Affirmative Care for Transgender and Gender Non-Conforming People:

Best Practices for Front-line Health Care Staff

NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

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INTRODUCTION

Front-line staff play a key role in creating a health care environment that responds to the needs of transgender and other gender non-conforming people.[1] Like all individuals, transgender people appreciate friendly and courteous service. However, transgender individuals also have unique needs when interacting with the health care system. First and foremost, many transgender people experience stigma and discrimination in their day to day lives, and particularly when seeking health care. As a result, many fear they will be treated disrespectfully by health care staff, which can lead to them delaying necessary health care services. In addition, the names that transgender people use in their daily lives often do not match the names on their health insurance and medical records. Due to this, mistakes can easily be made when coding and billing for insurance, as well as when talking with patients.

Issues and concerns from transgender patients often arise at the front desk and in waiting areas because those are the first points of contact for most patients. However, these issues are almost always unintentional and can be prevented by training all staff in some basic principles and strategies. This document was developed as a starting point to help train front-line health care employees to provide affirming services to transgender patients (and all patients) at their organization.

WHAT'S INSIDE

- **Part 1** provides background information on transgender people and their health needs.
- **Part 2** provides tips and strategies to improve communication and create a more affirming environment.

HOW TO USE THIS DOCUMENT

There is no set way to use this document, but here are some suggestions:

- Include this document in orientation packets for new hires. Provide a brief verbal introduction to the document and why it is included.

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1 For the purposes of brevity, we use "transgender" throughout this document. However, the information in this document can be applied to all gender non-conforming people. For definitions of transgender and gender non-conforming, see "Definitions and Terms" on pages 2–3.

- Host a mandatory training on transgender identity and health at your organization, or require staff to watch the webinar "Meeting the Health Care Needs of Transgender People," which describes the information in this document: www.lgbthealtheducation.org/training/webinars.
- Hold a discussion afterwards and distribute this document.
- Encourage staff to post the Best Practices Sheet (included on the last page of this document) near their work station.

Part 1: Gaining a Better Understanding of Transgender People

WHAT DO WE MEAN BY TRANSGENDER?

Different people have different ideas about what the term transgender means. Most describe a transgender person as someone who feels strongly that their gender is not the same as the sex they were assigned at birth. Transgender people feel and express their gender in many different ways. Many transgender people feel they were born as the wrong gender; for example, people born with the outward manifestations of a female who feel very strongly that they are a male. Some transgender people feel they are both female and male, or neither male nor female, but somewhere along the spectrum of male and female. These feelings begin very early in life for many, and later for others.

Most transgender people will dress and behave in a way that matches their inner sense of gender. For example, people born male who feel their true gender is female may grow their hair long and start wearing dresses and makeup. A person who feels they are neither male nor female may dress and do their hair in a way that is not traditionally male or female. Transgender people often change their name to match the gender they feel. They often want people to call them by the pronouns that feel right to them (e.g. he/him, or she/her). Some, but not all, change their bodies to more closely resemble how they think of themselves by getting medical (hormone) and surgical treatments. As is true for all people, it is very important for transgender people's mental health and well-being to be able to live the way they feel about their gender, and to be accepted for who they are.

DEFINITIONS AND TERMS

There are many terms used by transgender people to describe themselves and their communities. Many will change the way they describe themselves over time. In addition, terminology also changes over time. Here, we offer some common definitions. However, keep in mind that each person may not identify with these terms or definitions. It is best to give all patients an opportunity to provide information on how they want to be recognized when seeking care.

Gender Identity: A person's internal sense of being a man, woman, both, or neither. Gender identity usually develops at a young age.

Gender Expression/Role: The way a person acts, dresses, speaks and behaves in order to show their gender as feminine, masculine, both, or neither.

Birth Sex: The sex (male or female) assigned a child at birth, based on a child's genitalia.

Transgender: People whose gender identity is not the same as the sex they were assigned at birth.

Gender Non-Conforming: People who express their gender differently than what is culturally expected of them. A gender non-conforming person is not necessarily transgender (for example, a woman who dresses in a masculine style but who identifies as female; a boy who likes to play with girl dolls but identifies himself as a boy, etc.).

Transition/Gender Affirmation Process: For transgender people, this refers to the process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions. This process is often called **gender affirmation**, because it allows people to affirm their gender identity by making outward changes. Gender affirmation/transition can greatly improve a transgender person's mental health and general well-being.

Female-to-Male (FTM) or Transgender Man: A person born with female genitalia at birth who feels they are male/a man and lives as male/a man. Some will just use the term male.

