

PROVIDING *transgender and non-binary* CARE

AT PLANNED PARENTHOOD

A Best Practice Guide and Start-Up Action Kit

By Maureen Kelly, MATD

With the wisdom of experts and practitioners throughout the field.



Planned Parenthood
of the Southern Finger Lakes

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ABOUT PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES

After decades of advocacy, education, and providing LGBTQ welcoming and affirming care and programming in rural upstate New York, we conducted research in 2008 that helped us better understand emerging community needs related to access to health care and support services for transgender people. For many of us, understanding terminology, the critical and thoughtful use of pronouns, and the unique medical needs and discrimination faced by transgender people posed a learning curve that required training, practice, and resources.

In 2013, PPSFL launched our transgender hormone therapy program – *the first Planned Parenthood in New York State to do so!* - in one center with one clinician and we proudly cared for 28 amazing patients in that inaugural year.

As we come to the end of our fifth year of care, we are offering this service in four centers, with nine trained clinicians, we have added a grant funded Transgender Patient Navigator position, and we have proudly cared for more than 600 patients. This has been a remarkable time of learning, serving the underserved, building capacity, creating and sharing resources with sister affiliates, and internal and community collaborations. In our work, we confront the harsh reality that many transgender and non-binary people face extreme barriers to care, often surmount unreasonable hurdles, and once they arrive at a provider's office are too frequently subjected to bias, stigma, discrimination and uninformed, unprepared providers that can do far more harm than good. We have more work to do!

This packet of information comes from our own, and many others', process of learning and wanting to serve an important and too often underserved population with care and respect.

Your ideas, questions, suggestions, and stories of your successes and challenges are invited.

In this together,



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Acknowledgements

To the countless transgender and non-binary people, providers, advocates and organizations that I count as friends, co-conspirators, expert resources, and colleagues in this critical work, my thanks here is but a fraction of the gratitude and appreciation I have for you all.

For those that choose to trust Planned Parenthood and invite us into your life and share your stories with us and give us the privilege of caring for you - thank you. This work has improved tenfold because of your trust and feedback.

To my PPSFL colleagues. Your openness, compassion, drive for excellence, fierce dedication to our patients and eliminating barriers to care leaves me in awe daily. You are true champions with the hearts and expertise to make something exceptional come to life in our affiliate.

To Luca Maurer, without your wisdom, depth of intellect, ability to cite references with ease, and your never-ending encouragement, this work would not be what it has become. As a partner in crime, I can imagine no finer than you.

To the Rockefeller Foundation. Being selected as a Fellow and afforded the remarkable opportunity to take a month away from my desk and dedicate time and energy to synthesizing, writing, and creating this guide on a lakeside in Italy with some of the finest scholars and thinkers I could wish for was an experience of a lifetime.

To all of you thinking about beginning to provide this care, already doing it, imagining better ways and new ideas to improve the lives and health of transgender and non-binary people, we've got much to do and I'm so glad we're doing it together.

And finally, to my mom. Kathy Kelly, RN, who died far too young. But not before showing me why a life dedicated to removing barriers to care, cultivating an awareness of and attentiveness to people unjustly pushed to the margins, being a vocal advocate and doer, and always seeking more people from different places and lived experiences to better understand what we don't know - truly matters and makes us better, providers, teachers, and people. She was a trainer, a caregiver and a friend to many. We can all carry her forward.

Cheers, *Maureen*

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Introduction

Here is what we know. Planned Parenthood staff – our providers, frontline staff, outreach and education teams, activists, fundraisers and administrators – are some of the finest people to work alongside every day. We are people that want to do right. When we see a patient with a need, we want to remove barriers to care, provide exceptional, compassionate services, and relevant, accessible tools for that person to soar. Whether they have made it through a wild and difficult journey to arrive and check-in for their appointment or had the ease of supportive friends, partners and family to get them there, we see each patient as someone that deserves our presence, care, and services to meet their unique needs. The gift of Planned Parenthood in many people’s life is about being seen and heard – often, sadly for the first time – in a medical setting. We are people who see the critical importance of self-determination, bodily autonomy, and agency.

Here is what we also know. We know that transgender and non-binary people face extreme barriers to care, often surmount unreasonable hurdles, and once they arrive at a provider’s office are too frequently subjected to bias, stigma, discrimination and uninformed, unprepared providers that can do far more harm than good.

We know that one of the most significant medical risks LGBTQ people face is avoidance of routine health care (Bonvinci & Perlin, 2003). The 2015 U.S. Transgender Survey tells us about the pervasive mistreatment, violence, severe economic hardship, and instability that many transgender people experience. That same survey tells us of the harmful impact of stigma and discrimination on the health of transgender people. One-third of respondents that had seen a health care provider in the past year had at least one negative experience of harassment such as being verbally harassed or

refused treatment. Almost one-quarter of respondents reported avoiding care due to fear of being mistreated. We also know that when respondents' experiences are examined by race and ethnicity, the patterns of people of color experiencing deeper discrimination than white respondents are undeniable. And, nearly one in five Black transgender women are living with HIV.

What we know of these disparities and inequities is that they are not intrinsic to a transgender or non-binary identity; they are rather the outcomes of pervasive systematic oppression, discrimination, and bias. Being transgender isn't the problem, the people who levy stigma and judgement are.

What we know of these disparities and inequities is that they are not intrinsic to a transgender or non-binary identity; they are rather the outcomes of pervasive systematic oppressions, discrimination, and bias. Being transgender isn't the problem, the people who levy stigma and judgement are.

It is also critical to note that despite these immense and broad-based disparities and hardships faced by transgender people, there are also positive impacts of growing visibility and acceptance. More than half of the respondents to the 2015 U.S. Transgender Survey who were out to their family report they were supportive of them. And more than two-thirds of respondents who were out to their co-workers reported a supportive response and more than half of the student respondents found their classmates to be supportive.

Given who we are as Planned Parenthood – as providers and as a national movement – we are uniquely positioned to build new partnerships and create places where transgender and non-binary people find a medical home, affirming care, compassion, and unfettered access to a path of self-determination, bodily autonomy, and agency.

We serve the underserved. We build competence and awareness of the needs of people that are too commonly relegated to the margins. Our mission and values call us to this work. We are certainly not the first. Many private providers, LGBTQ health centers, and other community-based providers have been opening their doors and welcoming transgender and non-binary patients for decades. We have a debt of gratitude to our colleagues and partner organizations who have been the consistent, ready providers of care for LGBTQ people. They have created service models, training programs, and understanding of intersecting oppressions and their impact on health delivery and health disparities.

As many of our sibling affiliates across the country have also been on the forefront of this work, many more are exploring the possibilities, learning about the needs in their communities, and hearing from their transgender and non-binary patients as they tell them about their hopes and needs for better care and how Planned Parenthood is their provider of choice. 2016 research from Planned Parenthood of New York City tells us that although a majority of the transgender people in their sample did receive sexual and reproductive health screenings, they also reported barriers to accessing necessary medical care and avoidance or delay in seeking care. Respondents shared that the most influential factors that would encourage them to seek Planned Parenthood as a place they would receive care were: staff receiving transsensitivity training; having gender identity

nondiscrimination policies; and the availability of transgender-specific services, such as hormone therapy (Porsch, Dayananda & Dean, 2016).

We have many of the structures, protocols, the cadre of skilled and compassionate professionals and certainly the mission and vision in place to continue to increase access to care for a vulnerable, underserved population that deserves to be centered and affirmed and no longer pushed to the margins of health care. We can do this. This guide has been created with this hope in mind.

Citations

Bonvicini, Kathleen A. and Michael J Perlin. “The same but different: clinician-patient communication with gay and lesbian patients.” *Patient education and counseling* 51 2 (2003): 115-122.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

Porsch, Lauren, Dayananda, Ila, and Dean, Gillian. “An Exploratory Study of Transgender New Yorkers’ Use of Sexual Health Services and Interest in Receiving Services at Planned Parenthood of New York City.” *Transgender Health* Vol. 1.1 (2016): 231-237

In This Together

Some Planned Parenthood Context & Resources



In This Together is Planned Parenthood’s commitment to experience - the experience of our staff and the experience of every patient, client and stakeholder we aim to inspire, influence and impact. In This Together was created by Planned Parenthood and exclusively for Planned Parenthood. Led by the Planned Parenthood Experience (PPX) team, hundreds of affiliate and national office leaders and staff, with input from partners such as the human-centered design firm IDEO, the Cleveland Clinic, Perception Institute, and experts in abortion stigma, developed and launched In This Together in 2015. Since then, over 45 affiliates and the national office have begun to implement and socialize the four-part curriculum and training series which centers around a shared set of workplace values and service behaviors to continuously bolster employee engagement and patient/client experience across our federation.

Your affiliate’s In This Together work can be a useful foundational place to consider becoming a trans-inclusive and affirming affiliate. In This Together Workplace Values provide several opportunities to think about this mission-critical work.

Here are a few examples to share and discuss with your teams.

We Tend to the Team means we appreciate and respect each other. We recognize that we are a team — not simply a collection of individuals.

If we want to provide excellent care for patients, we have to start by taking excellent care of ourselves. Employees are people too.

We Respect and Honor All People means we are committed to a diverse and inclusive organization.

We must reflect the broad diversity of the communities we serve — as well as those we aspire to serve better. When different perspectives and experiences are encouraged in the workplace, we innovate more and are more prepared to meet the realities of our patients and clients. Each of us needs to feel respected, valued and included in order to bring our authentic selves to work and contribute our best. To do this, we need to acknowledge the biases and anxieties surrounding difference and practice ways to address and eliminate them.

While the focus of this manual is providing care to transgender and non-binary people within our health centers, it is critical to remember that we have staff members, volunteers, and individuals within our community partners that are transgender and non-binary. We also work with people who are partnered with or have friends and family members that are transgender and non-binary.

This means that our work to create inclusive, affirming, and welcoming environments related to the diversity of gender identities and expressions is not just about the clinical and patient experience, it's about our entire workplace culture. A few ways this work encourages us to further *tend to the team* and *respect and honor all people* are:

- When Human Resources is assessing affiliate health insurance options, we need to ask about coverage for transition related care and whether any exclusions exist related to these services. If insurance options have exclusions for transgender-related care, it is a best practice to seek other options for affiliate health plans. This also present an important advocacy and education opportunity.
- Make sure there are either single-stall or one-user restrooms for staff or that gendered restrooms are inclusively labeled. There are examples for updated and inclusive restroom signs in the appendix of this guide.
- Be sure your nondiscrimination statements specifically include protections for all gender identities and expressions. Simply using the acronym LGBT is not enough. It is important to specifically include the words 'gender identity and expression' in your nondiscrimination statement.

We Jump In means we collaborate and support each other to do what it takes to get it done in response to demand and fluctuations in workload.

We believe in a team-based approach to care. And while everyone has defined roles and responsibilities, it's the "scrappiness" and willingness to do what it takes to get things done that makes us stronger together.

This is where we can learn a lot and apply new skills related to thoughtful and action-based allyship and solidarity. (There is some excellent [reading](#) about what true solidarity looks like beyond a more performative “ally theatre” which is anemic and counterproductive related to true social movement work and change.)

A resource to know about is *Teaching for Diversity and Social Justice* edited by Maurianne Adams, Lee Anne Bell, and Pat Griffin, (Routledge; 4 edition, 2018). It has been a leading anthology for several decades covering a wide range of social oppressions from a social justice standpoint and provides useful resources and information about racism, religious oppression, classism, ableism, youth and elder oppression, as well as an integrative section dedicated to sexism, heterosexism, and transgender oppression.

The book provides specific tools and thinking about what being allied in struggle can look like when deployed thoughtfully and effectively. The following is adapted from their work on this idea:

“An ally is typically a member of an advantaged social group(s) who uses social power to take a stand against social injustice directed at oppressed groups (e.g., white people who speak out against racism, cisgender people who speak out against transphobia). An ally works to be an agent of social change rather than an agent of oppression.

An ally takes responsibility for learning about their history and the history and cultural experiences of oppressed groups. Allies fiercely advocate for the equal rights and protections of others. They are not only interested in understanding how institutionalized oppression and discrimination is codified, implemented, distributed, reinforced, and circulated; but are also radically engaged in eradicating these practices in society and culture. Allies are engaged listeners and respecters of human difference. They acknowledge the unearned privileges they receive as a result of their social status, and work to eliminate or change those unearned privileges into rights that oppressed members can also enjoy. Allies recognize that unlearning oppressive beliefs and action is a life-long process, not a single event, and they welcome each learning opportunity. They are risk takers-- willing to try new behaviors; and, are wholly committed to taking action, in spite of their own fears and resistance from other advantaged group members, to fight against social injustices in their sphere of influence. They are willing to make mistakes, learn from them, and try again. Lastly, allies understand the connection among all forms of social injustice and they work to speak out against social injustice in their daily lives.”

When considering how to cultivate allyship and solidarity in an affiliate, embodying our shared value of *we jump in* will be imperative. For staff who are not transgender, it is important for them to recognize the lasting and positive impact they can have on the workplace environment, culture, and policies when they jump in and become educated about these topics and speak up in support of our gender affirming services, our transgender and non-binary patients, co-workers, volunteers and community partners.

There is often a high demand on our time and work as Planned Parenthood staff members. When we prioritize and take a moment to reflect and use the social power we have to take a stand against social injustice directed at oppressed groups within our health centers, our staff and communities, the benefit is profound.

We Try and We Learn means we give our best effort and learn from our experience to do better.

Planned Parenthood strives to make life better for those we serve — and is committed to challenging convention when necessary to achieve that goal. That spirit of doing things differently is in our DNA. We're willing to try again and again and learn as we go. It's the experimentation mindset that helps us be better and serve better. Together.

For most affiliates that are providing gender affirming care or are considering it, approaching it as *we try and we learn* opportunity can be useful. One of the hopes for this guide, our listserv, and the information shared on the intranet is to help our colleagues learn alongside one another as we each approach new challenges and find effective solutions to those challenges together. Creating opportunities to pause, reflect and share lessons learned without shame or blame is a helpful way to exemplify *we try and we learn* as we work on improving our gender affirming care and services at the affiliate.

A real-life example of trying and learning is our toilet signs at PPSFL. Oh dear. They were so wonderful at the time (we thought). This was before there were about a million excellent options to peruse on the internet and even newer ideas about not using gender as a toilet designation at all, rather, tell the user what's inside! For example, if you wish a urinal, look! A picture of a urinal! Toilet, bam, a picture of toilet!

However, at the time we were looking for the best inclusive signs that we could find, we landed on an image that is half of each of the standard gendered stick figure pictures of people that adorn toilet signs, fused into one form that is half a stick figure in a dress and half a stick figure in pants. At the time this seemed perfect and our transgender advisory team and our staff loved them as it was a step in such an important direction! Success!

Well, these signs have proven to be a very concrete try and learn moment for us! The visual depiction of gendered halves fused as one are no longer what we would choose. Feedback we have received shares that the depiction of a fused half and half stick figure is not a welcoming representation for many as it misrepresents the core experience of many transgender people who are not half of one gender and half of another gender, they are their whole selves in the gender in which they live.

Simply enough, the current best practice is to indicate what toilet features are inside the room on the door – for example, icons of a toilet, a urinal, a changing table – rather than any gendered figures. The process and expense of replacing these signs has proven daunting and yet we are committed to doing this differently with our replacement signs!

We Care for Our Business means we value everyone's contribution to our financial well-being and sustainability. We foster a culture of compliance to conduct business in an ethical and legal manner.

Caring for our business allows us to better care for those we serve. We believe passionately in what we do and who we serve. Our ability to continue to care no matter what goes hand in hand with our success as a business.

One example of *caring for our business* is knowing how critical it is to bring our billing and finance teams along with us as we learn about and launch gender affirming care. There are several nuances to effectively billing for transgender care. We have a lot to learn from one another and those that have been providing this care for much longer. Our fabulous billing team at PPSFL has shared their tips about the technical aspects of billing as well as communicating with our patients, that information is shared later in this guide. Additionally, working with the development and fundraising teams at your affiliate is essential. Their important role might include:

- Educating and engaging key donors to share how gender affirming care is mission-critical and aligns with our workplace values.
- Launching a Transgender Health Fund to help offset costs not covered by insurance and to assist patients facing trying personal and financial circumstances.

We Return to Our Mission means we stay motivated and dedicated to providing the highest quality care to those we serve.

We are mission-driven employees, yes. But sometimes the challenges and stress of day-to-day operations can cloud our connection to that mission. We believe in prioritizing ways to re-connect with our inspiration, so we remain motivated by our mission and dedicated to the people we serve.

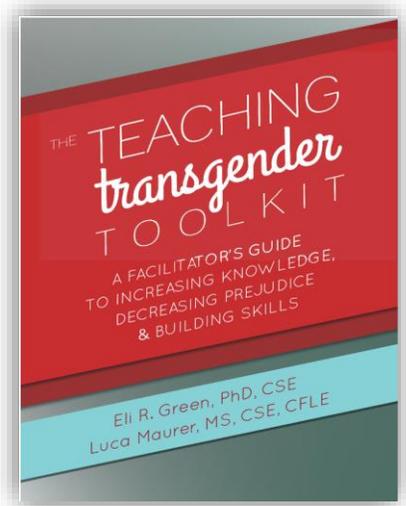
As was shared in the introduction, given who we are as Planned Parenthood – as providers and as a national movement – we are uniquely positioned to build new partnerships and create places where transgender and non-binary people find a medical home, affirming care, compassion, and unfettered access to a path of self-determination, bodily autonomy, and agency. Expanding our gender affirming care services nationwide is mission critical, values aligned, and collaborative work. We serve the underserved. We build competence and awareness of the needs of people that are too commonly relegated to the margins.

When this work becomes challenging, an effective way to *return to the mission* is to collect feedback from clients who have benefited from our services and share that broadly across the affiliate. Celebrating small and big wins will also help employees stay inspired and motivated as they launch or invigorate this important work.

Want to learn more PPX and the In This Together framework?

If you would like to learn more about PPX and share work you have done to make your PPX efforts more transgender inclusive please contact ppx@ppfa.org.

Navigating Transgender Terminology



The following Glossary of Transgender Terms is reprinted from the **Teaching Transgender Toolkit: A Facilitators Guide to Increasing Knowledge, Decreasing Prejudice & Building Skills**. The toolkit is a detailed collection of best practices, lesson plans and resources for professionals who wish to facilitate training about transgender people, identities and experiences.

Written by Dr. Eli R. Green and Luca Maurer, MS, and published by Planned Parenthood of the Southern Finger Lakes' LGBT Health and Wellness Program, Out for Health, it is the first of its kind and translates the authors' decades of experience leading transgender-related training and educational best practices into a guide to help trainers provide accurate and effective training on this important

topic.

Using a “create your own training” model the toolkit includes lessons that help build foundational knowledge about transgender people and reduce related prejudices across settings, as well as lessons that are geared toward specific practical and professional settings, including health care centers. Filled with activities, scenarios, handouts, and resources sheets the toolkit has proven essential to training colleagues across the country and the world. With particular attention to intersectional approaches and marginalized identities, the lessons are complemented by extensive foundational resources pertaining to transgender people's identities and experiences, detailed guidance for planning, facilitating, and navigating the nuances of teaching about transgender-related topics.

“Society is increasingly eager to learn about trans people. And while thousands of trans folks and allies have made themselves available to do really great training, we need even more people doing this real teaching. All of us would benefit from a systematic, organized, thorough and thoughtful book like this.”

– Mara Keisling, Executive Director, National Center for Transgender Equality

“The Teaching Transgender Toolkit does a skillful job with a difficult task – providing a nuanced discussion and avoiding the pitfalls of easy fixes and platitudes in a way that is still accessible and usable to a diverse array of audiences – from the seasoned advocate to those newer to these issues. It is an important resource for anyone educating about transgender people and issues.”

– Emily Gretyak, Ph.D, Director of Research, GLSEN

“The Teaching Transgender Toolkit is a first of its kind, much needed resource for any educator looking to help youth serving professionals, families, and communities be more trans sensitive

and inclusive. These empathy building and skills-based tools are a great way to help your audiences support transgender communities better.”

– Leslie M. Kantor, PhD, MPH, Vice President, Education, Planned Parenthood Federation of America

“This is a most impressive work! It is thorough, well-informed, thoughtful, current and expert. The authors not only give us rich background information about transgender lives and experiences, they also provide a Toolkit that allows us to train others, shift the culture and transform the world. Resources don’t get much better than this!”

– Marcia Quackenbush, MS, MFT, MCHES, Senior Editor and Health Education Specialist, ETR

“At last there is a comprehensive resource to inform, guide, and inspire educators, administrators, and other professionals in their efforts to be trans-inclusive and affirming. The Teaching Transgender Toolkit is a remarkable collection of lessons that will create positive and much needed change in the world. A copy should be in every school, medical office, social service agency, and home.”

– Al Vernacchio, M.S.Ed., Sexuality Educator, Author of For Goodness Sex: Changing the Way We Talk to Teens about Sexuality, Values, and Health.

Please visit **TeachingTransgender.com** for more information or to place an order.

Glossary of Transgender Terms

Transgender terminology can be challenging, even for the experts. Teaching it can add another level of complexity. There are many terms, and each has a complex history and meaning that has evolved over time. They will be defined differently by everyone you ask, and terms that some find offensive seem affirming to others. Our participants can often find the nuances and complexities (not to mention the sheer number of terms) can be confusing and overwhelming. At the same time, accurate terminology is also central to being culturally competent around transgender topics.

Since the moment this book was published, the language used within transgender communities has changed. Similarly, our own views on best and preferred terms have evolved—and will continue to do so well after this book is in your hands. All of these factors create a unique challenge for us as authors as we provide you with our preferred terms and rationales for using them. Generally speaking:

- Transgender terminology is complex and evolves relatively quickly (especially online).
- Commonly used words mean different things to different people.
- What is considered most affirming (or offensive) will vary by audience and location.

Accordingly, we are providing our own definitions and rationale for the terms that we use throughout this book. We have taken exceptional care to be strategic about the terms we have chosen and do our best to explain why we have done so. Consider this section a reference for you as a facilitator. Always check online at TeachingTransgender.com for the most updated Glossary of Transgender Terms.

Affirming:

The unequivocal support for an individual person's gender identity or expression, regardless of the biological sex they were assigned at birth; the systematic support to ensure that transgender people and communities are fully represented, included, valued and honored.

Affirming Pronouns:

Refers to the most respectful and accurate pronouns for a person, as defined by that person. This is also sometimes referred to as “preferred gender pronouns,” although this phrasing is increasingly outdated. To ascertain someone's affirming pronouns, ask: “What are your pronouns?”

Agender:

A person who does not identify as having a gender identity that can be categorized as man or woman, and sometimes indicates identifying as not having a gender identity.

AG/ Aggressive:

A term used to describe a person who prefers presenting as masculine. This term is most commonly used in urban communities of color.

Bigender:

A person who experiences gender identity as two genders at the same time, or whose gender identity may vary between two genders. These may be masculine and feminine, or could also include non- binary identities.

Butch:

A term used to describe a masculine person or gender expression.

Cisgender: (pronounced /sis-gender/):

An adjective to describe a person whose gender identity is congruent with (or “matches”) the biological sex they were assigned at birth. (Some people abbreviate this as “cis”).

Coming Out:

The process through which a transgender person acknowledges and explains their gender identity to themselves and others.

(Anti-Transgender) Discrimination:

Any of a broad range of actions taken to deny transgender people access to situations/places or to inflict harm upon transgender people. Examples of discrimination include: not hiring a transgender person, threatening a gender non-conforming person’s physical safety, denying a transgender person access to services, or reporting someone for using the “wrong” bathroom.

Gender Binary:

The idea that gender is strictly an either/or option of male/men/masculine or female/woman/feminine based on sex assigned at birth, rather than a continuum or spectrum of gender identities and expressions. The gender binary is often considered to be limiting and problematic for all people, and especially for those who do not fit neatly into the either/or categories.

Femme:

A term used to describe a feminine person or gender expression.

Femme Queen:

A term used to describe someone who is male bodied but identifies as and expresses feminine gender. Used primarily in urban communities, particularly in communities of color and ballroom communities.

Gender Conforming:

A person whose gender expression is perceived as being consistent with cultural norms expected for that gender. According to these norms, boys/men are or should be masculine, and girls/women are or should be feminine. Not all cisgender people are gender conforming and not all transgender people are gender non-conforming. (For example, a transgender woman may have a very feminine gender expression).

Gender Dysphoria (GD):

The formal diagnosis in the American Psychiatric Association’s *Diagnostic and Statistical Manual, Fifth Edition (DSM 5)*, used by psychologists and physicians to indicate that a person meets the diagnostic criteria to engage in *medical transition*. In other words, the medical

diagnosis for being transgender. Formerly known as *Gender Identity Disorder (GID)*. The inclusion of Gender Dysphoria as a diagnosis in the DSM 5 is controversial in transgender communities because it implies that being transgender is a mental illness rather than a valid identity. On the other hand, since a formal diagnosis is generally required in order to receive or provide treatment in the US, it does provide access to medical care for some people who would not ordinarily be eligible to receive it.

Gender Expression:

A person’s outward gender presentation, usually comprised of personal style, clothing, hairstyle, makeup, jewelry, vocal inflection and body language. Gender expression is typically categorized as masculine or feminine, less commonly as androgynous. All people express a gender. Gender expression can be congruent with a person’s gender identity, but it can also be incongruent if a person does not feel safe or supported or does not have the resources needed to engage in gender expression that authentically reflects their gender identity.

Genderfluid:

A person whose gender identity or expression shifts between masculine and feminine or falls somewhere along this spectrum.

Gender Identity:

A person’s deep-seated, internal sense of who they are as a gendered being—specifically, the gender with which they identify themselves. All people have a gender identity.

Gender Marker:

The marker (male or female) that appears on a person’s identity documents (e.g., birth certificate, driver’s license, passport, travel or work visas, green cards, etc.). The gender marker on a transgender person’s identity documents will be their sex assigned at birth until they undergo a legal and logistical process to change it, where possible.

Gender Neutral:

A term that describes something (sometimes a space, such as a bathroom; or an item, such as a piece of clothing) that is not segregated by sex/gender.

Gender Neutral Language:

Language that does not assume or confer gender. For example “person” instead of “man” or “woman.”

Gender Non-Conforming:

A person whose gender expression is perceived as being inconsistent with cultural norms expected for that gender. Specifically, boys/men are not masculine enough or are feminine, while girls/women are not feminine enough or are masculine. Not all transgender people are gender non-conforming, and not all gender non-conforming people identify as transgender. Cisgender people may also be gender non-conforming. Gender non-conformity is often inaccurately confused with sexual orientation.

Genderqueer:

A person whose gender identity is neither man or woman, is between or beyond genders, or is some combination of genders.

Intersex:

An umbrella term that describes a person born with sex characteristics (e.g. genetic, genital, sexual/ reproductive or hormonal configurations) that do not fit typical binary notions of male or female bodies. The term describes a wide range of natural variations in human bodies. Intersex is frequently confused with transgender, but the two are completely distinct and generally unconnected. A more familiar term, hermaphrodite, is considered outdated and offensive.

LGBTQ:

An acronym commonly used to refer to Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning individuals and communities. LGBTQ is often erroneously used as a synonym for “non- heterosexual,” which incorrectly implies that transgender is a *sexual orientation*.

Medical Transition:

A long-term series of medical interventions that utilizes hormonal treatments and/or surgical interventions to change a person’s body to be more congruent with their gender identity. Medical transition is the approved medical treatment for *Gender Dysphoria*.

Microaggressions:

Small, individual acts of hostility or derision toward transgender or gender non-conforming people, which can sometimes be unintentional. Examples of microaggressions include: use of non-affirming name or pronouns, derogatory language, asking inappropriate or offensive questions, and exhibiting looks that reveal distaste or confusion.

Non-Binary:

A continuum or spectrum of gender identities and expressions, often based on the rejection of the gender binary’s assumption that gender is strictly an either/or option of male/men/masculine or female/ woman/feminine based on sex assigned at birth. Words that people may use to express their non- binary gender identity include “agender,” “bigender,” “genderqueer,” “genderfluid,” and “pangender.”

Pangender:

A person who identifies as all genders.

(Anti-Transgender) Prejudice:

An individual’s negative attitudes, beliefs, or reactions to transgender people. Examples of anti-transgender prejudice include: believing that transgender people are mentally disturbed, being uncomfortable sharing space with a transgender person, or thinking that transgender people should not be allowed to use public bathrooms.

Pubertal Suppression:

A low-risk medical process that “pauses” the hormonal changes that activate puberty in young adolescents. The result is a purposeful delay of the development of secondary sex characteristics (e.g. breast growth, testicular enlargement, facial hair, body fat redistribution,

voice changes, etc.). Suppression allows more time to make decisions about hormonal interventions and can prevent the increased dysphoria that often accompanies puberty for transgender youth.

Questioning:

A person who is exploring or questioning their gender identity or expression. Some may later identify as *transgender* or *gender non-conforming*, while others may not. Can also refer to someone who is questioning or exploring their sexual orientation.

Same-Gender Loving A label sometimes used by members of the African-American/Black community to express an alternative sexual orientation without relying on terms and symbols of European descent. The term emerged in the early 1990's with the intention of offering Black women who love women and Black men who love men a voice, a way of identifying and being that resonated with the uniqueness of Black culture. (Sometimes abbreviated "SGL.")

Sex Assigned at Birth:

The determination of a person's sex based on the visual appearance of the genitals at birth. The sex someone is labeled at birth.

Sexual Orientation:

A person's feelings of attraction (emotional, psychological, physical, and/or sexual) towards other people. A person may be attracted to people of the same sex, to those of the opposite sex, to those of both sexes, or without reference to sex or gender. And some people do not experience primary sexual attraction, and may identify as asexual. Sexual orientation is about attraction to other people (external), while *gender identity* is a deep-seated sense of *self* (internal). All people have a sexual orientation that is separate from their biological sex, gender identity and gender expression.

Social Transition:

A transgender person's process of creating a life that is congruent with their gender identity, which often includes asking others to use a name, pronoun, or gender that is more congruent with their gender identity. It may also involve a person changing their gender expression to match their gender identity.

Trans:

This is sometimes used as an abbreviation for "transgender."

Transgender:

An adjective used to describe a person whose gender identity is incongruent with (or does not "match") the sex they were assigned at birth. "Transgender" serves an umbrella term to refer to the full range and diversity of identities within transgender communities because it is currently the most widely used and recognized term.

(Transgender) Ally:

A cisgender person who supports, affirms, is in solidarity with, or advocates for transgender people.

Transgender men and boys:

People who identify as male but were assigned female at birth. Also, sometimes referred to as transmen.

Transgender women and girls:

People who identify as female but were assigned male at birth. Also, sometimes referred to as trans women.

Transexual/Transsexual:

This is an older term that has been used to refer to a transgender person who has had hormonal or surgical interventions to change their bodies to be more aligned with their gender identity than the sex that they were assigned at birth. While still used as an identity label by some, “transgender” has generally become the preferred term.

Two Spirit:

A term used by Native and Indigenous Peoples to indicate that they embody both a masculine and a feminine spirit. It is sometimes also used to describe Native Peoples of diverse sexual orientations, and has nuanced meanings in various indigenous sub-cultures.

Avoiding Outdated & Offensive Terminology

The following is from GLAAD. For over 30 years, has been at the forefront of cultural change, accelerating acceptance for the LGBTQ community. GLAAD rewrites the script for LGBTQ acceptance. As a dynamic media force, GLAAD tackles tough issues to shape the narrative and provoke dialogue that leads to cultural change. GLAAD protects all that has been accomplished and creates a world where everyone can live the life they love.

[The GLAAD Media Reference Guide](#) is a gold standard for language, usage and best practices. This is especially useful for anyone in communications or preparing materials, talking points, or press releases about gender affirming care.

There are several terms that are generally considered outdated, offensive or derogatory when discussing people who are, or are perceived to be, transgender or non-binary. Usage and preferred terminology can vary by audience and community. This is not an exhaustive list.

From GLAAD.ORG:

PROBLEMATIC	BEST PRACTICE
<p>"transgenders," "a transgender" <i>Transgender</i> should be used as an adjective, not as a noun. Do not say, "Tony is a transgender," or "The parade included many transgenders."</p>	<p>"transgender people", "a transgender person" For example, "Tony is a transgender man," or "The parade included many transgender people."</p>
<p>"transgendered" The adjective <i>transgender</i> should never have an extraneous "-ed" tacked onto the end. An "-ed" suffix adds unnecessary length to the word and can cause tense confusion and grammatical errors. It also brings transgender into alignment with lesbian, gay, bisexual, and queer. You would not say that Elton John is "gayed" or Ellen DeGeneres is "lesbianed," therefore you would not say Chaz Bono is "transgendered."</p>	<p>"transgender"</p>

<p>"transgenderism"</p> <p>This is not a term commonly used by transgender people. This is a term used by anti-transgender activists to dehumanize transgender people and reduce who they are to "a condition."</p>	<p>"being transgender"</p> <p>Refer to <i>being transgender</i> instead, or refer to <i>the transgender community</i>. You can also refer to <i>the movement for transgender equality and acceptance</i>.</p>
<p>"sex change," "pre-operative," "post-operative"</p> <p>Referring to a "sex-change operation," or using terms such as "pre-operative" or "post-operative," inaccurately suggests that a person must have surgery in order to transition. Avoid overemphasizing surgery when discussing transgender people or the process of transition.</p>	<p>"transition"</p>
<p>"biologically male," "biologically female," "genetically male," "genetically female," "born a man," "born a woman"</p> <p>Problematic phrases like those above are reductive and overly-simplify a very complex subject. As mentioned above, a person's sex is determined by a number of factors - not simply genetics - and a person's biology does not "trump" a person's gender identity. Finally, people are born babies: they are not "born a man" or "born a woman."</p>	<p>"assigned male at birth," "assigned female at birth" or "designated male at birth," "designated female at birth"</p>
<p>"passing" and "stealth"</p> <p>While some transgender people may use these terms among themselves, it is not appropriate to repeat them in mainstream media unless it's in a direct quote. The terms refer to a transgender person's ability to go through daily life without others assuming that they are transgender. However, the terms themselves are problematic because "passing" implies "passing as something you're not,"</p>	<p>"visibly transgender," "not visibly transgender"</p>

<p>while "stealth" connotes deceit. When transgender people are living as their authentic selves, and are not perceived as transgender by others, that does not make them deceptive or misleading.</p>	
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Defamatory Language

Defamatory: "deceptive," "fooling," "pretending," "posing," "trap," or "masquerading"

Gender identity is an integral part of a person's identity. Do not characterize transgender people as "deceptive," as "fooling" or "trapping" others, or as "pretending" to be, "posing" or "masquerading" as a man or a woman. Such descriptions are inaccurate, defamatory and insulting. (See "passing" and "stealth" as problematic terms above.)

Defamatory: "tranny," "she-male," "he/she," "it," "shim"

These words dehumanize transgender people and should not be used in mainstream media. The criteria for using these derogatory terms should be the same as those applied to vulgar epithets used to target other groups: they should not be used except in a direct quote that reveals the bias of the person quoted. So that such words are not given credibility in the media, it is preferred that reporters say, "The person used a derogatory word for a transgender person." Please note that while some transgender people may use "tranny" to describe themselves, others find it extremely offensive.

Defamatory: "bathroom bill"

A term created and used by far-right extremists to oppose nondiscrimination laws that protect transgender people. The term is geared to incite fear and panic at the thought of encountering transgender people in public restrooms. Simply refer to the nondiscrimination law/ ordinance instead. For additional resources on how to fairly and accurately report on nondiscrimination laws and bathrooms, please see ["Debunking the 'Bathroom Bill' Myth – Accurate reporting on LGBT nondiscrimination: A guide for journalists."](#)

Transgender Names, Pronoun Usage & Descriptions

In 2015, The Washington Post updated its style guide to include the singular they to describe people who "identify as neither male nor female." It is increasingly common for people who have a non-binary gender identity to use they/them as their pronoun.

Always use a transgender person's chosen name.

Many transgender people are able to obtain a legal name change from a court. However, some transgender people cannot afford a legal name change or are not yet old enough to legally change their name. They should be afforded the same respect

for their chosen name as anyone else who uses a name other than their birth name (e.g., celebrities).

Use the pronoun that matches the person's authentic gender.

A person who identifies as a certain gender, whether or not that person has taken hormones or undergone surgery, should be referred to using the pronouns appropriate for that gender. If you are not certain which pronoun to use, ask the person, "What pronouns do you use?"

If it is not possible to ask a transgender person which pronoun they use, use the pronoun that is consistent with the person's appearance and gender expression or use the singular they.

For example, if a person wears a dress and uses the name Susan, feminine pronouns are usually appropriate. Or it is also acceptable to use the singular *they* to describe someone when you don't wish to assign a gender. For example: "Every individual should be able to express their gender in a way that is comfortable for them."

Some people use the singular *they* to reflect their non-binary gender identity.

In 2015, *The Washington Post* updated its style guide to include the singular *they* to describe people who "identify as neither male nor female." It is increasingly common for people who have a non-binary gender identity to use they/them as their pronoun. For example: "Jacob writes eloquently about their non-binary identity. They have also appeared frequently in the media to talk about their family's reaction to their gender expression."

Non-Binary Patients

There are increasing numbers of people coming out as non-binary and sharing the immense breadth of diverse experiences that can include. Of note, non-binary people made up over one-third of the 2015 U.S. Transgender Survey. The need for care that is inclusive of all identities in the transgender community is critical.

