Providing Culturally Competent Health Care Services to the Trans Community

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Do not have financial relationships to disclose and
will not disclose off label use and/or investigational use in the presentation.
L.A. Gay & Lesbian Center

- Established in 1971
- 5 sites
- 375 staff and more than 3000 volunteers
- Provides a multitude of social and educational services
  - Health and Mental Health Services
  - Jeffrey Goodman Special Care Clinic
  - Kruks/Tilsner Transitional Living Program
  - Pharmacy
  - Legal Services Department/DVLAP/AVP/TEEP
  - STOP Partner Abuse/Domestic Violence Program
Transgender Economic Empowerment Project (TEEP)
LA Gay & Lesbian Center

We Provide Services to:

**Employee**

*Case Management:*
- Resume & Cover Letter Development
- Interviewing Skills
- Employer Advocacy

*Referral Services:*
- Legal advocacy
- Housing
- Health Care
- Community Support

**Employer**

*Gender Identity 101:*
- Trans-Identity
- Employment Issues
- Transition Guidelines
- Tips for Employers
- Consultation & Training

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Anti-Violence Project ("AVP")

AVP was established in 1988. We provide services to all of L.A. County and serve more than 400 victims of discrimination and hate violence every year.

**Survivor Services:**

- Crisis intervention and follow-up counseling
- Advocacy with law enforcement and prosecutors
- Court accompaniment
- Victims of Crime Compensation referral
- Restraining orders, asylum applications, U-Visa preparation
- Attorney consultations through our Legal Clinic
- Referrals to appropriate resources

**Documentation:**

- Detailed documentation of the hate crime/hate incident
- Reporting to National Coalition of Anti-Violence Projects and LA County

**Violence Prevention:**

- Educational trainings, workshops, community empowerment and awareness-raising
Transgender Health Care

The L.A. Gay & Lesbian Center provides a welcoming and accepting environment where you are free to be yourself. Our Transgender Health Program provides comprehensive primary health care as well as trans-specific services such as:

- Pap smears and pelvic exams for trans men
- Prostate exams for trans women
- Hormone-therapy supervision
- Post-surgical care for those who have undergone sex-reassignment surgery

The Center also offers the convenience of an on-site lab and a pharmacy, so you can take care of all your trans-specific medical needs at one facility.

We accept most major PPO health insurance policies, as well as Medi-Cal and Medicare.

For clients without insurance, services are available on a cash basis.

For patients with limited income, we offer a sliding fee schedule. Charges are as low as $30 for a doctor visit although additional charges for lab and other services may apply.

No one will be denied services for lack of ability to pay.
Learning Objectives

- Gender Identity & Sexual Orientation Continuum
- Transgender Facts
- Laws & Policies that Protect Trans People
- Understanding the Transition Process
- Major Themes in Trans Health
- Tips for Creating “Trans Friendly” Environments
Barriers to care for trans communities:

- **KEY FINDINGS IN HEALTH:**
  - Trans-people reported that when they were sick or injured, they postponed medical care due to discrimination (28%) or inability to afford it (48%).
  - Refusal of care: 19% reported being refused care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey.
  - Harassment and violence in medical settings: 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor’s office.
  - Lack of provider knowledge: 50% of the sample reported having to teach their medical providers about transgender care.
Fundamental Concepts: Heteronormativity

is the body of **lifestyle norms** that hold that people fall into distinct and complementary **genders** (the binary) (**man** and **woman**) with **natural roles in life**. It presumes that **heterosexuality** is the normal **sexual orientation**, and states that sexual and marital relations are most (or only) fitting between a man and a woman.

Consequently, a "heteronormative" view is one that involves alignment of biological **sex**, **sexuality**, **gender identity**, and **gender roles**. Heteronormativity is linked to **heterosexism** and **homophobia**.
Fundamental Concepts: Gender Normative Privilege

- My validity as a man/woman is not based on how much surgery I have had or how well I “pass” as a non-transperson.