Male-to-Female (MTF) or Transgender Woman: A person born with male genitalia who feels they are female/a woman and lives as female/a woman. Some will just use the term female.

Transsexual: A term used to describe a subset of transgender individuals who have transitioned to the opposite sex, often but not always through a combination of hormonal therapy and sexual reassignment surgery.

Genderqueer: A relatively new term, genderqueer is used by some individuals who do not identify as either male or female; or identify as both male and female.

Trans: Abbreviation for transgender.

Sexual Orientation: Sexual orientation is about how people identify their physical and emotional attraction to others. It is not related to gender identity. Transgender people can be any sexual orientation (gay, lesbian, bisexual, heterosexual/straight, no label at all, or some other self-described label).

Terms to Avoid!: The following terms are considered offensive by most and should not be used: she-male, he-she, it, tranny, "real" woman or "real" man.

WHAT DO WE KNOW ABOUT TRANSGENDER PEOPLE AND THEIR HEALTH NEEDS?

There has been very little research on transgender people and their health needs. However, from what has been studied, we do know that they experience a great deal of misunderstanding, rejection, and discrimination, all of which can lead to poor health outcomes.

Below is a summary of some of the research that has been collected on transgender people. Learning about the challenges of being transgender can increase awareness and sensitivity towards this population.

I AM: TRANS PEOPLE SPEAK VIDEO SERIES

I AM: Trans People Speak (transpeoplespeak.org) is a website which features brief videos of transgender people of all ages, ethnicities, and backgrounds. These videos offer a way to get to know the diversity of expressions and experiences of transgender people, and also show how transgender people are just like everyone else.

HOW MANY PEOPLE IDENTIFY AS TRANSGENDER?

The answer to this question is not known because very few surveys ask about gender identity. One study that used data from Massachusetts and California estimated that 0.3% of the U.S. population may be transgender.[2] Some have argued that this number is probably low. In comparison, this same study estimated that around 3.5% of the population identify as gay, lesbian, or bisexual.[2] Research has also shown that about 60–76% of transgender people have had hormonal therapy, and about 20–40% have had some surgery to help their bodies match their gender identity.[3,4] The decision of whether to have medical or surgical treatment is based on personal choice for some; others would like to get treatments but cannot afford the cost (most insurance policies do not offer coverage).

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2 Gates, G. *How many people are lesbian, gay, bisexual, and transgender?* The Williams Institute, April 2011. Available at: williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

3 Grant J, Mottet LA, Tanis J, et al. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. Available at: www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf

4 Xavier J, Honnold JA, Bradford J. *The Health, Health-Related Needs, and Lifecourse Experiences of Transgender Virginians*. Virginia HIV Planning Committee and Virginia Department of Health, 2007. Available at: www.vdh.virginia.gov/epidemiology/diseaseprevention/documents/pdf/THISFINALREPORTVol1.pdf

DISCRIMINATION AND HEALTH DISPARITIES

The majority of transgender people experience various forms of harassment and discrimination in their daily lives. Research has shown that up to 78% of transgender people were harassed in school, and 57% experienced rejection from their families.[3] Many have been taunted, refused service, and physically attacked in public areas like hotels, restaurants, buses, etc.[3,4] Because of discrimination, transgender people are much more likely to be homeless, unemployed, and low income.[3,4] Trying to cope with all of these issues can affect the health and well-being of transgender people. For example, transgender people have higher rates of alcohol use, drug use, and suicide attempts[3,4] (one survey found that 41% had attempted suicide)[3]. In order to survive, some transgender women turn to sex work, which greatly increases their risk of HIV and other STDs, as well as the potential for experiencing gender-based sexual and physical violence.[3,4,5]

BARRIERS TO HEALTH CARE

Transgender people face many barriers to receiving quality care. Sadly, many transgender people avoid seeing a medical provider because they fear they will be discriminated against, humiliated, or misunderstood. For example, one large study of transgender people found that 28% had postponed necessary medical care when sick or injured, and 33% delayed or did not try to get preventive health care due to discrimination by health care providers.[3] There is also a scarcity of health professionals who are trained in transgender medical and behavioral health care. Fifty percent of transgender people report having to teach their doctors about transgender care.[3]

In addition, many transgender people lack health insurance.[3,4] This is often because employers won't hire them or families reject them. Even with insurance, transgender people encounter barriers. For example, many insurance policies do not cover medical treatments for gender affirmation; and many policies will at least initially deny routine preventive care for body parts not consistent with a person's gender identity (for example, a transgender man with "male" on his insurance may be denied coverage for a Pap smear).