You will provide services to non-binary patients in your gender affirming care program. Being prepared, understanding what non-binary means and the wide array of lived experiences it can include will help you provide the best care possible. As with everything we do, we listen to our patients. We listen to them and affirm their names and pronouns, and the hopes they bring to their health care experience. For some people, learning about non-binary identities may be new, and luckily, there are resources available to provide training and education to be ready to provide exceptional care to our non-binary patients.

Non-binary people – people with gender identities other than man or woman – may bring some similar needs and some unique needs to their health care appointment. Some non-binary people also use transgender to describe their identity, others do not. Non-binary and transgender people experience stigma and discrimination when seeking health care. Providing welcoming and affirming care and treating each patient with dignity and respect is our commitment; learning about non-binary identities and lived experiences will help us do this even better.

The National LGBT Health Education Center guide, [Providing Affirmative Care for Patients with Non-binary Gender Identities](#), offers definitions, data, three case scenarios, and expert-informed practices, and suggestions for how any staff member within any health care organization can implement simple changes to improve the experiences of patients with non-binary gender identities.

An Intersectional Approach

This section on “Understanding Intersecting Identities & Oppressions” is reprinted with permission from [Teaching Transgender Toolkit: A Facilitators Guide to Increasing Knowledge, Decreasing Prejudice & Building Skills.](#)

All people have experiences of gender, orientation, race, ethnicity, class, religion, ability and age that are intersecting and complex. To truly contribute to social change, transgender education must pay particular attention to how intersecting identities and oppressions affect the lives of transgender people. Just as each cisgender person constitutes a unique constellation of experiences and background with differing degrees of societal privilege or ease, so each transgender person must navigate society through the lens of not only gender identity but also race, class, and other elements of identity that can combine in interesting and complicated ways.

This section provides some examples illustrating how multiple identities may uniquely affect transgender people. When facilitating any of the lessons in the Toolkit, it’s important to think about how participants can be equipped with a basic understanding of what oppression is, and how multiple oppressions may interact with transgender people’s experiences and access to public and private goods in the world. It is important for facilitators to think seriously about how these intersections can be highlighted during lessons and make a consistent effort to include corresponding themes.

ABLEISM: Prejudice against people who are perceived as physically, mentally, or intellectually atypical. Questions illustrating how being transgender intersects with ableism:

- Will medical providers doubt my gender identity because I have also been diagnosed with Bipolar Disorder?
- Once I find one of the few affirming medical and mental health providers in my area, how accessible is the public transportation I need to use to get to their office?
- Due to my chronic illness, will my body physically be able to handle hormonal or surgical interventions?
- As a transgender person with Down Syndrome, how will my intellectual abilities affect how people validate my gender identity?
- What are the American Sign Language signs for transgender-related terms, and will people understand them?

AGEISM & ADULTISM: Prejudice against older people, and prejudice against young people. Questions illustrating how being transgender intersects with ageism and adultism:

- Will people believe me because I am a child?
- Will malpractice laws prevent me from undergoing surgical interventions before I turn 18?

- If I am a minor in foster care, will my foster parents respect and affirm my identity?
- How will being older affect my capacity to transition medically?
- If I develop age-related dementia, how will the people in my life affirm my gender?
- Will I be able to find a long-term care facility that will respect and affirm my identity?

CITIZENSHIP: Rights and privileges afforded to being a documented citizen, or lack thereof if one is undocumented or not a citizen. Question illustrating how being transgender intersects with citizenship:

- Does my country of origin or country of immigration allow me to change my identity documents, (e.g. passport, driver's license)?
- As a genderqueer person, how will I navigate not being able to have identity documents that validate my gender identity?
- Can I return to my country of origin if I have medically transitioned?
- Is it illegal for me to be transgender in my country of origin? To visit certain countries?
- If I am undocumented, how will I have access to affirming identity documents?
- Do I have to delay social or medical transition in order to obtain citizenship?
- If I am detained for deportation due to lack of documentation, with which sex will I be housed and will I be safe from violence from peers and guards?
- What will the impact be of my not being able to change my name or gender markers once I have applied to become a US citizen?
- Since the US does not have legal protections for transgender people, will I be unable to seek or receive asylum from my own country based on persecution there due to my gender identity?

CLASSISM: Lack of access to social and economic power based on socioeconomic status. Question illustrating how being transgender intersects with class:

- Will I be able to use sexual and reproductive services (e.g., egg harvesting, freezing sperm, fertility)?
- Can my family afford pubertal suppression drugs?
- How will I pay for medical transition, if my insurance doesn't cover it?
- Can I afford to buy a gender-affirming wardrobe?
- Will my access to jobs be restricted because of my gender identity or expression?
- How will I be able to find the information I need online if I can't afford Internet access?

ETHNICITY & CULTURAL HERITAGE: One's ethnic and cultural backgrounds and experiences. Questions illustrating how being transgender intersects with ethnicity and cultural heritage:

- Does my cultural background acknowledge that transgender and genderqueer people exist?
- How will I respond to the lack of gender-neutral words and affirming terms in my native language?

- How will I navigate the traditional dress and roles of my culture?
- Is gender non-conformity forbidden by law or custom?

HETEROSEXISM: The assumption that all people are, or should be, heterosexual and that heterosexual people must be gender conforming (based on sex assigned at birth). Questions illustrating how being transgender intersects with heterosexism:

- Will people assume that, because I am transgender, I must be attracted to the opposite sex?
- Might my marriage or custody of my children be subjected to heightened scrutiny because I am a transgender person?
- If people know that I am a transgender woman, will my heterosexual male partner be subjected to gay bashing?

RACISM: Prejudice based on one's racial background or perceived racial background. Questions illustrating how being transgender intersects with race:

- How will being targeted by the police as a transgender or genderqueer person of color affect my safety?
- Since people of color are more likely to be targeted as potential shoplifters, will I be able to shop for affirming clothing without additional scrutiny or harassment?
- How will historical stereotypes of Native Americans influence how people perceive my gender identity?
- How will I be able to succeed in school, given that gender non-conforming students face high rates of bullying, and teachers are less likely to intervene on behalf of students of color?
- If I experience rejection from my family, friends or community because I am transgender, who will I turn to so that I can process and cope with the racism that I experience as a person of color?

RELIGION: One's faith, agnosticism or atheism. Questions illustrating how being transgender intersects with religion:

- Does my religion condemn transgender people? » Does my faith tradition require that men and women be separated during worship or life?
- Will I have to choose between affirming my gender and my faith?
- How will I handle my faith's requirements to cover my head (e.g. hijab, yarmulke, wigs, apostolnik) or sit in a certain part of a worship space?
- Does my religion prohibit me from modifying my body?
- Will I be allowed to be a faith leader? Will my faith leaders support me?
- Will I be allowed to participate in the traditions and rites of passage that are gendered?

SEXISM: The ways in which people are treated differently based on whether they are perceived as men or women. Questions illustrating how sexism intersects with being transgender:

- Will my income change after I medically transition because of the pay disparities between men and women?
- As a transgender man, how will I handle other men's sexist comments or treatment of women?
- As a transgender woman, will I experience heightened scrutiny about whether my fashion choices are considered to be "trying too hard" or "too sexual"?
- As a transgender woman, will people within the LGBTQ communities expect me to be "femme"? Will people invalidate my gender identity if I want to express masculinity?
- As a gay transgender man, will other gay men reject me because I don't have traditional male genitals?
- As a genderqueer person, how will other people's discomfort with my non-binary identity impact me?

These are not exhaustive lists, because the intersections between transgender identity and all other aspects of identity are incredibly complex and truly limitless. While in-depth discussions of these intersections may fall outside of the scope of a specific training (and are outside the scope of the Toolkit), it is a moral imperative to remind participants that these intersections exist and must be considered in order to understand all transgender people's experiences in the world. One strategy for doing so is to contextualize the information being presented.

For example, when discussing the high rates of bullying that transgender and gender non-conforming children face while in school, facilitators can include statements such as:

Based on what we know about intersecting oppressions, we know that our transgender students of color or low socioeconomic status will have even higher negative outcomes because they are also experiencing the negative impacts of racism and classism."

Or, when discussing how transgender people must navigate multiple barriers to coming out, the facilitator could say something like:

We know that transgender people face many barriers when it comes to employment. For some transgender people who were born in countries that do not allow them to change their identity documents, they may face additional obstacles. Potential employers will be alerted to their transgender status immediately, or perhaps not even understand that the person applying is the same person to whom the identity documents were issued."

Similarly, when covering how transgender or genderqueer people may have a difficult time accessing medical transition services they want and need, a facilitator can explain:

Being able to access transgender care is not simply about locating knowledgeable, affirming care providers and having the financial resources or health insurance coverage to do so. It also includes having the physical access to do so: for example, finding public transportation and healthcare offices that are designed so that entrances, exam rooms, and equipment are fully accessible to people who have physical disabilities. It also means having cultural and linguistic access to communicate with and understand care providers:

for instance, providers who are able to speak the languages of their patients, have interpreters available in other languages and American Sign Language, and have written materials available in multiple languages, and for patients with low English language literacy.”

It's important for facilitators to consider and incorporate these themes in all sessions, so that participants can understand the impact of multiple oppressions and how they affect transgender people's experiences.

Statistics, Data & Health Disparities: An Overview

Building an awareness of health disparities and an understanding of the breadth and frequency of health care stigma and discrimination that transgender people face will help to center the person – the patient – in our interactions and help us remain open and compassionate given the backdrop against which many transgender people experience this aspect of their life. Given the sheer volume or poor experiences that many transgender people share about seeking care it's important to understand that some patients will come into an appointment braced for a negative experience, skeptical of the process, or simply fearful of being treated disrespectfully one more time.

Knowing about the lived experience of transgender people as they try to access care, seek education or employment and simply go about their life can help us understand that many transgender people have surmounted incredible structural barriers and stigma before they walk in the door or make an appointment. Knowing this and remembering this can help bring empathy and kindness to our interactions.



As noted in the introduction to this guide, what we know of these disparities and inequities is that they are not intrinsic to a transgender or non-binary identity; they are rather the outcomes of pervasive systematic oppression, discrimination, and bias. Being transgender isn't the problem, the people who levy stigma and judgement are.

What we know is that disparities in health outcomes, health care access, and quality of care are well researched and documented phenomena. The following data is drawn from the 2015 U.S. Transgender Survey. You can find the [complete report here](#), the [executive summary here](#), and general information about all of the reports and information available via this important survey [here](#).

Here is what the team from the U.S. Transgender Survey has to say about their work:

The **2015 U.S. Transgender Survey (USTS)** is the largest survey ever devoted to the lives and experiences of transgender people, with 27,715 respondents across the United States. The USTS was conducted by the National Center for Transgender Equality in the summer of 2015, and the results provide a detailed look at the experiences of transgender people across a wide range of areas, such as education, employment, family life, health, housing, and interactions with police and prisons.

Purpose of the 2015 U.S. Transgender Survey

Research: The USTS provides much-needed information to help the public understand the lives and experiences of transgender people in the United

States and the disparities that many transgender people face. The USTS fills in some of the large gaps in research about transgender people, and it provides critical tools for researchers, policymakers, and advocates seeking to better understand the needs of transgender people and to find ways to improve their lives. The USTS also provides a benchmark that will help us learn how those experiences are changing over time. The 2015 USTS serves as a follow-up to the 2008-09 National Transgender Discrimination Survey (NTDS), and supplements the NTDS' groundbreaking findings with more current and comprehensive data.

Benchmark: Many questions in the USTS were modeled after questions used in federal surveys, allowing for comparisons between the USTS sample and the U.S. population as a whole. This was important for demonstrating the disparities faced by transgender people in the U.S. across a number of areas, such as in unemployment, poverty, and health. Additionally, we expect that the USTS will be conducted every five years, which will allow us to measure changes in the experiences of transgender people over time.

Education & Advocacy: The USTS is an important resource for use in public education and advocacy about transgender people, the patterns of discrimination many transgender people face, and the need for policy and social change to improve their lives.

Routine and Transition-Related Health Care and Coverage

Common barriers to care for transgender people include:

- Lack of insurance coverage
- Mistreatment by providers
- Provider's discomfort and lack of experience working with and treating transgender patients

What does this mean for transgender people seeking care? It means that the process of finding a provider, vetting them, considering if they have the skills to adequately care for them can be an exhausting and exhaustive process that far too often can lead to delays or avoidance of care. Even when the care sought is not transition-related care – a simple STD screening, UTI check, cancer screening – it can be daunting and too often include extra effort to access and unprepared providers providing inadequate services.

What we know:

- 25% of respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition.
 - Other negative actions or insurance policies impacting transgender people include: denial of coverage for transition-related gender affirming surgery, denied coverage for transition-related hormone therapy, no in-network

approved providers available, refusal to change medical records to include legal name and gender marker, and denial of routine care.

- 33% of respondents who had seen a health care provider in the past year reported having at least one negative experience related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.
- 23% did not see a doctor when they needed to because of fear of being mistreated.
- 78% reported wanting to access hormone therapy while only 49% had ever received it.

A significant impact of the stigma and discrimination transgender people face in health care is that nearly one third (31%) of respondents reported that none of their health care providers knew they were transgender. One of the reasons that leads some transgender people to avoid disclosure of their gender identity is that 15% that had seen a provider in the last year were asked invasive and unnecessary questions not related to the reason for their visit.

When assessing accessibility of care, the survey found that while many received care within 10 miles of their home, respondents were three times more likely to have to travel more than 50 miles for transgender-related care than for routine care.

Access to Hormone Therapy

Seventy-eight percent (78%) of those surveyed wanted to receive hormone therapy at some point in their life while only 49% have ever received it. Ninety-two percent (92%) of those who have ever received hormone therapy were still receiving it – that is 44% of all respondents. Transgender men and women were more likely (71%) to have ever had hormone therapy than non-binary respondents (13%).

Income is one of the largest determinants of access to hormone therapy. Those reporting no individual income (31%) to earning \$1 to \$9,999 (37%) were about half as likely to have received hormone therapy as those earning \$25,000 or more.

Of those who had ever had hormone therapy, 4% started before the age of 18, 41% began between 18 and 24, 43% began between 25 and 44, and 13% began after 45.

A majority received hormone medications only from licensed providers, 6% received them from both licensed providers and friend, and 2% received them only from friends, online, or other non-licensed sources. Uninsured respondents were five times more likely to receive their hormones from unlicensed sources. Those currently working in the underground economy (such as sex work, drug sales, or other work that is currently criminalized) (8%), those who have ever done sex work in their lifetime (5%), or who were living in poverty (4%), were more likely to receive their hormones from unlicensed sources, as were transgender women (4%).



“There is a well-documented link between experiences of discrimination and marginalization and poor physical and mental health outcomes. Populations that face widespread stigma and discrimination are more likely to report poor overall health and are more vulnerable to a variety of physical and mental conditions. Previous research has described substantial health disparities affecting transgender people and the impact that experiences of discrimination, rejection, and violence have on these disparities.”

There is substantially more information about suicidal thoughts and behaviors, substance abuse, alcohol consumption, tobacco use, e-cigarette and vaping products, marijuana use, illicit drugs, nonmedical prescription drug use, and HIV testing and care in the complete report, [found here](#).

The Impact of Stigma: Research Highlights and Guidance for Better Care

The following are brief highlights of key research that may be useful as you learn, train, provide, and advocate for transgender care at your affiliate. Each title links out to the articles highlighted. This is by no means an exhaustive list, should you find additional research that is particularly useful please consider sharing it to pptwg@ppfa.org and lgbt@ppsfl.org.

Opening the Door to Transgender Care

“A major part of the poor experience of trans patients may stem from the fact that health practitioners feel that they lack the necessary skills to provide care for this population. A health professional’s sense of competence can be severely challenged when they see patients whose identities are unfamiliar. Education about differences in sexual orientation and gender identity has generally been missing in medical and related training. A recent survey of medical education school deans found little to no coverage of LGBT health in their curricula.”

‘Uncomfortable and disrespectful interactions with office staff are just as effective in driving away patients as poor treatment by a health care professional. The care experience extends beyond the front desk to every individual the patient encounters. To begin to address this needed shift, the New York City Health and Hospitals Corporation released a video, searchable online, entitled [“To Treat Me, You Have to Know Who I Am.”](#) This simple and poignant video captures patients whose health care experience and health is impacted by their sexual orientation and/or gender identity as they identify themselves in care.”

Callahan, E. J. (2015). Opening the Door to Transgender Care. *Journal of General Internal Medicine*, 30(6), 706–707. <http://doi.org/10.1007/s11606-015-3255-0>

Electronic Health Records and Transgender Patients—Practical Recommendations for the Collection of Gender Identity Data

“Transgender persons may have a gender identity and a name that differ from those assigned at birth, and/or those listed on their current legal identification. Transgender people who are referred to in a clinical setting using the wrong pronoun or name may suffer distress, ridicule or even assault by others in the waiting area, and may not return for further care. Furthermore, failure to accurately document (and therefore count) transgender identities has negative implications on quality improvement and research efforts, funding priorities and policy activities. The recent announcement that gender identity data may be included in Meaningful Use Stage 3 has accelerated the need for guidance for both vendors and local implementation teams on how to best record and store these data. A recent study demonstrated wide variation in current practices. This manuscript provides a description of identifiers associated with gender identity, and makes practical and evidence based recommendations for implementation and front-end functionality.”

“Improved, standardized and disseminated best practices for collecting, storing and displaying gender identity data will have a wide range of positive effects on patient satisfaction and quality of care, research, funding allocations and policy. Institutional will to undertake the infrastructure and training measures needed to realize these best practices is essential for success.”

Deutsch, M.B. & Buchholz, D. J (2015). Electronic Health Records and Transgender Patients—Practical Recommendations for the Collection of Gender Identity Data. *Journal of General Internal Medicine*, 30(6), 843-847. <https://doi.org/10.1007/s11606-014-3148-7>

Cervical Cancer Screening for Patients on the Female-to-Male* Spectrum: a Narrative Review and Guide for Clinicians

**Please note, we do not recommend the use of “female-to-male” as a term to describe trans masculine people.*

“Guidelines for cervical cancer screening have evolved rapidly over the last several years, with a trend toward longer intervals between screenings and an increasing number of screening options, such as Pap/HPV co-testing and HPV testing as a primary screening. However, gynecological recommendations often do not include clinical considerations specific to patients on the female-to-male (FTM) spectrum. Both patients and providers may not accurately assess risk for HPV and other sexually transmitted infections, understand barriers to care, or be aware of recommendations for cervical cancer screening and other appropriate sexual and reproductive health services for this patient population. We review the evidence and provide guidance on minimizing emotional discomfort before, during, and after a pelvic exam, minimizing physical discomfort during the exam, and making adaptations to account for testosterone-induced anatomical changes common among FTM patients.”

“Given the inherent power dynamics between health care providers and patients, any encounter in which the locus of control is successfully shared provides an opportunity to develop resilience. Pre-existing trauma and discomfort induced when revealing natal genitalia discordant with gender identity may render the pelvic examination particularly challenging for FTM patients. Providers should therefore be attuned to the patient’s needs, communicate respectfully, and ensure that each individual’s sense of dignity, agency, and control is maintained.”

Of note, the article provides several specific strategies to facilitate pelvic examination and optimize cervical cancer screening for transgender patients including strategies for:

- Before the visit
- On arrival at the office
- Patient-provider communication before the exam
- Patient-provider communication during the exam
- Patient-provider communication after the exam

Potter, J., Peitzmeier, S. M., Bernstein, I., Reisner, S. L., Alizaga, N. M., Agénor, M., & Pardee, D. J. (2015). Cervical Cancer Screening for Patients on the Female-to-Male Spectrum: A Narrative Review and Guide for Clinicians. *Journal of General Internal Medicine*, 30(12), 1857–1864. <http://doi.org/10.1007/s11606-015-3462-8>

Trans* Individuals' Experiences of Gendered Language with Health Care Providers: Recommendations for Practitioners

“The present study was designed to allow trans* individuals’ the agency to tell their own experiences and to discover the ways in which patient/provider communication could be improved to improve the health care trans* individuals receive. Throughout this research, the experiences of trans* individuals with their medical service providers, specifically their experiences with gendered language, was considered. In this study gendered language will focus on and refer to any type of language (i.e. words, phrases, verbal interactions, body language) that directly refers to gender, carries gender-related connotations, or creates gender dynamics. The research focuses on negative, positive, neutral, and affirming experiences with medical providers by the trans* individuals interviewed. The trans* individuals interviewed in this study provide comments, themes, experiences, and their own recommendations that can be used to improve the quality of care received by trans* individuals. Ultimately, this research seeks to provide recommendations for care that pose the possibility of directly impacting trans* health.”

“Having positive and affirming experiences with medical providers can improve the lives of trans*-identified individuals by improving the health care they receive. Changes need to be made by health care providers and their offices to make them more inclusive, affirming, and respectful of trans* identities. We use the narrative provided by trans* experience centered on gendered language to create a list of recommendations to improve health care for trans* individuals by specifically examining the use of gendered language.”

Of note, the article provides recommendations related to:

- Medical forms and office environment
- Interpersonal Communication
- Whole person care

Hagen, D.B. & Galupo, M.P. (2014). Trans* Individuals' Experiences of Gendered Language with Health Care Providers: Recommendations for Practitioners. *International Journal of Transgenderism*, 15:1, 16-34. <https://doi.org/10.1080/15532739.2014.890560>

A note on the use of the asterisk with trans*

We do not recommend the use of trans*. Rather, we recommend using the complete word, *transgender*, most often and the shortened term, *trans*, for more informal use. For many people *transgender* is already used as an effective umbrella term. Some it felt like the asterisk was demoting their identity to a footnote. For some there was a concern that transgender was not inclusive of non-binary people. Some have described the trans-misogyny of the use of the asterisk. To read more of community commentary and thoughts on trans* please

refer to [Trans Student Education Resources \(TSER\)](#) and [Julia Serano's blog](#). Additionally, although Planned Parenthood is well known for its acronyms we do not recommend using the acronym TG when referring to people or patients; this is only appropriate for clinical notes.

Prevalence of pregnancy involvement among Canadian transgender youth and its relation to mental health, sexual health, and gender identity

“While little research has been conducted into the reproductive experiences of transgender people, available evidence suggests that like cisgender people, most transgender people endorse a desire for these experiences. This study explores the pregnancy experiences and related health factors among transgender and gender diverse 14 to 25 year olds using a national Canadian sample ($N = 923$). Results indicated that 26 (5%) transgender youth reported a pregnancy experience in the past and the prevalence among 14- to 18-year-olds was comparable to population-based estimates using the same question in the British Columbia Adolescent Health Survey. Transgender youth with a history of pregnancy involvement reported a diverse range of gender identities, and this group did not differ from the remainder of the sample on general mental health, social supports, and living in felt gender. This group did report over six times greater likelihood of having been diagnosed with a sexually transmitted infection by a doctor (19%), but they did not differ in reported contraception use during last sexual intercourse. These findings suggest that pregnancy involvement is an issue that should not be overlooked by health professionals working with transgender youth and that this group has particular sexual health needs.”

Veale, J., Watson, R.J., Adjei, J., & Saewyc, E. (2016). Prevalence of pregnancy involvement among Canadian transgender youth and its relation to mental health, sexual health, and gender identity, *International Journal of Transgenderism*, 17:3-4, 107-113. <https://doi.org/10.1080/15532739.2016.1216345>

Emotional, behavioral, and cognitive reactions to microaggressions: Transgender perspectives

“In recent years, there has been an increasing amount of literature focusing on microaggressions, or subtle forms of discrimination, toward people of color; women; people with disabilities; and lesbian, gay, and bisexual (LGB) people. Despite this, there is a dearth of literature that describes the types of microaggressions experienced by transgender people as well as the ways that transgender people cope with, or react to, microaggressions. The current qualitative study ($N = 9$) used a directed content analysis to examine transgender people's psychological processes and coping mechanisms when gender identity microaggressions occur in their lives. Participants' perspectives are categorized into 3 major domains: emotional reactions, behavioral reactions, and cognitive reactions. Psychological implications for research and clinical practice are discussed.”

Nadal, K. L., Davidoff, K. C., Davis, L. S., & Wong, Y. (2014). Emotional, behavioral, and cognitive reactions to microaggressions: Transgender perspectives. *Psychology of Sexual Orientation and Gender Diversity*, 1(1), 72-81. <http://dx.doi.org/10.1037/sgd0000011>

Standards of Care & Key Professional Resources

There are several important organizations to know about and learn from as we take on transgender affirming care within Planned Parenthood health centers. It is critical to be familiar with these organizations, the WPATH Standards of Care, and the many resources available to you. We are not the first providers of this care and we have much to learn. There is great benefit in seeking the resources and guidelines provided by other leaders, colleagues, and longtime providers of this care.



The World Association of Transgender Health (WPATH)

wpath.org

The World Professional Association for Transgender Health (WPATH), formerly known as the (Harry Benjamin International Gender Dysphoria Association (HBIGDA), is a 501(c)(3) non-profit, interdisciplinary professional and educational organization devoted to transgender health.

Mission: To promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health.

Vision: We envision a world wherein people of all gender identities and gender expressions have access to evidence-based healthcare, social services, justice and equality.

Goals and Tasks

As an international interdisciplinary, professional organization, the World Professional Association for Transgender Health (WPATH) will work to further the understanding and treatment of gender dysphoria by professionals in medicine, psychology, law, social work, counseling, psychotherapy, family studies, sociology, anthropology, sexology, speech and voice therapy, and other related fields.

WPATH provides opportunities for professionals from various sub-specialties to communicate with each other in the context of research and treatment of gender dysphoria including sponsoring biennial scientific symposia.

WPATH publishes the Standards of Care and Ethical Guidelines, which articulate a

professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria and help professionals understand the parameters within which they may offer assistance to those with these conditions.

WPATH Standards of Care

Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People

7th Version

wpath.org/publications/soc

“One of the main functions of WPATH is to promote the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. The SOC are based on the best available science and expert professional consensus.”



**NATIONAL LGBT HEALTH
EDUCATION CENTER**

A PROGRAM OF THE FENWAY INSTITUTE

The National LGBT Health Education Center

A Program of The Fenway Institute

www.lgbthealtheducation.org

The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of [The Fenway Institute](#), the research, training, and health policy division of [Fenway Health](#), a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.

The education resources available on their comprehensive website include:

- Webinars and video training
- Publications
- Learning modules
- Resources and suggested reading
- CME, CEU and HEI credits

You can easily navigate this website via a main transgender section or follow these links:
[Learning Modules](#)

[On demand webinars](#) - you will need to log in to access this content, but it is free and once you do you can download all the resources and power points.

[Transgender Health Resources](#)

This section includes webinars, learning modules, resource lists and their TransTalks Series *which is* an online training series on the health care needs of the transgender community for medical professionals. This series features presentations given by nationally-recognized experts at Fenway's annual *Advancing Excellence in Transgender Health Conference* and covers topics critical to the foundation of quality care for the transgender community, and will provide free continuing education credits for medical professionals.



Center for Excellence for Transgender Health at UCSF
transhealth.ucsf.edu
transhealth@ucsf.edu

The Center of Excellence for Transgender Health (CoE) combines the unique strengths and resources of a nationally renowned training and capacity-building institution, the [Pacific AIDS Education and Training Center](#) (PAETC), and an internationally recognized leader in HIV prevention research, the [Center for AIDS Prevention Studies](#) (CAPS), both of which are housed at the [University of California San Francisco](#).

The ultimate CoE goal is to improve the overall health and well-being of transgender individuals by developing and implementing programs in response to community-identified needs. We include community perspectives by actively engaging a [national advisory body](#) (NAB) of 14 transgender identified leaders from throughout the country. The collective experience of our diverse and talented NAB assures that our programs address issues that are timely and relevant to the community.

The mission of the Center of Excellence for Transgender Health is to increase access to comprehensive, effective, and affirming health care services for trans communities.

The resources available on their comprehensive website include:

- The thorough and essential **Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People**, which includes:
 - Introduction to the guidelines
 - Contributors
 - Grading of evidence
 - Terminology and definitions
 - Creating a safe and welcoming clinic environment
 - Transgender patients and the physical examination
 - Overview of gender affirming treatments and procedures
 - Initiating hormone therapy
 - Overview of feminizing hormone therapy
 - Overview of masculinizing hormone therapy
 - Pelvic pain and persistent menses in transgender men
 - Approach to genderqueer, gender non-conforming, and gender nonbinary people
 - Cardiovascular disease
 - Diabetes mellitus
 - Bone health and osteoporosis
 - Transgender health and HIV
 - Transgender health and hepatitis C
 - Transgender people and sexually transmitted infections (STIs)
 - Testicular and scrotal pain and related complaints
 - Free silicone and other filler use
 - Fertility options for transgender persons
 - General approach to cancer screening in transgender people
 - Screening for breast cancer in transgender women
 - Prostate and testicular cancer considerations in transgender women
 - Breast cancer screening in transgender men
 - Screening for cervical cancer in transgender men
 - Ovarian and endometrial cancer considerations in transgender men
 - Mental health considerations with transgender and gender nonconforming clients
 - Postoperative care and common issues after masculinizing chest surgery
 - Perioperative and postoperative care for feminizing augmentation mammoplasty
 - Vaginoplasty procedures, complications and aftercare
 - Phalloplasty and metaoidioplasty - overview and postoperative considerations
 - Hysterectomy
 - Binding, packing, and tucking
 - Hair removal
 - Transgender voice and communication - vocal health and considerations
 - Health insurance coverage issues for transgender people in the United States
 - Legal and identity documents
 - Sex segregated systems

- Homeless transgender individuals
- Health considerations for gender non-conforming children and transgender adolescents
- Programs and Services: working to improve transgender health
- Learning Center: access to current guidelines, articles, and online learning

Of note in the Learning Center, is a subsection with **Trans Health Fact Sheets** that includes fertility and sexual health materials. These brochures were developed with the California Family Health Council, and are available in English and Spanish.

- [Fertility and You](#)
- [La fertilidad y usted](#)
- [Sexual Health for Transwomen](#)
- [Salud sexual para mujeres transgénero](#)
- [Sexual Health for Transmen](#)
- [Salud sexual para hombres transgénero](#)

Planned Parenthood Transgender Working Group

Providers of Transgender Care Workgroup

We have a listserv and resources on the intranet to help support you in your work. The listserv operates as a Q&A forum, a place to share best practices and resources, as well as a place to connect with colleagues.

If you or your affiliate colleagues wish to join the listserv, please ask them to email medicalservices@ppfa.org.

Additionally, Medical Services has an intranet page for members of the listserv, Providers of Transgender Care. The page houses:

- A Discussion Board where members may post questions and comments related to transgender health care
- A Resources page to house related resources shared on the listserv.

Organizational & Association Statements on Transgender Care

The American Academy of Pediatrics

Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents

Adopted September 2018

As a traditionally underserved population that faces numerous health disparities, youth who identify as transgender and gender diverse (TGD) and their families are increasingly presenting to pediatric providers for education, care, and referrals. The need for more formal training, standardized treatment, and research on safety and medical outcomes often leaves providers feeling ill equipped to support and care for patients that identify as TGD and families. In this policy statement, we review relevant concepts and challenges and provide suggestions for pediatric providers that are focused on promoting the health and positive development of youth that identify as TGD while eliminating discrimination and stigma.

American Academy of Physician Assistants

Guidelines for Ethical Conduct for the Physical Assistant

Physician assistants should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

The American College of Obstetricians and Gynecologists (ACOG)

Code of Professional Ethics

The patient-physician relationship: The welfare of the patient (beneficence) is central to all considerations in the patient-physician relationship. Included in this relationship is the obligation of physicians to respect the rights of patients, colleagues, and other health professionals. The respect for the right of individual patients to make their own choices about their health care (autonomy) is fundamental. The principle of justice requires strict avoidance of discrimination on the basis of race, color, religion, national origin, sexual orientation, perceived gender, and any basis that would constitute illegal discrimination (justice).

ACOG Committee Opinion: Number 512, December 2011

Health Care for Transgender Individuals

Transgender individuals face harassment, discrimination, and rejection within our society. Lack of awareness, knowledge, and sensitivity in health care communities eventually leads to inadequate access to, underutilization of, and disparities within the health care system for this population. Although the care for these patients is often

managed by a specialty team, obstetrician–gynecologists should be prepared to assist or refer transgender individuals with routine treatment and screening as well as hormonal and surgical therapies. The American College of Obstetricians and Gynecologists opposes discrimination on the basis of gender identity and urges public and private health insurance plans to cover the treatment of gender identity disorder.

The American Medical Association

The American Medical Association (AMA) supports the equal rights, privileges and freedom of all individuals and opposes discrimination based on sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age.

Sexual orientation and gender identity are integral aspects of the AMA communities and AMA policies on LGBTQ issues that work to inform individuals about LGBTQ discrimination and abuse. AMA’s policies for lesbian, gay, bisexual and transgender people’s rights represent a multiplicity of identities and issues.

Access to Basic Human Services for Transgender Individuals H-65.964

Our AMA: (1) opposes policies preventing transgender individuals from accessing basic human services and public facilities in line with one’s gender identity, including, but not limited to, the use of restrooms; and (2) will advocate for the creation of policies that promote social equality and safe access to basic human services and public facilities for transgender individuals according to one’s gender identity.

The American Psychological Association

Transgender, Gender Identity, & Gender Expression Non-Discrimination

Adopted by the American Psychological Association Council of Representatives August 2008.

The APA Lesbian, Gay, Bisexual and Transgender Concerns Office

The mission of the Lesbian, Gay, Bisexual and Transgender Concerns Office is to advance psychology as a means of improving the health and well-being of lesbian, gay, bisexual and transgender people, as a means of increasing understanding of gender identity and sexual orientation as aspects of human diversity, and as a means of reducing stigma, prejudice, discrimination and violence toward LGBT people.

The American Public Health Association

Promoting Transgender and Gender Minority Health through Inclusive Policies and Practices

November 2016

Policies and practices that exclude transgender and gender-nonconforming people have a negative impact on gender minority health by permitting discrimination and

reinforcing stigma. APHA advocates for the adoption and application of inclusive policies and practices that recognize and address the needs of people and communities identifying as transgender or gender nonconforming. Inclusive policies and practices are those that recognize transgender and gender-nonconforming identities as valid and deserving of equal consideration and treatment. Inclusive policies and practices are critical to reduce health inequities experienced by transgender and gender-nonconforming people. Transgender is an umbrella term that refers to individuals who do not conform to binary gender norms that correspond with their assigned sex at birth. This term includes a wide spectrum of individuals, including but not limited to people whose gender identity differs from the gender typically associated with the sex they were assigned at birth, those who embrace gender fluidity, and those who do not identify as either men or women. The term gender nonconforming is also used in this policy statement to describe those with non-binary gender identities. Although transgender and gender-nonconforming people may experience similar gender-related bias and discrimination, they are diverse in terms of factors such as age, race, ethnicity, ability, income, sexual orientation, socioeconomic status, and immigration status. APHA urges Congress, state legislatures, and other public and private entities to ensure that policies and practices across all sectors are explicitly inclusive of transgender and gender-nonconforming people.

The Endocrine Society

An Endocrine Society Position Statement: Transgender Health

September 2017

Over the last few decades, there has been a rapid expansion in the understanding of gender identity along with the implications for the care of transgender and gender incongruent individuals. In parallel with the greater societal awareness of transgender individuals, evidence-based and data-driven protocols have increased. While there continue to be gaps in knowledge about the optimal care for transgender individuals, the framework for providing care is increasingly well-established as is the recognition of needed policy changes.

Non-Discrimination Policies: Rationale and Samples

One important and concrete way you can clearly send a message to patients and staff alike is to have a well written, inclusive, prominently posted and shared non-discrimination policy. These are policies that help an organization tell the story of how they go about their work, who they see and know exists in their patient mix and staff, and how they will create optimal care and working environments for them. These can often serve as daily guides to help keep this important work in the front of mind for all.

If your non-discrimination policy does not yet include gender identity and expression this is a very simple and impactful change you can make – and of course, if you are adding them into your statement that’s a good start and, you must also commit to the accompanying work to make this a reality with training, support, monitoring, and consequences when violated.

Some tips:

- Patient and employee non-discrimination policies should include the words “sexual orientation,” “gender identity,” and “gender expression.”
 - Sexual orientation, gender identity, and gender expression are all different things that require specifically stating.
 - Using the words *identity and expression* related to gender is critical as one’s identity label(s) *and* the way in which it manifests itself in an outward expression are different things.
- Must be visibly displayed.
- Must be known to all.
- Must be a clearly stated and shared part of new employee and volunteer orientation.
- Must have clearly described consequences if violated.



Sample Policy Language

- We do not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, gender identity, gender expression, or disability.
- We do not engage in discrimination against, or harassment of, any person employed or seeking employment or patient care on the basis of race, color, national origin, religion, sex, gender identity, gender expression, disability, age, sexual orientation, or citizenship. Non-discrimination information is available in an alternate form of communication to meet the needs of people with sensory impairments.
- We provide equitable health care without discrimination against, or harassment of, any person on the basis of race, color, national origin, language, religion, sex, age, disability, citizenship, marital status, creed, sexual orientation, gender expression or gender identity. Your gender will be respected, and you will be referred to by your chosen name and pronoun.