- When initiating sex with someone, I do not have to worry that they will not be able to deal with my parts, or that having sex with me will cause my partner to question his or her own sexual orientation.

- When I go to the gym or public pool, I can use the shower.

- If I go to the emergency room, I do not have to worry that my gender will keep me from receiving appropriate treatment, or that all of my medical issues will be seen as a result of my gender.
Terms Associated with LGBTQ Identities and LGBTQ Communities
Basics...

- **Sex** describes the biological/physical concept of Female & Male

- **Gender** is based on cultural/psychological traits associated with Females & Males

- **Gender identity** refers to how a person identifies or sees themselves (i.e., some people identify as female; some people identify as male; some people as a combination of genders; as a gender other than male or female; or as no gender. *Everyone has a gender identity.*)

- **Gender expression** refers to how someone expresses their gender identity. (No two people experience their gender, gender identity, or gender expression the same way.)

- **Sexual orientation** refers to a person's emotional, romantic and sexual attraction to individuals of a particular gender
What does LGBTQ mean?

- **The L: Lesbian** – A woman who is predominately or exclusively attracted to women emotionally, physically, spiritually and/or sexually.

- **The G: Gay** – A term identifying a man who is predominantly or exclusively attracted to men emotionally, physically, spiritually and/or sexually.

- **The B: Bisexual** – A term identifying a person who is attracted to men and women emotionally, physically, spiritually and/or sexually.

✓ Note: The L, G and B relate to a person’s sexual orientation.
What does LGBTQ mean?

- **The T: Transgender** – An umbrella term used to describe a continuum of individuals whose gender identity and how it is expressed, to varying degrees, does not correspond to their biological sex.

✓ Note: The T relates to a person’s gender identity.
What does LGBTQ mean?, continued...

- **The Q: Queer** -
  - (1) an umbrella term used to refer to the entire LGBTQ community
  - (2) A term identifying individuals that identify as a sexual minority
  - (3) A term that some straight allies use to self-identify, acknowledging their connection to the community, based upon shared values, supportive behavior, commitment to social change etc...which isn’t contingent on their own sexual identity

- **The Q: Questioning** - refers to a person who may be questioning their sexual orientation or gender identity
Transitioning

Transitioning is not a one-size-fits-all process

- Psychological and overall health evaluation to rule out other diagnoses.
- Ongoing mental health counseling to assess the extent of the condition and understand options, consequences and obstacles.
- Hormone therapy generally attributed to the person’s new gender (e.g.: testosterone for transman or estrogen and testosterone blockers for transwomen.)
- Continued medical supervision to assess hormone-induced physical health.
- Living and presenting in the person’s new gender identity on a full-time basis for a duration determined by the person’s health provider to ascertain level of comfort in reassigned gender. Most transgender employees will approach management about their transition at this stage of the process.
- Continued hormone administration and life in the reassigned gender may be accompanied by surgery to adjust primary and secondary sex characteristics, facial structure, etc.
Gender Identity/Sexual Orientation Continuum

**Sex**
Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally observable.

- Male
- Intersex
- Female

**Gender Identity**
Internal sense of who we are that cannot be objectively measured.

- Male
- Third Gender
- Female

**Gender Expression**
External presentation that usually expresses how we want our sex and/or gender identity to be perceived.

- Masculine
- Androgynous
- Feminine

**Sexual Orientation**
Sexual, romantic, affectional attraction to others.

- Female
- Female & Male Partners, transgender people
- Male
As a woman
Gender Identity/Sexual Orientation Continuum

Trans Man-Balian Buschbaum

**Sex**

Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally attributable.

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Gender Identity/Sexual Orientation Continuum

Trans Man-Balian Buschbaum

Sex
Physical traits, such as hormonal, chromosomal, and genital characteristics that are genetically determined.

Male
Intersex
Female

Gender Identity
Internal sense of who we are that cannot be objectively measured.