Due to these barriers, some transgender people try to provide for their own care using the Internet, friends, and other non-medical people in their social circle. They may get unauthorized and potentially dangerous hormones, silicone (for implants) or silicone injections to enhance their appearance,

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5 Clements-Nolle K, Marx R, Guzman R, Katz M. HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *Am J Public Health*. 2001 Jun;91(6):915-21.

and other treatments from these sources. This may lead to higher risks of illness and injury, further complicating already poor access to care.[3,4]

Although accessing care is obviously very difficult for many transgender people, the good news is that when transgender people **are** able to access the health care necessary to affirm their gender, they typically function much the same as everyone else in both their personal and professional lives. For example, 78% of transgender people who underwent gender transition reported they felt more comfortable at work, and their job performance greatly improved.[3]

Part 2: Transgender-Affirming Customer Service Strategies in Health Care

INTRODUCTION TO CUSTOMER SERVICE STRATEGIES

Every single interaction counts for a transgender person in a health care setting. Front desk and other front-line staff play a critical role in helping transgender people feel welcome and get the health care services they need. The following section offers strategies for working with transgender patients based on the customer service principles of communication, open-mindedness, responsiveness, accountability, reliability, and respect. Examples and scripts are included.

ADDRESSING PATIENTS

It is not always possible to know someone's gender based on their name or how they look or sound. This is the case for all people, not just transgender people. When addressing patients we don't know, we can accidentally call them by the wrong gender, causing embarassment. One way to prevent this mistake is by addressing people without using any terms that indicate a gender. For example, instead of asking "How may I help you, sir?" you can simply ask, "How may I help you?" You can also avoid using "Mr./Mrs./Miss/Ms." by calling someone by their first name (if this is an acceptable practice in your organization) or by using their first and last name together. You can also avoid using a person's name by tapping the person on the shoulder and saying, for example, "Excuse me, we're ready for you now. Please come this way."

It is also important to avoid gender terms when talking to others about a patient. For example, rather than saying "he is here for his appointment," or "she needs a follow-up appointment," you can say "the patient is here in the waiting room," or "Dr. Reed's 11:30 patient is here." You can also use "they" instead of "she" or "he". For example, you can say: "they are here for their 3 o'clock appointment." **Never,** however**,** refer to a person as "it."

In addition, recognize that avoiding gender terms is important both *in person* and *on the phone*.

USING PREFERRED NAMES AND PRONOUNS

As discussed in the first section, many transgender people change their name and gender to better match their gender identity. Some people change them officially on their legal documents, and some do not (for various reasons). Either way, it is recommended that health care organizations have a system that allows patients to input their preferred name, gender, and pronouns into registration forms and other relevant documents. This allows all staff to see the patients' preferences, and to use them consistently. Creating such a system is helpful for non-transgender patients too, since some patients might prefer to use nicknames or middle names, etc. To learn about suggestions for how to do this, see the section: **Helpful Resources**.

If your organization does not collect this information, it is acceptable to politely ask a person what name they prefer to use. For example, you can say "I would like to be respectful—how would you like to be addressed?" or "What name would you like me/us to use?" Once a patient has given a preferred name, it is very important for staff to use this name in all interactions. Not using the patient's preferred name can cause embarrassment and confusion. For example, imagine how a transgender man would feel if a medical assistant called into the waiting room and asked for "Jennifer Smith" rather than "John Smith".

Similarly, it is important to always respect the gender identity of a patient by using the patient's preferred pronouns (e.g., he/him/his, she/her). Think about how a transgender woman would feel if she overheard someone refer to her with a male pronoun, as in "his insurance has changed." Most transgender men and women prefer that others use the pronoun that matches their gender identity. However, as mentioned previously, only use gender pronouns if you are certain of the patient's gender identity and/or preferred pronouns. Otherwise, it is better to avoid using pronouns and other gender terms. In some circumstances, it is okay to ask about pronouns politely and in a private area, where others cannot overhear, so as not to embarrass or "out" the patient.

WHAT TO DO WHEN THE NAME AND GENDER ON RECORDS DO NOT MATCH

In settings that require insurance or use of third-party payors, transgender patients often have a name and gender on record that do not match their preferred name and gender. Changing one's name and gender on identity documents and insurance records can be a complicated and lengthy process. Moreover, it can be difficult for transgender patients to get certain medically necessary treatments if the gender on their insurance does not match their anatomy (for example, a male-to-female transgender client requiring a PSA test can be denied coverage if her gender is recorded on insurance as female). It is important, therefore, that staff members are prepared for this possibility, and can ask for information without embarrassing or "outing" the patient.