Informed Consent

World Professional Association of Transgender Health (WPATH)

Standards of Care, 7th Version

wpath.org

Informed consent feminizing/masculinizing hormone therapy may lead to irreversible physical changes. Thus, hormone therapy should be provided only to those who are legally able to provide informed consent. This includes people who have been declared by a court to be emancipated minors, incarcerated people, and cognitively impaired people who are considered competent to participate in their medical decisions (see also Bockting et al., 2006). Providers should document in the medical record that comprehensive information has been provided and understood about all relevant aspects of the hormone therapy, including both possible benefits and risks and the impact on reproductive capacity.

Relationship between the Standards of Care and Informed Consent Model Protocols

A number of community health centers in the United States have developed protocols for providing hormone therapy based on an approach that has become known as the Informed Consent Model (Callen Lorde Community Health Center, 2000, 2011; Fenway Community Health Transgender Health Program, 2007; Tom Waddell Health Center, 2006). These protocols are consistent with the guidelines presented in the WPATH Standards of Care, Version 7.

The SOC are flexible clinical guidelines; they allow for tailoring of interventions to the needs of the individual receiving services and for tailoring of protocols to the approach and setting in which these services are provided (Ehrbar & Gorton, 2010). Obtaining informed consent for hormone therapy is an important task of providers to ensure that patients understand the psychological and physical benefits and risks of hormone therapy, as well as its psychosocial implications. Providers prescribing the hormones or health professionals recommending the hormones should have the knowledge and experience to assess gender dysphoria. They should inform individuals of the particular benefits, limitations, and risks of hormones, given the patient's age, previous experience with hormones, and concurrent physical or mental health concerns. Screening for and addressing acute or current mental health concerns is an important part of the informed consent process. This may be done by a mental health professional or by an appropriately trained prescribing provider (see section VII of the SOC).

The same provider or another appropriately trained member of the health care team (e.g., a nurse) can address the psychosocial implications of taking hormones when necessary (e.g., the impact of masculinization/feminization on how one is perceived and its potential impact on relationships with family, friends, and coworkers). If indicated, these providers will make referrals for psychotherapy and for the assessment and treatment of co-existing mental health concerns such as anxiety or depression.

The difference between the Informed Consent Model and SOC, Version 7 is that the SOC puts greater emphasis on the important role that mental health professionals can play in alleviating gender dysphoria and facilitating changes in gender role and psychosocial

adjustment. This may include a comprehensive mental health assessment and psychotherapy, when indicated. In the Informed Consent Model, the focus is on obtaining informed consent as the threshold for the initiation of hormone therapy in a multidisciplinary, harm-reduction environment. Less emphasis is placed on the provision of mental health care until the patient requests it, unless significant mental health concerns are identified that would need to be addressed before hormone prescription.

The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria

Historically, researchers and clinicians have viewed the transgender experience through a narrow diagnostic lens and have neglected to acknowledge the diverse experiences of those who identify as transgender. Currently, under the mainstream treatment paradigm, in order to be deemed eligible for gender transition services, transgender clients must meet criteria for a diagnosis of “gender dysphoria” as described in the *DSM-5*. An alternative to the diagnostic model for transgender health is the *Informed Consent Model*, which allows for clients who are transgender to access hormone treatments and surgical interventions without undergoing mental health evaluation or referral from a mental health specialist. This model shows promise for the treatment and understanding of the transgender experience outside of the lens of medical pathologization.

Schultz, S. (2017). The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria. *The Journal of Humanistic Psychology*, 58(1), 72-92. <https://doi.org/10.1177/0022167817745217>

What Informed Consent Means to Us



We serve transgender people and people at various places on the spectrum of gender identity and expression. We are committed to improving the way transgender people receive health care in our region and proudly work with our transgender community to lead the way in eliminating barriers to care. To that end, we provide gender affirming from an informed consent model.

Our commitment to providing gender affirming care from an informed consent model aims to reduce barriers to care for transgender and non-binary people. Often, the requirements to meet with a mental health provider increase stigma for a community that has disproportionate healthcare disparities. This requirement can also imply that transgender people do not understand themselves, their needs, or their own experiences when making informed medical decisions.

Informed consent removes the requirement of meeting with a mental health provider or providing a written letter of support from a mental health provider prior to being able to access care. This makes the process of beginning hormone therapy consistent with the process for starting other medications at Planned Parenthood and is in alignment with the WPATH Standards of Care.

We have a deep understanding of how stigma, discrimination, and marginalization impact health disparities – informed consent represents our commitment to eliminating disparities in the delivery of our care.

Our team is at the ready to provide referrals and connect patients with support should they wish to seek mental health care at any point throughout their transition, however it is not a requirement for them to do so. We strongly encourage people seek and use support systems that meet their needs as they consider when and whether to begin hormone therapy.

We fully support our trained providers when they assess a need to request an additional behavioral health care assessment for a patient before moving forward with hormone care. Informed consent does not mean that no matter what, in all cases, hormones are prescribed. Rather, informed consent means skilled providers and their patients work together to be sure a patient's needs are fully addressed.

Needing mental health care before starting hormone therapy does not mean you cannot receive care. It is simply another step in the process. Some people that access mental health care do so before beginning hormone therapy, others continue receiving mental health care while on hormone therapy, and others still do not seek mental health care while they receive hormone therapy.

We believe our patients — whether they are seeking birth control, abortion or hormone therapy — are able to decide what is best for themselves and their bodies when supported by a skilled and compassionate provider that shares pertinent information in accessible ways.

Key Topics & Frequently Asked Questions

Identity Documents

The 2015 U.S. Transgender Survey tells us that only 11% of respondents reported that *all* of their IDs had the name and gender correctly documented, while more than two-thirds reported that *none* of their IDs had their new name and gender marker. The costs of changing ID documents was one of the main barriers faced. Many States also have confusing and onerous processes in place with outdated policies governing who and how one can change their identity documents.

Want to learn more?

[National Center for Transgender Equality's Identity Document Center](https://transequality.org/documents)

[<https://transequality.org/documents>]

This is a one-stop hub for name and gender change information. You can find out how to get a legal name changes in each state and how to update name and gender markers on federal IDs and records as well.

[Lambda Legal](http://lmbdalegal.org/issues/transgender-rights)

[lmbdalegal.org/issues/transgender-rights]

Transgender people experience rampant workplace discrimination, may be met with challenges to their parental relationships, lack sufficient access to quality healthcare free from discrimination and face difficulties in obtaining appropriate name and gender designations on their identity documents. Lambda Legal expands and defends protections for transgender people under federal, state and local laws and other policies.

[The Sylvia Rivera Law Project](https://srlp.org/resources/changeid/)

[<https://srlp.org/resources/changeid/>]

This is a New York focused resource yet offers a solid overview of the many and varied processes required for IC documents changes.

Some Ideas & Best Practices

Planned Parenthood's have an opportunity to partner with existing community programs providing LGBTQ Legal Clinics and pro-bono legal services. We can also add resources and referral information to our files to be sure we can answer patient's questions about the legal requirements in our state about ID document changes.



At PPSFL we have taken on several specific things to help our patients with their needs regarding ID documents.

- We host seasonal **name and gender marker change legal clinics** with local legal aid organizations, University based law students, and pro-bono lawyers. We host these onsite at one location and use free community spaces or rent space in locations where our centers do not have community meeting space.
- We hosted **professional training workshops for lawyers** interested in learning more about New York State and federal requirements for ID

documents changes. This was a practical workshop in which lawyers were walked through the process of what needs to happen for each major ID document. The goal was not only to educate lawyers but to build connections with lawyers who might be willing to provide this service on a pro-bono basis when needs arise.

- We partnered with our local Ithaca College LGBT Center Director to **write and publish a guide in non-legal language with details about a suggested path of ID changes**, details about how and where to go to get them done, and specific information about name and gender marker changes on the following major documents:
 - Social Security
 - Driver's license
 - Birth certificate
 - NYS Benefits Card
 - Selective Service consideration
 - Passport
 - Voter registration
 - And general tips on other places to consider making changes as well, like bank accounts, credit cards, school records, workplace HR, student loans, leases or mortgages, car loans, medical providers, post office boxes, library cards, etc.
- We have a **notary public on staff**. One of the things we heard from our patients was that when they were required to get paperwork notarized to go through various name and gender marker change processes it was stressful and concerning to have to out themselves as a transgender person when seeking the services of a notary. We created an internal process related to how to make the request, what timing to communicate to the patient, setting an appointment for the document(s) to be notarized. We have additional staff who are in the process of becoming notaries as well, and we are underwriting this cost.

DEA Numbers

The [DEA has designated](#) testosterone a Schedule III drug. This means in order for testosterone to be prescribed by a provider they require a special registration and once that is completed successfully, the provider is issued a DEA number.

Schedule III

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are:

Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone.

Good RX

Some of our patients may be uninsured, underinsured, or may have restrictive prescription coverage that makes accessing medication costly and difficult. One program that can be useful to know about and share with patients is called GoodRx.

GoodRx is a website and mobile app that tracks prescription drug prices and offers drug coupons in the United States. GoodRx checks more than 75,000 pharmacies in the United States. Visit [GoodRx.com](https://www.goodrx.com) to learn more or download the app.

When using their service, you will need to enter the specific medication name and dosage on the website or app to be given a list of discounts and pricing at local pharmacies. The website and app provide directions on what you need to bring to your pharmacy to access the discounted rate.

Letters of Support & Prior Authorization Letters

There are several instances when a patient might request a letter to support their name or gender marker changes with State or Federal bodies. Additional letters of support for other gender affirming care or surgeries may also be requested. All of these letters often follow formal and proven formats and many samples can be found on the PPSFL [website](#) or by obtaining samples from other affiliates or providers in your region.

When letters related to support or attestation for insurance coverage are requested, it is critical to read the plan document for the specific service or procedure to clearly understand each individual requirement for the letter needed.

There are significant variations across insurance plans and initial refusals remain common and resubmitting is required. This can be time consuming, frustrating, and further stigmatizing experience for transgender people seeking assistance.

Some Planned Parenthood have staff members dedicated to managing the administrative aspects of this process. At PPSFL we have a Transgender Patient Navigator who manages this process and serves as the intermediary between the patient and the provider who often needs to sign the letters.

Scope of Practice

Scope of Practice describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. There may be some providers whose licensure requirements may include restrictions about the care they can provide. This varies state to state and license to license. Please seek local guidance and information related to this, as it can be a changing set of regulations.

Billing

There are several nuances and lessons learned within billing teams from affiliates providing gender affirming care.



At PPSFL our Team Lead, Kim Benz, has taken the lead on several aspects of communicating with insurance companies, patients and staff to advocate for best coverage and be sure that we're doing everything we can to assure optimal reimbursement and minimize out of pocket cost to our patients.

We are fortunate to have Kim on staff and she generously offers consultations and conversations with other affiliates beginning care or facing a complicated insurance or billing issue. You can reach Kim at:

Kim Benz
Team Lead
Commercial Billing for Shared Services
Certified Application Counselor for New York State of Health
Planned Parenthood of the Southern Finger Lakes
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Kim has created and shared a **Billing Tip Sheet for Transgender Care** document that is available on the intranet. Additionally, she has offered her general advice and reflections. Please note we operate in New York State and as you all know the insurance worlds can be vastly different state to state. Some learning is very generalizable, and some might require adaptation or application based on your own State. Also feel free to reach out to Kim directly with questions!

Here are also some thoughts from Kim:

For Planned Parenthood's preparing to begin billing for transgender care, the best thing I can suggest is to research. We did a ton of this before starting services here, and I think that was probably my biggest help. And of course, speaking to billing people in other affiliates that already do gender affirming care is also super helpful. I'm always willing to chat with anyone who has questions they're looking for answers to or issues that need to be addressed.

How we learned to navigate this type of billing successfully? I'd say definitely trial and error. I think that's still the case today, even though we've done it for years now. No matter how much advice and help you get from outside sources, you're really not going to be able to find out what works and what doesn't until you are billing your own patients and your own payers. In that same respect, I'd say, too, that it's important to follow a process similar

to what we do, and have the same person work the entire billing process - from claim editing and sending the claim out the door, to getting the payment (or, eek!, non-payment) back in and seeing what it looks like. I think that's beneficial in all of medical billing, because I really don't feel like you "get it" unless you are in charge of seeing the entire process through start to finish. Also, being willing to keep an open mind that maybe the way you feel like it should be done, or the way it was done in the past, isn't the way it has to be done in order to have the claim pay successfully.

Communicating with patients is, I think, one of the most important steps in this process (and not just with transgender care). In many aspects, especially for our transgender patients just starting on hormonal treatment, it's a very exciting time and a very nerve-wracking time as well. It's important as billers who may have direct contact with patients to understand that and to see things from their standpoint, while, at the same time, having them understand things from our standpoint. It's my goal as a biller to make sure that the insurance is paying us correctly and that they aren't leaving the patient with bills they shouldn't have. It's also my job to help patients understand what they have to do in order to have the best outcome financially. I'm always willing to have a conversation with a patient regarding insurance and why it's doing what it's doing. I am happy to explain deductibles, coinsurance, etc., because it can be complicated and many people do not "get it." I know we here at PPSFL are more than willing to work with patients to come up with payment options that are affordable while still ensuring that they receive the care that they need and deserve, and that's a big part of the reason why I enjoy my job so much.

Voice Modification and Speech-Language Pathology Programs for Transgender People

The following information about speech-language pathology for transgender people comes from SpeechPathologyGraduatePrograms.org who are a self-funded online publishing group that saw an opportunity to provide future and practicing SLPs with a dedicated resource. They are not affiliated with any certification agency, state regulatory body, or professional association. Please visit [here](#) for more information and resources.

Balancing the Psychological and Physical Implications of Gender Transition

With many aspects of vocalization and communication being highly relevant to gender identity, many transgender individuals find themselves struggling with the chasm between how they identify and how they sound when interacting with the world. This makes speech-language therapy just as important as hormone therapy and other interventions when making the transition from man to woman or woman to man.

A 2006 International Journal of Transgenderism study found that altering the aspects of voice and communication related to gender can improve mental health and quality of life for those making a transition. SLPs consider the

whole person, bringing a unique level of understanding of both the psychological and physiological implications of gender transition, and can provide therapy at any point during transition, or even in the years following.

There is the potential for transgender clients to cause damage to their vocal folds if they try to push out sounds that their voices can't make, so the work of SLPs in this field also includes identifying any underlying vocal pathologies, educating clients on proper vocal care, and overseeing the process of making gradual and subtle voice changes over time.

Transgender Voice Modification Therapy: Focus Areas, Assessment and Treatment

SLPs examine several aspects of communication when providing voice and communication therapy to transgender clients.

Areas of focus of voice modification therapy include:

- Articulation
- Volume and intensity
- Pitch
- Intonation and stress patterns
- Breath support
- Resonance
- Speaking rate
- Language
- Pragmatics
- Vocal health

In addition to providing voice therapy services (verbal communication), SLPs working with transgender individuals also often work on the nonverbal aspects of communication, which can include everything from eye contact to facial expressions to physical posturing.

The work of SLPs in transgender voice modification includes:

Assessment

Before providing services to their transgender clients, SLPs perform an assessment, which involves collecting a case history and medical history and assessing the client's current voice, language and communication. It is also important for SLPs to recognize if their clients are currently trying to change their voice's pitch and intensity so they can work to change the behavior to ensure clients avoid damaging their vocal folds.

Treatment

Treatment of transgender clients is always patient-specific and dependent upon the outcome of the assessment. The voice and communication therapies and techniques provided by SLPs are often provided alongside medical/surgical interventions and hormone therapy.

Voice Feminization – The components of voice production in voice feminization include:

- Pitch
- Resonance
- Intonation

Two common voice therapy techniques in voice feminization include flow phonation, which targets the exertion of airflow during voice production, and resonant voice therapy, which focuses on attaining comfortable phonation while experiencing a vibration of sound in the mouth.

Voice Masculinization – Far fewer transgender males seek voice and communication therapy than transgender females, likely because the desired change in pitch is often achieved through hormone therapy.

Flow phonation and resonant voice therapy are used in voice masculinization therapy. Flow phonation focuses on the balanced exhalation of airflow during talking to achieve a stronger voice, while resonant voice therapy focuses attaining easy phonation while experiencing a vibration of sound in the mouth.



PPSFL has partnered with the [Sir Alexander Ewing-Ithaca College Speech Clinic](#) and the LGBT Office at Ithaca College to offer a program called [Voice and Communication Modification Program for People in the Transgender Community](#). The program focuses on developing voice, articulation, language, non-verbal communication, self-perception, and voice related quality of life, and is open to all transgender people.

Do you have colleges or universities in your region where a similar program already exist? If not, gather resources and consider meeting with leaders in speech pathology to share information about programs through other institutions and offer to partner toward starting one. Our shared program in Ithaca began by learning of a program in another city, hearing the needs form our community, and meeting with leadership in the Ithaca College program. We have now been offering this program for several years with many patients benefiting from it.

Guidance on Pronouns

A number of Planned Parenthood staff members have begun to add their pronouns (she/her, he/him, they/them) in their automatic signature line on e-mails. Other professionals that provide training, host groups or meetings have begun to invite participants to share their pronouns during introductions in meetings or gatherings. Efforts to create working, learning, and care environments where affirming pronouns are honored and consistently used is critical work.



Here are some best practices and tips for how to deploy our important efforts toward inclusion and expectations around use and respect for affirming pronouns. Affirming Pronouns are the most respectful and accurate pronouns for a person, as defined by that person.

In making decisions about how your affiliate approaches passive inclusion of pronouns—on email signature lines or on nametags, for example—consider that there are people that may experience relief and appreciation with this and others who may have a feeling of pressure or anxiousness amplified as it can be one more place where they need to come out. This can be risky and result in unintended vulnerability for some people. Considering the practice as an active decision with context, clarity, and thoughtfulness about the impact on non-dominant experiences is critical.

Some tips:

- Avoid using “preferred pronouns,” “PGPs,” or “chosen pronouns” because it implies that it is optional or a choice.
- Use “affirming pronouns” or simply “pronouns” instead.
- Avoid having a routine pronoun designation on automatic email signatures unless training has been implemented and rationale is thought through and expectations are shared with staff.
- Clearly let staff know that using affirming pronouns in individual and patient interactions is non-negotiable and of the utmost importance in creating respectful working, learning, and care environments.

Sample script for the beginning of a training event or meeting:

“As we get started with our training today I wanted to take a moment to talk about pronouns. We have provided buttons, stickers, pens, and nametags and encourage people to identify their pronouns. When people identify their pronouns, it’s our expectation that we will all use them! We do this because we know that many transgender, non-binary, or gender non-conforming people report negative experiences with being misgendered and we can do this better! By paying attention to this and committing to using affirming pronouns we create a better learning environment for our important work.”

Sample script for staff communication:

“We invite staff to include their pronouns in their email signature line as one part of our commitment to creating a welcoming environment that affirms transgender and non-binary people and diverse gender identities of our staff, patients, and communities. Once an individual has let you know what pronouns they use, it’s your responsibility to use them every time.”

Should I add my pronouns to my email signature?

This is a question we are hearing more from individuals and organizations. When we answer this question, we stress that context is key! Thinking through why your affiliate invites staff to do this or why you individually wish to add this is critical. Ask some key questions:

- What are you hoping to communicate by adding pronouns to your signature line?

- Is this action part of larger training effort being undertaken?
- Do you share other resources and your expectations for consistent use of affirming pronouns for colleagues, community partners and patients?
- Do you have a policy statement about your organization’s commitment to transgender and non-binary people, the care they need, and the welcoming environment you are committed to creating?
- Do you have human resource policies and benefits that are inclusive of transgender and non-binary staff?
- Do you and your staff know why pronouns are being added?
- If someone—a colleague, a vendor—asked why your pronouns were listed in your email, would you be prepared to provide a thoughtful response?

They key here is encouraging individuals and organizations to look at adding pronouns to their email signature line as one part of a larger thoughtful effort around inclusion and solidarity.

Should I role-model asking for pronouns in a meeting or training?

For many years, it was considered best practice to ask participants to share their pronoun(s) while introducing themselves during a training or a meeting. This can be a great tool for helping participants understand the experience of having to describe or validate their gender identity to others. That said, asking for a person’s pronouns at the beginning of a training or meeting can also increase discomfort and confusion, and can sometimes result in microaggressions and other statements of prejudice. Asking for pronouns may also place a burden (including a safety risk) on transgender, non-binary, or gender non-conforming people who may be present.

We find context is key. If you don’t choose to have each individual introduce themselves with their pronouns it’s critical to say why and share your thinking. Be sure to clearly let people know it’s your expectation that the space in which you are training or meeting is a space where pronouns are respected. Share why that’s important and then provide other opportunities for people to identify their pronouns. That could be via a button or sticker.

PPNYC Poster about Pronouns for Patients

To help all of our patients understand what pronouns are and why we ask, it can be useful to consider signage to accompany pronoun buttons or stickers that includes the following information (sample poster in appendix):

Do you want us to know your gender pronoun(s)?

Take one!

A pronoun is a word used in place of a noun. A gender pronoun is a kind of pronoun used to refer to a person or people and may have a gender associated with it or may be gender-neutral. Planned Parenthood would like to use your correct gender pronoun(s) because it is important that we respect and affirm your identity.

Transgender and Non-Binary Advisory Group

The most effective programs are ones created collaboratively to address community need. They also continually seek feedback and implement midcourse corrections that embody a commitment to addressing challenges and building on successes.

Our community work is based on the tenets of Community Organization and Communication Theory. Both are based on the need to address individuals, groups, organizations, and community issues from the meta-level. Our commitment to active collaboration with and within the communities we serve is an essential and proven strategy that has helped to build our patient base as well as a robust group of partner organizations and programs.

Our awareness building efforts are based on the importance and positive impact of raising the priority level of transgender and non-binary health and wellness in our community's consciousness. We collaborate with organizations and businesses dedicated to addressing food insecurity, housing insecurity, income insecurity, access to health care, and education – all of which our regional transgender community faces at disparate rates. Our active partnerships are critical in our work moving forward.

Our work is grounded in research underlying the concept of reciprocal causation – *the interplay and interconnections between personal interactions and health behaviors, the community in which they reside, and the larger social and cultural context in which they exist* – which is vital to acknowledge when building a truly impactful program.

To that end we have convened both informal and formal transgender and non-binary advisory groups. These have proven essential prior to launching care, as care was being launched, and throughout the process of being a gender affirming care provider. We have found grant funds to occasionally compensate members for their time – which is a best practice. Through in-person gatherings, online community and patient surveys, and regular informal conversations within the community, we are constantly seeking feedback, advice, guidance, and information about unmet needs, what's going well, what's challenging, and what else we can be doing to better meet the needs of our community.

Transgender Patient Navigator

Patient navigation is a patient-centered service delivery intervention based on the goal of improving health outcomes, increasing provider-patient connectedness, and eliminating barriers to care that can occur across the care continuum. Patient navigation has evolved as a strategy to improve outcomes in vulnerable populations.

Some Principles of Patient Navigation

As a nationally recognized model for community-based intervention, patient navigation includes the following principles and standards. Many of the foundations for this role have evolved from cancer care interventions and have since evolved to include efforts related to HIV/AIDS, diabetes, and PrEP to name a few. The manner in which health disparities are amplified by systems of oppression, stigma and discrimination require new tools and more robust work to have positive lasting outcomes. For most of our patients that receive gender affirming care, transgender hormone therapy is also lifelong medication therapy. Together, these factors point to the usefulness and need for a navigator role when possible.

Some key principles of patient navigation:

- Patient navigation is a patient-centric healthcare service delivery model. The focus of navigation is to support an individual patient through an often complex system.
- Patient navigation aims to integrate a fragmented system for the individual patient.
- The core function of patient navigation is the elimination of barriers to care across all segments of their needs.
- Navigators should be integrated into the healthcare team and the fabric of the community.
- There is a need to navigate patients across disconnected systems – physical health, mental health, legal, educational, financial systems – patient navigation can serve as the process that connects disconnected the patient through those disconnected systems.
- Patient Navigation systems require coordination and connectedness with the patient, providers, and services in the community.

Key contact:

Devon Ritz-Anderson
Transgender Patient Navigator
Planned Parenthood of the Southern Finger Lakes
(607) 216-0221, ext. 2308
devon.ritz@ppsfl.org

From Devon:

What does a Transgender Patient Navigator do?

My role was created when our patient services team quickly recognized the unique needs of our transgender, gender non-conforming, and non-binary. As people gain access to the care they need our team learned that this opened up more possibilities for a new kind of ownership over identity that many of our patients had never had access to before now.

Those possibilities also came with navigating complex systems that are difficult for anyone to understand such as: getting the proper certified and notarized letters required to change one's gender marker and name legally, finding knowledgeable mental health or primary care providers, finding competent and caring surgeons, obtaining the proper paperwork for insurance coverage, and figuring out how to get insurance coverage for procedures and medicine.

An incredible part of my position is problem solving and advocating on behalf of our patient's rights and ability to live their lives safely and genuinely. Whether it is researching tips for letters of medical necessity, staying up-to-date on laws and regulations which impact their lives, providing space and support for support groups, or facilitating cultural fluency trainings at their place of employment my goal is address and remove the many barriers and discomfort in seeking help and/or thriving in these crucial aspects of life.

A Transgender Patient Navigator is also of service to our staff. Working collaboratively with our patient services team has allowed me the time to create useful tools to assist our team in better answering patient questions and concerns. We created a Frequently Asked Questions pamphlet based on provider feedback, which has become invaluable to increasing trust and flow of information between our health centers and patients. Additionally, providing a well detailed "Initial Patient Script" which walks our call center/front office staff through the most affirming and thoughtful ways to introduce ourselves to patients. The script models best practices but also informs all of our patients that we welcome and are expecting them in all of their identities.

Initial Transgender Patient Call Script

One of the many roles our Transgender Patient Navigator fulfills for us at PPSFL is that she provides training and resources for frontline staff and call center staff, as they are the most common first point of entry and connection with Planned Parenthood. She has written up several script options for training, review, and to serve as a quick reference and reminder guide. The text below has some specific PPSFL information in it that you would need to adapt based on your state and your services.

When you are on the phone...

A person may say “I want to schedule a consultation for hormone therapy.”

1. “I am happy to assist you today. May I ask where you are calling from? I want to make sure we are scheduling your appointment in the health center closest to you.”
2. “Have you ever been a patient with our Planned Parenthood? (If not) Okay, I have to ask you a few questions to book this appointment.”
3. “First, may I have your date of birth?”
 - Refer to guide if patient is under 18.
4. “May I have your last name?”
5. “What is the name you would like to go by when you are in our health center?”
 - “I have to ask this for legal and insurance purposes, do you currently have a legal first name that is different from [Name]? If yes, okay, could you spell that for me? Thank you. I want to assure you that we will never address you by that name. We just need it for really boring paperwork that nobody likes.”
6. “And what pronouns do you use? (Sometimes folks have no idea what you are saying) By pronoun I just mean the way we may address you when we are not using your name so perhaps, he/him, she/her, they/them or we could just use your name only.”
7. “How does your gender marker currently appear on your identification? If they do not understand, you may say “Is your legal gender marker currently an “F” or an “M” on your ID and/or your insurance card. Thank you, we need this information for legal purposes.”
8. “Are you hoping to use insurance for this visit?”
 - If yes, take down information if possible for finance team.

- “We like to have this information so our finance team can make sure you won’t have any surprises when you come in for your visit.”
 - “If no, Thank you, I want to let you know that your first visit will be about \$_____ out-of-pocket. If that feels like a lot all at once, please feel free to bring in what you can afford and we can figure out a payment plan that works best for you. If you are interested in enrolling in a care management plan, we can provide you information for a navigator.”
9. “What is the address you would like to receive mail?”
- “May we send you mail?”
 - “May we address it to [name they will be going by in our health center]?” (Sometimes they say no because the mailperson won’t deliver under that name or it is not safe to do so.)
 - **Please mark this in “address mail to” drop down**
10. Phone number-same as all patients ☺
11. “Do you have any questions about your appointment?”
- **How long will I be there?**
 - “Anticipate being here about _____.”
 - **Do I need to bring anything?**
 - “ID & Insurance information. If you have lab work from the last 6 months you can bring that or records from previous providers. That is not required but is helpful if you would like to bring it in.”
 - **Do I need letters from a therapist?**
 - “Our hormone therapy program follows the informed consent model. We totally see the benefit to mental health counseling for everyone but do not require it for you to become a patient in our program. We are always happy to work with any mental health provider you may have and can discuss this at your appointment.”
 - **Will I be given hormones at my appointment?**
 - “During your appointment we will be drawing blood to test. This is to make sure there is nothing we need to be concerned about in providing you hormones. These results take a few days. Everyone is different. But when we are able to prescribe we will e-script to the pharmacy most convenient to you. We do not carry hormones in our health center.”
 - **Do I have to dress a certain way/May I dress up for my appointment?**
 - “We want to you to come comfortable and happy! We are excited to meet you no matter what you decide to wear and whatever you decide has no bearing on your treatment plan.”

12. “Are you currently going through or have you ever been through hormone therapy before?”
- If yes, “what were/are you prescribed? For how long?”
 - i. “Were any of these injectable? Are you comfortable with self injection?”
 - If no, **if you are unsure at this point about masculinizing or feminizing hormones, you may want to ask** “I want to make sure we have everything set up efficiently and correctly for your first visit. Could you let me know if you’re interested in masculinizing or feminizing hormones?”
13. *Ithaca Patients: “Before your appointment, you will receive a letter in the mail that will give you a better idea about what will happen at your appointment. There are also links to information about self-injection. You will have the option to learn self-injection at your first visit. If this is something you would be interested in, please review the guide and videos before your appointment. Mail sent to you will have a P.O. Box return address and have a handwritten address.”*
14. *Corning, Elmira, Hornell Patients: “Before your appointment, you will receive a welcome packet in the mail that will give you a better idea about what will happen at your appointment. There will also be additional information and resources that you may find helpful. This packet will not say “Planned Parenthood” on the envelope. Mail sent to you will have a P.O. Box return address and have a handwritten address.” If you can, please bring this packet with you to your visit.”*
15. “Okay, [Name], you are all set for your appointment at [TIME], [DAY/DATE], at our [HEALTH CENTER LOCATION]. If you have further questions or need to reschedule your appointment please call as soon as possible. We are happy to work with your schedule as much as possible and we keep a waitlist for other new patients waiting to be seen. (If nothing further) “Great! We are so excited to meet you, see you soon!”

Staff Training

Thank you to several colleagues that shared their thoughts, sample outlines and ideas for training. Below you will find links, samples, and templates. The best practice is to be sure to DO training! Specifically training that includes knowledge building, awareness of attitude and the impact on care, and skill building and practice. We know time is at a premium and closing down health centers and other core functions for training has both costs and rewards. Some affiliates have done full day events training and prepping staff to provide gender affirming care and others have provided shorter sessions. Some assign online courses. Others still send key staff to off-site training.

Online training modules & specific health center training resources

National LGBT Health Center

lgbthealtheducation.org/lgbt-education/learning-modules/

As stated previously in the **Standards of Care & Key Professional Resources** chapter, this site requires login but it is free and once you have logged in you can access the interactive presentation, slide deck, and survey. You can also bookmark and share training modules with others. Some also link to recorded webinars.

If you need a more general introduction to LGBT care including information about sexual orientation *and* gender identity – as distinct things that share some similarities but are critical to understand as different concepts – start here:

- [Providing Quality Care to Lesbian, Gay, Bisexual, and Transgender Patients: An Introduction for Staff Training](#)
- [Affirming LGBT People through Effective Communication](#)
- [Achieving Health Equity for LGBT People](#)
- [Caring for LGBT Youth in Clinical Settings](#)
- [Addressing Social Determinant of Health for LGBTQ People](#)

[For transgender specific modules:](#)

- [Improving Health Care for Transgender People](#)

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

This module will:

- Define terms related to transgender identity and health
 - Identify strategies for effective primary care with transgender patients
 - Explain the basic approaches to transgender medical and surgical treatment
 - Describe the ways to create a welcoming environment for transgender patients
- [Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Staff](#)
 - Front-line staff play a key role in creating a health care environment that responds to the needs of transgender and gender non-conforming (TGNC) people. Everyone, no matter their gender identity or expression, appreciates friendly and courteous service. In addition, TGNC people have unique needs when interacting with the health care system. Many TGNC people experience stigma and discrimination in their daily lives, including when seeking health care.
 - Issues and concerns from TGNC patients often arise at the front desk and in waiting areas because those are the first points of contact for most patients. These issues, however, are almost always unintentional and can be prevented by training all staff in some basic principles and strategies.
 - This document, updated in Fall 2016, was developed as a starting point to help train front-line health care employees to provide affirming services to TGNC patients (and all patients) at their organization. Part 1 of this document provides background information on TGNC people and their health needs. Part 2 provides tips and strategies to improve communication and create a more affirming environment.
 - [Sexual Health Among Transgender People](#)
 - [If You Have It, Check It: Overcoming Barriers to Cervical Cancer Screening with Patients on the Female-to-Male Transgender Spectrum](#)
 - [Providing Care and Support for Transgender Rural Latino/as and Migrant Farmworkers \(featuring Dr. Jennifer Hastings.\)](#)

American College of Obstetricians and Gynecologists
acog.org/About-ACOG/ACOG-Departments/CREOG/CREOG-Search/Transgender-Healthcare-Curriculum

Transgender Healthcare Curriculum

Training Modules: Improving Ob/Gyn Care for Transgender and Non-Binary Individuals

Transgender, non-binary and gender non-conforming individuals often face discrimination in health care settings. Research shows that many are unable to find competent, knowledgeable and culturally-appropriate health care.

To assist faculty and staff, CREOG created modules to prepare ob/gyns and other providers to better care for transgender, non-binary and other gender diverse people.

These modules were developed and produced by Daphna Stroumsa, in collaboration with physicians and activists across the country and with the support of Michigan Medicine and the Council on Resident Education in Obstetrics and Gynecology (CREOG). Dr. Stroumsa is a fellow in the National Clinician Scholars Program and in the department of Obstetrics and Gynecology at the University of Michigan.

- [Gender identity and care of transgender and gender non-conforming patients](#)
- [Preventative care for transgender and gender non-conforming patients](#)
- [Gender affirming treatment & transition related care](#)
- [Addressing common gynecologic issues among transgender patients](#)
- [Health records, billing, insurance, and legal documents in transgender medicine](#)

Cardea: Training, Organizational Development and Research

www.cardeaservices.org/resourcecenter/advancing-health-equity-through-gender-affirming-health-systems

Cardea is a national organization providing training, organizational development, and research and evaluation services to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients.

[Advancing Health Equity through Gender Affirming Health Systems](#)

This downloadable toolkit provides resource to advance gender-affirming care by applying best practices in organizational change to your health care setting. This guide details a health center's journey through an organizational assessment process. With practical templates and facilitation guides, you can implement a similar approach in your health center.

Highlights in this resource include:

- Sample Organizational Assessment Tools
- Sample Working Group Meeting Agendas
- Transtheoretical Model: Applications to Organizational Change
- Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile
- "A Model of Organizational Context and Shared Decision Making: Application to LGBT Racial and Ethnic Minority Patients
- Template: Developing Work Plans to Address Group-Identified Opportunities to Advance Gender Affirming Health Systems

Conferences and off-Site training

Many of these are annual events, others happen less frequently. There are also regional events to learn about from your local colleagues and providers. As you connect with your local transgender community ask around, there are often events or experts in your region to

get connected with. This is a sampling of events and not an exhaustive list. Additionally, you can contact Maureen if you are looking for something specific that is not listed here.

- [National Transgender Health Summit](#), UCSF Center of Excellence for Transgender Health
- [Philadelphia Trans Wellness Conference](#), A Program of the Mazzoni Center
- [Someone Cares Atlanta](#)
- [Advancing Excellence in Transgender Health](#), National LGBT Health Center, Fenway Health
- [WPATH Global Education Initiative \(GEI\) Training Events](#)

Onsite training and consultations

Luca Maurer, co-author of the Teaching Transgender Toolkit, and Maureen Kelly from PPSFL, bring more than 40 years of collective training expertise around LGBTQ and transgender-specific health and wellness to working specifically with Planned Parenthoods seeking technical assistance, onsite training, specialized Training of Trainers (TOTs), and other customized resources or assistance.

Training of Champions - This is often a full day with Luca and Maureen providing a Planned Parenthood specific framework for transgender care, activities related to understanding gender identity and expression, shared language and terminology, handling difficult co-worker/community conversations related to transgender care, and some work group specific work related to impact for transgender services on public affairs, education, billing, patient services, and communications.

Training of Trainers - This is two full day training of trainers with Luca and Maureen providing the facilitation. This is aimed at trainers who will be deployed into health centers to provide this training for affiliate staff and other community partners beginning to consider transgender care. A little more than one full day is dedicated to content – a Planned Parenthood specific framework for transgender care, activities related to understanding gender identity and expression, shared language and terminology, handling difficult co-worker/community conversations related to transgender care, managing hostility and resistance, talking about intersectionality and bathroom access. Day two includes a robust teach back opportunity where each participant teaches a module from the Toolkit and receives feedback from a facilitator.

Technical Assistance - This day involves very specific time for reviewing paperwork/EHR, forms, planning, mapping out launching care and assessing strengths and challenges in the affiliate. This is a hands-on collaborative working opportunity for leaders, managers, and staff that are taking on the implementation of transgender services in detailed and deep ways.

Sample Training Outlines

Thank you to the affiliates and individuals that have shared their outlines, templates, feedback, and reflections. Specific thanks to Luca Maurer, expert and trainer extraordinaire, and the amazing cadre of trainers with Planned Parenthood of the Great Northwest and Hawaiian Islands (PPGNHI) and Planned Parenthood of the Pacific Southwest (PPPSW).