Male
Transgender
Female

Gender Expression
External presentation that usually expresses how we express our sex and/or gender identity to be perceived

Masculine
Intersex
Feminine

Sexual Orientation
Sexual, romantic, affectional attraction to others

Female
Female & Male Partners, transgender people
Male
Gender Identity/Sexual Orientation Continuum

**Sex**

Physical traits, such as hormonal, chromosomal, and genital characteristics that are gender-relevant.

- **Male**
- **Intersex**
- **Female**

**Gender Identity**

Internal sense of who we are that cannot be objectively measured.

- **Male**
- **Transgender**
- **Female**

**Gender Expression**

External presentation that usually expresses how we feel about our sex and/or gender identity to be perceived.

- **Masculine**
- **Androgynous**
- **Feminine**

**Sexual Orientation**

Sexual, romantic, affectional attraction to others.

- **Female & Male Partners, transgender people**
- **Male**

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As a woman

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Gender Identity/Sexual Orientation Continuum
Trans Woman-Laura Jane

Sex
Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally observable.

Male
Intersex
Female

Gender Identity
A sense of who we are that cannot be objectively measured.

Third Gender
Female

Gender Expression
Visually expresses how we want our sex and/or gender identity to be perceived.

Masculine
Androgynous
Feminine

Sexual Orientation
Sexual, romantic, affectional attraction to others.

Female
Female & Male Partners, transgender people
Male
Gender Identity/Sexual Orientation Continuum

Trans Woman-Laura Jane

Sex

Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally observable.

Male

Intersex

Female

Gender Identity

Sense of who we are that cannot be objectively

Third Gender

Gender Expression

...ually expresses how we want our sex and/or gender identity to be perceived

Masculine

Androgynous

Feminine

Sexual Orientation

Sexual, romantic, affectional attraction to others

Female

Female & Male Partners, transgender people

Male
**Gender Identity/Sexual Orientation Continuum**

**Gender Queer/Gender Non-Conforming/ Androgynous-Andre Peji**

**Sex**

Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally observable.

- Male
- Intersex
- Female

**Gender Identity**

Who we are that cannot be objectively measured.

- Male
- Third Gender
- Female

**Gender Expression**

External presentation expresses how we want our sex and/or gender identity to be perceived.

- Masculine
- Androgynous
- Feminine

**Sexual Orientation**

Sexual, romantic, affectional attraction to others.

- Female
- Female & Male Partners, transgender people
- Male
**Gender Identity/Sexual Orientation Continuum**

**Gender Queer/Gender Non-Conforming/ Androgynous-Andre Peji**

- **Physical traits**, such as hormonal, chromosomal, and other characteristics that are generally observable.

- **Gender Identity**
  - Of who we are, which cannot be objectively measured.

- **Gender Expression**
  - Expresses how we want our sex and/or gender identity to be perceived.

- **Sexual Orientation**
  - Sexual, romantic, affectional attraction to others.
The Genderbread Person

Identity

Gender Identity
- Woman
- Genderqueer
- Man

Gender identity is how you, in your head, think about yourself. It’s the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression
- Feminine
- Androgynous
- Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex
- Female
- Intersex
- Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes:
- Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes;
- intersex = a combination of the two.

Sexual Orientation
- Heterosexual
- Bisexual
- Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.
What’s most important?

- LGBTQ individuals are incredibly diverse and come from all racial, ethnic and socio-economic backgrounds.

- Respect how people self-identify however that may be:

  ….queer, a man who sleeps with men (MSM), a woman who sleeps with women (WSW), genderqueer, two-spirit, dyke, etc...
Barriers to care for trans communities:

Direct:
- Poor treatment by providers who refuse to or do not know how to treat trans people.
- Not enough doctors trained to provide transition-related care.
- Refusal by health systems/insurance programs to cover transition-related care and sometimes any care for trans people at all.