In a situation where a patient's name or gender does not match their insurance or medical records, you can ask: "Could your chart be under a different name?" or "What is the name on your insurance?" You can

then cross-check identification by looking at date of birth and address. Never ask a person what their "real" or "legal" name is. Patients may feel offended because these terms assume that their preferred names are not "real". Further information on ways to address these issues can be found in **Helpful Resources**.

APOLOGIZING FOR MISTAKES

Clearly, it is not always possible to avoid making mistakes, and simple apologies can go a long way. If you do slip, you can say something like: "I apologize for using the wrong pronoun/name. I did not mean to disrespect you."

PRACTICING

Making changes in your speech can be a challenge at first. Most of us have learned to use gender terms like "ma'am" and "sir," in order to be polite. However, eventually most people will find it becomes more natural to speak using these new tools. Practicing with your colleagues may be helpful. You may also find it helpful to post the Best Practices sheet (found at the end of this document) near your work space.

MAINTAINING A RESPECTFUL WORKPLACE CULTURE

Below are additional tips for creating a transgender-affirming culture at your workplace.

Stay relaxed and make eye contact: Speak with transgender patients just as you speak with all of your patients.

Avoid asking unnecessary questions: People are naturally curious about transgender people, which sometimes leads them to want to ask questions. However, like everyone else, transgender people want to keep their medical and personal lives private. Before asking a transgender person a personal question, first ask yourself: *Is my question necessary for their care or am I asking it for my own curiosity?* If for your own curiosity, it is not appropriate to ask. Think instead about: *What do I know? What do I need to know? How can I ask for the information I need to know in a sensitive way?*

Do not gossip or joke about transgender people: Gossiping about someone's transition, or making fun of a person's efforts to change their gender expression, for example, should not be tolerated. In addition, only discuss a patient's transgender identity with those who need to know for providing appropriate and sensitive care. This is consistent with policies concerning discussion of all patients.

Continue to use a patient's preferred name and pronoun, even when they are not present: This will help maintain respect for the patient and help other staff members learn the patient's preferences.

Create an environment of accountability: Don't be afraid to politely correct your colleagues if they use the wrong names and pronouns, or if they make insensitive comments. Creating an environment of accountability and respect requires everyone to work together.

CASE SCENARIO

This page offers an example of a positive client interaction. The scenario is between Claire Brooks, a transgender woman, and Danielle Colatino, a front desk receptionist. Claire's birth name was Charles, and her birth sex was male. When Claire first started going to her health center, she was still using the name Charles and expressing her gender as male, even though she always felt female. Over the last few months, she has begun the gender affirmation process and is now asking people to call her Claire. Her primary care provider is aware that Claire is transitioning, but Claire's medical records, registration, and insurance forms remain under the name Charles Brooks, and her sex is listed as male.

When Claire comes in for an appointment, she approaches Danielle at the registration desk:

Danielle: Good afternoon. How may I help you?

Claire: Hello. I have an appointment with Dr. Brown at 2:30.

Danielle: Your name please?

Claire: Claire Brooks.

Danielle: Thank you. I'm sorry but I don't have you listed here. Might your appointment be under a different name?

Claire: Oh yes. It is probably under Charles Brooks. I've changed my name recently, but I guess it isn't in the records yet.

Danielle: Okay, it must not be. I have the appointment under Charles. Just to be sure we are using the right records, would you mind giving me your birthdate and current address?

Claire: Sure. It is November 12, 1987. I live at 10 Maple St. in Durham.

Danielle: Great. And are you still with the same insurance?

Claire: Yes I am.

Danielle: Okay, thank you. I will put a note in here that your preferred name is now Claire. I will let Shavonne, the medical assistant know, and also Dr. Brown. For billing purposes, the insurance records will need to remain under Charles unless you make the change yourself. Unfortunately, they won't let us do that for you but Shavonne can refer you to a website on how you can make that change. Do you have any questions?

Claire: No, that's fine. Thank you.

Danielle: Have a nice day.

REFLECTION QUESTIONS

- Can you picture yourself in this scenario?
- What might be different in your practice?
- What complications might arise and how would you address them?