PPGNHI’s methodical and pedagogically robust application of The Understanding by Design® framework (UbD™ framework) provides a clear structure to work from. Please be in touch with Julia Piercey, VP of Organizational Effectiveness, Planned Parenthood of the Great Northwest and the Hawaiian Islands at 208.893.6352 or julia.piercey@ppgnhi.org for more information and insights into their large-scale training and implementation rollout and lessons learned.

Want to learn more about The Understanding by Design® framework (UbD™ framework)? The framework offers a planning process and structure to guide curriculum, assessment, and instruction. Its two key ideas are contained in the title: 1) focus on teaching and assessing for understanding and learning transfer, and 2) design curriculum “backward” from those ends. Please see ACSD.ORG or the guide book *Understanding by Design* by Grant Wiggins and Jay McTighe.

Template: 4-Hour Gender Affirming Care Workshop for Health Center Staff

Course	4-hour Gender Affirming Care 101 for Health Center Staff
Date, Location	
Trainers	
When? How Long?	<i>This is a very full and robust 4-hour outline. Please see <i>The Teaching Transgender Toolkit</i> for more outline options, activity guides and handouts.</i>
Participants	Health Center Staff
Understanding by Design, (UbD)	The Understanding by Design® framework (UbD™ framework) offers a planning process and structure to guide curriculum, assessment, and instruction. Its two key ideas are contained in the title: 1) focus on teaching and assessing for understanding and learning transfer, and 2) design curriculum “backward” from those ends. Please see ACSD.ORG or the guide book <i>Understanding by Design</i> by Grant Wiggins and Jay McTighe.
Enduring Understanding	Using a gender affirming approach in our work upholds our organizational values and is imperative in supporting patients, staff, volunteers, and community members.
Essential Questions	<ol style="list-style-type: none"> 1. How do I communicate with patients in ways that affirm their gender identity? 2. How can I ensure that transgender and non-binary patients receive safe, competent and affirming care? 3. When will we roll out gender affirming care and what systems do I need to understand to make that roll out smooth and optimal?

	4. How can I actively intervene and offer a professional learning pivot when I witness misunderstanding, myths, or discriminatory comments from peers?
Assessments	<ol style="list-style-type: none"> 1. Terminology Questionnaire 2. Koosh Ball Activity 3. Brainstorm sessions 4. Practice scenarios
Teaching Transgender Toolkit Lessons	<p>Lesson 3: Thinking About Gender Messages, page 65 – 67</p> <p>Lesson 4: Wait...What?! Understanding Transgender Terminology, pages 71 – 75</p> <p>Lesson 22: What to Do When the Phone Rings, pages 193 - 197</p> <p>Lesson 23: The View from Here: Accessing Medical Care from a Transgender Perspective, pages 198 – 205</p>
Handouts	<p>Participants will require a personal copy of each of these handouts:</p> <ol style="list-style-type: none"> 1. Agenda 2. <i>The Gender Unicorn</i> handout 3. <i>Understanding Transgender Terminology</i> handout, page 75 4. <i>Glossary of Terms</i>, updated glossary at www.TeachingTransgender.org 5. <i>Guidance on Pronouns</i> handout 6. <i>Strategies for Better Serving Transgender Patients</i> handout, page 204 - 205 7. <i>Useful Words and Phrases</i> handout, page 197 8. Evaluation Forms

Length	Topic	Lead Trainer
15 MIN	Opening: Introductions & Group Agreements	
15 MIN	Warm-Up: Thinking About Gender Messages (Koosh Ball Activity)	
35 MIN	Transgender Terminology	
30 MIN	Best Practices & Asking Key Questions	
20 MIN	Accessing Medical Care from a Transgender Perspective	
10 MIN	BREAK	
45 MIN	What to Do: Challenges & Solutions	
15 MIN	When are we starting care, what does this mean for me?	
30 MIN	In Solidarity With & Intervening: Scenarios	
15 MIN	Questions & Answers	
10 MIN	Closure, Wrap-Up & Evaluations	

Gender Affirming Care & Hormone Therapy TRAINING OUTLINE	
Time/Length	Section: Instructions, Talking Points & Materials
Pre-training	<p>SETTLING IN</p> <p><u>Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Flip chart paper <input type="checkbox"/> Markers <input type="checkbox"/> Sign-in sheet <input type="checkbox"/> Sticky nametags <input type="checkbox"/> Pens <input type="checkbox"/> Experience/Comfort Spectrum Signs <input type="checkbox"/> Nametag/Sign-In Station Sign <p>Set up a station for participants to sign-in and make a nametag. Post the Nametag/Sign-In Station Sign to ensure that everyone receives instructions on including pronouns on their nametag.</p> <p>Post flip chart paper in the training space, with three spectrum statements written up:</p> <ul style="list-style-type: none"> • I know a little ----- to ----- a whole lot about the lives and experiences of transgender people. • I have worked with transgender patients never----- to ----- tons of experience. • My current comfort level in working with transgender patients is ack! I don't know what to do! ----- to ----- completely at ease. <p>As participants enter and settle, ask folks to sign-in, make a nametag, and use a marker to note with an X where they fall at this moment on each spectrum statement.</p>
15 MIN	<p>OPENING</p> <p><u>Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Flip chart paper <input type="checkbox"/> Markers <p><u>Introductions</u> (10 minutes)</p> <p>Facilitators introduce themselves and welcome participants. Facilitate participant introductions, including:</p> <ul style="list-style-type: none"> • Name • Role • What pronouns should we use when referring to you? <ul style="list-style-type: none"> ○ <i>Why do we ask? We're committed to making conversations about pronouns easy and a part of how we do our work. AND, we, together, make a commitment to use the correct pronouns of all people once they let us know! And, if we aren't sure, we commit to NOT using gendered references and pronouns until we know for sure!</i>

- *What is one thing you want to learn today? This can be a useful group discussion for participants and facilitators depending on group size and time constraints.*

Thank participants for their introductions and review housekeeping information:

- Location of bathrooms – specifically share what type of restrooms are available (single stall, gendered group restrooms, welcoming restroom signs?) and ask why this might be important for transgender and non-binary people. Share your organizational commitment to and statement about bathroom access.
- Snacks, coffee, if applicable
- Refer to agenda in packets for their review

Review the continuums they completed as they were settling in. Acknowledge the diversity of knowledge, experience, and comfort in the room. Assure participants that our goal is for this training to be an open learning environment. No one is expected to have all the knowledge or skills, we will be learning together. Questions are welcome, even if you're not sure exactly how to ask.

Share a little about why we are here.

- We already see trans and non-binary patients for sexual health care and the skills you will learn today can be used with trans patients now.
- We will begin providing gender affirming hormone therapy for transgender patients on _____ in _____ health centers.
- Becoming more gender affirming in the services we provide will benefit all of our patients, staff, volunteers, and community partnerships.

Providing gender affirming care at Planned Parenthood is:

- Expected by our patients and our community.
- Aligned with our mission to foster the lifelong health of all people.
- A needed service – transgender people experience high levels of discrimination, disparities, and barriers in accessing health care. In many locations, we may be the only trusted and accessible provider.

Group Agreements (5 minutes)

Why do we start with group agreements? They allow us to establish the way we will work together and are often helpful in setting expectations about group norms that help us feel more open to sharing our thoughts and reactions toward to goal of learning.

What are some guidelines you'd like us to have as a group today?

Participants brainstorm and discuss agreements, facilitator writes them up on flip chart paper. Possible group agreements include:

- Assume positive intent and recognize possible impacts
- Listen to hear and understand, not just respond
- Speak from your experience
- Use time thoughtfully & engage in your own way
- Use the language you currently have, we will gently correct if needed
- Give and accept feedback

	<ul style="list-style-type: none"> • Learned here leaves here, shared here stays here <p>If not already mentioned, one of the trainers will add “Trust the Process” as a group agreement. This will be an opportunity for the trainers to acknowledge the longer-term training process, implementation timeline, and set expectations, for example:</p> <ul style="list-style-type: none"> • This training is meant to build on foundational skills, which will be needed when Hormone Therapy visits begin. • This is part of process and there will be tools, guides, and further instruction related to Hormone Therapy visits. • Questions are welcome, answers will come <p><i>Now that we’ve agreed on how we’ll work together today, let’s stand and form a circle.</i></p>
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<p>15 MIN</p>	<p>Warm-Up/Icebreaker</p> <p><u>Thinking About Gender Messages -Teaching Transgender Toolkit Lesson 3</u> (20 minutes) Pages 65 – 67. Trainer Note: See TTT Curriculum for more detail on the following section.</p> <p><u>Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Koosh ball <input type="checkbox"/> TTT Book <p>Basic procedure, prompts, and debrief questions:</p> <ul style="list-style-type: none"> • Invite participants to make themselves comfortable – okay to stand or sit or be however they are comfortable in the circle <p><u>Instructions for participants:</u></p> <ul style="list-style-type: none"> • The facilitator will ask a question and toss the ball to a participant • When they catch, it’s their turn to answer • After answering, they’ll throw the ball to another person in the group, who will catch and answer in the same manner • Anyone may elect to pass and answer the question later or not at all • Goal is for everyone to have a chance to answer. In larger groups, goal for each person to answer at least one question. Tell participants there will be three questions; they are welcome to respond to each one, and we’d like to hear from everyone at least once. • Once everyone has had a chance, the ball goes back to the facilitator and the next question is asked • Note that not everyone is good at throwing or catching a ball (perhaps including the facilitators!). You can use the ball in any way that works for you. <p><u>Questions for activity:</u></p>
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	<ul style="list-style-type: none"> • What is one message you received about gender while growing up from your parents/family? • What is one message you received about gender while growing up, from peers? • What is one message you received about gender from the media as you were growing up? <p>Post Activity Discussion Questions:</p> <ul style="list-style-type: none"> • What common themes did you hear as everyone shared? What differences? • What experiences are missing? • What would this sound like if there was more or different diversity in the room? • What insights did you gain into the topic of gender from this activity? • What do you hope to learn from the more in-depth lesson we're about to begin? <p>Talking Points:</p> <ul style="list-style-type: none"> • Gender is all around us and many of us receive our first messages about gender when we are very young. • These messages may embody stereotypes deeply ingrained in society or they may challenge such stereotypes. • A lot of our messages we discussed were based on assumptions. • We were focused on a men and women – and there were few (if any) mentions of folks who are not men or women. • Many of the gender messages we've received are based on straight (heterosexual) relationships. <p><i>Thinking back to the messages we remember first receiving and sharing our commonalities and differences can help us find common ground. Sharing some lighthearted moments and fun can help us be ready to tackle deeper ideas about gender and gender identity. Let's get started.</i></p>
35 MIN	<p>THE BASICS and TERMINOLOGY</p> <p>Set Up: Handout copies and project image of Gender Unicorn. Make sure the labels SEX ASSIGNED AT BIRTH, GENDER IDENTITY, SEXUAL ORIENTATION, and GENDER EXPRESSION are easily visible</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flip chart paper <input type="checkbox"/> Markers <input type="checkbox"/> Gender Unicorn handout <p><u>GENDER UNICORN (20 Min)</u></p> <p>Have participants refer to their <i>Gender Unicorn</i> handout.</p> <p>Explain the categories of identity that will be discussed. Key point is sharing that all people have each category of identity, not just transgender people.</p>

Gender Identity: A person’s deep-seated, internal sense of who they are as a gendered being- specifically, the gender with which they identify themselves. It’s the gender they feel in their “head and their heart.”

Sex Assigned At Birth: The assignment and classification of people as male, female, or intersex that occurs when a person is born. This is usually chosen by a medical provider, midwife, or family member based on the visual examination of a person’s genitals (i.e., Penis = “It’s a boy” Vagina = “it’s a girl). This assignment happens without the consent of the person who was just born, so it’s important to remember that it is different than someone’s self-identified gender. Some people are born with genitals or features that don’t neatly fit into the categories of male or female and a healthcare provider or family member may choose to surgically modify their body to fit what they believe should be that person’s sex assigned at birth, again without the person’s consent. The term to describe this is intersex.

Sexual Orientation: A person’s feelings of attraction (emotional, psychological, physical, and/or sexual) towards other people. A person may be attracted to people of the same gender, of those of a different gender, to people of multiple genders, or to all kinds of people regardless of gender. Some people do not experience primary sexual attraction, and may identify as asexual.

Gender Expression: A person’s outward gender presentation, usually comprised of person style, clothing, hairstyle, makeup, jewelry, vocal inflection and body language. Gender expression is typically categorized as masculine or feminine, less commonly as androgynous. Some people have a gender expression that is congruent with their gender identity, and others might not match up for a variety of reasons including safety concerns, access to resources, and intentional personal choice.

Point out that most of these categories can be viewed as part of one or multiple spectrums and review how that is reflected on the gender unicorn.

Explain that these categories are separate, and while they may sometimes inform or effect each other, one does not determine another. This means that knowing one these about a person does not mean we know the others.

Ask if participants have any questions about these definitions.

Wait... What? – Teaching Transgender Toolkit Lesson 4

(20 min – with smaller group)

Page 71 – 75 (detail). *Trainer Note: See TTT Curriculum for more detail on the following section. *

Materials:

- Understanding Transgender Terminology* handout
- Glossary of Terms* handout
- Flip chart paper
- TTT book

Basic procedure, prompts, and debrief questions:

Prepare easel paper that lists correct answers.

1. Explain that in the first portion of the training we will be reviewing common terms that are used when discussing transgender and gender non-conforming individuals. You may be familiar with some of these terms, but since different people use the terms in different ways, we want to make sure that we are all working with the same definitions.
2. Direct participants to the ***Understanding Transgender Terminology* handout** in their packet. Instruct participants to complete the handout by working together with 2-3 people around them to figure out the correct answers (adjust according to group size, can be done independently).
3. After about 5-7 minutes, bring participants back to the large group. Explain that you are going to display the list of correct answer, and then after everyone has had a chance to check their answer you will provide explanation for each of the definitions. (See the *Understanding Transgender Terminology: Facilitator's Guide* in TTT book for the correct answers and talking points for each term.)
4. Ask participants if they have questions about these concepts or terms. Validate that this is a lot of information in a short period of time, and that it can be confusing or overwhelming.

Answer questions and discuss the terms for which the group needs clarification. Be sure to touch on the following topics. The facilitator should discuss these, if not raised by participants:

- **Sex Assigned at Birth & Gender Identity:**
 - SAAB – You are born, and the provider looks at your genitals and pronounces you female, male, or intersex
 - Gender identity – Your internal sense of self, how you feel in terms of gender
- **Binary:** A system where there are only two options
- **Transgender is an “umbrella term”:** There are lots of different ways that folks identify and many of these identities are considered trans. The Latin prefix “trans” means “across” or “beyond” and can be used to refer to folks whose sex assigned at birth is the opposite of their gender identity or whose gender identity doesn’t fit in the socially constructed gender binary that is common in Western culture.
 - Transgender is an adjective. For example, you would say “a transgender person,” “a trans person,” or “a person who is trans.” These are all ways that are appropriate to use the word trans or transgender. You would NOT use trans as a noun. For example, “that patient is a transgender” or “my colleagues is a trans.” It’s an adjective, which means it’s a descriptor, used to describe a person.
- **Cisgender:**
 - Cisgender (abbreviated “cis”) term for people whose gender identity matches the sex that they were assigned at birth, as opposed to folks who are transgender. Cis comes from the Latin, meaning “on this side of.” It can be othering to name only the oppressed group, so having language for talking about the gender of the dominant (cisgender) group is important. Everyone has a gender.

	<ul style="list-style-type: none"> • Non-binary: A continuum or spectrum of gender identities and expressions, often based on the rejection of the gender binary’s assumption that gender is strictly an either/or option of male/men/masculine or female/woman/feminine based on sex assigned at birth. Words that people may use to express their non-binary gender identity include “agender,” “bigender,” “genderqueer,” “genderfluid,” and “pangender.” <ul style="list-style-type: none"> ○ Some non-binary people may choose to use they/them pronouns. It might seem clunky at first, but you actually already know how to do this! We use they/them singular pronouns all the time when we are discussing an unknown person. • Pubertal suppression: A low-risk medical process that “pauses” the hormonal changes that activate puberty in young adolescents. The result is a purposeful delay of the development of secondary sex characteristics (e.g. breast growth, testicular enlargement, facial hair, body fat redistribution, voice changes, etc.). Suppression allows more time to make decisions about hormonal interventions and can prevent the increased dysphoria that often accompanies puberty for transgender youth. <ul style="list-style-type: none"> ○ PPGNHI has chosen not to offer hormone therapy for pubertal suppression at this time. <p>5. Explain that there are some terms that are derogatory and offensive and should never be used and point out the <i>Glossary of Terms</i> handout in their packet, which includes a grid that explains affirming alternatives.</p> <p>6. Conclude with a conversation around the following talking points:</p> <ul style="list-style-type: none"> • Every person in the room, and every person who is born, has a sex that they were assigned at birth, a gender identity, and a gender expression. This combination is what comprises a person’s gender. • All people also have a sexual orientation that is separate from gender identity. Sexual orientation is attraction to and desire to have relationship with other people. • Transgender people also have a sexual orientation that is separate from their gender identity. • Transgender people have any and all sexual orientations. <p>Remember – Never assume that you know:</p> <ul style="list-style-type: none"> • A person’s gender or sexual identity by looking at them. • A person’s sexual behaviors because you know their gender or sexual identity. • That gender or sexual identity will determine their sexual behaviors. <p><i>*This is a time to refer to your EMR/EHR system and share any notes on processes and systems related to how you will note name, legal/ID/chosen name, and pronouns.</i></p>
30 MIN	<p>TERMINOLOGY BEST PRACTICES & ASKING KEY QUESTIONS</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flip Chart Paper with Key Questions on it <input type="checkbox"/> Guidance on Pronouns handout

Best Practices

Transition by asking: What is the purpose of asking patients to tell us their pronouns, sex assigned at birth, and gender identity?

- **Asking About Pronouns:** (functional and respectful) we want to use the name and pronouns that are affirming to the patient.
 - Functionally, we need to refer to our patients when speaking with them and with colleagues.
 - By asking and honoring the patient’s requests, we show respect and honor their identity.
 - AND – we ask every patient, because we cannot assume a person is cisgender or transgender, based on their appearance.
 - **Best Practices:**
 - Avoid using the word “preferred” when talking about gender pronouns. Language is always evolving and while it was previously in fashion to ask about a person’s “preferred pronouns,” people have realized that using language that affirms a person’s deep-rooted sense of self is not a preference or an option. Talk about pronouns or gender pronouns and leave the word “preferred” out of the conversation.
 - If you are speaking about a person whose gender identity is different from their sex assigned at birth and you're confused, you should use the word that matches the person’s gender identity (not sex assigned at birth).
 - If you have the opportunity to introduce yourself to patients, include your pronouns. This can help to demonstrate and standardize including pronouns in our conversations with patients.
- **Sex Assigned at Birth:** Would we need to ask this if we were librarians or grocery clerks or social acquaintances? NO! However, in sexual and reproductive healthcare, this information is important in how we care for the patient, as a patient’s anatomy dictates some aspects of clinical care.
 - In most other contexts, it would be extremely disrespectful to ask a trans person about their anatomy. AND, as a reproductive health pro – we ask every patient because we cannot assume that a person has a vagina/cervix/uterus or penis/scrotum/testicles or is intersex based on their appearance.
 - It’s important that we all understand this. We will also need to explain this to patients. Most transgender folks get tired of being asked about their bodies and we need to be clear that we’re not asking out of curiosity.
- **Gender Identity:** Patients may have different views of disclosing their gender identity.
 - Requiring patients to disclose their gender identity could be interpreted in a variety of ways.
 - Some patients may feel pressured to “come out” when they’re not ready or comfortable to do so. It may not be physically or emotionally safe to do so.

- On the flip side, some patients find sharing and acknowledging their gender identity as affirming.
 - For this reason, we will invite patients to *optionally* disclose their gender identity on patient registration forms, but within the context of getting a patient set up for their for a visit, we will focus on discussing pronouns and meeting the needs of the patient and their body.
 - AND – there will undoubtedly be times when we might need to ask or clarify these questions verbally. Given this, we want to spend some time refining this skill.
- **Apologizing for Misused Language:** (pronouns, name, body part labels)
 - This will take practice. Acknowledge if you screw up, and try again.
 - Sample script “I’m sorry I used the wrong pronoun, I’ll use ___ from now on.”
 - Profuse apologies put transgender and non-binary people on the spot to reassure the person that it’s okay, (even when it’s really not) and also draws time and attention away from the reason for their visit.
 - Acknowledge your mistake, apologize, move on.

Practice: Asking About Pronouns and Reproductive Anatomy (10 minutes)

Arrange participants in pairs or triads – one participant acts as an employee, one as patient.

Instructions:

Practice asking the questions (on flipchart paper):

- *What gender pronouns should I use when referring to you?*
- *What sex were you assigned at birth?*
- Some patients may be surprised or confused about these questions. Practice explaining why we ask everyone about their gender pronouns and sex assigned at birth.
- If time allows – practice messing up and recovering. Recovery should be brief and succinct.

Bring back together and ask:

- How did it feel to ask these questions?
- How did it feel to be asked?
- What challenges do you anticipate in incorporating this into your daily work?

Remember that patients that we see walk in vulnerable already. This is especially true for trans folks, most of whom have had really bad experiences with health care providers in the past. Let’s help folks to feel more comfortable, heard, and respected by understanding how important language is and doing this well.

When we return from break, we’ll dig a little deeper into the myriad barriers that folks face – in health care and out in the world.

20 MIN	<p>Accessing Medical Care from a Transgender Perspective - Teaching Transgender Toolkit Lesson 23</p> <p>Materials:</p> <p><input type="checkbox"/> <i>Case Examples: Transgender People Accessing Care page 204 – 205 TTT. There are 5 vignettes, depending on group size you can select all or specific ones.</i></p> <p><i>In this section we will be exploring challenges that transgender people face when they are trying to access medical care. Explain the next portion of the lesson will use some case examples to explore the common barriers and challenges that transgender people face when accessing medical care.</i></p> <ol style="list-style-type: none"> 1. Divide the group into groups of 3-5 people. Assign each group a case example that their group will read and discuss. 2. Allow participants time for group reading and discussion of case example. Facilitators rotate through the groups during this time to observe and answer questions. <p>Ask each group to summarize their case study and share what they learned based on the questions they were asked at the end of the examples.</p>
10 MIN	BREAK

45 MIN	<p>WHAT TO DO: CHALLENGES & SOLUTIONS</p> <p>What To Do When The Phone Rings – Teaching Transgender Toolkit Lesson 22: (45 minutes) Page 193 – 197 Trainer</p> <p>Note: See TTT Curriculum for more detail on the following section</p> <p>Materials:</p> <p><input type="checkbox"/> Painter’s tape</p> <p><input type="checkbox"/> Markers</p> <p><input type="checkbox"/> Flip chart posters labelled PATIENT CALLS, INSURANCE BILLING, PATIENT PORTAL, and INTERNAL COMMUNICATION.</p> <p>Create posters with PHONE CALLS, CHECK-IN/IN-TAKE, THE VISIT, and CHECK-OUT/BILLING labeled in large print on top and place them around the room.</p> <p>Break participants into small groups and direct them to stand by one of the posters. Give each group markers. Tell them there will be two rounds and they should assume they are or will be interacting with someone who is transgender or working with a patient file of someone who is transgender.</p> <p>Round One: Invite groups to list as many possible challenges, worries, concerns, and “how would I…” questions about potential interactions involving transgender care. Repeat until each group has been to each poster.</p> <p>Round Two: Invite groups to write as many solutions, fixes, workarounds, suggestions, and examples of best practices related to providing affirming services to transgender patients as they can.</p> <p>Instruct the groups to mingle and read the content of each of the posters.</p>
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	<p>Lead the group in discussion with the following questions:</p> <ul style="list-style-type: none"> • What are your initial reactions to this activity? • Were there specific topics that were harder or easier to discuss? • Were there specific best practices that you want to call out and talk about? • What are some of the possible effects of how these systems work on a transgender patient’s experience and willingness to seek care?
<p>15 MIN</p>	<p>When are we starting care, what does this mean for me?</p> <p>We have an opportunity to be gender affirming in all of our interactions with patients of all genders. We will begin offering Gender Affirming Hormone Therapy in _____ health centers on _____.</p> <p>FOR PPSW to fill in ---</p> <ul style="list-style-type: none"> • Add in roll out info slides and details from Dr. Bukowski • Timelines and expectations for staff • Additional training? • Systems that will be or already have been changed to address the needs of patients. <p>What questions do you have about these new services?</p>
<p>30 MIN</p>	<p><u>In Solidarity With & Intervening: Role Plays – Teaching Transgender Toolkit Lesson 15</u> Pages 137 – 143</p> <p>This lesson gives participants an opportunity to learn about and discuss being an ally* to transgender people through a mini-lecture, small- and large-group activities and a self-assessment activity. Allies that develop empathy, awareness, and skills are more effective collaborators in social justice and social change work.</p> <p>*TRAINER NOTE: *The word “ally” can be contentious. Some people identify with it and use it with conviction. Others view it more negatively and use “in solidarity with” instead. This is often based on the idea that “ally” is a problematic label because it takes focus away from the people being marginalized. There are also some who challenge the idea that someone can identify as an ally or has the right to do so. We choose to use the word “ally” here because it remains the best word we can find to assign to people with privilege who stand in solidarity with marginalized people, in this case, transgender people. We realize language matters and changes, and we expect to learn new words to add to the conversation.</p> <p>See procedure on page 138 -139 in TTT. There are 5 role play options – choose how many or which topics resonate for your audience needs and size.</p> <p><u>Talking Points</u></p> <ul style="list-style-type: none"> • Stress that the most effective strategy for calling someone out is to provide useful content in a warm and non- shaming tone. It is also helpful to provide context and clarity about why a statement is problematic, and offer a simple correction.

	<ul style="list-style-type: none"> • Validate that it can be stressful, or that it can be hard, to find the words to call someone out at the exact moment that a hurtful remark occurs. It is often better to try to intervene in that moment because it helps raise awareness and communicates solidarity with and support of transgender people. • There are situations in which an intervention may be more effective when done privately or at a later time. (For example, if you are addressing your supervisor, or if you are concerned about a defensive response). When it is not possible or advantageous to call someone out at a particular moment, it may be possible to re-approach the person later in a more private location. <p><u>Discussion/process questions:</u> After the group has completed all their scenarios, lead the whole group in a culminating discussion using the following questions:</p> <ul style="list-style-type: none"> • Why is it important that you intervene in situations in which there is bias or prejudice? • Where do you think that you might encounter some of these situations? • How likely do you think it is that you would speak up in an instance in which someone makes a statement that is ignorant, biased, or prejudiced? • What additional steps could you take to become more confident as an ally or advocate in such situations?
15 MIN	<p>Q&A</p> <p>Invite questions and facilitate an open group discussion. Answer what you can, note the questions you do not have the answer to or the answer remains in process and follow up with group as you learn the answer, or it becomes known.</p>
10 MIN	<p>CLOSURE, WRAP UP, EVALS</p> <p><u>Materials:</u> <input type="checkbox"/> Evaluation form</p> <p><u>End of session check-in</u> Invite participants to share one of the following – popcorn style or time permitting round robin with all sharing. Write up or project these sentence stems:</p> <ul style="list-style-type: none"> • Something I learned.... • Something I want to learn more about... • Something I will take with me... • Something I will talk more about with a co-worker... <p><u>Thank You and Evaluations</u> (5 minutes) Thank participants for their presence and contributions. Highlight again the enormous impact we can make by providing Gender Affirming Care and hormones for trans people, and how important each individual’s contribution is to our ability to do this well. Thank everyone again, and distribute evaluations. Invite all participants to complete the anonymous evaluation form.</p>

Useful phrases and words for staff to know

Reprinted with permission from The Teaching Transgender Toolkit

Two things that can make it difficult for staff to communicate easily with transgender or gender non-binary patients are confusion about what to do, and fear about saying the wrong thing. Here is some guidance about how to navigate these common concerns.

- When a patient calls to make an appointment and comes out as transgender on the call, consider saying “Okay, great. Is the name you have given me the one you’d like us to call you when you are at your appointment?” Follow up and ask specifically: “What pronouns would you like us to use?”
- When a patient is checking in and you are unsure of the name or pronouns consider a simple “How would you like me to address you?” There will be mistakes with names and pronouns. Acknowledging a mistake and offering a sincere, simple, and brief correction and apology is key. If this occurs consider saying, “I just used the wrong name, I’m sorry,” and correct yourself. And move on with the conversation, care or check-in process.
- Be aware that some patients may wish to be addressed differently in a public space versus a private space, choosing one name when being addressed in a public waiting room or when you are leaving them a voicemail but another name within a private and confidential setting. You can simply ask, “Is that the name you would like to have used throughout for visit?” and “Are there any times or places that you would like me not to use this name or pronoun?”
- Review your paperwork, intake forms and procedures to identify where patients are asked to share their gender. Consider whether this is a required inclusion and, if not, consider removing it. There are times when a gender marker may be required (such as insurance billing, official reports, grant reporting, ordering lab work or making referrals). Make sure that there is ample space or time for a person to indicate how they would like to be addressed. The required name for insurance may not match the individual’s current name and gender. Consider providing a blank line for chosen name and pronouns for the patient to self-identify rather than check boxes.
- Let transgender patients know if, when, and why you are required to use their legal name. This may be a requirement for insurance billing or other official paperwork; inform the patient by saying, “I wanted to let you know we will need to use your legal name to submit this paperwork, but we will continue to use the name that is most affirming for you in all of our other interactions.”
- Remember that being “outed” as transgender can be a major safety risk. It is essential to consider if/how this information will be recorded, with whom it will be shared and what the potential consequences of disclosure might be. Let the client know who will have access to the information, under what circumstances and why, so that they can create a safety plan as needed. Avoid referring to the client as “the transgender client” or having conversations in spaces where this information might be overheard.

Call Center Training and Resource Guide

Call centers are often the first voice patients hear and interact with as they seek information or are seeking to initiate or continue with their gender affirming care. For some affiliates, their call center is in-house and training is managed internally, for others their call center is outsourced or a part of collaboration with other affiliates. It is critical to train your call center staff in answering questions and making appointments in respectful, informed and welcoming ways for patients seeking gender-affirming care. This first interaction often sets a tone for what the patient can expect from their experience. Thoroughly trained and prepared call center staff can make an immensely positive impact of the patient experience.



PPSFL created a **Call Center Resource Guide** to accompany training provided to call center staff specifically addressing navigating appointment making and answering common questions when patients call in. A PDF of that guide is in the appendix. Our Transgender Patient Navigator, Devon Ritz-Anderson, is available to share her thoughts and insights on this process.

Please be in touch with Devon at 607.216.0021 ext. 2308 or devon.ritz@ppsfl.org.

Provide call center staff, and all staff answering patient questions, with brief and clear information and sample language to use about a few key questions that commonly come up over the phone.

Frequently asked questions from patients over the phone:

- What will happen at my first visit?
- What will happen at my follow-up appointment?
- Will insurance cover the cost of my visit?
- I heard about your Transgender Health Fund, could I use that?
- Do I get my hormones from Planned Parenthood or a pharmacy?
- Do I need a letter from a therapist to get care from Planned Parenthood?
- Do I need to bring anything with me to my first visit?

Additionally, provide call center staff with information and sample images related to scheduling, how to navigate your electronic health record system, and referral information back to your Transgender Patient Navigator or other identified resources people within your affiliate.

Transgender Patient Welcome Kit

We have found that new patients have several questions about what it might be like to receive gender affirming care at Planned Parenthood. Questions ranging from *how soon will I be able to start hormones?* and *when will hormones begin to work?* to requests for resources for support or referrals for additional gender affirming services in our region. Our kit is available as a hard copy packet to mail to new patients as well as a PDF to email if preferred. It became apparent early on that there were several common questions that we could simply answer for all new patients in an effort to positively affect patient experience as well as prepare patients for the course of care and share resources they may find useful.

PPSFLs Transgender Patient Welcome Kit include:

- A welcome letter describing what they can expect from us, the first steps in the process, and what will likely happen in their initial visit.
- A regional transgender resource list with gender affirming organizations, providers, services and groups.
- Information about transitioning at work.
- A grid adapted from WPATH on the Effects and Expected Time Course of Transgender Hormone Therapy
- Information on our local Voice Modification Program for People in the Transgender Community.
- Information for our regional Fertility Center about cryopreservation options.
- A copy of our booklet – Know-How: The trans person’s guide to get or change all of the life documents and essential paperwork you’ll need to make your way in the world.

Communications & Marketing

Social Media Advertising



Planned Parenthood of Greater Texas has done some exceptional marketing and communications work related to their launch of gender affirming care.

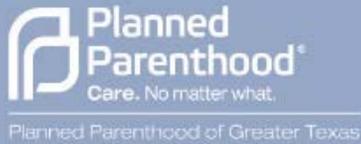
They expanded their healthcare services for transgender patients in April 2017 with the launch of gender affirming hormone therapy at the North Austin and Plano health centers, and at the Arlington health center in December 2017.

Marketing efforts are used to promote these services. Planned Parenthood Federation of America awarded PPGT affiliate a grant to advertise hormone therapy services in Austin and North Texas.

This campaign followed media coverage of Pride activities, and includes digital ads on social media and Grindr, and print ads in the *Dallas Voice* and *Austin Chronicle* to enhance paid search ads already in place on Google.

They also have a [landing page on their website](#) about these services.





Press
Release

Planned Parenthood Expands Healthcare Services for Transgender Texans
Gender Affirming Hormone Therapy Now Available at Five Health Centers

FOR IMMEDIATE RELEASE

For additional information, contact
Autumn Keiser
512.923.1985
autumn.keiser@ppgt.org

Austin, TX: Planned Parenthood of Greater Texas serves transgender people and patients on the spectrum of gender identity and expression for their sexual healthcare needs. Planned Parenthood is committed to improving the way transgender Texans receive health care in our community, including eliminating barriers to that care.

LGBTQ communities are underserved when it comes to accessing healthcare, and many LGBTQ people face [discrimination](#) and [ignorance](#) in healthcare settings — [especially](#) transgender patients.

Last year, Planned Parenthood expanded [healthcare services for transgender Texans](#) to offer gender affirming hormone therapy in **Arlington, Austin, and Plano**. Based on the demand, services are now offered in **Denton** and a **second Austin health center**. Additional health centers will begin offering services later this year.

Feedback from our transgender patients has been overwhelmingly positive. Here's what one patient receiving gender affirming hormone therapy at the Arlington Health Center shared, **"This was a wonderful, positive, affirming experience for me. Staff was so respectful and used the correct name/pronoun. Thank you so much for being amazing!"**

"Our health centers have always provided not just trans-friendly, but trans-competent healthcare to patients who too often have previously gone without necessary care out of fear or uncertainty," said Elizabeth Cardwell, PPGT Lead Clinician, **"to expand that care to assist our patients in fully-becoming the gender they identify with is a point of pride for our organization and health center staff."**

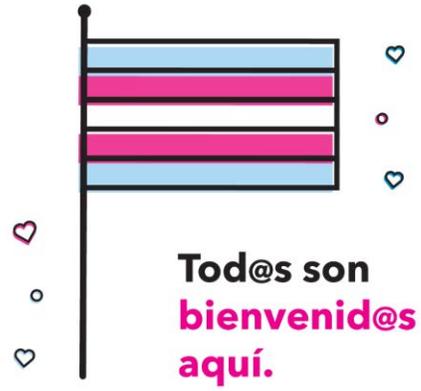
Communications and outreach efforts can help tell the story about Planned Parenthood as a gender affirming provider and advocate. From gender affirming messages and images on stickers and buttons to highlighting aspects of care on social media can all help get the word out about services and provide an opportunity to Planned Parenthood to take a stand for and amplify affirming messages of transgender beauty, rights, and equity. Some examples of this from PPSFL.



Transgender Visibility materials from the National Office



Planned Parenthood®



Planned Parenthood®



Public Affairs Collaboration

PPSFL's Public Affairs team also applied a transgender and non-binary inclusive approach to our Health Center Advocacy Program (HCAP) by gathering stories from patients in our waiting room through our advocacy stations and patient interviews. After the stories were gathered, we created small graphics of stories from transgender patients for use on various social media platforms. We also have three-foot square foam core boards printed with the patient quotes on them to have on display in our training center and for community and donor events.

"Today I get my first testosterone injection. After years of agonizing over whether I could do it, today I finally will. I cried on the way here. I'm not ashamed of that, nor will I ever be. Planned Parenthood is giving me the opportunity to save my life. The care from my first appointment was phenomenal, very affirming. Thank you."

Quotes collected by PPSFL's Health Center Advocacy Program Volunteers



"As a trans person who can become pregnant, I was already hyper conscious about becoming pregnant. Planned Parenthood was consistently better than other places I've been about using my correct gender and pronouns throughout my abortion process. I'm going through the process of beginning hormones now and PP's informed consent policy seems to be the most respectful understanding way for helping all trans patients get what they need in terms of accessibility to medical transition."

Quotes collected by PPSFL's Health Center Advocacy Program Volunteers



Naming Your Program

There are varieties of ways affiliates describe their services. Some guidance on practices in place currently:

- Gender Affirming Care is currently becoming the most common and useful program name
- When describing your care further, use "transgender and non-binary" instead of only using "transgender" to more accurately reflect our patients' identities.
- Avoid all uses of internal abbreviations and acronyms for care – specifically TG – as that is unknown and may seem confusing or disrespectful to external audiences.