Indirect:
- Numerous forces that legally, economically, and socially marginalize trans communities.
- Discrimination in employment, education, and housing; poverty; police harassment; stigma and violence; identity documents.
Barriers to care for trans youth:

- Trans youth/parents often have particular difficulty finding providers willing to take their concerns seriously and provide appropriate care.
- Gender-nonconforming young people are subjected to dangerous reparative therapies that attempt to suppress or eliminate nonstandard gender identity or expression.
- Most providers and health systems will not provide transition-related care until the individual is over the age of 18, by which time puberty has already determined many gendered physical characteristics such as height, voice pitch, hair growth, and breast development.
- Some of these changes are permanent and may require extensive medical intervention as part of transition later in life.
- Recognizing the advantages of not forcing trans adolescents to go through puberty as the wrong sex, some providers have begun using hormone blockers to delay puberty until the trans young person has reached the age of legal self-determination regarding the decision to transition.
Trans clinical competence/cultural competency are important:

- Services trans people need to stay healthy and transition to degree appropriate for them include; hormone therapy, reconstructive surgeries, basic primary/preventive care-routinely provided to non-trans people.

- Providers may express uncertainty about how to deliver these services to trans people-this is sometimes due to provider discomfort disguised as concern, but there is also little research into the clinical aspects of trans health, including the long-term effects of hormone therapy.

- Clinical competence challenges involve expanding opportunities for providers to gain training in the specific medical needs of trans people and helping providers understand that many aspects of medical care for trans people are similar to the services they offer to non-trans patients.
In 1979, a group of medical professionals called the Harry Benjamin International Gender Dysphoria Association (HBIGDA), now known as WPATH, published a set of clinical protocols intended to guide the provision of a standard course of care to trans people under a formal diagnosis of “transsexualism.”

Because gender identity is an internal characteristic, psychiatrists and other providers frequently described a gender identity at odds with birth-assigned sex to be a “belief” or “delusion” related to an inability to properly adjust to normative gender roles.

As a result, the diagnosis of transsexualism, which made its way into the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM) in 1980, is classified as a mental disorder.
Recommended Practices
Clues and Cues of Safety

1. Climate
2. Language
   - Spoken
   - Written
3. Visual

What clues and cues does our agency have in place to create an LGBTQ Welcoming Environment?
Fostering a Welcoming Environment

- Display LGBTQ-welcoming materials in the office and shelter environments (e.g., rainbow flag, sticker or banner):
Generally:

Use gender neutral language on intake forms:

- Partner rather than boyfriend, husband
- They, rather than he or she
- Person rather than man, woman
- Relationship status rather than marital status
- Parent or Guardian, rather than Mother, Father
- Intimate Partner Violence vs. Domestic Violence

✓ Ask, “What is your preferred gender pronoun?”
✓ Provide gender neutral or single use restrooms.
Tracking LGBTQ Identity

- “What is your sexual orientation?” Responses can include:
  - Bisexual, gay, heterosexual, lesbian, queer, questioning/unsure, other or decline to answer.

- “What is your gender identity?” Responses can include:
  - Female, male, transgender (female-to-male), transgender (male-to-female), gender nonconforming, other or decline to answer.
Checklist to Safety Clues for Disclosure of Sexual Orientation and/or Gender Identity?

- The following steps allow a client to feel safe enough to disclose:
  - Agency website has LGBT information
  - When answering the hotline use gender neutral language
  - Upon arriving the facility has LGBT friendly images and materials as well as an inclusive Non-discrimination policy in plain view
  - During intake the client is asked about sexual orientation and gender identity
  - The client is assured that the agency serves all individuals and that harassment and discrimination is not tolerated
Providing Culturally Competent Health Care Services to the Trans Community

Challenge your own conceptions about gender-appropriate roles and behaviors. Do not expect people to conform to society’s beliefs about “women” and “men”.

- Do not assume that someone who is transgender is lesbian, gay or bisexual, or that the person will seek to transition to become heterosexual.

- Never ask transgender people about how they have sex or what their genitals look like unless it is relevant to the work that you are doing with them.

- When you learn about someone’s transgender identity, do not assume that it is a fad or trend. While public discussions about transgender and transsexuality are a relatively recent phenomenon, most transgender people have dealt with their gender identity for many years, often at great personal and professional cost. It is important to trust that someone’s decision to present themselves as gender diverse is not made lightly or without due consideration.

