excellence in Transgender Health Conference
fenwayhealth.org/the-fenway-institute/education/transgender-health-conference/

Online Course for Health Care Providers
www.lgbthealtheducation.org/transtalks/

Sexual Orientation and Gender Identity Data Collection Resources
www.lgbthealtheducation.org/sogi/

The Center for Excellence in Transgender Health, University of California, San Francisco
www.transhealth.ucsf.edu/

World Professional Association for Transgender Health
www.wpath.org/

National Center for Transgender Equality
transequality.org/

Mazzoni Center Philadelphia Trans Wellness Conference
www.mazzonicenter.org/trans-wellness

Models of Gender
confi.co/what-is-gender/

Trauma-Informed Care
store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

The 2015 U.S. Trans Survey
www.ustranssurvey.org/reports

Transgender Law Center
transgenderlawcenter.org/resources/health
transgenderlawcenter.org/equalitymap

National Resource Banks of Gender Affirming Providers
radremedy.org/
transcaresite.org
<http://glma.org>

For Families and Youth
www.pflag.org/ourtranslovedones
www.genderspectrum.org/
www.ctys.org/wp-content/uploads/2016/03/CTYS-FIT-Families-in-Transition-Guide-2nd-edition.pdf
www.transstudent.org/
transcaresite.org/

Crisis Lines
www.translifeline.org/
www.thetrevorproject.org/

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