Reflections, Thoughts & Advice from the Field

In August 2018 a survey was shared with affiliates inquiring about strengths, challenges, apprehensions, needs, and best practices in providing transgender care. Eighty of our colleagues were kind enough to share their thoughts.

2018 Planned Parenthood Transgender Services & Resources Survey Highlights

Of the 80 respondents, 60% worked for affiliates already providing gender affirming care. Thirty-five percent were not currently providing care but were in an active planning phase with the goal of launching care in the near future.

Affiliates that have been providing gender affirming care shared the following notes about what was useful in their planning and rollout of care.

- Find regional or national transgender health conferences for staff to attend before you roll out care and after, for continued education.
- Independent study is helpful. Many respondents said that reading books, articles, keeping up on research, and having a desire to learn new things has a positive impact on care.
- Clinical shadowing was highly recommended with most staff providing care offering to host others that would benefit from shadowing.
- Several recommend membership in WPATH.
- All report that staff training is critical. Sensitivity training, transgender 101 sessions, empathy building, and practice opportunities were essential. Often, providers desired more fundamental information and background than was initially provided and required ongoing education and support.
- For EHR related questions it was helpful to connect with other affiliates using the same system – tips and suggestions, workarounds and successes helped provide a smoother initiation of the administrative aspects of care.
- Partnering with local transgender community organizations and colleagues providing services to the transgender community was incredibly useful. Being connected and working in or alongside transgender serving programs provided essential community connections and easier creation of resource and referral guides.
- Many respondents indicated the Teaching Transgender Toolkit was useful.
- Using internal training resources within education departments that already have a high level of expertise with these topics was very useful for the affiliates who had that option.

“After we went live, we all kind of looked at each other and said "wait, this isn't any different than other care we are offering". We really psyched ourselves out because I think we were so scared of failing or doing something wrong. You can't go into offering these services scared. Mistakes will be made, and the most important thing is taking ownership of those mistakes and learning and growing from them.”

There are some notable additions when asked what was useful or what affiliates would have done to help make their program run more smoothly:

- Case studies! When offering clinician training working through case studies was very helpful and allowed for staff to run through common scenarios and have group brainstorm discussion and practice opportunities.
- A clear procedure on managing prescription requests in a timely manner. Due to DEA classifications, testosterone prescriptions usually need to be done very specifically. Working with local pharmacies helps.
- Sharing stories about transgender people's lived experiences – through videos or guest speakers - provided opportunities for learning and empathy building.
- Forms, forms, forms! Check your forms, fix your forms, work to get your systems better set up for this care and also be ready to fix things on the go because new issues will come up!

Lessons learned:

- Gather resources and referrals on a list before you launch care, the requests will come in and having options and lists will make that much smoother.
- Patients will struggle with pharmacies and insurance companies. If you can help interact with them and advocate on the patient's behalf that is helpful. You often have to educate pharmacy staff and customer service representatives with insurance companies about the need for this care and why it matters.
- Seek out colleagues that work in a role similar to yours to shadow, ask questions to, and have as a person you can reach out to when you have questions, successes or frustrations.
- Train everyone! Don't only focus on health center staff. Make this an affiliate wide effort.

Most affiliates did not currently have a dedicated staff member to provide patient navigation and support to the clinical team. Affiliates that report having a patient navigator role shared that this was a profoundly useful role and colleague to have on staff for both providers and patients.

Additionally, we sought our reflections and thoughts from various colleagues; they were kind enough to offer their thoughts as well.

Kyle Bukowski, MD
Associate Medical Director
Planned Parenthood of the Pacific Southwest

As an ob/gyn and family planning provider, I have a deep commitment to exploring the intersection between gender and health disparities. The health disparities that exist for transgender and non-binary folks are immense and often a result of discriminatory practices and biases held by health care professionals. Over the past years, I have happily noted a natural confluence of abortion/family planning care and gender-affirming medical care. There is a shared interest in patient self-determination and tackling stigmatized but essential health care for both issues and our specialty has appropriately recognized this. Moreover,

Planned Parenthood is known for providing judgement-free care no matter what and many in the larger LGBTQ community see our health centers as a safe haven for care.

Planned Parenthood of the Pacific Southwest is located in Southern California and our territory has a significant LGBTQ community without a centralized medical home or service provider network for transgender and non-binary folks. To this end, our affiliate made a intentional decision to begin exploring how we could help address these health disparities and provide gender-affirming hormone care to patients in our region. From a top down approach, the executive leadership and board of directors were educated about the desperate need for these services and the buy-in was immediate. We similarly discussed the need for these services with our donors and community partners, who similarly supported our efforts. Finally, we performed an organizational readiness assessment and we heard a resounding desire from staff to provide these services and to be educated on how to provide excellent and competent care.

The journey has just begun but it speaks to who we are as an health care organization. We meet patients where they are at, we provide judgement-free care no matter what, and we fight against injustice and health care inequity in whatever form it may take. It has been an honor and a pleasure to work on an exceptional team dedicated to this work and to serving our community.

Joyce Leslie, MD
Medical Director
Planned Parenthood of the Southern Finger Lakes

- Plan for follow up time, especially with testosterone prescriptions, because it is a controlled substance.
- Bring your billing team along early as insurance companies vary in what they will cover and this greatly impacts patients.
- I think it's good to have a dedicated staff member of some sort to do the bulk of the work related to prior authorization, which is needed for getting coverage for many folks for estrogen and testosterone, so it can be managed as efficiently as possible and take as little clinician time as possible. This does not have to be a clinical person. We have boilerplate letters and a dedicated staff person. She has developed a chart of the requirements of various insurance companies.
- I think the way we rolled out care at PPSFL – starting with just one clinician – was not a good idea. She was immediately overwhelmed with the follow-up work and requests and it became a problem related to responsiveness when she was away from work on paid time off. I think having everyone trained and prepared to provide this care is best choice, this makes it the norm.
- The medical part of this care is not difficult; however, the needs beyond the medical care require resources in staff time, services, access to a reliable referral network, community programming, and communication with patients.

Change Management, Leadership & Social Change Resources

New Service Roll Out Tool – The MOCHA Model

New service roll out plans that include resources related to change management, and involvement and collaboration among multiple stakeholders tend to have the best success. Many of the pitfalls that affiliates have faced and struggled with – buy-in readiness, training, support across the organization’s structure – can be surfaced, planned for, and addressed with thoughtful and inclusive planning and implementation.

A few resources to know about. These are more meta-level resources that are not specifically about gender affirming care but rather, best practice processes and systems that can positively affect adding new services that require new awareness, skills and tools.

The Management Center **www.managementcenter.org**

The Management Center is a go-to resource on effective management for social change organizations specializing in working with progressive groups in the U.S. They train individual managers on the practices that help high-performing organizations deliver lasting results over time. In their work they actively acknowledge and work from the foundational belief that “disparities in money and power mean that social justice advocates need to fight not just as effectively as their opponents, but *more* effectively.”

Simply put, their work is about helping social justice leaders learn how to build and run more effective organizations, so that they can get better results.

Cheri Pogue, VP for Patient Services with Planned Parenthood of Pasadena & San Gabriel Valley shared a best practice tool used within PPPSGV centers when a new service is rolled out. The tool they deploy is called the MOCHA Model which was adapted by The Management Center from the “DARCI” model taught in some programs, which stands for: Decider, Accountable, Responsible, Consulted, Informed. PPPSGV used the MOCCHA model as they began to plan for the rollout of their gender affirming care.

You can find all of this information on a [free PDF of the MOCHA Model](#) from the Management Center. The MOCHA Model places high value on involving multiple stakeholders inside or outside the organization in its work. This broad approach to involvement can generate greater buy-in and better outcomes and a critical aspect of the model is clearly identifying who is responsible for what. The model can help managers more intentionally identify and clearly articulate and communicate who should play what role in the work at hand.

The MOCHA Model is an acronym standing for these key roles and responsibilities:

- **MANAGER:** Assigns responsibility and holds owner accountable. Makes suggestions, asks hard questions, reviews progress, serves as a resource, and intervenes if the work is off-track.

- **OWNER:** Has overall responsibility for the success or failure of the project. Ensures that all the work gets done (directly or with helpers) and that others are involved appropriately. There should only be one owner.
- **CONSULTED:** Should be asked for input or needs to be bought in to the project.
- **HELPER:** Assists with or does some of the work.
- **APPROVER:** Signs off on decisions before they're final. May be the manager, though might also be the executive director, external partner, or board chair.

The simplicity of this tool is quite genius! It exists not only as a tool to organize roles and tasks but as a useful checklist to be sure you have thought who fits into each of the five categories. Then, as with successful deployment of all tools, asking, what did we miss? Is there another person we should involve in some way? What might be an unseen barrier or challenge given the people working on the MOCHA? This is that exquisite step where we slow down, take a collective breath, reflect, and make sure we are operating thoughtfully from a collaborative and intersectional framework.

The MOCHA Model in action can look as simple as this, knowing that some individuals may be assigned to multiple roles.

Project Name: _____

Planned Roll Out Date: _____

Manager	Owner	Consulted	Helper(s)	Approver

Not only can staff become trained in this model by The Management Center, they can also access various other tools and useful information on their website, including:

- Sample email to staff to introduce the MOCHA Model
- Tips for assigning roles when projects involve multiple people

The Theory and Practice of Social Change

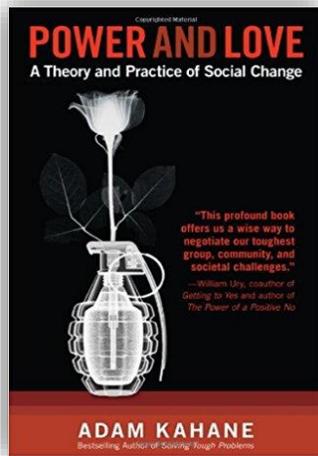
When providing training it can be useful to situate your work within the context of social change work and acknowledge some key things as the conversation begins. Some of what Luca and I include when we train includes the following statements as a means of framing our work:

- You all are capable, compassionate people doing important work.
- We're not alone, in truth we are catching up.
- Transgender justice work is racial justice work.
- When humans are engaged in social change work related to urgent needs, process and outcomes can present tensions.
- Trying and learning matters. Both are work.

Additionally, we have found it useful to bring in resources that can help us understand both the complexity of the work at hand and the urgent need to act. One approach to this comes from the work of Adam Kahane. Kahane is a Director of [Reos Partners](#), an international social enterprise that helps people move forward together on their most important and intractable issues. He is a leading organizer, designer and facilitator of processes through which business, government, and civil society leaders can work together to address such challenges.

Some key resources from Kahane include:

[*Collaborating with the Enemy: How to Work with People You Don't Agree with or Like or Trust*](#)
[*Transformative Scenario Planning: Working Together to Change the Future*](#)
[*Power and Love: A Theory and Practice of Social Change*](#)
[*Solving Tough Problems: An Open Way of Talking, Listening, and Creating New Realities*](#)



This kind of complexity...

Dynamically complex
cause and effect are independent and far apart in space and time

Socially complex
the people involved have different perspectives and interests; relationships affect their behavior

Generatively complex
the future is fundamentally unfamiliar and undetermined

Adam Kahane, Power and Love

...means our approach must be...

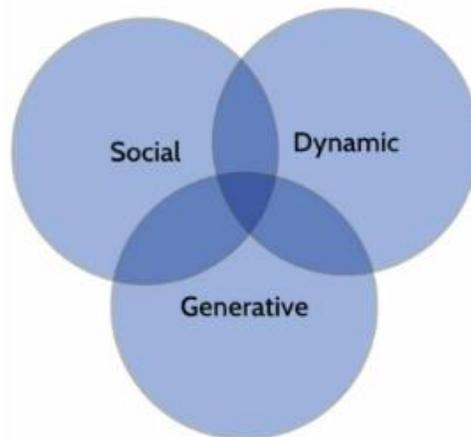
Systemic
cannot be addressed piece by piece, but only by seeing the system as a whole

Participatory
cannot be addressed by experts or authorities, but only with the engagement of the people living in the situation

Emergent
cannot be addressed by applying "best practice" solutions from the past, but only by growing new, "next practice" solutions

Approaches for creating in complexity

Be Participatory
Bring all stakeholders into the creative & decision-making process



Be Systemic
Address root causes of problems, and give innovations healthy roots

Build capacity to deal with emergence
Improve abilities to adjust to constantly changing reality as it unfolds

Closing Thoughts

Thank you. Whether you're reading this from an affiliate that's been providing care for a while and are simply seeking new ideas or you are just beginning on the path of providing gender affirming care, your work and commitment matter.

You are not alone! Please reach out to colleagues, join the listserv, check out the resources on the intranet, and share your best practices, lessons learned, and resources.

At Planned Parenthood, we have many of the structures, protocols, the cadre of skilled and compassionate professionals and certainly the mission and vision in place to continue to increase access to care for a vulnerable, underserved population that deserves to be centered, affirmed, and no longer pushed to the margins of health care.

We can do this.

We hope this guide has proven useful.



Resources & Appendix

PPGT's Hormone Therapy Injection Videos

PPGT created instructional videos on hormone therapy injections. These videos are available in English and Spanish [online](#). Transcripts of the videos are available for deaf/hard of hearing patients and written injection guides with detailed instructions.

Following this page are copies the following documents and materials, should you wish single PDFs or design files please be in touch with Maureen:

Gender Affirming Care Health Center Checklist & Action Plan

Effects and Expected Time Course of Transgender Hormone Therapy

Transgender Inclusion Audit & Transgender Inclusivity Scale

PPSFL Transgender Services trifold brochure

PPSFL Transgender Patient FAQs brochure

PPSFL Know-How: The trans person's guide to get or change all of the life documents and essential paperwork you'll need to make your way in the world

PPSFL Guidance on Pronouns

Transgender Health & Medical-Legal Partnerships

TransHealth: Fertility and You

TransHealth: Sexual health for transwomen

TransHealth: Sexual Health for transmen

Ithaca College Voice Modification Program Brochure

Sample Bathroom Signage

PPSFL Initial Transgender Patient Call Script

PPNYC Pronoun Poster



Planned Parenthood
of the Southern Finger Lakes



Gender Affirming Care Health Center Checklist & Action Plan

Adapted from The Teaching Transgender Toolkit

Reviewing your systems, processes, procedures, policies, and approaches to care is a critical starting point as you are exploring adding gender affirming care to your service mix. It’s also a best practice to regular review the same things once you are underway with providing care to identify any remaining or emerging barriers and plan for action, training, and systems fixes when needed.

This checklist can be done as a group, by individuals, or by your Transgender Community Advisory Group as a means of gathering feedback.

Basic Cultural Competency	Yes	No	Who can fix this? What can be done?
Are all staff members trained in basic cultural competency (e.g., Transgender 101, confidentiality)?			
Are staff members up-to-date on current terminology and language?			
Are staff members comfortable asking patients about chosen name and pronouns?			
Do staff know who to turn to if they have a question?			
Are regular in-service trainings and updates offered to providers and frontline staff regarding the needs of transgender patients?			
Are providers trained in the most recent WPATH standards of care and PPFA protocols and up to date on clinical guidelines for working with transgender patients?			

Documentation & Health Records	Yes	No	Who can fix this? What can be done?
Can patients easily request being called a different name and/or pronoun from those listed on their health documents or identification?			
What options exist within your EHR/EMR for name and gender marker changes, notes and updates?			
Are there procedures in place for making sure that patients are called by their chosen name and pronoun?			
Are there procedures in place for making sure that insurance billing, prescriptions, etc., are consistent with legal documentation (but that the chosen name and pronouns are used in the office)?			
Are their procedures in place to change patients' medical records to reflect new legal name and gender markers?			

Billing and Payment	Yes	No	Who can fix this? What can be done?
Have your billing staff been trained regarding this service and unique billing needs for transgender care?			
Do you have a Transgender Health Fund?			
Do you have payment plan options for ongoing services?			
Do you have a key billing team member(s) available to speak with patients about specific billing and insurance questions?			

Processes, Policies, Procedures	Yes	No	Who can fix this? What can be done?
Do the intake forms provide an option for patients to self-disclose their gender identity as being different from their sex assigned at birth?			
Do your intake forms or procedures allow for patients to fill in pertinent health information without requiring separate gender-based forms?			
Does the health center have an up-to-date list of community referrals for transgender-inclusive mental health, medical providers, and other transgender-related care and services (voice modification, electrolysis)?			
Are regular in-service trainings or resources offered to help providers stay updated about services and resources in your affiliate and community?			
Are you providing care from an informed consent model? If not, do you have clear and consistent procedures and policies in place with strong rationale accessible to both patients and staff?			
Are there established connections with mental health providers who are transgender affirming?			

Affirmation: Do you have support, referrals, and procedures in place to provide affirming support for transgender patients who?	Yes	No	Who can you refer to? What can you offer?
Lack the support of family, friends or partner.			
Consider seeking hormones outside of a healthcare setting.			
Engage in unsafe or unmonitored use of hormones.			
Inject free-form silicone as a method of expediting transition.			
Need assistance with legal paperwork related to gender marker and/or name change.			
Need assistance with letters of support for other transgender-related care including gender affirming surgeries.			
Have other mental health issues, not directly related to their identity.			
Avoid routine or necessary health monitoring or concerns for other existing health conditions because they fear stigma, discrimination, lack of confidentiality from other providers.			
Wish to transition on the job or at school.			

Effects and Expected Time Course of Transgender Hormone Therapy

Effects and Expected Time Course of Feminizing Hormones		
Effect	Expected Onset	Expected Time to Maximum Effect ¹
Body fat redistribution	3-6 months	2-5 years
Decreased muscle mass/ strength	3-6 months	1-2 years ²
Softening of skin/decreased oiliness	3-6 months	unknown
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	3-6 months
Sexual dysfunction	variable	variable
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Decreased sperm production	variable	variable
Thinning and slowed growth of body and facial hair	6-12 months	> 3 years ³
Male pattern baldness	No regrowth, loss stops 1-3 months	1-2 years

(WPATH 2012, 7th version)

¹ Estimates represent published and unpublished clinical observations.

² Significantly dependent on amount of exercise.

³ Complete removal of male facial and body hair requires electrolysis, laser treatment, or both.

Effects and Expected Time Course of Masculinizing Hormones		
Effect	Expected Onset	Expected Time to Maximum Effect ¹
Skin oiliness/acne	1-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	>12 months ²	variable
Increased muscle mass/strength	3-6 months	2-5 years ³
Body fat redistribution	3-3 months	2-5 years
Cessation of menses	2-6 months	N/A
Genital (clitoral) growth/enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened voice	3-12 months	1-2 years

(WPATH 2012, 7th version)

¹ Estimates represent published and unpublished clinical observations.

² Highly dependent on age and inheritance; may be minimal.

³ Significantly dependent on amount of exercise.

Transgender Inclusion Audit

This handout will help you monitor your workplace to answer the question: Do the messages and images that people see, hear, and experience match our commitment to making transgender people, and their families and allies, feel welcome and respected?

Anyone can fill out this form—staff, clients or patients, youth, others who interact with your agency or organization. Involve as many people as possible to collect information on what is working well and where there may be room for updates or changes.

Take this sheet with a pen or pencil and move around your workplace. Look at the walls, forms, magazines, pamphlet racks, promotional items and publications, and other materials, and take note of what you experience and what you think. Then, take action to create or maintain a more inclusive environment.

Which will you keep? Replace? Find more of? Which are okay but you could keep looking for better?

Magazines:

Posters and artwork:

Music, sounds, and television:

Pamphlets and brochures:

Other materials, handouts, and forms:

Adapted from the work of Kelly & Maurer 1999, 2008

Transgender Inclusivity Scale

FOR NON-PROFIT & SERVICE PROVIDING ORGANIZATIONS

Review the following 6 stages of transgender inclusion and determine into which stage you believe that your organization falls.

1. Actively Discriminatory - An organization that is "Actively Discriminatory":

- Has policies and procedures that ban/inhibit transgender people from accessing the space or services.
- Operates under the idea that transgender people are mentally ill.
- Has staff people who view transgender people as freaks, or deviants.
- Assumes that there are only two sexes and genders, and that gender must be or should be congruent with the sex assigned at birth.
- Has no desire to learn about or provide services for transgender people.
- Actively discriminates against transgender people, has actively enforced policies of transgender exclusion.

2. Overtly Prejudiced - An organization that is "Overtly Prejudiced":

- Has only a vague awareness of the existence of transgender people
- Does not welcome transgender people or only specific staff members welcome transgender people.
- Does not acknowledge or address microaggressions (such as rudeness, funny looks or derogatory remarks) made by staff about transgender people.
- May look down on transgender people as people who are always in a lot of emotional pain.

- Believes that "there are no transgender clients" within their client base or community.
- Unintentionally ignores the specific needs of transgender people due to ignorance about related identities and challenges.
- Frequently discriminates against transgender people, has policies of transgender exclusion that are enforced on a case-by-case basis.

3. Aware - An organization that is "Aware":

- Has a staff that acknowledges that there may transgender clients, and that the organization may not be meeting their needs
- Has organizational leadership that may not acknowledge the importance of being proactive about transgender issues and minimizes the differences between LGB and Transgender clients.
- Lacks the desire or action to increase understanding of transgender identities and issues.
- Has staff that are nervous or unsure in their work with transgender people.
- May feel that because transgender people are statistically infrequent, that it is not a wise use of time or money to serve transgender clients.
- Has staff that believes strongly that transgender people are victims of their identities and will face a lifetime of pain because of their transgender identity and experience.



4. Active - An organization that is "Active":

- Acknowledges its weaknesses in serving transgender clients, with an understanding that there is room for improvement (may not understand what or how to improve).
- Has a preliminary understanding of intersectionality and how it affects transgender clients.
- Has some staff working to create organizational changes to make it safer for transgender clients.
- Begins to assess how the organization can meet the needs of transgender clients.
- Hires transgender people to help diversify the staff.
- Works to create inclusive spaces by modifying the forms and physical space (e.g., gender-neutral bathrooms or a safe alternative, intake forms, client records, etc.)
- Attempts to meet the needs of transgender clients, but perhaps with only marginal success.
- Has transgender-inclusive human resources policies (legal name protections, etc.).

5. Friendly - An organization that is "Friendly":

- Is accepting and respecting of differences between LGB and Transgender clients.
- Has a solid understanding of intersectionality and how that affects transgender clients.
- Routinely seeks out transgender voices to find ways to improve services.
- Implements training to increase awareness of transgender identities and issues; seeks out areas of ignorance and addressing them.
- Tokenizes transgender people, staff or clients, and expects them to take on a primary role in making the organization more fully transgender inclusive because they are transgender.
- Does not address the negative behaviors of clients who are transphobic or provide education for clients who are ignorant about transgender issues.

6. Fully Inclusive & Affirming - An organization that is "Fully Inclusive & Affirming":

- Truly respects and values transgender people
- Has staff all of whom make transgender inclusivity a priority, and work together to achieve the goal of full inclusion.
- Provides transgender-inclusive health care, and transition-related medical leave.
- Requires that new staff be knowledgeable about transgender identities, and/or requires training to become so as a condition of hire.
- Continues to explore and build knowledge about transgender identities and issues, and pro-actively seeks out ways to improve.
- Takes actions to address intersecting oppressions, particularly as it relates to advocacy work to include transgender people in other social justice movements, and includes intersectional approaches in work with transgender clients and communities.
- Advocates for the inclusion of transgender people in partner organizations and communities.
- Proactively discusses transgender inclusion with funders and encourages funders to prioritize the needs of transgender clients and communities.
- Has staff members all of whom role-model transgender-sensitivity for clients and address transphobia between clients.
- Publically speaks out against anti-transgender prejudice and discrimination.
- Mandates that transgender people serve in leadership roles within the organization and actively seeks to overcome social barriers to transgender people serving in leadership roles.

WE PROVIDE QUALITY, COMPASSIONATE CARE FROM AN INFORMED CONSENT MODEL FOR OUR TRANSGENDER PATIENTS.

What does informed consent mean to us?

Patients in our transgender program are not required to attend therapy and provide proof of therapy in order to receive the gender confirming health care they seek from us. We believe that some patients benefit greatly from mental health care and report positive experiences and that's important. However, we do not require our patients go to therapy to prove their true gender, or to get permission to change their bodies.

LGBT Youth Groups

Weekly social and support groups for youth 20 and under meet in Corning and Ithaca throughout the school year. Please contact lgbt@ppsfl.org for more information. Planned Parenthood's LGBT Health and Wellness program, Out for Health.

**For LGBT health and wellness information,
resources & referrals please contact or visit:**

**Email: lgbt@ppsfl.org
Call: 607-216-0021, ext. 2308
[PPSFL.ORG/TRANSGENDER](https://www.ppsfl.org/transgender)**



TRANSGENDER SERVICES



We serve transgender people and people at various places on the spectrum of gender identity and expression that are 18 and older. We are committed to improving the way transgender people receive health care in our region and proudly work with our transgender community to lead the way in eliminating barriers to care.

Transgender Support Group

This weekly social and support group meets in Ithaca and is co-sponsored by the Cornell and Ithaca College LGBT Centers and Planned Parenthood's LGBT Health and Wellness Program, Out for Health. Please contact: **TransGroup@ppsfl.org**

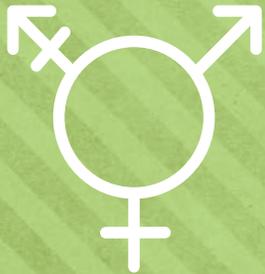
OUR SERVICES: We offer hormone therapy and preventive sexual health care services for transgender people. Patients under our care can receive a written prescription for hormones which they fill at a pharmacy. Planned Parenthood does not provide pharmacy services for hormones.

APPOINTMENTS: If you are interested in becoming a patient in our Transgender Program please call our **Transgender Patient Navigator, at 607-216-0021, x2308**. For current patients, simply call the health center where you receive care.

TRANSFERRING CARE: If you are already being seen by a medical provider for transgender care but you wish to transfer your care to Planned Parenthood you will need to have a copy of your records sent to us and call to make an appointment.

TRANSGENDER SERVICES COSTS: Costs vary depending on individual insurance plans. We have billing staff ready to help you figure out costs, billing and insurance. If you are uninsured or do not wish to use your insurance, we may be able to set up a payment plan. We also have a Transgender Health Fund to assist patients facing short term difficulties paying for transgender care at Planned Parenthood. This fund covers the cost of care, including health center visits and lab work done onsite at Planned Parenthood, however it does not cover the cost of hormones. Patients receive a prescription for hormones which is then filled at a local or online pharmacy. Patients may access this fund up to 3 times while under our care.

TRANSGENDER PATIENT FAQs



**WE'RE GLAD YOU'RE
OUR PATIENT.**

**WE WANT YOUR CARE AND
EXPERIENCE TO BE AS EASY
AS POSSIBLE.**

**MANY OF OUR PATIENTS HAVE
SIMILAR QUESTIONS AS THEY
NAVIGATE THEIR VARIOUS NEEDS;
HERE ARE SOME ANSWERS WE
HOPE ARE HELPFUL.**

 **Planned
Parenthood®**
of the Southern Finger Lakes

HOW DO I GET A REFILL OF MY PRESCRIPTION(S)?

In order to get a refill you need to call the health center where you get your care at least three days before you run out of supplies. This will allow our clinicians and the pharmacy to have your prescription(s) refilled correctly and on time.

When you call, please have the following information ready to share:

- What medications and equipment (like syringes) need refilling
- What pharmacy you want your prescription(s) sent. *(Please have the pharmacy name, their address, and phone number ready).*

If you don't know how to find a pharmacy please call our Transgender Patient Navigator at (607) 216-0021 x2308 and they can help.

HOW DO I GET LAB WORK?

We can draw blood during your appointment. You do need to have an appointment to get blood drawn for lab work. We can also send blood work requests to a hospital or doctor if that is more convenient for you. In order to send out an order for a blood draw we need your written consent; we have a form you need to fill out and sign.

HOW DO I MAKE APPOINTMENTS?

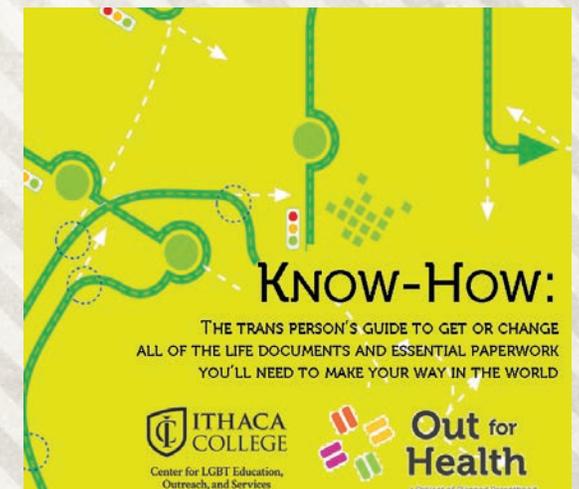
To schedule your routine follow-up appointments at 3, 6, and every 6 to 12 months thereafter, either visit plannedparenthood.org/book to access our online appointment system or call the health center where you receive care and tell them your name, birth date and say "I'd like to make a hormone therapy follow-up appointment."

If you would like an appointment to check-in with a clinician about your care or questions you may have, please call your health center and let them know you would like to schedule an appointment. You will need to tell the person on the phone a little bit about your concerns or questions; that helps us make the right kind of appointment for you.

CAN I GET HELP WITH NAME AND GENDER MARKER CHANGE PAPERWORK?

Yes! Call our Transgender Patient Navigator at (607) 216-0021 x2308 to request notarized and signed legal documents required for many name and gender marker change processes. Please allow 7 to 10 business days for us to complete your request.

We've written a booklet for people in New York State called "Know How: the trans person's guide to get to change all of the life documents and essential paperwork you'll need to make your way in the world." It's available free online at ppsfl.org/transgender. To have a physical copy of the "Know-How" booklet mailed to you, please call our Transgender Patient Navigator at (607) 216-0021 x 2308 to request a copy.



HOW CAN I GET A REFERRAL OR A LETTER TO SUPPORT GENDER-AFFIRMING SURGERY?

Call our Transgender Patient Navigator at (607) 216-0021 x2308 to request a letter of medical necessity on letterhead. We can also provide a list of surgeons throughout the region who are currently providing various gender affirming surgeries.

I'M HAVING A PROBLEM GETTING MY MEDICATION(S) COVERED BY INSURANCE

We recommend trying out a service called GoodRx – GoodRx.com or download the app. You will need to enter your specific medication name and dosage and then the website provides you with a list of discounts at local pharmacies. The website gives directions on what you need to bring to your pharmacy to access the discounted rate. You may also discuss your options with your clinician.

MY MEDICATION NEEDS TO BE INJECTED, HOW DO I GET A SHOT?

If you are a patient who needs medication injected you have options to get your shot. You may either request self-injection training for yourself and/or a support person during your appointments or by calling your health center. You may also make nurse appointments and bring your own vial of medication to receive shots in the health center. There is a fee for this appointment.

I AM HAVING TROUBLE GETTING TO MY REQUIRED FOLLOW-UP APPOINTMENT.

We get it, life happens! Please call as soon as you can to discuss options with your clinician.

I NEED HELP ARRANGING TRANSPORTATION TO MY APPOINTMENT THROUGH MEDICAID

Please Call our Transgender Patient Navigator and we will fill out and submit a transportation request form or out of county form to Medicaid Transport if you are eligible.

MOVING AWAY, SWITCHING PROVIDERS, OR GETTING REFERRALS FROM PLANNED PARENTHOOD

Please request a medical release form. You will need to fill out the form and tell us where to send your medical information, what specific information you want us to share, and you will need to sign the form. This is an official and formal process. We are unable to provide copies of your medical records without your written consent. A medical release form may also be used to share information with a support person or partner.

HAVE OTHER QUESTIONS?

Please be in touch with our Transgender Patient Navigator (607) 216-0021, ext. 2308.

IMPORTANT NOTE FOR OUR PATIENTS COVERED BY FIDELIS:

Unfortunately, Fidelis does not currently cover transgender care. Patients with Fidelis will be considered self-pay and will be responsible for the cost of their visits.

Please contact our Transgender Patient Navigator to discuss other care management plans or options. We know this is unfair and frustrating; we are also advocating for this to change at the State level!

TRANSGENDER SERVICES COSTS:

Costs vary depending on insurance plans. We have staff ready to help you understand costs, billing and insurance. If you are uninsured or do not wish to use your insurance, we may be able to set up a payment plan. We also have a Transgender Health Fund to assist patients facing short term difficulties.

TRANSGENDER SUPPORT GROUP:

A social and support group meeting bi-weekly in Ithaca and monthly in Corning, co-sponsored by the Cornell and Ithaca College LGBT Centers and Planned Parenthood's Out for Health. Please contact: TransGroup@ppsfl.org

LGBT YOUTH GROUPS:

A weekly social and support group for youth 20 and under meeting in Corning and Ithaca. Please contact lgbt@ppsfl.org for more information.

ADDITIONAL QUESTIONS?

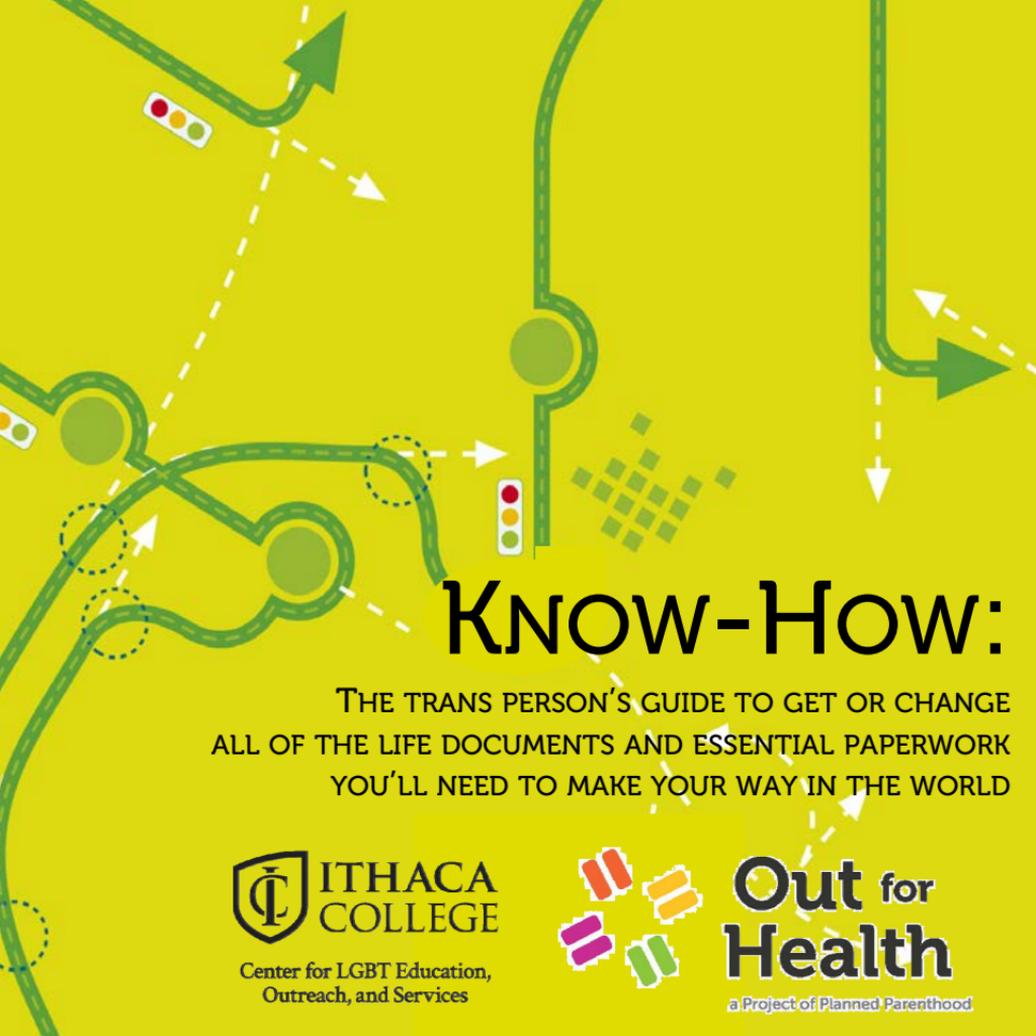
Ask questions and arrange refills, referrals, legal documentation, and more online through our Patient Portal at ppsfl.org.

For LGBT health and wellness information:

EMAIL: LGBT@PPSFL.ORG

CALL: 607-216-0021, EXT. 2308

PPSFL.ORG/TRANSGENDER



KNOW-HOW:

THE TRANS PERSON'S GUIDE TO GET OR CHANGE
ALL OF THE LIFE DOCUMENTS AND ESSENTIAL PAPERWORK
YOU'LL NEED TO MAKE YOUR WAY IN THE WORLD



Center for LGBT Education,
Outreach, and Services



Out for
Health

a Project of Planned Parenthood

**Hey. How are you? We're good.
Thanks, for asking. So, here's the deal.**



At our fabulous LGBT Health and Wellness Program, Out for Health, at Planned Parenthood in Ithaca, New York we're working hard to increase access to care, information, and support for transgender people in our community.

We were pretty amped to be the very first Planned Parenthood in New York to provide transgender hormone therapy and preventive health services in our Ithaca center in the beginning of 2013 and we've found that there's so much more that we can do for our transgender patients and community.