- Educate yourself and others about transgender experiences and concerns.
Providing Culturally Competent Health Care Services to the Trans Community

- Build trans-friendly health systems that rely on informed consent.

- Informed Consent - A model of providing transition-related care that supplies each individual with the information necessary to choose how to navigate transition, rather than requiring adherence to a single standard approach.

- Develop culturally and clinically competent trans care protocols for health systems and insurance programs.

- These protocols should be based on informed consent and should facilitate access for trans people to comprehensive, affordable health care services, including services related to transition and other services that promote life-long health and well-being.

Transforming health/Open Society
Providing Culturally Competent Health Care Services to the Trans Community

- As discussed, discrimination and other obstacles prevent many trans people from getting a job, finding secure housing, and accessing safe health care services in medical settings such as doctors’ offices or clinics.

- They may live, work, or transition in circumstances that can have serious negative consequences for their health. Health professionals should use the principles of harm reduction to help manage these risks appropriately and to seek to connect every trans person with a high-quality, reliable source of care.

Transforming health/Open Society
Transgender Perceptions/ Focus Group
Tips for providers:

Held on Friday August 10th with 40 trans people of varying identities, ages, ethnicities, social/ economic back grounds, and levels of transition.

Questions:

1. Pertinent experiences (positive or problematic) with the health care system (interaction with a provider; insurance issues)
2. Any previous or past concerns when accessing care
3. Treatment by physicians, other health care providers, and the healthcare/medico-legal system
4. Positive examples of methods that providers used that were effective in delivering care in a culturally competent way
5. Anything else that doctors should know when caring for lesbian, gay, bisexual, and transgender patients
Transgender Perceptions/ Focus Group

Tips for providers:

1. Don’t make assumptions about people’s identity
2. When you are not sure what pronoun to use—stick to that person’s first name—or “they”
3. When relevant it is ok to ask a person’s “preferred” name and/or pronoun
4. More than one doctor should be trained to assist trans people—all doctors should be trained to assist trans people
5. Listen to patient request: request for specific gender of doctor—female/male doctor depending on comfort of patient, having some say in hormone dosage
6. Detailed discussion regarding follow up care
7. Do not make trans patient a curiosity for doctors
8. FTM/MFT care can be complex—mammograms, prostate exams
9. When trans patients are in hospital provided appropriate supplies—razors for shaving
10. Do not treat my transition as something taboo
Transgender Perceptions/ Focus Group
Tips for providers:

1. Make sure intake/paper work is inclusive of trans identities: transgender woman, transgender male, transsexual male/female, self identify, etc.

2. Every trans person is different

3. Not all health care issues center around transition

4. Doctors should be knowledge of WPATH standards of care

5. Do not ask inappropriate or disrespectful questions: requesting court order before treating patient, but you are really male/female right

6. Detailed discussion regarding follow up care

7. Make it easy to get gender change letters for ID changes and bathroom access

8. Make sure prescriptions are honored in jail/prison

9. Healthy Way- how will this change and how will it affect trans people
Transgender Perceptions/ Focus Group
Tips for providers/ Positive interactions:

1. Answered all of my questions thoroughly-info was positive and unbiased
2. Transman- My pap-smear was done with care, explained process as it was being done
3. My identity as a lesbian or gay person was not questioned-“why would you transition to be gay?”
4. My doctor did not ask me any inappropriate questions when I came in with a cold-“what surgeries have you had done?” “how long have you been in transition?” “who do you date?” “how did your family handle your transitions?” “what does transgender mean?” “what was your real name?”
5. Everyone in the clinic was trained, the security guard who opened the door for me used the right pronoun, the front desk person asked me if I had a preferred name when they saw that I was presenting female but had a male ID, they had gender neutral bathrooms and let me know that I could use the bathroom that I was comfortable with.
Thank you!

Diversity is important!

To hire a trans person please contact:

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