ORGANIZATIONAL STRATEGIES FOR CREATING A TRANSGENDER-AFFIRMING ENVIRONMENT

There are several steps that management at health care organizations can take to support front-line staff in creating an environment of care that allows transgender people to feel safe, included, and welcome. Here are some suggestions:

- Have a system to track and record preferred gender, name, and pronoun of all patients. Organizations that have Electronic Health Records (EHRs) can standardize the use of the notes field to document preferred name and pronoun for all patients. If EHRs are not in place, a name alert sticker can be used to flag the patient chart.
- Include "gender identity and expression" in your non-discrimination policies. Post those policies.
- If possible, have single-occupancy bathrooms that are not designated as male or female. If you do not have this option, consider putting full-length doors on your stalls. If neither of these options is possible, have a policy that allows transgender patients to use the bathroom that matches their gender identity.
- Provide annual trainings in transgender cultural competency for staff. Train all new staff within 30 days of hire.
- Have clear lines of referral for complaints and questions from both staff and patients.
- Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, fielding complaints.
- Have procedures in place that hold staff accountable for making negative or discriminatory comments or actions against transgender people.

HELPFUL RESOURCES

GENERAL INFORMATION ON TRANSGENDER HEALTH CARE

- World Professional Association for Transgender Health Standards of Care: www.wpath.org
- Center of Excellence for Transgender Health Primary Care Protocols: www.transhealth.ucsf.edu
- Vancouver Coastal Health: Guidelines for Transgender Care: www.transhealth.vch.ca/resources/careguidelines.html
- The Fenway Guide to LGBT Health, American College of Physicians: available on amazon.com
- Transgender Law Center: Health Care Issues: www.transgenderlawcenter.org/issues/health

INSURANCE AND BILLING INFORMATION

- Medicare Benefits and Transgender People: www.transequality.org/Resources/MedicareBenefitsAndTransPeople_Aug2011_FINAL.pdf
- Human Rights Campaign: Finding Insurance for Transgender-Related Healthcare (list of links to the carriers' websites where major guidelines for transgender-related treatments are openly available): www.hrc.org/resources/entry/finding-insurance-for-transgender-related-healthcare
- Department of Veteran's Affairs Directive: Providing Health Care for Transgender and Intersex Veterans: www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2416

STRATEGIES FOR COLLECTING AND DOCUMENTING GENDER IDENTITY, PREFERRED NAMES, AND PRONOUNS IN REGISTRATION FORMS

- Center of Excellence for Transgender Health protocol: www.transhealth.ucsf.edu/trans?page=protocol-intake
- The Fenway Institute: How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings: www.lgbthealtheducation.org/wp-content/uploads/policy_brief_how_to_gather.pdf.

RESOURCES FOR PATIENTS ON CHANGING NAME AND GENDER ON LEGAL DOCUMENTS

- The Name Change Project from the Transgender Legal Defense and Education Fund: www.transgenderlegal.org/work_show.php?id=7
- Massachusetts Transgender Political Coalition: www.masstpc.org/publications/
- Transgender Law Center: www.transgenderlawcenter.org
- Health Care Rights and Transgender People: www.transequality.org/Resources/HealthCareRight_UpdatedAug2012_FINAL.pdf

RESEARCH ON TRANSGENDER HEALTH

- National Transgender Discrimination Survey: www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf
- National Transgender Discrimination Survey Report on Healthcare: www.transequality.org/PDFs/NTDSReportonHealth_final.pdf
- Clements-Nolle, K., Marx, R., and Katz, M. (2006). Attempted Suicide Among Transgender Persons: The Influence of Gender-Based Discrimination and Victimization. Journal of Homosexuality, 51(3), 53-69.

WHERE TO FIND TRAININGS ON TRANSGENDER HEALTH CARE

The following organizations offer trainings on transgender health:

- The National LGBT Health Education Center: www.lgbthealtheducation.org
- Center of Excellence for Transgender Health: www.transhealth.ucsf.edu
- Massachusetts Transgender Political Coalition: www.masstpc.org/projects/trainings.shtml
- Callen-Lorde Community Health Center: www.callen-lorde.org/transgender-health-training

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Post this sheet on your wall or desk as a helpful reminder.

Best Practices for a Transgender-Affirming Environment

BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender terms like "sir" or "ma'am."	"How may I help you today?"
When talking about patients, avoid pronouns and other gender terms. Or, use gender neutral words such as "they." *Never* refer to someone as "it".	"Your patient is here in the waiting room." "They are here for their 3 o'clock appointment,"
Politely ask if you are unsure about a patient's preferred name.	"What name would you like us to use?" "I would like to be respectful—how would you like to be addressed?"
Ask respectfully about names if they do not match in your records.	"Could your chart be under another name?" "What is the name on your insurance?"
Did you goof? Politely apologize.	"I apologize for using the wrong pronoun. I did not mean to disrespect you."
Only ask information that is required.	Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

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