We get a ton of questions about the various legal and administrative paperwork processes in New York that many trans people want (and sometimes need) to do, and what we wanted to do with this nifty new booklet and webpage is get all that information together in one place and say, "here, jump in lovely trans person, go to whatever page and process you'd like to and get the information you need!" We're especially excited to be working with the Ithaca College Center for LGBT Education, Outreach, and Services on this project!

We know information changes so we'll be watching that closely and updating frequently; let us know if you find something we missed or could add to make it easier. Email us at lgbt@ppsfl.org or send us a message at outforhealth.tumblr.com, our blog is called *QueerTips*. Our fancy new webpage with templates for letters and this booklet as a .pdf and an online resource is PPSFL.ORG/transgender.

Good luck! The work and costs of these steps are an undue burden, we hope that having a roadmap might help ease the process even the littlest bit for you.

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KNOW-HOW:

The trans person's guide to get or change all of the life documents and things you'll need to make your way in the world

Yup, this is the disclaimer, you have to say this stuff, man. So yeah, just so you know, the following information is meant as a guide regarding some common questions that transgender people may have about paperwork and documents in New York State.

You're smart, you know this, but please note, this information does not serve as legal advice. If you have more questions or a complicated situation or a more nuanced "whaaaaat, how do I do this?" please seek personal legal advice. And please note, the information here may change (actually probably will, heck New York just added the ability to more easily change the gender marker on your birth certificate in July of 2014, so yeah, things change); please check in with the specific departments and offices listed with questions and the most up-to-date information.

So. You're trans. Congrats!

That's a huge thing to realize about yourself. It can signal the coming of a lot of possible changes for you; maybe hormones, or surgery, maybe a new shade of lipstick or a fabulous new pair of proper shoes? And maybe changes in your thoughts and emotions and family and relationships and social life. It's, well, a transition. And we're here to help.

Help with what? Things like a name change, an updated driver's license, passport, and other things you may not have even thought of yet, like registering with the Selective Service or requesting that your school diploma or transcript be updated. Changing your name and gender marker to match your authentic self on your documents may seem like a trivial thing in the face of what else is happening in your life, but having your identifying documents in order is crucial. Some of these changes can be your ticket to being able to do a lot of important and fun things in life that may depend on having basic identity documents that are congruent with you, your name, and your gender.

Things like applying for a job, opening a bank account, getting a drink at a bar, traveling by airplane, visiting another country for work, study, or play, marriage, adoption and child custody issues, renting an apartment, seeking a loan, applying to college, voting, obtaining a library card, etc. all require state or federally issued identification.

And come on — how awesome is it going to be to look at those documents and, for the first time, see them accurately reflect and identify you? Having documents that validate your most authentic self is a cause for celebration.

The process of securing identity documents with your name and gender marker can be time consuming and expensive. It can all feel overwhelming. So, where do you start? How? What will you need?

This handy booklet is chock-full of specific steps and how-to's to help transgender people manage the process of changing names, gender markers, and identity documents from driver's licenses to passports. You may want to make some of these changes, all of them, or none. This is one path to take. You will have to think about how or which parts work best for you, and also think through the possible benefits and complications each step might create for you.

If you decide, yeah, I totally want to do this! I want to change my name or gender marker on some official documents! Then here ya go, this booklet charts out a suggested route. You determine which is best for you.

*Please note, the information in this handy booklet is for people in New York state (not New York City, the City has its own set of unique rules and procedures for this stuff!).

Good Luck!

NAME CHANGE

If you want to change your name, it's wise to make that your first step in your journey of Transgender Paperwork. After all, that's what you'll be altering on the rest of your documents, too.

TO CHANGE YOUR NAME IN NEW YORK

STATE you'll have to follow a specific procedure in a specific order. It involves filling out some forms and taking these forms, in person, to the County Clerk's office in the county where you live (I know, right? Face to face contact? Is it still the 1800s?), and paying a fee.

You also need to be 18 years old. If you are under 18, your parent or guardian will need to take all these steps and fill out the forms on your behalf.

Before you do anything, look up your County Clerk's office online. Some offices have a lot of information online, or, failing that, at the Clerk's office itself, about the name change process in their county, which can be helpful if you want an overview of exactly what to expect. Some even have name change information packets with sample forms and other information. Find out



YOU MAY BE ABLE TO USE NEW YORK STATE'S FREE DIY COMPUTER PROGRAM TO COMPLETE YOUR

FORMS. This free (hooray!) program will help you create the petition.

You can use this program if:

- You are 18 years old or older.
- You are not in prison, on probation or on parole.
- You do not need to keep your name change private for safety reasons.

nycourt.gov/diy/namechange.html

if your local office provides these, either on their website or at the County Clerk's office.

YOU WILL NEED:

Court papers asking for the name change, which you will have prepared ahead of time, because you're brilliant like that. What do those papers include?

- A name change petition – the petition must be filled out, signed, and notarized (by a notary public.) Don't know how to get something notarized? We've got you covered. Skip to page 30.
- a proposed order; you can find a sample form at PPSFL.ORG/transgender or from your County Clerk's office.
- a Request for Judicial Intervention (RJl).
- Proof of birth - the original or a certified copy of your birth certificate. How do you go about doing that? Skip to page 17.

And you'll need to pay a court fee, which is currently \$210 (Daaaaang.)

An overview of the process in New York State is available at:
nycourts.gov/forms/namechange.shtml

ON A SIDE NOTE...

Make copies of everything, and have a designated, secure place to keep all of your documents and paperwork over the course of your transition. You never know when you might misplace something, so make copies if possible.

Remember to ask ahead of time if originals are necessary for any of the processes you are going through. Sometimes originals are required, other times, copies will be OK.

For some banks, for the Selective Service, and some other places, copies are totally fine, so why mail off your only copy of your official name change document? That would be silly.

New York State forms and info are available at:
nycourts.gov/courthelp/namechangeinfo.html

SO WHAT DO YOU NEED TO DO?

Go to the County Clerk's office in the county where you live. (Unfortunately you can't do this online, you must go in person. Because it's still the dark ages.)

When it's your turn, tell the staff person that you would like to file for a name change. They will:

- look over your paperwork,
- ask for your proof of birth and return it to you,
- probably ask to see a form of photo ID like a driver's license,
- and ask you to pay the fee.

Different offices accept different forms of payment, not all offices will accept a debit or credit card. You'll probably want to check online (if your clerk's office website has a name change section that offers more details) or call ahead of time to ask. Some offices only accept checks, money orders, or sometimes cash, so it's important to be prepared ahead of time with a method of payment that will work. Otherwise you'll have to do this whole process over again, when you could be spending that time doing literally anything else. Check ahead.

Your request will be assigned a court number.
Ask any questions you may have of the staff while you are there.



Then.

You go home and wait.

Usually it will take a few weeks before a judge reviews your request. Good news: in New York State you usually do not have to appear before the judge in court. Instead the judge reviews your request without you having to be there. If the judge has any questions they will contact you. Otherwise, after the review you will receive a letter stating your request has been approved pending your placing a small advertisement in the newspaper publicizing your name change request. (Newspapers! It is the 1800s!) The paperwork from the judge will tell you in which newspaper you must place your ad.

HOW DO YOU GET AN AD PLACED IN A NEWSPAPER?

When you get your paperwork back from the judge, you will need to contact the advertising department of the newspaper the judge specified (it is usually a local newspaper, but since some communities have more than one newspaper you must place the ad in the paper the judge specifies). You may be able to call or email them. When you communicate with them, simply tell them you'd like to run a name change ad. The exact text of what your ad must contain is spelled out in your name change document.



The newspaper will provide you with all the information you need in order to place the ad. You will have to pay for the cost of the ad – this price can vary depending on the newspaper, but could be as much as around \$50. Tell the newspaper that you will need them to mail you an Affidavit of Publication. This is the official document the

newspaper prepares that proves your ad has been published. It is a paper document and so it is mailed to your address after your ad has been published in the newspaper.

WHEN YOU RECEIVE THE AFFIDAVIT OF PUBLICATION in the mail, head back down in person to your County Clerk's office with it, and with all the paperwork the court sent you. The staff will look over your Affidavit and verify all is in order — which it will be, because you have this handy guide and also you're awesome — and then they will notarize and place a seal on your paperwork that shows it is complete.

Woo-Hoo.
You just leveled up.
Sweet.

This paperwork is your official name change document! You will probably want more than one official copy of this document, since you will use it to update everything else in your life. Tell the staff how many official copies you'd like – there is usually a fee for each copy (this is usually about \$5 per copy), and in some cases you will need to show these official originals (not just photocopies of the original).



So, how are you doing after step one? Throughout this process, you may want a buddy, or several, to help you through it. Whether it's bringing a friend with you to back you up, or having someone to help you organize and keep track of various paperwork, or if you're the kind of person who could use a friend to remind you to breathe while waiting in line because you get anxious talking to strangers, it's helpful to have a support network. Even (and especially) through the boring, standing-in-line parts.

POSSIBLE PRIVACY CONCERNS:

Anyone can view name change applications because they are public records. And as you know, the court will require notice of your name change to be printed in a newspaper. But, if your safety is in danger you can have your name change request "sealed" so it cannot be found in the public records. But the newspaper ad will still be public. If the judge believes your safety is at risk they can decide you don't have to publish it, and they can seal your name change permanently.

► Be sure to talk to a lawyer or victim's services advocacy agency if you want to change your name because your safety is at risk.

HOORAY!

You changed your name! Now what?

You must update your name with Social Security!

NAME CHANGE WITH SOCIAL SECURITY

To apply for a new Social Security card with your shiny, newly correct name, you will need to go in person to the nearest Social Security office. You cannot apply online. First, find out where the nearest office is by going online to ssa.gov to find it.

You will need:

- A filled out Form SS-5. You can print out this form from ssa.gov/online/ss-5.pdf or get a copy in a Social Security office.
- A certified copy of your name change order.
- Your birth certificate or certificate of naturalization or citizenship.
- A document showing your identifying information and photo (such as a passport, driver's license, US military ID card. See www.ssa.gov/pubs/10513.html for complete list).

- This document will have to show your old name. It's just used here to verify your identity, the staff person knows it won't match your newly changed name yet! (Unless you are a time traveler. Which would be awesome. And if so, could you please email us immediately, we have a couple requests about policy and legislation changes we'd like to have seen enacted in 1977. A Time Traveler could really help.)



So. Yes.

Here you are standing in another line.

When it is your turn, tell the staff person you've changed your name and need to update your Social Security records and obtain a new card. The staff person will look over your documents, return them to you, submit your request, and tell you approximately how long it will

take for you to receive your new card.

Your new card will arrive by mail.

There is no fee.

Hooray no fee!

CHANGING THE GENDER MARKER WITH SOCIAL SECURITY

Social Security will accept any of the following for a gender marker change:

- A U.S. passport showing the correct gender,
- A birth certificate showing the correct gender,

ON A SIDE NOTE...

You may decide to change your name and your gender marker with Social Security at the same time, or you may decide to do them at different visits depending on your circumstances.

- a court order recognizing the correct gender, or
- a signed letter from a doctor confirming that you have had appropriate clinical treatment for gender transition.

If you use a letter from a doctor, it must be from a doctor who is licensed and you are their patient. The letter can be written by any doctor familiar with your care related to transition, for example, your general practitioner or a specialist. It must include the doctor's license number and be on the doctor's office letterhead.

A sample of a letter that meets all the Social Security requirements is online at PPSFL.ORG/transgender. You should ask your doctor to use this letter and not give additional personal health information or any specific details of your treatment. Please go to ssa.gov and search "change gender on my social security card" for detailed and up-to-date information.

DRIVER'S LICENSE NAME CHANGE

In New York State, you must visit a local DMV office in person to change your name on all DMV records and documents. (All this in person stuff. When are the robots finally going to take over?)

You will need:

- Filled out form MV-44 to change your name on your driver license, learner permit or non-driver photo ID card (the form is available online and at the DMV office).
- Your current New York State driver's license, or other proof of identity that displays your previous name and has a value of at least six points. (Please go to dmv.ny.gov/idlicense.htm for a list of the acceptable documents for this crazy

- point system you have to follow.)
- Your official name change document.
 - To pay a fee of \$12.50 for a new driver's license or learner permit; or \$5 for a new non-driver photo ID card. You can usually pay DMV fees with a credit card, cash, check, or money order.

So. Yes.

You guessed it, you are standing in another line. Wait your turn.

Tell the staff person you've changed your name and want to update your license (or learner's permit or nondriver ID card). Present all your information. The staff will look it over, take a new photo of you, and submit your request. Then they will return your court ordered name change document to you.

However, you will have to surrender your current driver's license to the staff, and in its place you will receive a temporary paper driver's license. Your new license or ID will be mailed to you.

All of this information is available at dmv.ny.gov/addr-name.htm

If you own a vehicle — car, motorcycle, spaceship — you will also need to change your name on your vehicle registration and title. To change your name on a registration document and a title certificate, you must bring the registration document

ON A SIDE NOTE...

Surrendering your license can make it difficult to do things that require a photo ID, like being carded to buy alcohol or travel on a plane. Keep this in mind and plan accordingly!



And, Yup. You have to have your picture taken for your new license. So, haul out your cutest ensemble so you look appropriately smashing for the occasion.

and the title certificate that display your previous name. Requirements for Vehicle Registrations and Title Certificates can be found at: dmv.ny.gov/idreg.htm

Use form MV-82 to change your name on your registration documents and title certificate. There is no fee to change your name on your registration documents and title certificate. The DMV office gives you new registration documents with your new name. A title certificate with your new name will be mailed to you.

Replacement title documents take a long time to arrive – usually several months – so prepare in advance if you plan to sell your car or do anything requiring updated title documents.

TO CHANGE THE GENDER MARKER ON YOUR NEW YORK STATE DRIVER'S LICENSE

You will need to complete form MV-44 (Application for Driver License or Non-Driver ID Card). You can find this form online or at the DMV office.

Then bring the form MV-44, your current New York State license or non-driver's ID card, and "proof of the sex change" to a DMV office in person.

ON A SIDE NOTE...

You may decide to change your name and your gender marker with the DMV at the same time, or you may decide to do them at different visits depending on your circumstances.

“Proof of a sex change” for the DMV is a written statement from a physician, a psychologist, or a psychiatrist that is printed on letterhead. (See an example online at PPSFL.ORG/transgender). You should ask your physician to use this letter and not give additional personal health information that is not required. The statement must certify your gender — the new one you’re trying to adjust your documents to match, male or female. (Yes, ye olde binary. New York State still says your gender must be one or the other on your license.)

There is a fee of \$12.50 to make this change. The DMV office will issue you a temporary paper document that does not have a photo, and will not give your old license back to you. (This may make it difficult to travel by plane or buy alcohol or do any activity where an individual would be carded or needs a photo ID, plan accordingly.) Your new license will arrive by mail. For more information, please go to: nysdmv.custhelp.com/app/answers/detail/a_id/405/-/change-of-sex-or-gender-on-a-dmv-photodocument

You can also refer to a state by state guide about driver’s license gender marker change from The National Center for Transgender Equality: transequality.org/Resources

So, if you want to do anything with your birth certificate, you’ll need a copy of your existing one to even begin the process. Don’t have that? Can’t find it?

HOW TO GET A COPY OF YOUR EXISTING BIRTH CERTIFICATE

In order to make many of these changes to your name or gender marker, you’ll need an “official” copy (not a photocopy, but an officially issued one with a raised seal or

other official mark) of your original birth certificate. If you don't have one, or don't know where it is, here's how to request one before you begin the process of changing your name or gender marker on it.

IF YOU WERE BORN IN NEW YORK STATE you'll need to find the city or county clerk's office in the place where you were born. Check their website for information about requesting an official copy of your birth certificate, or call them to ask what is needed to obtain an official copy.

You will need to fill out the form "Application to Local Registrar for Copy of Birth Record." Fill out the form, provide a copy of a valid photo id or other proofs of name and address that are listed on the form, include the required fee (it is usually about \$10 - check with the office about what forms of payment are accepted, in some places only cash or a money order are accepted, while in others cash is not accepted but a check or sometimes a credit card are also accepted) and mail or bring it to the office.

IF YOU WERE BORN IN NEW YORK CITY, you can request an official copy online, by mail, or in person. Visit <http://www1.nyc.gov/nyc-resources/service/1209/birth-certificate> for more information.

IF YOU WERE BORN IN A STATE OTHER THAN NEW YORK, OR IN ANOTHER COUNTRY you'll need to check with your state department of health or vital records, or other government office that oversees birth certificates in the place where you were born, to find out what information is required and to request an official copy of your birth certificate. The amazing people at Lambda Legal (lambdalegal.org) have an overview of what is required in each state and in New York City.

IF YOU ARE AN AMERICAN CITIZEN BORN OVERSEES TO AMERICAN PARENTS, visit the United States State Department website, travel.state.gov, for information about how to have a replacement Consular Report of Birth Abroad (FS-240) issued to you.

NAME AND GENDER MARKER CHANGE ON BIRTH CERTIFICATE

Good news! If you were born in New York State (but not New York City), you can now change your gender on your birth certificate much easier than in the past! You can also update your name at the same time, if you have changed your name too.

Here's what to do:

Make your request in writing to the New York State Department of Health, Bureau of Vital Records, along with the following documents that you will have to prepare in advance:

- A completed Application for Correction of Certificate of Birth (DOH-297). You can request this form by emailing the department and asking for the paperwork you'll need. If you have also changed your name, you can use this form to have that updated on your birth certificate, too.
- A certified copy of your current birth certificate or a notarized affidavit from you confirming that you are 18 years of age or older.
- A Notarized Affidavit of Gender Error, attesting that you have been living in your correct gender immediately preceding the application. You can email the Department and ask for the forms and paperwork you will need to do this, and they will provide you with a sample example document.

and EITHER:

- A notarized affidavit from a physician (MD or DO) or nurse practitioner or

physician assistant, confirming that surgical procedures have been performed on the applicant to complete sex reassignment.

OR

- A notarized affidavit on professional letterhead from a physician (MD or DO) or nurse practitioner or physician assistant, licensed in the United States that have treated, or reviewed and evaluated, the gender-related medical history of the applicant. The notarized affidavit must include a statement noting that the provider is making their findings upon independent and unbiased review and evaluation and is not related to the applicant. The letter must include:
 - The physician (MD or DO) or nurse practitioner or physician assistant's license number;
 - Language stating that the applicant has undergone appropriate clinical treatment for a person diagnosed with Gender Dysphoria as defined in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* or language stating that the applicant has undergone appropriate clinical treatment for a person diagnosed with Transsexualism as defined in the most current edition of *International Statistical Classification of Diseases and Related Health Problems*; or as these diagnoses may be referred to in future editions.

If you are also requesting that your name be changed on your birth certificate, your written request must also include an original or certified copy of your legal name change order from the court.

The order must have the court seal and be certified by the clerk of the court. You must

also have a proof of publication in the newspaper of your new name (a copy of your Affidavit of Publication that you obtained during your name change process. A copy of the actual newspaper ad may also sometimes be accepted.) A sample letter that meets these requirements is online at PPSFL.ORG/transgender and you should ask your physician to use the specific language suggested.

As soon as all documentation is submitted, your request will be reviewed and processed. Processing takes approximately three months. When approved, the Department will issue a new birth certificate reflecting the requested change(s).

The new certificate will not indicate that there was a change in the original sex item designation or name. (In other words: stealth.)

When a birth certificate is amended to reflect a change in the gender designation, and, if applicable, a change in name, the original birth certificate and all other documents relating to the change in the gender marker will be kept in a sealed file.

The registrar will make a copy of the new certificate for the local record and keep the contents of the original local record confidential. The original state record and the local record will not be released or otherwise divulged except by a relevant court order.

One certified copy of your birth certificate will be provided to you at no charge. Additional copies are \$30.00 each.

If you have any questions, please contact:

Guy Warner, Director, Bureau of Vital Records

(518) 474-5245

vr@health.state.ny.us

ADDITIONAL NOTES ON THIS PROCESS IN SUPER LEGAL LANGUAGE BECAUSE, IT'S IMPORTANT LEGAL STUFF TO KNOW ABOUT.

If you are incarcerated pursuant to a state sentence of imprisonment, the application for correction of certificate of birth must first be submitted through the appropriate state judicial or legal process, then through the New York State Department of Health, Bureau of Vital Records. If an incarcerated applicant's criminal history includes one or more felony convictions enumerated in Article 6 of the Civil Rights Law or its equivalent, if committed in another jurisdiction, the application shall for each such conviction specify such felony conviction, the date of such conviction or convictions, and the court in which such conviction or convictions were entered. At the same time that the application is submitted for consideration, the applicant shall serve, in like manner as a notice of a motion upon an attorney in an action, a copy of the application upon the district attorney of every county (or comparable jurisdiction) in which such person has been convicted of such felony and upon the court or courts in which the sentence for such felony was entered.

If you are under community supervision, you must submit a letter from your department of correction and community supervision (or comparable entities), on official letterhead to the New York State Department of Health, Bureau of Vital Record , with knowledge of the applicant's history certifying that there are no public safety concerns with your application.

SELECTIVE SERVICE CONSIDERATIONS

American citizens and noncitizen immigrants age 18-25 who were assigned male at birth are required to register with the Selective Service System. All citizens whose birth-assigned sex was male need to register within thirty days of their

eighteenth birthday. This is really important because a lot of things require you to be registered, like, federal financial aid for college, jobs with the federal government, citizenship and a lot of other government benefits. Transgender people are uniquely impacted by their Selective Service registration status. Want more information on what Selective Service is? Go to sss.gov.

People registered for Selective Service who are assigned male at birth also need to tell Selective Service of any legal name change or change in other records like their address, until their twenty-sixth birthday. Interesting note, this rule doesn't actually include letting them know about a change of gender because their policy is based on birth-assigned sex.

For transwomen and others who were assigned male at birth if you have registered with the Selective Service, you legally have to notify them of your name change within ten days.

To update your records, fill out the Change of Information Form attached to the Registration Acknowledgement Card with your new name. Or, you can fill out a Change of Information Form called SSS Form 2, which you can get at any Post Office or U.S. Embassy or Consulate abroad. You can also change your information with the Selective Service by sending them a letter; you'll need to include your full name, Social Security Number, Selective Service Number, date of birth, current mailing address and new name.

For all of these, you need to attach official documentation of your name change and mail it to the Selective Service.

People who were assigned female at birth don't have to register with the Selective Service, no matter what their current gender marker is or where they might be in their transition. But, an important note, if you're applying for federal financial aid, grants, and loans as a man, you might need to show that you are exempt with a special letter.

To request a Status Information Letter (SIL) that shows you are exempt, you can download a request form from the Selective Service website (sss.gov/PDFs/SILForm_Instructions.pdf) and fill it out and mail it in along with the required documentation. Weird as it may seem, you can call them and talk to a real person at 1-888-655-1825 and ask questions to help you fill out your request form.

Two cool things, getting a SIL is free and the letter won't say why you're exempt and out you as a transgender person. Small successes, eah?

But, here's a catch, the Selective Service does require a copy of your birth certificate showing your birth assigned sex. If the sex on your birth certificate has been changed, attach documentation that shows you have done that. Once you get your SIL, keep it in your file of very important things, which you have been keeping in a specified, secure place like we suggested because you're clever like that.

If you're FTM and transitioned before your eighteenth birthday and changed your birth certificate, you can register with the service. But, no one can register after their twenty-sixth birthday. Also, an important note, even though Selective Service materials refer to transgender people as "people who have had a sex change," their policies apply to people who have transitioned (name change and/or gender marker) no matter what their surgical history is.

Please see the following PDF for more information:
transequality.org/Resources/Selective_Service_only.pdf

NAME CHANGE ON PASSPORTS

The process and cost to change your name on your passport depends on if you have ever had a passport before, and if so how long it has been since your passport was issued. You can find the online guide at <https://pptform.state.gov/> to help you with this process. If you already have a passport and less than one year has passed since your passport was issued:

- You will not have to pay any passport or processing fees.
- Submit Form DS-5504 by mail with your current passport, your name change document (original or certified copy), and a color passport photo. You may use the online guide to fill and print out the form, or download it and fill it out by hand.

If more than one year has passed since your passport was issued, and you are eligible to use Form DS-82*:

- Submit Form DS-82 by mail with your current passport, your name change document (original or certified copy), a color passport photo, and all applicable fees. (At time of printing, the fee is \$110.) You may use the online guide to fill out and print Form DS-82 or fill it out by hand.

If more than one year has passed since your passport was issued, and you are not eligible to use Form DS-82*:

- You must submit Form DS-11 in person at an Acceptance Facility or a Passport Agency, along with your evidence of U.S. citizenship, your name change document (original or certified copy), a valid ID and photocopy of that ID, a

color passport photo, and all applicable fees. The fee is currently \$110 plus an additional separate \$25 execution fee. Be sure to check ahead of time about methods of payment that are accepted for each fee. You may:

- Use the online guide to fill out and print Form DS-11; or print Form DS-11 and complete by hand.

***Form DS-82 Eligibility**

- You can submit your most recently issued passport;
- You were at least 16 years old when your most recent passport was issued;
- Your most recent passport was issued less than 15 years ago;
- Your most recent passport has not been lost, stolen, damaged, or mutilated; and
- You use the same name as on your most recent passport, or have had your name changed by marriage or court order, and can submit proper documentation to reflect the name change.

Your awesome shiny new passport will be mailed to you, and the time this takes can vary. The average wait is four to six weeks. Any documents you provided with your application will also be mailed back to you, separately from your new passport.

For more details, consult the State Department's website:

<http://travel.state.gov>

IF YOU HAVE NEVER HAD A PASSPORT BEFORE, you must apply in person.

In person applications are accepted at authorized facilities or agencies. These usually include many US Post offices and County Clerk offices and regional passport agencies. Find the full list of offices where you can apply at <http://travel.state.gov>

If you are under 16 years of age you will need your parents' consent as part of the application process, and they will need to accompany you in person when you apply. Please check out details at <http://travel.state.gov> for further information.

WHAT YOU WILL NEED TO APPLY FOR YOUR FIRST PASSPORT

- Completed Form DS-11: *Application For A U.S. Passport* - you can find this form at <http://travel.state.gov>
 - Evidence of U.S. Citizenship
 - Present Identification (yup, there are specific things that count as acceptable documents, check online for that list!)
 - Be sure to have your official name change court order with you for this step, as well as other required identification and proof of citizenship.
 - Submit a photocopy of the identification document(s) presented
 - Pay the fee, which is currently \$110 plus an additional separate \$25 execution fee. Be sure to check ahead of time about methods of payment that are accepted for each fee.
 - Provide one passport photo that meets passport photo requirements.
- Your new passport will be mailed to you, and the time this takes can vary, 4-6 weeks is the average wait. Any documents you provided with your application will also be mailed back to you, separately from your new passport.

ON A SIDE NOTE...



Yup. You have to have your picture taken and it has to be the right size and shape to be used in your passport application. So, haul out your cutest ensemble so you look appropriately smashing for the occasion.

TO CHANGE THE GENDER MARKER ON YOUR PASSPORT

To change the gender marker on your passport, you will need to apply in person, even if you already have a passport. Apply at an authorized Passport Application Acceptance Facility or Passport Agency. These usually include many US Post offices and County Clerk offices and regional passport agencies. Find the full list of offices online.

In order to have the passport issued in your new gender, you must submit a physician certificate with your application that validates whether your gender transition is "in process" or "complete." You can see a template of this letter at PPSFL.ORG/transgender. You should ask your physician to use this letter and not give additional personal health information that is not included on the template.

The requirements to apply for a passport (besides changing your gender marker) still apply, including evidence of legal name change.

Please see:

travel.state.gov/content/passports/english/passports/information/gender.html
for complete information.

NOTE: Transgender people can also now obtain a limited validity two year passport if your transition is in process.

HOW TO REGISTER TO VOTE OR CHANGE YOUR NAME AND GENDER MARKER WITH VOTER REGISTRATION

Cool thing.

If you live in New York and are already changing your name or gender at the DMV, New York makes it simple for you to register to vote, or update your voter registration information.



Simply fill out page 3 of the form for the DMV, the one that at the top of the page says New York State Voter Registration Application, it's form MV-44 and is the section about registering to vote, and it will be done automatically for you when you turn this form in at the DMV.

You can also visit elections.ny.gov to see your additional options, which include:

- Download the New York voter form, print it, complete it, sign it, and mail it in to the Board of Elections.
- Registering in person at your county Board of Elections.
- Registering at any New York State Agency-Based voter registration center.
- And you can also request to have a New York State Voter Registration Form mailed to you by calling the 1-800-FOR-VOTE hotline.

HOW TO GET SOMETHING NOTARIZED

Some of the documents we have talked about in the booklet must be "notarized."



What does that mean? Getting a document notarized means that you sign the document in front of a person who is officially designated as a "notary public," and that you have shown them proof of who you are, and also that you are signing voluntarily. Getting something notarized is so the notary can verify that the person who signed a document is who they say they are.

If you need to have a document notarized, do not sign it first.

You must sign it in front of the notary.

Where can you find a notary public?

You can find a notary public in banks and credit unions, some libraries, town and county clerks office and courts, legal offices, many schools, colleges and universities, some post offices and mailing and shipping service offices, and by searching online. It's a good idea to call ahead or contact to ask if an appointment is needed, and what hours the notary is available.

How much does it cost to have something notarized?

A notary public may charge a fee of a few dollars, but sometimes notary services are free. For instance many banks and credit unions provide notary services to their customers at no cost, and each county clerk has a notary in the office to serve the public at no cost.

What to bring to the notary:

- Bring the documents you need notarized, and proof of your identity.

- **Do not sign the documents until the notary tells you to.** This is super important because it cannot be an official notarized document unless they actually watch you sign it in front of them.
- The notary needs to check your identity and make sure that you are signing the document of your own free will.
- You can use a driver's license or state issued non-driver I.D., passport, or other government-issued photo I.D. to prove your identity.

WHERE ELSE YOU MIGHT WANT TO CHANGE YOUR NAME OR GENDER MARKER?

If you changed your name or your gender marker on other documents, you will also want to update this with your:

- Bank accounts
- Credit cards
- Workplace or school
- Student loan
- Leases or mortgages
- Voter registration
- Car loan or other loans
- Medical offices
- Post office boxes
- Library card
- Other companies, organizations, and offices with which you interact

Each of these will have a separate process, so you will have to contact each to ask what they require in order to update your records.

It will take time until all your records and all your accounts reflect your name and gender. Some people find it helpful to keep track using a list or spreadsheet or elaborate color-coded bulletin board to help chart your progress and keep track of what each company or organization has requested, when you provided it to them, and when you hear back from them that they have updated your information in their systems.

**THERE ARE A COUPLE EXCELLENT PLACES ONLINE TO GATHER
MORE INFORMATION AND RESOURCES ABOUT TRANSGENDER RIGHTS**

Lambda Legal
lambdalegal.org

The National Center for Transgender Equality
transequality.org

The Empire State Pride Agenda
prideagenda.org

So, hey.

We really hope some of this information was useful to you.

If you have a question or suggestion about what we could add or how we could make the information easier to understand please let us know! This stuff is a big work in progress and as things change and more people go through the various processes we can share that information and make it more helpful for the next people trying to do the same thing!

Email us with ideas and thoughts at lgbt@ppsfl.org.

Thanks!

ON A SIDE NOTE...

So, did you do this?
Did you successfully change your name or gender marker or paperwork or ID? If you did and you're reading this, email us at lgbt@ppsfl.org and say "hey, I'm an awesome trans person and I did some important stuff!" and give us a mailing address and we'll send you a prize.

Seriously. We're that cool.

Notes! *Or anything you wish, really. Why? Well, when you print a booklet it has to have an even number of pages, so yeah, here they are. Two extra pages! We could add stuff about other things like what to do if people are jerks to you or what's up with ENDA or something like that but two pages is just enough to make you think "oh, we should add more!" and then come to terms with the reality of two pages really being not that much space after all and knowing that people will go to transequality.org for links and other important stuff, right? Right.*



Planned Parenthood
of the Southern Finger Lakes



Center for LGBT Education,
Outreach, and Services

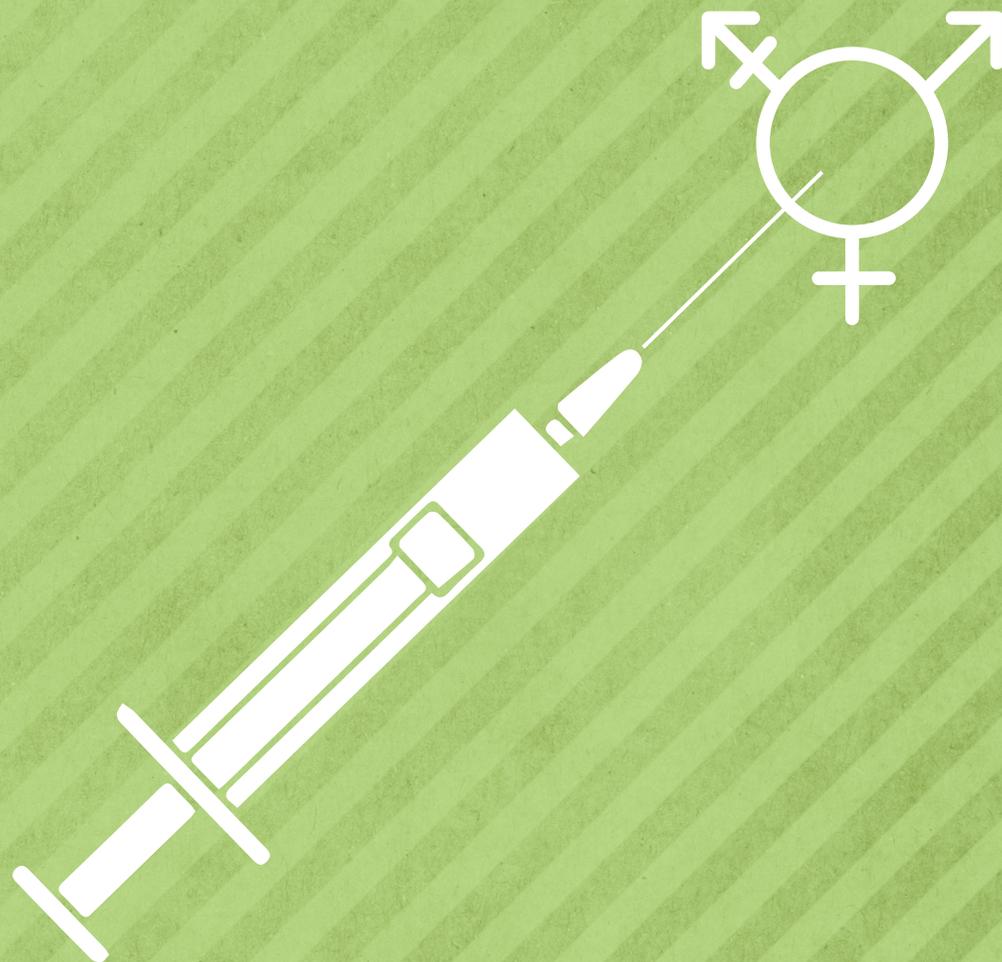
2014

Written by Luca Maurer,
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as a collaborative project
between the Ithaca College
Center for LGBT Education,
Outreach, and Services and
Planned Parenthood's LGBT
Health and Wellness program in
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lgbt@ppsf.org

queertips.org
outforhealth.tumblr.com
[Facebook.com/outforhealth](https://www.facebook.com/outforhealth)

TRANSGENDER HEALTH Injection Guide



This information in this booklet has been adapted with permission from a handbook created by Fenway Health.

Fenwayhealth.org

The instructions are based on information created and provided by the the University of Michigan.

That original document is available here:

<http://med.umich.edu/1ibr/spinalCordInjuryP-rogram/IMselfInjectionTesto.pdf>

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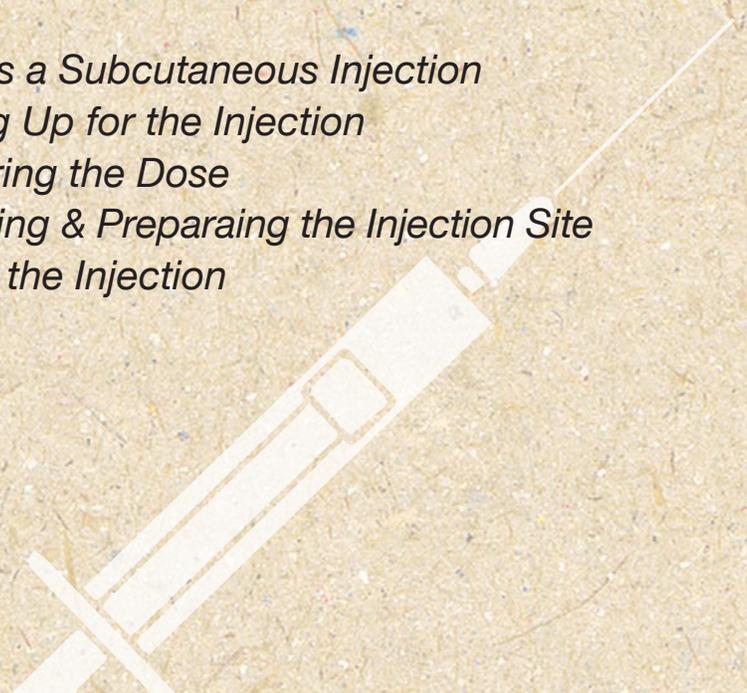
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NEVER REUSE OR SHARE SYRINGES OR NEEDLES

If you need needles or syringes and cannot afford to get them from your doctor or pharmacy, please visit a local needle exchange.

SYRINGE EXCHANGE PROGRAM (SEP)

The SEP provides syringe access and comprehensive risk reduction services to individuals who currently inject substances. These services range from anonymous syringe exchange services to confidential navigation and care coordination services for young Intravenous Drug Users (IDUs).

If you are currently injecting drugs or hormones and would like more information about free injection supplies (syringes, alcohol pads, sterile water, cottons, etc.) please stop into one of our fixed exchange sites (located in Johnson City & Ithaca), where you will be able to complete your anonymous enrollment.

SYRINGE EXCHANGE PROGRAMS

BROOME COUNTY

277 Main Street, Johnson City, NY 13790

Phone (607) 237-0497 ext. 209

bc@fixsafe.org | Fax (607) 217-4295

HOURS

Monday and Fridays: 11am to 5pm

Tuesdays and Thursdays: 1pm to 5pm

Special arrangements by appointment.

TOMPKINS COUNTY

314 West State Street, Ithaca, NY 14850

Phone (607) 272-4098 ext. 312

tc@fixsafe.org | Fax (607) 272-0079

HOURS

Monday and Fridays: 11am to 5pm

Tuesdays and Thursdays: 1pm to 5pm

Special arrangements by appointment.

**For more information visit the
SEP website at fixsafe.org**

TIPS FOR REDUCING INJECTION PAIN

- **Never reuse needles**
- **Use separate drawing up and injecting needles**
- **Let the skin dry fully from the alcohol wipe before beginning the injection**
- **Keep the muscles in the injection area warm and relaxed**
- **Inject medicine that is at room temperature**
- **Break through the skin quickly with the needle**
- **Insert the needle straight into the skin, and pull it straight out again without changing direction or wiggling the syringe.**

INSTRUCTIONS FOR DISPOSING OF "SHARPS"

Improper disposal of syringes, needles, and other sharp objects can pose a health risk and damage the environment. In New York, it is illegal to dispose of sharps in standard household waste.

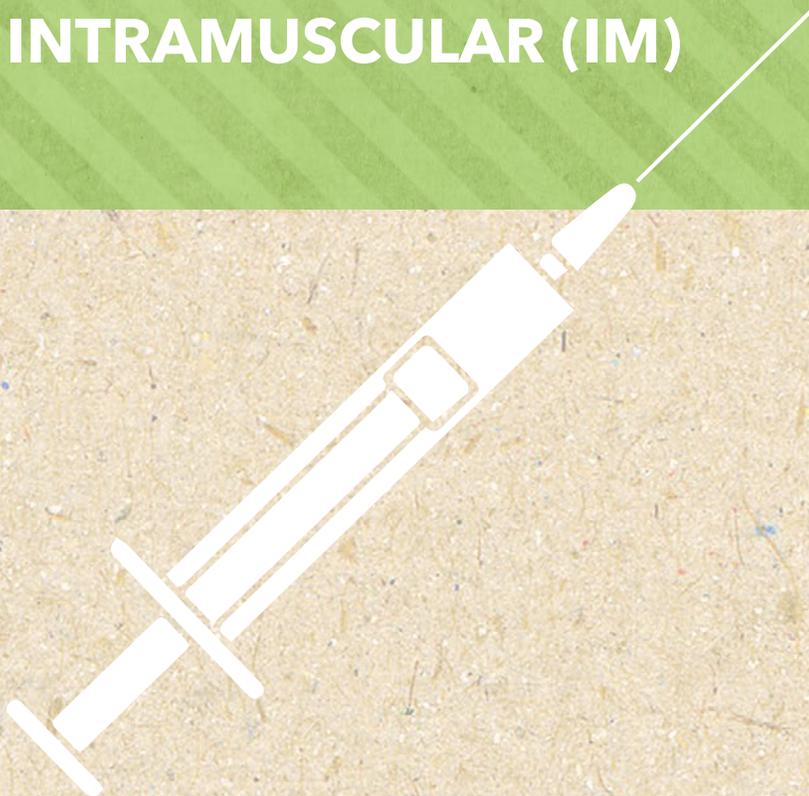
To dispose of medical sharps, first place them in a sealable, puncture-resistant container. You can purchase a home sharps container from most pharmacies. Alternatively, you can use a plastic container, such as a liquid-detergent bottle or milk jug, sealed with tape, to transport used sharps.

Disposal sites will not accept loose needles or sharps in bags or glass containers.



IM

**HOW TO GIVE YOURSELF
A HORMONE INJECTION
INTRAMUSCULAR (IM)**

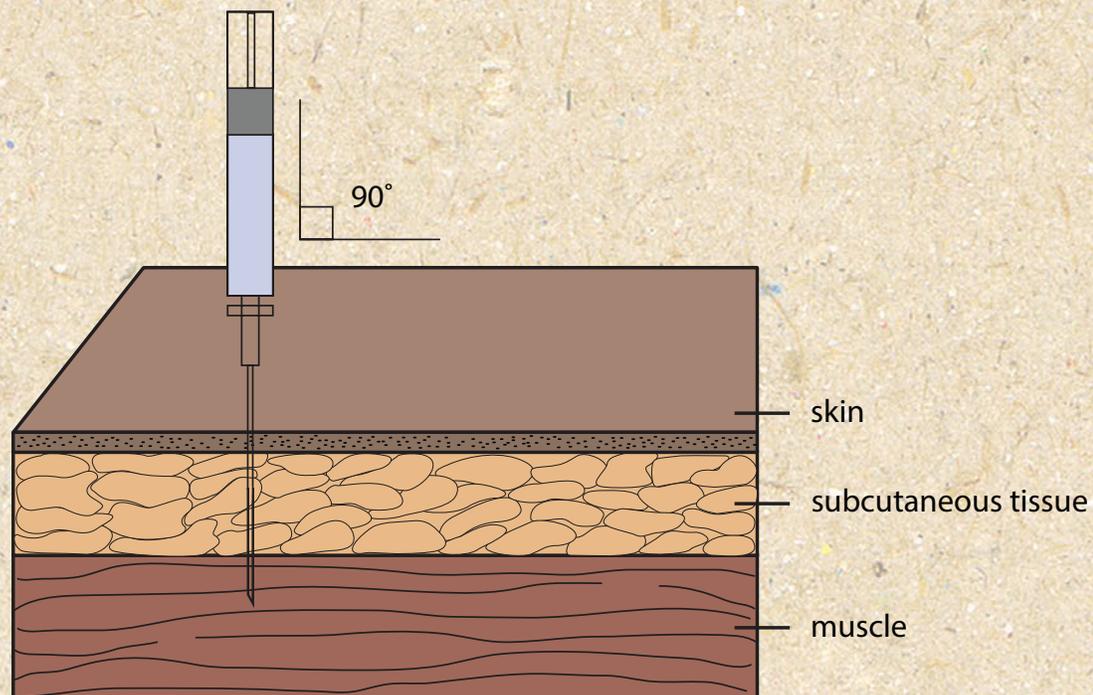


WHAT IS AN INTRAMUSCULAR INJECTION?

An intramuscular injection, delivers medication deep into the muscle tissue. This allows the medication to be quickly absorbed into the bloodstream.

Intramuscular shots are given at a 90° angle. The needle enters the skin vertically and directly down in a quick, dart-like movement.

Needles for IM injections can be 21-23 Gauge, 1-1.5 inches in length.



STEP

1

SETTING UP FOR THE INJECTION

Find a comfortable, well lit working place and inject at the same time of day each time you do your injection.

- Clean your work area & assemble supplies (*figure 1*).
- Medication in a vial
- Disposable syringe and two needles—two 21-23 G; 1-1.5 inch needles (one to draw up medication and one injection needle).
- Alcohol swabs, two (one for vial, one for skin)



(figure 1)

- Puncture proof needle/sharps disposal container
- Check the expiration date on the medication vial. *Do not use a*

medication with visible particles, medication that is discolored, or that is past the expiration date. (Medication is generally clear or light yellow when fresh and safe to use.)

- Wash your hands. Hand washing is the most important thing you can do to prevent infection.

STEP

2

PREPARING THE INJECTION DOSE

If you are unsure what your dose is, STOP and call your doctor's office for help.



(figure 2)

- Take the cap off the vial. Clean the rubber stopper with one alcohol swab. (figure 2)
- Check the package containing the syringe. If the package has been opened or damaged, do not use the syringe. Connect a sterile needle to the syringe.
- Pull the 21-23 G needle cover straight off the needle. Then, pull back the plunger and draw air into the syringe. The amount of air drawn into the syringe should be the same amount (mL or cc) as the dose of medication that your doctor prescribed.
- **Do not let the needle touch any surfaces.**

- Hold the vial on your flat working surface and insert the needle straight down through the center of the rubber stopper into the bottle.(figure 3)
- Push the plunger of the syringe down and push the air from the syringe into the vial. (figure 4)

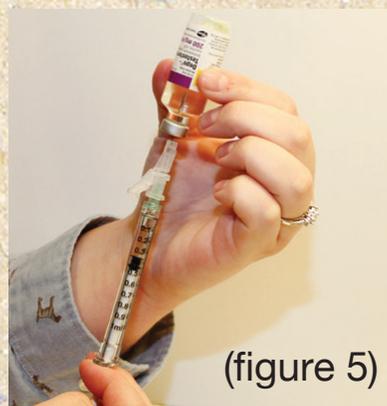


(figure 3)

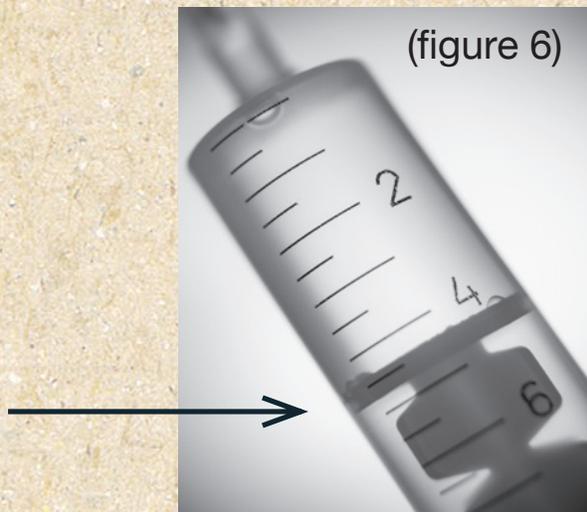


(figure 4)

- Keeping the needle in the vial, turn the vial upside down.
- Position the needle so the liquid is covering the tip of the needle. You may need to pull the needle out slightly to make sure the tip is completely covered by the liquid.
- Keeping the vial upside down, slowly pull back on the plunger to fill the syringe with the medication to the number (mL or cc) that matches the dose your doctor ordered (figure 5).



(figure 5)



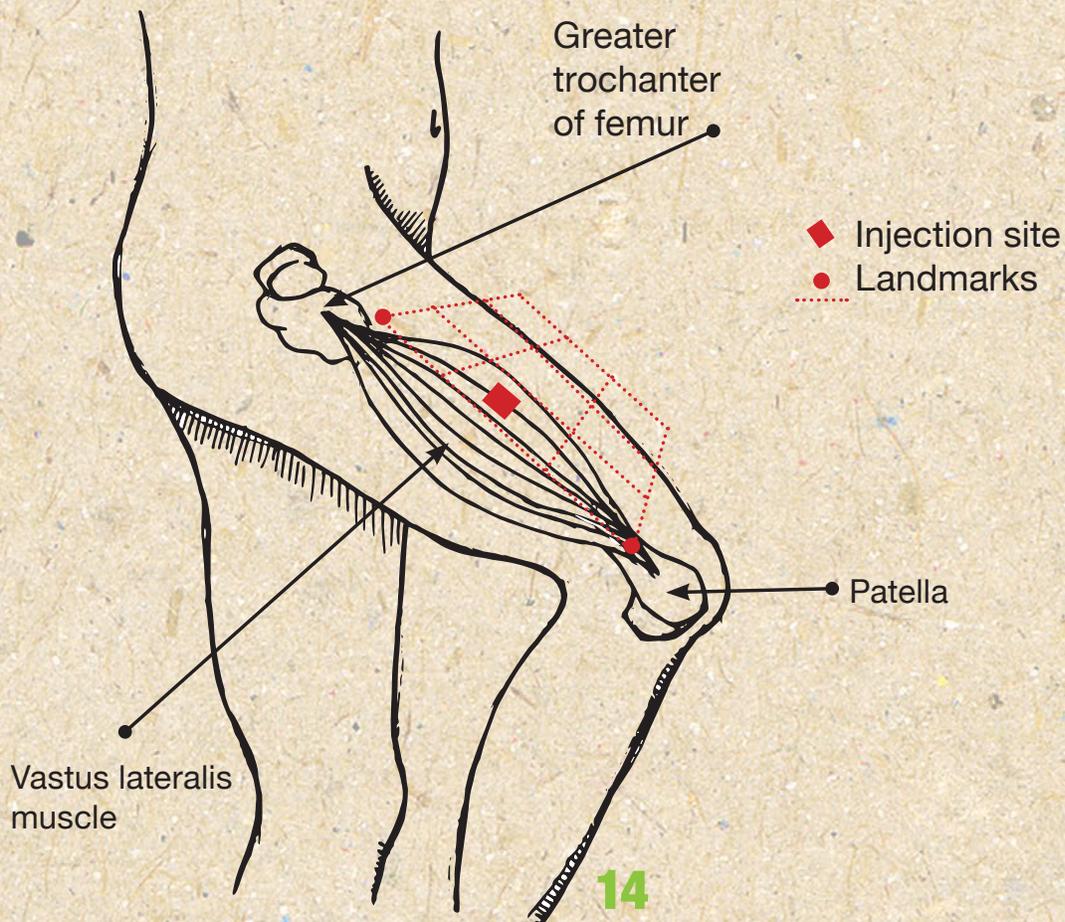
- Keeping the needle in the vial, check for air bubbles in the syringe. If there are air bubbles, gently tap the syringe with your fingers until the air bubbles rise to the top of the syringe. Then slowly push the plunger up to force the air bubbles out of the syringe without removing the needle from the bottle.
- After air bubbles are gone, pull the plunger back to the number (mL or cc) marking on the syringe that matches your dose.
- Pull the syringe with needle out of the bottle, remove the needle (discarding it into the sharps container), and place a new IM injection needle securely on the syringe. Remove the protective cap from the injecting needle. Do not press on the plunger while you change needles.
- Check to make sure that you still have the correct dose in the syringe. It is VERY important that you use the exact dose prescribed by your doctor.
(figure 6)

STEP

3

SELECTING AND PREPARING THE INJECTION SITE

- **Vastus lateralis muscle in the thigh**
The upper thigh is a good site if you are doing self-injection of your medication.
- To find the appropriate location: Look at the top of your thigh, and imagine dividing it into a three by three grid.
- The injection will go into the outer middle third.



STEP

4

GIVE THE INJECTION

- Clean the injection site skin (*figure 7*) with a new alcohol swab; let the skin air dry (*do not pat or blow on skin to dry it*).
- Pull the skin tight around the injection site (*figure 8*).



(figure 7)

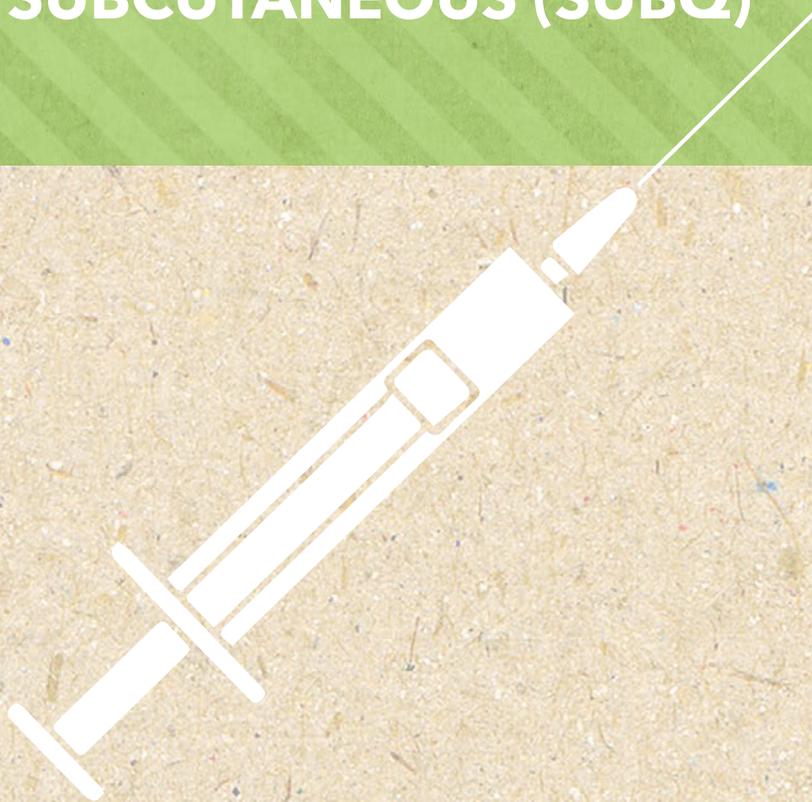


(figure 8)

- Insert the IM needle into the muscle at a 90 degree angle with one quick and firm motion.
- After inserting the needle into the muscle, keep the skin pulled tight and firmly push the plunger down slowly and completely to finish the injection.

SUBQ

HOW TO GIVE YOURSELF
A HORMONE INJECTION
SUBCUTANEOUS (SUBQ)

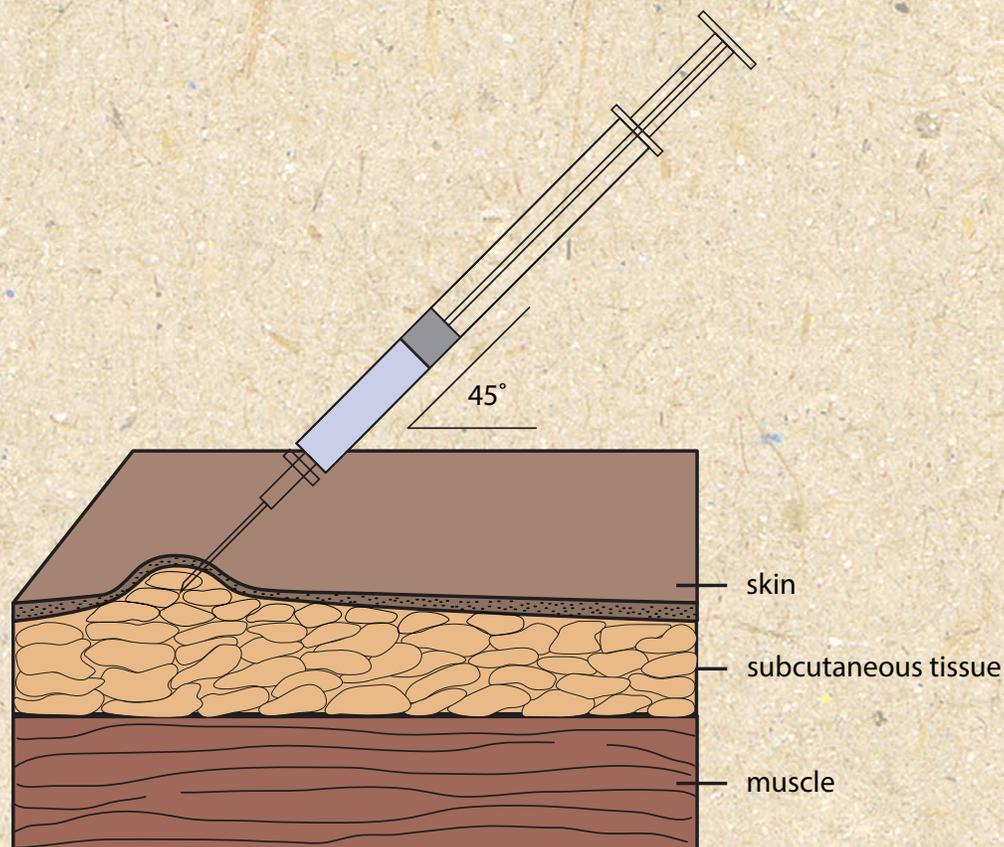


WHAT IS A SUBCUTANEOUS INJECTION?

A subcutaneous injection, delivers medication into the subcutaneous layer of tissue that is directly under the skin.

Medication delivered this way is more slowly absorbed into the bloodstream than medication that is directly injected into the muscle.

Needle for SubQ injections are usually 23-25 Gauge and 5/8" (inch) in length. Medication should never be drawn up through these needles. Use a separate drawing up needle.



STEP

1

SETTING UP FOR THE INJECTION

Find a comfortable, well lit working place and inject at the same time of day each time you do your injection.

- Clean your work area & assemble supplies (*figure 1*).
- Medication in a vial
- Disposable syringe and two needles—two 21-23 G; 1-1.5 inch needles (one to draw up medication and one injection needle).
- Alcohol swabs, two (one for vial, one for skin)



(figure 1)

- Puncture proof needle/sharps disposal container
- Check the expiration date on the medication vial. *Do not use a*

medication with visible particles, medication that is discolored, or that is past the expiration date. (Medication is generally clear or light yellow when fresh and safe to use.)

- Wash your hands. Hand washing is the most important thing you can do to prevent infection.

STEP

2

PREPARING THE INJECTION DOSE

If you are unsure what your dose is, STOP and call your doctor's office for help.



(figure 2)

- Take the cap off the vial. Clean the rubber stopper with one alcohol swab. (figure 2)
- Check the package containing the syringe. If the package has been opened or damaged, do not use the syringe. Connect a sterile needle to the syringe.
- Pull the 21-23 G needle cover straight off the needle. Then, pull back the plunger and draw air into the syringe. The amount of air drawn into the syringe should be the same amount (mL or cc) as the dose of medication that your doctor prescribed.
- **Do not let the needle touch any surfaces.**

- Hold the vial on your flat working surface and insert the needle straight down through the center of the rubber stopper into the bottle.(figure 3)
- Push the plunger of the syringe down and push the air from the syringe into the vial. (figure 4)



(figure 3)



(figure 4)

- Keeping the needle in the vial, turn the vial upside down.
- Position the needle so the liquid is covering the tip of the needle. You may need to pull the needle out slightly to make sure the tip is completely covered by the liquid.
- Keeping the vial upside down, slowly pull back on the plunger to fill the syringe with the medication to the number (mL or cc) that matches the dose your doctor ordered (figure 5).



(figure 5)

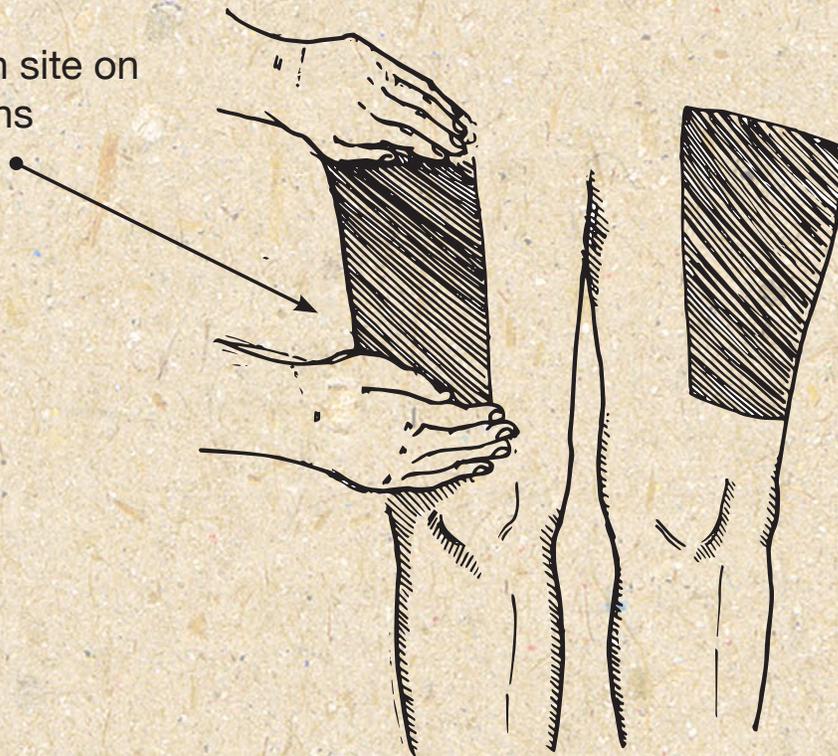
STEP

3

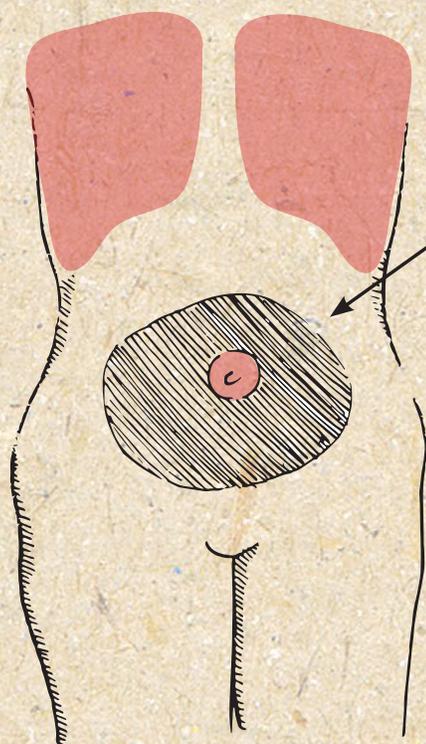
SELECTING AND PREPARING THE INJECTION SITE

There are a few places you can give yourself a subcutaneous injection including the fronts of your thighs or your abdomen

Injection site on the thighs



Whichever site you choose to inject, you should be able to firmly grasp and pinch up approximately a 1-inch fold of skin.



● Injection site on the abdomen

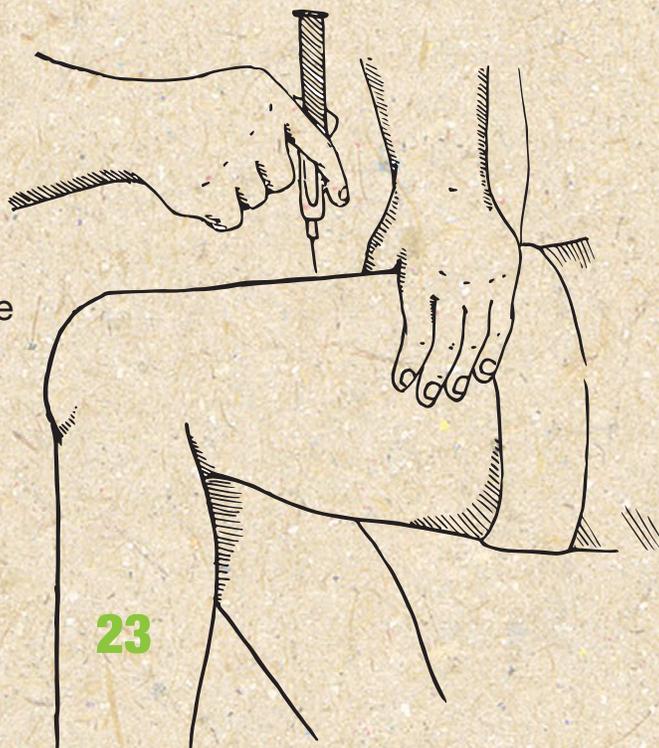
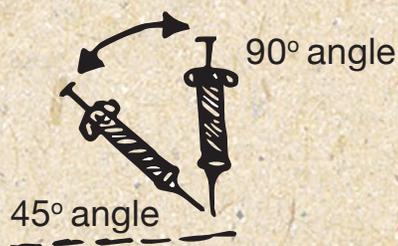
If you choose to inject yourself in the abdomen, avoid the belly button or any bony areas.

STEP

4

GIVE THE INJECTION

- Thoroughly wash your hands with soap and water and dry them.
- Clean the injection site skin with an alcohol swab; let the skin air dry. Do not pat or rub the skin to dry it.
- Hold the prepared syringe with the hand you will use to give the injection.
- With the other hand, pinch a fold of skin (*you will inject into the skin between your fingers*).
- With one quick and firm motion, insert the needle either directly into the skin fold at a 90 degree angle, or angle it slightly (45 degrees), if that is easier.



- After inserting the needle under the skin, keep the skin pinched up as you complete the injection by pushing firmly and slowly down completely on the plunger (*figure 7*).
- Wait 5 seconds, and then pull back on the syringe to remove the needle from your skin. Pull the syringe and needle out at the exact same angle you used to enter the skin. Dispose of the syringe and needle properly, using a sharps container.
- Gently press a sterile piece of gauze on the injection site. Hold pressure on the site until there is no bleeding. You can use a band aid if needed (*figure 8*).



(figure 7)



(figure 8)

**WE PROVIDE QUALITY,
COMPASSIONATE CARE FROM AN
INFORMED CONSENT MODEL FOR
OUR TRANSGENDER PATIENTS.**

At Planned Parenthood of the Southern Finger Lakes, we serve transgender people and people at various places on the spectrum of gender identity and expression that are 18 and older. We are committed to improving the way transgender people receive health care in our region and proudly work with our transgender community to lead the way in eliminating barriers to care.

For LGBT health and wellness information,
resources & referrals:

Email: lgbt@ppsfl.org

Call: 607-216-0021, ext. 2308

PPSFL.ORG/TRANSGENDER



Planned Parenthood
of the Southern Finger Lakes

A number of Planned Parenthood staff members have begun to add their pronouns (she/her, he/him, they/them) in their automatic signature line on e-mails. Other professionals that provide training, host groups or meetings have begun to invite participants to share their pronouns during introductions in meetings or gatherings. **Efforts to create working, learning, and care environments where affirming pronouns are honored and consistently used is critical work.**

We have received several questions about this and wanted to share some guidance on best practices and some pro-tips for how to deploy our important efforts toward inclusion and expectations around use and respect for affirming pronouns.

In making decisions about how your affiliate approaches passive inclusion of pronouns—like on email signature lines or on nametags—consider that there are people that may experience relief and appreciation with this and others who may have a feeling of pressure or anxiousness amplified as it can be one more place where they need to come out. This can be risky and result in unintended vulnerability for some people. Considering the practice as an active decision with context, clarity, and thoughtfulness about the impact on non-dominant experiences is critical.

Some pro-tips:

- We avoid using “preferred pronouns,” “PGPs,” or “chosen pronouns” because it implies that it is optional or a choice.
- We recommend “affirming pronouns” or simply “pronouns” instead.
- We avoid having a routine pronoun designation on automatic email signatures unless training has been implemented and rationale is thought through and expectations are shared with staff.
- We recommend clearly letting staff know that using affirming pronouns in individual and patient interactions is non-negotiable and of the utmost importance in creating respectful working, learning, and care environments.

Sample script

“As we get started with our training today I wanted to take a moment to talk about pronouns. We have provided buttons, stickers, pens, and nametags and encourage people to identify their pronouns. When people identify their pronouns, it’s our expectation that we will all use them! We do this because we know that many transgender, nonbinary, or gender non-conforming people report negative experiences with being misgendered and we can do this better! By paying attention to this and committing to using affirming pronouns we create a better learning environment for our important work.”



Sample script

“We invite staff to include their pronouns in their email signature line as one part of our commitment to creating a welcoming environment that affirms transgender and nonbinary people and diverse gender identities of our staff, patients, and communities. Once an individual has let you know what pronouns they use, it’s your responsibility to use them every time.”

GUIDANCE ON PRONOUNS

Should I add my pronouns to my email signature?

This is a question we are hearing more from individuals and organizations. When we answer this question, we stress that context is key! Thinking through why your affiliate invites staff to do this or why you individually wish to add this is critical. Ask some key questions:

- What are you hoping to communicate by adding pronouns to your signature line?
- Is this action part of larger training effort being undertaken?
- Do you share other resources and your expectations for consistent use of affirming pronouns for colleagues, community partners and patients?
- Do you have a policy statement about your organization's commitment to transgender and nonbinary people, the care they need, and the welcoming environment you are committed to creating?
- Do you have human resource policies and benefits that are inclusive of transgender and nonbinary staff?
- Do you and your staff know why pronouns are being added?
- If someone—a colleague, a vendor—asked why your pronouns were listed in your email, would you be prepared to provide a thoughtful response?

The key here is encouraging individuals and organizations to look at adding pronouns to their email signature line as one part of a larger thoughtful effort around inclusion and solidarity.

Should I role-model asking for pronouns in a meeting or training?

For many years, it was considered best practice to ask participants to share their pronoun(s) while introducing themselves during a training or a meeting. This can be a great tool for helping participants understand the experience of having to describe or validate their gender identity to others. That said, asking for a person's pronouns at the beginning of a training or meeting can also increase discomfort and confusion, and can sometimes result in microaggressions and other statements of prejudice. Asking for pronouns may also place a burden (including a safety risk) on transgender, nonbinary, or gender non-conforming people who may be present.

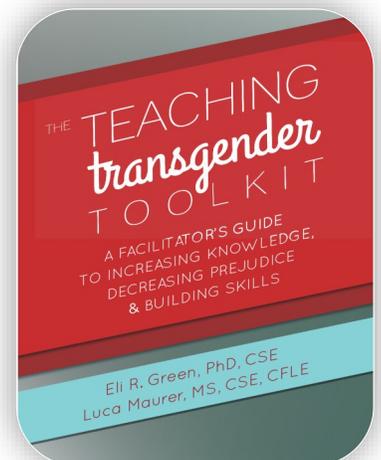
We find context is key. If you don't choose to have each individual introduce themselves with their pronouns it's critical to say why and share your thinking. Be sure to clearly let people know it's your expectation that the space in which you are training or meeting is a space where pronouns are respected. Share why that's important and then provide other opportunities for people to identify their pronouns. That could be via a button or sticker.

Looking to learn more?

The Teaching Transgender Toolkit: A Facilitators Guide to Increasing Knowledge, Decreasing Prejudice & Building Skills by Eli R. Green and Luca Maurer and published by Planned Parenthood of the Southern Finger Lakes is a detailed collection of best practices, lesson plans, and resources for those who wish to facilitate training about transgender people, identities, and experiences.

TeachingTransgender.org
PPSFL.org/transgender
LGBT@ppsfl.org

Affirming Pronouns are the most respectful and accurate pronouns for a person, as defined by that person.



Call Center Resource Guide

PPSFL Transgender Appointment and Patient Navigation Guide for the Call Center

April 2017



Planned Parenthood
of the Southern Finger Lakes



**Out for
Health**

a Project of Planned Parenthood

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PPSFL Transgender Appointment and Patient Navigation Guide for the Call Center

Transgender Program Contact

Devon Anderson
Transgender Patient Navigator/Senior Educator
607-216-0021 ext. 2308
devon.ritz@ppsfl.org

Program Background:

In 2013 Planned Parenthood of the Southern Finger Lakes (PPSFL) began providing transgender hormone therapy and preventive health services. We launched this service based on documented community need, alignment with our mission, and with our deep dedication and commitment to providing excellent, accessible, and compassionate health care for underserved and often marginalized people in our community.

In spring of 2017 we became a member of a call center collaboration. The following information is a resource document for call center employees to successfully, respectfully, and quickly navigate transgender patient appointments and referrals.

FAQs:

What will happen in my first visit?

- For your first visit, please anticipate being here for an hour to an hour and a half. First you will meet with one of our medical associates and answer a few health history and personal information questions. Then they will go over our informed consent form with you; side effects and what to expect, both permanent and temporary changes due to hormone replace therapy. You will then meet with a clinician and talk about your health, support systems, and generally get to know each other. You will figure out together the next best steps and then get blood drawn for labs as a base, to make sure there won't be complications and to have comparisons throughout your process. These labs results will return in a few days and our staff will be in contact with you.

What will happen at my follow-up appointment?

- ***SEE EPM ALERTS*** this will give details about what the specific patient can expect at their next visit and are updated by their provider.

- **Every follow-up visit:** checking in with clinicians about your progress, blood pressure, asking any questions you may have, discussing next steps.
 - ✓ **For general follow-up questions non-specific to a patient OR when no alert is in the chart: see the *TG Follow-up Visit Schedule Guide* provided in PPSFL resources**

Will my insurance cover the cost of this visit?

- That is a great question! Several insurances do cover the cost of your visit and prescription. However, we can provide you with the number of our biller, Kim. She is extremely helpful in finding out what to expect for out-of-pocket cost. Her number is **607-962-4686 x. 2121**.

I heard about your Transgender Health Fund, how can I access it?

- To assist patients who are facing short term difficulties paying for care, we do have special funds to help pay for a visit. This fund does not cover the cost of hormones. For further information you will need to contact our billing department to discuss eligibility at **607-962-4689 Ext. 2121**

Does Planned Parenthood provide me with my hormones?

- We do not provide hormones from our health center. However, once you have come in for an initial visit and there are no pressing health concerns or obvious contraindications, we will prescribe your hormones electronically to your pharmacy for you to pick up after your appointment.
 - ✓ There are also websites like GoodRX.com that can help offset the cost of hormones and we will give you this information at your visit.

Do I need to have a letter from a mental health provider?

- **No.** We function on an informed consent model, meaning that we do not require a note or that you attend therapy. Some of our patients benefit greatly from therapy, but we believe that when our patients are fully informed of risks and benefits, they are able to decide what is best for themselves and their bodies in seeking gender conforming care.

Do I need to bring anything with me to my first visit?

- Please bring ID and medical insurance information (if you are planning on using it). You may also bring any labs you have had done in the past six months. If you are currently being prescribed hormones from another provider you may bring health records or have them faxed to our office prior to your visit (though that is not a requirement). Our fax number is: **(607) 273-8776**

Can you assist me with out-of-county Medicaid transportation?

- Yes we can-forward your call to the health center *or* our transgender patient navigator, Devon

Schedule Template/Routine:

- **Each health center sees patients at different times but they may vary for accommodating special cases, currently:**
 - **Corning:** new patients on **Friday mornings**; follow ups Fridays
 - New patients and follow-ups are double booked at 9 and 10am
 - **Hornell:** new patients & follow ups on **Monday mornings**
 - New patients at 9am **only**; follow-ups where indicated
 - **Ithaca:** new patients & follow-up visits vary; generally the transgender clinic is pre-templated (see New vs. Est. patient scheduling attached).
 - Established or follow-up visits can go throughout the schedule (considering provider privileging)

These times/days are subject to change and we will keep clear/open communication regarding major changes

Self-Injection Training We offer individualized training to patients (or support people) who seek both intramuscular injection and subcutaneous injection training. We offer the teaching every **3rd Thursday from 3-5pm, Transgender (TG) Nurse Visit.**

When scheduling these please check to make sure the patient **does not have a nurse visit set up for an injection in the same week as they will be self-injecting as part of the training. Also please let them know they need to bring their hormones and syringes to the appointment**

8:50 INITIAL/New Patient
9:00 Follow-up
9:30 INITIAL/New Patient
9:40 Follow-up
10:10 INITIAL/New Patient
10:40 Follow-up

Resources We Have Available

- Know-How Guide: The trans persons guide to get or change all of the life documents and essential paperwork you'll need to make your way in the world. Available online at ppsfl.org/transgender
- Resource list of mental health providers, support groups, and more
- Information and assistance about social transition in the work place
- Information about the Ithaca College Voice and Communication Modification Program for People in the Transgender Community
- Transgender patient navigator

Things to Be Aware Of

- It may be helpful to ask where a patient is calling from. Often folks from all over the country find our phone number asking to set up a "HRT consultation". If someone is calling from far away and would like to find services closer to them please forward them to our **transgender patient navigator** who can assist them in finding those health centers.
- You will be asking patients if they can receive mail at the addresses they provide us. Under the "Client Defined" tab you can select "legal" or "preferred". If the patient has provided a name that is different from their legal name, ask them: **Is it okay for us to address mail to [preferred name] or would you like it addressed to the legal name?"**
- If we get calls from parents of people under the age of 18 or youth **under the age of 18**: Unfortunately, we are not currently seeing patients under the age 18, even if they have parental consent. We do hope to be able to expand our services in the future but in the mean time we can recommend **Upstate Pediatrics in Syracuse**. They also work within an informed consent model with parental consent and provide puberty blockers as well as HRT. The number for their endocrinology department is: 315 464-5726.

TRANSGENDER HEALTH & MEDICAL-LEGAL PARTNERSHIPS



TRANSGENDER describes people whose gender identity (i.e. the inner sense of one's gender) differs from the sex they were assigned at birth.

CONTACT

For more information about medical-legal partnership:

**National Center for
Medical-Legal Partnership**

www.medical-legalpartnership.org

For more information about LGBTQ+ health:

**National LGBT Health
Education Center**

www.lgbthealtheducation.org

Partnering with Legal Services to Address Social and Structural Issues that Impede Quality Health Care for Transgender People

Discrimination in all sectors of society, including in education, health care, housing, and employment, makes transgender people disproportionately vulnerable to depression, suicidality, post-traumatic stress disorder, substance use disorders, physical and sexual victimization, and HIV infection. Transgender people have a critical need for access to quality, gender-affirming health care, as well as access to legal services that support them in addressing discrimination.^{1,2,3,4,5} To truly meet the complex needs of transgender patients, health care teams benefit from legal expertise to help navigate problems that go well beyond the health center's door. Health centers that serve transgender patients are starting to integrate on-site legal care through **medical-legal partnerships (MLPs)** in order to provide patients with legal services for social and structural issues that are directly affecting their health.



Medical-Legal Partnership in Practice

Bryan, a transgender man, came to Whitman-Walker Health for help updating his name and gender on his identity documents.

Whitman-Walker Health, a Federally Qualified Health Center in Washington D.C., has a monthly clinic specifically to help people with exactly that. Staff attorneys from the health center's legal care team counseled Bryan on the Virginia name change process and helped him obtain a court order for his name change. Later, Bryan returned to Whitman-Walker Health Legal Services to get help updating his identity documents — driver's license, Social Security account/card, birth certificate, and passport — to reflect his legal name and male gender marker.

During this time, Bryan shared that he recently underwent a hysterectomy as part of his medical transition and was billed over \$45,000 for the procedure because his employee health plan refused to cover the surgery. Bryan was extremely stressed by this financial responsibility as he struggled to make his monthly payments. Whitman-Walker Health staff attorneys filed an administrative appeal with Bryan's insurer, highlighting that denial of coverage for medically necessary transgender care is discrimination. The denial was upheld, so Whitman-Walker Health Legal Services' team initiated an employment discrimination claim, and due to the prolonged nature of such a claim, Whitman-Walker Health Legal Services continued its advocacy with the insurer.

Ultimately, the insurer relented and reprocessed Bryan's claim as a covered benefit. Bryan was very relieved and appreciative for the legal assistance that resolved his enormous medical bill. Without legal help, he believes he would have spent down his life savings and retirement funds.



...if I am reading the documents right, my insurance has decided to step up and cover most all of what I was billed!!! Didn't you feel the warm, thankful vibes I was sending your way??? ...I have been on cloud nine all weekend & I have YOU to thank for that!!!... 'Thank you' just isn't enough!!! You are my Super Hero!!

An email from Bryan to his lawyer



How Legal Services Help Address Specific Social Determinants of Health For Transgender People

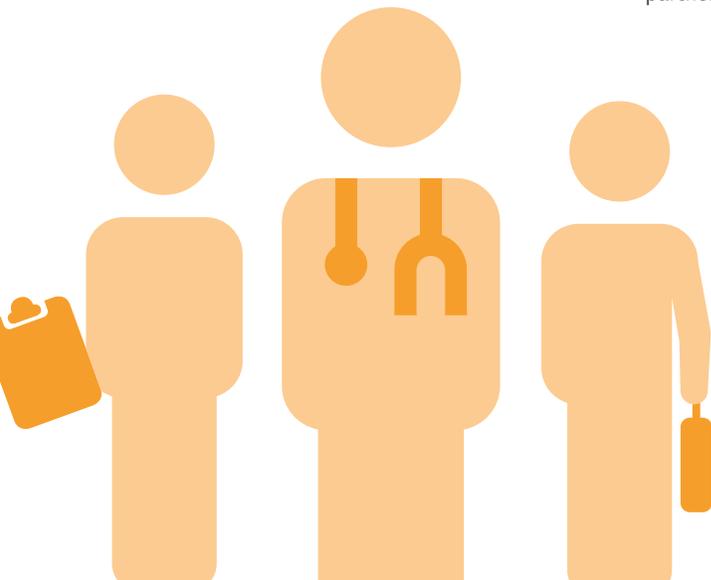
SOCIAL DETERMINANT	COMMON BARRIERS TO HEALTH FOR TRANSGENDER PATIENTS	HOW LEGAL SERVICES CAN HELP
<p>HEALTH AND HEALTH CARE</p> 	<p>Insurance Coverage</p> <ul style="list-style-type: none"> Gender-affirming medical and surgical interventions are necessary to support the health of transgender people,⁶ and yet insurance policies frequently exclude these services or deem them not medically necessary.⁷ Transgender patients face denials of coverage for sex-specific care that differs from the gender marker or name on their records (e.g. a transgender man denied coverage for a Pap smear).⁸ 	<p>Lawyers can aid patients in the confusing, onerous appeals process necessary to overcome insurance denials.</p>
<p>EQUAL ACCESS TO WORK AND EDUCATION</p> 	<p>Medical Decision-Making</p> <p>Transgender people with unsupportive family members can lose control of their medical decision-making if they become incapacitated.</p> <hr/> <p>Employment Discrimination</p> <p>Nearly half of transgender people report being fired, not hired, or denied a promotion because they are transgender or gender non-conforming.⁹</p> <hr/> <p>Education Discrimination</p> <ul style="list-style-type: none"> Most transgender students who are out at school report one or more negative experiences, including not being allowed to dress how they want, or being verbally harassed, physically attacked, or expelled.¹⁰ Poor treatment in school is associated with increased risk of suicide, homelessness, and working in the underground economy.^{11,12} 	<p>Lawyers can draft health care directives and wills to ensure a transgender person's autonomy and gender identity is honored.</p> <hr/> <p>Lawyers can help transgender people understand their rights at work under nondiscrimination laws, and seek redress for workplace discrimination with the aim of remaining or becoming employed.</p>
<p>ECONOMIC STABILITY</p> 	<p>Legal Name and Gender Marker Change</p> <p>Many transgender people have a name and gender identity that differ from what is on their driver's license and other forms of identification (ID), placing them in danger of harassment, assault, and refusal of service or employment. To change names and gender markers on their IDs, transgender people often must overcome discriminatory treatment from court employees, prohibitive fees, and the need for notarized letters with proof of specific surgeries.</p> <hr/> <p>Housing and Shelter Discrimination</p> <p>Nearly 20% of transgender people have experienced homelessness. Of those who have attempted to stay in a homeless shelter, 29% have been turned away, and 22% were sexually assaulted by residents or staff.¹³</p> <hr/> <p>Public Accommodations Discrimination</p> <p>Transgender people endure verbal harassment and denial of services when accessing public accommodations, such as retail stores, restaurants, buses, and government agencies, wreaking havoc on emotional and physical health.¹⁴</p>	<p>Lawyers can provide name change services, recruit pro bono assistance, or offer free legal clinics that address name and gender marker change, helping to reduce fees and ease the difficult process.</p> <hr/> <p>Lawyers can ensure that laws prohibiting discrimination on the basis of gender identity are upheld.</p> <hr/> <ul style="list-style-type: none"> Lawyers can enforce state laws preventing discrimination in public accommodations. Lawyers can help reduce discrimination by contributing to community outreach and cultural sensitivity training programs.

MEETING PEOPLE WHERE THEY ARE:

Bringing Legal Services Directly to Transgender Patients

Medical-legal partnerships (MLPs) integrate legal services and expertise into health care settings. Lawyers become an important part of the health care team, taking referrals and providing consultations just like any other specialist. Health care and legal professionals identify problems like those outlined in the chart on page three, and together, they establish protocols and interventions to address many of these needs at the health care site. It is a highly flexibly intervention that adapts to the needs of a specific population and setting. Typically MLPs¹⁵ :

1. **HAVE A “LAWYER IN RESIDENCE”** who works on-site at the health care organization.
2. **HAVE A FORMAL AGREEMENT** between the participating health and legal organizations outlining responsibilities and services.
3. **DEFINE A TARGET POPULATION** to receive services.
4. **SCREEN PATIENTS FOR HEALTH-HARMING LEGAL NEEDS** to find those patients who might not otherwise have their health-harming legal needs identified or addressed.
5. **HAVE DEDICATED LEGAL STAFFING** to provide MLP services at the health care organization.
6. **TRAIN HEALTH CARE PROVIDERS ON COMMON SOCIAL DETERMINANTS OF HEALTH** and how legal expertise and services can help mitigate the negative impact of social determinants on health and health care.
7. **SHARE INFORMATION** about patients between health and legal staff to solve health-harming legal problems and address social determinants.
8. **DESIGNATE FINANCIAL RESOURCES** to support the medical-legal partnership activities.



WHAT IT LOOKS LIKE ON THE GROUND:

Medical-Legal Partnerships as Part of Transgender Health Care

Several medical-legal partnerships across the country provide a range of gender-affirming legal services to promote the health and wellness of LGBTQ+ patients, while also conducting trainings to educate patients about their rights.

LOS ANGELES CALIFORNIA	HEALTH CARE ORG Los Angeles LGBT Center's Transgender Health Program	LEGAL PARTNER Bet Tzedek Legal Services	YEARS IN OPERATION 1	LEGAL SERVICES OFFERED BY ALL THREE MEDICAL-LEGAL PARTNERSHIPS: <ul style="list-style-type: none">• Name and gender marker updates, including advocating with local offices for inclusive practices• Health insurance eligibility and coverage appeals, including for gender affirming surgery• Fighting discrimination and harassment based on gender identity in employment, housing, and public accommodations• Advanced directive preparation• Immigration support
NEW YORK NEW YORK	HEALTH CARE ORG Callen-Lorde Community Health Center	LEGAL PARTNER Legal Services NYC	YEARS IN OPERATION 8	
WASHINGTON DISTRICT OF COLUMBIA	HEALTH CARE ORG Whitman-Walker Health	LEGAL PARTNER Lawyers employed by health center	YEARS IN OPERATION 32	

A CLOSER LOOK AT WHITMAN-WALKER HEALTH

In 1986, Whitman-Walker Health in Washington, DC, became the first health center to hire an in-house lawyer. At the time, the lawyer was helping HIV/AIDS patients write wills, secure disability benefits, and fight discrimination—all to ease suffering as they prepared for the end of life. Thankfully, advancements in medical treatment mean that people with HIV/AIDS are living

longer, healthier lives. It also means that the health center's now 10 attorneys, two paralegals, and 15 insurance navigators play a very different role in patient care.

The health center's legal care team screens its patients, including people living with HIV and the LGBTQ+ communities, for health-harming legal problems, and works to address legal barriers to care. Insurance navigators assist patients by determining their eligibility for health insurance and assisting them to enroll in insurance for which they are eligible. Navigators also

Since launching Washington, D.C.'s only name and gender change clinic in June 2012, Whitman-Walker Health has helped nearly

1,500 
**TRANSGENDER CLIENTS
WITH IDENTITY DOCUMENTS.**

troubleshoot eligibility, coverage, and cost of care issues. When an appeal is needed, they partner with the lawyers on the team. Navigators also proactively identify social and legal needs by using the information from insurance screening, and address issues promptly. Legal issues include battling discrimination in workplaces, public accommodations, schools, housing, and health care; enrolling in and using public benefits programs; pursuing immigration relief; obtaining adequate coverage under public and private health insurance programs; ensuring rights with future planning documents; and obtaining accurate identity documents.

Since launching Washington, D.C.'s only name and gender change clinic in June 2012, Whitman-Walker Health has helped nearly 1,500 transgender clients with identity documents. This monthly clinic also serves as a point of entry for clients facing other legal barriers and needing transgender-friendly medical and behavioral health services.

As the legal care team identifies system-wide barriers, they work with other social service and government agencies to provide transgender-specific cultural sensitivity training and education about best practices for service delivery. The demand for legal assistance among low-income, transgender residents in DC has grown exponentially. A lawyer plays a critical role in promoting health and wellbeing by working to protect the basic needs and rights of individual transgender clients and their access to health care.

Whitman-Walker Health, like many other health centers with medical-legal partnerships, has taken their work from patients to policy. Through individual patient referrals they to detect patterns of systemic need, and go upstream and address barriers to good health at the source. Recently, their advocacy has ensured platinum health plans critical to care for individuals with chronic conditions remained available on the D.C. Health Exchange¹⁶, and removed insurance access barriers to time-sensitive HIV medications¹⁷.



For many of our transgender patients, their first point of contact is often our Name and Gender Change Legal Clinic to update identity documents. Helping to navigate this process can open the door for the patient to seek care and address other health issues. At Whitman-Walker Health, we see lawyers as vital members of our care team.

Thomas Coughlin

DIRECTOR OF GENDER AFFIRMING SERVICES, WHITMAN-WALKER HEALTH



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National LGBT Health Education Center

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Endnotes

1. James S, Herman JL, Rankin S, et al. *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality; 2016.
2. Seelman KL, Colon-Diaz MJP, LeCroix RH, et al. Transgender noninclusive healthcare and delaying care because of fear: connections to general health and mental health among transgender adults. *Transgender Health*. 2017; 2(1): 17-28.
3. Reisner SL, Poteat T, Keatley J, et al. Global health burden and needs of transgender populations: a review. *Lancet*. 2016; 388(10042): 412-436.
4. Reisner SL, White Hughto JM, et al. Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. *J Couns Psychol*. 2016; 63(5): 509-519.
5. Winter S, Diamond M, Green J, et al. Transgender people: health at the margins of society. *Lancet*. 2016; 388(10042): 390-400.
6. Coleman E BW, Botzer M, et al. Standards of care for the health of transsexual, transgender, and gender nonconforming people, version 7. *IJT*. 2012; 13(4): 165-232.
7. James S, Herman JL, Rankin S, et al.
8. Padula WV, Heru S, Campbell JD. Societal implications of health insurance coverage for medically necessary services in the U.S. transgender population: a cost-effectiveness analysis. *J Gen Intern Med*. 2016;31(4):394-401.
9. James S, Herman JL, Rankin S, et al.
10. James S, Herman JL, Rankin S, et al.
11. Russell ST, Ryan C, Toomey RB, et al. Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *J Sch Health*. 2011; 81(5): 223-230.
12. Toomey RB, Ryan C, Diaz RM, et al. Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment. *Dev Psychol*. 2010; 46(6): 1580-1589.
13. James S, Herman JL, Rankin S, et al.
14. Reisner SL, Hughto JM, Dunham EE, et al. Legal protections in public accommodations settings: a critical public health issue for transgender and gender-nonconforming people. *Milbank Q*. 2015; 93(3): 484-515.
15. Regenstein M, Trott J, Williamson A, Theiss J. Addressing social determinants of health through medical-legal partnerships. *Health Aff (Millwood)*. 2018; 37(3): 378-385.
16. Marple K, Dexter E. Ensuring people with chronic conditions maintain access to care: A patients-to-policy story. Washington, D.C.: The National Center for Medical-Legal Partnership; 2018. Available at: www.medical-legalpartnership.org/mlp-resources/ensuring-people-with-chronic-conditions-maintain-access-to-care
17. Marple K, Dexter E. Eliminating hurdles to life saving medications: A patients-to-policy story. Washington, D.C.: The National Center for Medical-Legal Partnership; 2018. Available at: <https://medical-legalpartnership.org/mlp-resources/eliminating-hurdles-to-life-saving-medication/>



Planning for having children is part of life.

Like anyone else, as a transgender person, you have choices when it comes to having children of your own. You need and deserve high quality health care.

Each transgender person is unique.

Wanting to have, or not to have, children are big life choices. Whichever you choose, it's good to plan ahead.

Protect your fertility.

Keep healthy today so you are able to have a baby later on. Untreated STDs can cause problems with fertility.

People are at risk of getting an STD from having oral, anal, and vaginal sex. But you can protect yourself:

- Use a condom or a dental dam every time you have sex.
- Get tested for STDs and HIV. Ask your provider how often to get tested.
- If you have an STD, get treated right away.

Have more questions?

Everyone has their own set of concerns and questions. Here are a few resources that can help:

Center of Excellence for Transgender Health

transhealth.ucsf.edu

National Center for Transgender Equality

www.transequality.org

Transgender Law Center

www.transgenderlawcenter.org

National Center for Lesbian Rights

www.nclrights.org

To find a family planning clinic near you, go to:

www.hhs.gov/opa



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All photos courtesy of Center of Excellence for Transgender Health except baby photo by Andrew Vargas.

TRANS HEALTH



fertility AND you



TRANSWOMEN can have a baby.

If you are a trans- woman who wants to have a child someday, here are a few options to think about:

- **You can use your own sperm to have a baby. If you're still making sperm, you can get your partner pregnant.**
- **You can donate your sperm to some one who can carry the baby for you.**
- **Or you can save your sperm at a sperm bank for later when you're ready to have a baby.**

If you take hormones, you may need to stop for 3–6 months to make enough sperm.

You can also:

- **Adopt a child.**
- **Foster a child.**



TRANSMEN can have a baby.

If you are a transman who wants to have a child someday, here are a few options to think about:

- **You can save your eggs, like sperm banking, to use later on when you're ready to have a baby. You can do this before you have surgery to remove the ovaries and uterus.**
- **You can donate your eggs to a female partner, or to a friend who is willing to carry the pregnancy for you.**
- **You can choose to have your own baby. If you still have a uterus and ovaries, you could use your own eggs and carry your own child.**

You can also:

- **Adopt a child.**
- **Foster a child.**

What if I'm not ready to have a baby right now?

As a transwoman, you may still make enough sperm to start a pregnancy.

As a transman, taking hormones and not having a period won't stop you from getting pregnant. You can still get pregnant while taking T.

To prevent a pregnancy:

- **Use a condom or another birth control method to prevent a pregnancy.**
- **You can use a method of birth control that doesn't have hormones.**



If you had sex without a birth control method with someone who makes sperm, you could get pregnant. You might want to take emergency contraception (EC) to prevent a pregnancy. It's best to take EC right after having sex. You must take it within 3 to 5 days for it to work.

Ask your provider how to get EC in your area.



Sexual health is part of being human.

Like anyone else, as a transgender woman you want to feel great about your body. You want to have sex that is safe, feels good, and is rewarding.

Each transwoman is unique.

- You may or may not have had surgery.
- You may or may not take hormones.
- What you like to do when you have sex is unique to you.

Take care of your body. It's important to being a healthy woman.



Have more questions?

Every transwoman has her own set of concerns and questions. Here are a few resources that can help:

Center of Excellence for Transgender Health
transhealth.ucsf.edu

National Center for Transgender Equality
www.transequality.org

Transgender Law Center
www.transgenderlawcenter.org

National Center for Lesbian Rights
www.nclrights.org

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TRANS HEALTH



sexual health FOR transwomen



What if I haven't had surgery?

It's healthy and normal to use your penis for sex. You should know that to keep an erection, you need some testosterone (T) in your body. If you are taking female hormones, it may be harder to keep an

erection. Ask your health care provider what hormone doses are right for you.

Keep in mind when you take a lower dose of female hormones, the changes you may want to see may take longer.



What about STDs?

Like anyone else who has sex, transwomen are at risk of getting a sexually transmitted disease (STD).

People get STDs from having oral, anal, and vaginal sex. But you can protect yourself:

- **Use a condom or a dental dam every time you have sex.**
- **Get tested for STDs and HIV. Ask your provider how often to get tested.**
- **If you have an STD, get treated right way.**

What about my fertility?

Transwomen who take hormones may still have enough sperm to cause pregnancy. Use a birth control method if you don't want to have a baby.

If you want to have your own child in the future, it's good to plan ahead. You may have to go off hormones to make enough sperm. You could also put your sperm in a sperm bank before you start taking hormones. That way you may be able to use them with your partner when you want to have children.

What about my breast health?

If you take hormones, your breasts will start to grow. Talk to your provider about what to expect.

Anyone can get breast cancer. Tell your provider about any family history of breast cancer. Let your provider know if you have breast pain, lumps, or any other changes that worry you.



What about pumping?

Some transwomen have silicone injected, or “pumped”, to get the “curvy” body they want—large round breasts, hips, and thighs.

Pumping can cause serious health problems. The injected products may harden, cause pain, and travel to other parts of the body. This can lead to infection and make permanent and unwanted body changes. Many women have died from pumping.

Talk to a trained health care provider about safe ways to get the body you want. Do not do it on your own. Do not go to a non-medical person.

What about tucking?

Tucking is a way some transwomen use to hide their genitals beneath their clothing.

The idea is to gently push the testicles up inside the body and then to pull the penis back between the legs. It is all held in place with tight-fitting underwear or surgical tape.

Here are some things you can do:

- **Only use surgical tape. Other types of tape could peel off skin when removed.**
- **Cut the hair very short in the groin area.**
- **This makes it easier to remove the tape.**
- **Spend some time daily without tucking.**

Tucking for too long can cause health problems. It can cause chafing and sores. It can also lower sperm count. Keep this in mind if you are trying to have a child.



Sexual health is part of being human.

Like anyone else, as a transgender man you want to feel positive about your body. You want to have sex that is safe, feels good, and is rewarding.

Each transman is unique.

- You may or may not have had surgery.
- You may or may not take hormones.
- What you like to do when you have sex is unique to you.

Take care of your body. It's important to being a healthy man.



Have more questions?

Every transman has his own set of concerns and questions. Here are a few resources that can help:

Center of Excellence for Transgender Health
transhealth.ucsf.edu

National Center for Transgender Equality
www.transequality.org

Transgender Law Center
www.transgenderlawcenter.org

National Center for Lesbian Rights
www.nclrights.org

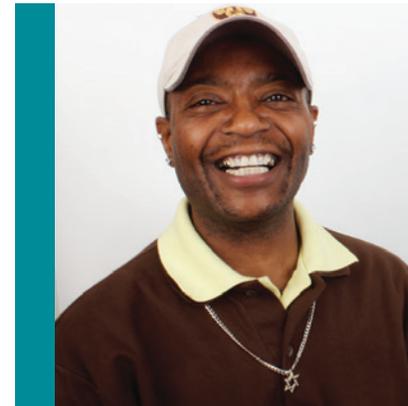
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TRANS HEALTH



sexual health FOR transmen



What about my chest health?

Even if you've had your chest redone, you may still be at risk of cancer. Talk with your provider about getting chest health screenings and mammograms.

Tell your provider about any family history of breast cancer.

What about STDs?

Like anyone else who has sex, transmen are at risk of getting a sexually transmitted disease (STD).

People get STDs from having oral, anal, and vaginal sex. But you can protect yourself:

- **Use a condom or a dental dam every time you have sex.**
- **Get tested for STDs and HIV. Ask your provider how often to get tested.**
- **If you have an STD, get treated right away.**

What if I take hormones?

Taking testosterone (T) will often cause your periods to stop in 1 to 6 months. You may get cramps during or after orgasm. If you have this pain often, talk to your provider.

T can also thin the walls of the vagina. You could use a low dose estrogen cream inside the vagina to keep it from thinning too much. This will help the vagina from bleeding if you have vaginal sex, which lowers the chances of getting an STD, especially HIV.

What about the health of the cervix?

Transmen are at risk for cancer of the cervix, uterus and ovaries if they still have these parts.

The cervix is the opening part of the uterus that connects to the vagina. Cancer of the cervix is caused by certain types of a virus called HPV. It can be passed by skin to skin contact during sex. Ask your provider about getting the HPV vaccine to help protect you from HPV.

Transmen with a cervix may also need a Pap test. The Pap test looks at cells from the cervix to see if there are any signs of cancer. Talk to your provider about when and how often you should get a Pap test done.

Do I still need a pelvic exam?

If you haven't had surgery, yes. Your provider will check your organs with a pelvic exam. Your provider will check the uterus and ovaries for anything unusual. You may also need further tests.

Tell your provider what would make you feel most comfortable during the exam.

Can I still get pregnant?

Some transmen have had surgery to remove the uterus and ovaries. These transmen cannot get pregnant.

But, if you still have a uterus and ovaries, you can still get pregnant even if you take testosterone (T). If you don't want to get pregnant, be sure to use condoms or another birth control method.

There are a few birth control methods that do not have hormones. Talk to your provider about which methods are right for you.

What if I want to get pregnant?

If you still have a uterus and ovaries and want to get pregnant, you will need to stop taking T. High levels of T in your body during pregnancy can cause birth defects in the baby.

Talk to your provider before you try to get pregnant.



COMMUNICATION SKILL DEVELOPMENT

- Voice
 - Vocal Hygiene
 - Pitch and Inflection
 - Loudness and Projection
 - Resonance
- Articulation
- Language
- Non-verbal Communication
 - Body Language
 - Pragmatics
- Self Perception
- Voice Related Quality of Life

Ewing Speech and Hearing Clinic Ithaca College

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CLINICS/SPEECHHEARINGCLINIC](http://WWW.ITHACA.EDU/HSHP/CLINICS/SPEECHHEARINGCLINIC)

Voice & Communication Modification Program for People in the Transgender Community



ITHACA COLLEGE

School of Health Sciences and
Human Performance
*Department of Speech-Language
Pathology and Audiology*

PROGRAM OVERVIEW

Established in 2011, the *Voice and Communication Modification Program for People in the Transgender Community* is a collaboration between the Sir Alexander Ewing Speech and Hearing Clinic at Ithaca College, the LGBT Office at Ithaca College, and Planned Parenthood.



WHO WE SERVE

The clinic serves people who are involved in the exploratory process of finding their own true voice.

Our services are extended to both male to female and female to male transgender people.

We specialize in common sense approaches for transgender identified people.

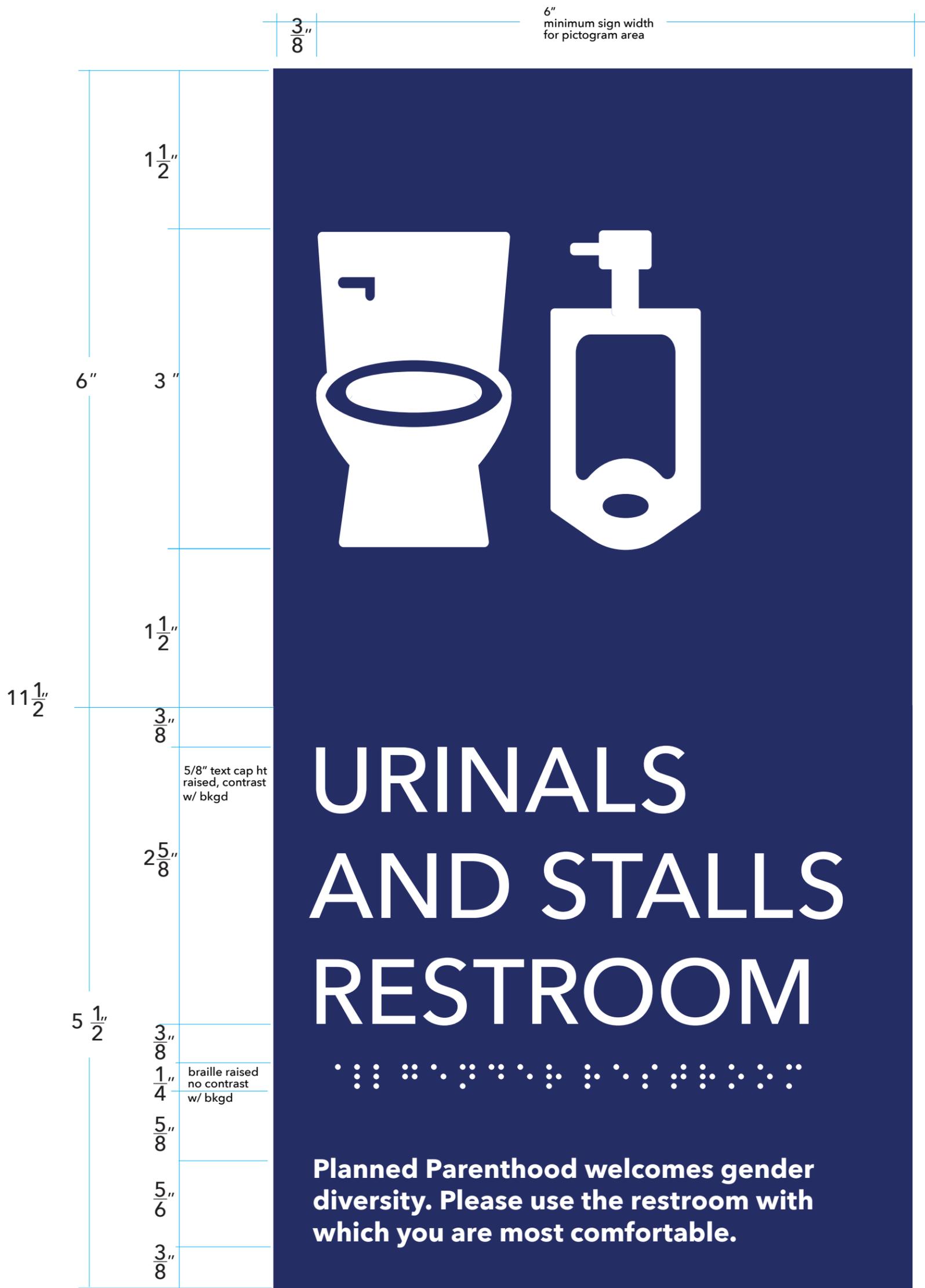
The design of the clinic is to provide a concrete communication program in a supportive environment.

Each treatment plan will be individually designed specifically for the goals of each participant.

CLINIC GOALS

- To increase knowledge and understanding of the human communication process.
- To provide a strong resource to the community by providing the most current treatment methods in the area of transgender communication.
- To provide experiential learning opportunities to graduate students who are obtaining their Master of Science degree in the area of Speech-Language Pathology at Ithaca College.

ADA compliant Restroom sign



ADA compliant Restroom sign



ADA compliant Restroom sign



Initial Transgender Patient Call Script

A person may say “I want to schedule a consultation for hormone therapy.”

1. “I am happy to assist you today. May I ask where you are calling from? I want to make sure we are scheduling your appointment in the health center closest to you.”
2. “Have you ever been a patient with our Planned Parenthood? (If not) Okay, I have to ask you a few questions to book this appointment.”
3. “First, may I have your date of birth?”
 - Refer to guide if patient is under 18.
4. “May I have your last name?”
5. “What is the name you would like to go by when you are in our health center?”
 - “I have to ask this for legal and insurance purposes, do you currently have a legal first name that is different from [Name]? If yes, okay, could you spell that for me? Thank you. I want to assure you that we will never address you by that name. We just need it for really boring paperwork that nobody likes.”
6. “And what pronouns do you use? (Sometimes folks have no idea what you are saying) By pronoun I just mean the way we may address you when we are not using your name so perhaps, he/him, she/her, they/them or we could just use your name only.”
7. “How does your gender marker currently appear on your identification? If they do not understand, you may say “Is your legal gender marker currently an “F” or an “M” on your ID and/or your insurance card. Thank you, we need this information for legal purposes.”
8. “Are you hoping to use insurance for this visit?”
 - If yes, take down information if possible for finance team.
 - “We like to have this information so our finance team can make sure you won’t have any surprises when you come in for your visit.”
 - “If no, Thank you, I want to let you know that your first visit will be about \$225-250 out-of-pocket. If that feels like a lot all at once, please feel free to bring in what you can afford and we can figure out a payment plan that works best for you. If you are interested in enrolling in a care management plan, we can provide you information for a navigator.”

9. "What is the address you would like to receive mail?"
 - "May we send you mail?"
 - "May we address it to [name they will be going by in our health center]?"
(Sometimes they say no because the mailperson won't deliver under that name or it is not safe to do so.)
 - **Please mark this in "address mail to" drop down**

10. Phone number-same as all patients ☺

11. "Do you have any questions about your appointment?"
 - **How long will I be there?**
 - "Anticipate being here about 2 hours."
 - **Do I need to bring anything?**
 - "ID & Insurance information. If you have lab work from the last 6 months you can bring that or records from previous providers. That is not required but is helpful if you would like to bring it in."
 - **Do I need letters from a therapist?**
 - "Our hormone therapy program follows the informed consent model. We totally see the benefit to mental health counseling for everyone but do not require it for you to become a patient in our HT program. We are always happy to work with any mental health provider you may have and can discuss this at your appointment."
 - **Will I be given hormones at my appointment?**
 - "During your appointment we will be drawing blood to test. This is to make sure there is nothing we need to be concerned about in providing you hormones. These results take a few days. Everyone is different. But when we are able to prescribe we will e-script to the pharmacy most convenient to you. We do not carry hormones in our health center."
 - **Do I have to dress a certain way/May I dress up for my appointment?**
 - "We want you to come comfortable and happy! We are excited to meet you no matter what you decide to wear and whatever you decide has no bearing on your treatment plan."

12. "Are you currently going through or have you ever been through hormone therapy before?"
 - If yes, "what were/are you prescribed? For how long?"
 - i. "Were any of these injectable? Are you comfortable with self injection?"
 - If no, **if you are unsure at this point about masculinizing or feminizing hormones, you may want to ask** "I want to make sure we have everything set up efficiently and correctly for your first visit. Could you let me know if you're interested in masculinizing or feminizing hormones?"

13. Ithaca Patients: “Before your appointment, you will receive a letter in the mail that will give you a better idea about what will happen at your appointment. There are also links to information about self injection. You will have the option to learn self injection at your first visit. If this is something you would be interested in, please review the guide and videos before your appointment. This letter will not say “Planned Parenthood” on the envelope. Mail sent to you will have a P.O. Box return address and have a handwritten address.

14. ST Patients: “Before your appointment, you will receive a welcome packet in the mail that will give you a better idea about what will happen at your appointment. There will also be additional information and resources that you may find helpful. This packet will not say “Planned Parenthood” on the envelope. Mail sent to you will have a P.O. Box return address and have a handwritten address. If you can, please bring this packet with you to your visit.”

15. “Okay, [Name], you are all set for your appointment at [TIME], [DAY/DATE], at our [HEALTH CENTER LOCATION]. If you have further questions or need to reschedule your appointment please call as soon as possible. We are happy to work with your schedule as much as possible and also keep a waitlist for other new patients waiting to be seen. (If nothing further) “Great! We are so excited to meet you, see you soon!”

Do you want us to know your gender pronoun(s)? 😎

Take one! 👍

A **pronoun** is a word used in place of a noun. A **gender pronoun** is a kind of pronoun used to refer to a person or people and may have a gender associated with it or may be gender-neutral.

Planned Parenthood of New York City would like to use your correct gender pronoun(s) because it is important that we respect and affirm your identity.