

# Gender Diversity in Health Care

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1

## Learning Objectives

1. *Recognize the limitations of a healthcare system that is not built to accommodate gender diversity and the impact this has on transgender and gender diverse patients*
2. *Describe and apply best practices for interacting with transgender and gender diverse patients and treating them the way they wish to be treated throughout the healthcare visit*
3. *Recognize the need for systemic change that incorporates the unique needs of gender diverse people but allow consistent application across all gender identities*

2





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# Understanding Gender Diversity

## Recap


3

### Gender and Sexual Identity

 <p><b>SEXUAL ORIENTATION</b></p> <p>LESBIAN, GAY, BISEXUAL, ASEXUAL, QUEER</p>	<p><b>BIOLOGICAL TRAITS</b></p> <p>TRANSGENDER INTERSEX</p> 
 <p><b>GENDER IDENTITY</b></p> <p>TRANSGENDER, NONBINARY, AGENDER, QUEER</p>	<p><b>GENDER EXPRESSION</b></p> <p>TRANSGENDER, LGBTQIA+</p> 

4

## Biological Sex Traits




Female Intersex Male

Basis for Sex Assigned at Birth

**AMAB** (Assigned Male at Birth) and **AFAB** (Assigned Female at Birth) are terms some transgender and non-binary people use to describe themselves.

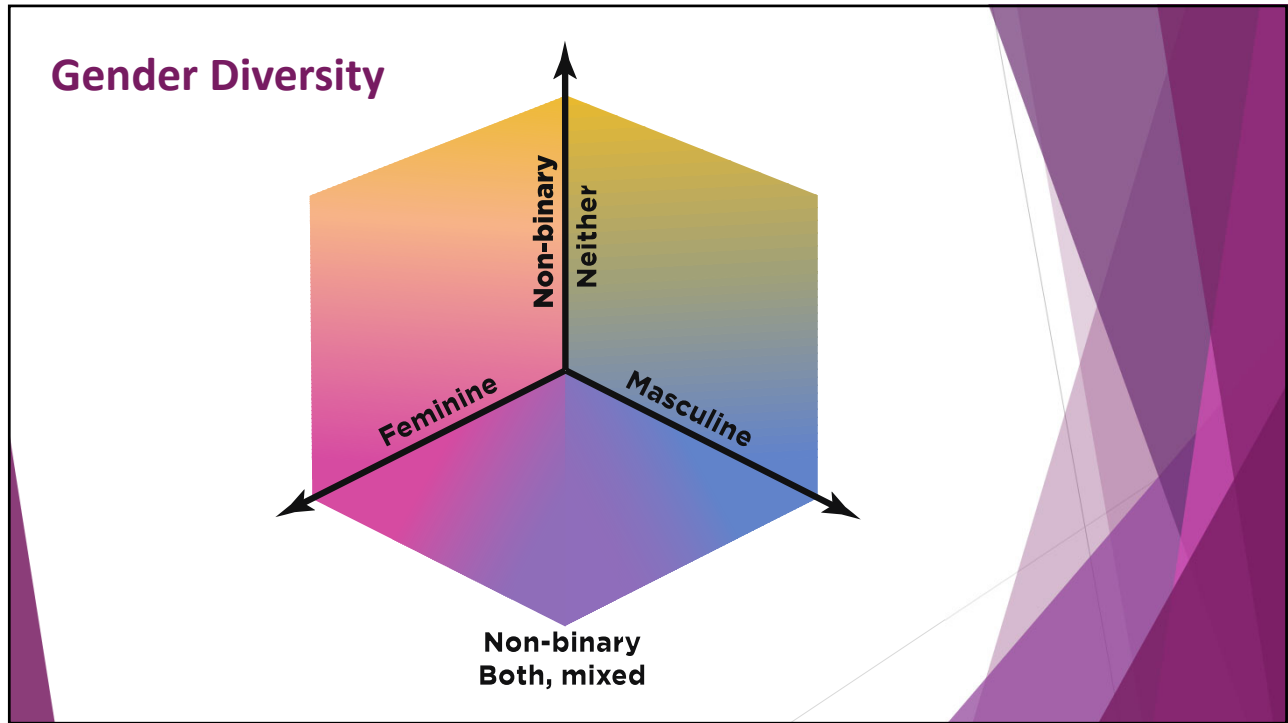
5

## (Binary) Gender Spectrum



Feminine Non-binary Masculine

6



7

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## The Binary Health Care System

The System is Not Designed for Gender Diversity

8

## Binary Systems

- *Intake Forms*
- *Electronic Medical Records*

## Multiple Potential Points of Failure

- *Call Center/Scheduling*
- *Waiting Room/Environment*
- *Front Desk/Reception/Check In*
- *Vitals and Rooming/Clinical Staff*
- *Provider Encounter/Residents/Students*
- *Referral to other Departments/Specialists*

9

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## Gender Diverse Cultural Competency

The ability to understand and interact effectively  
with gender diverse people in healthcare

10

*Transgender, Non-binary, and other Gender-Diverse people assume stigma and discrimination everywhere they go, especially in the healthcare system*

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**“Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I’m afraid of what harassment or discrimination I may experience in a hospital or clinic.”**

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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

11

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## Barriers to Care

Highest Priority Concerns

12

12

## Barriers to Care

- **Discrimination in Healthcare**
  - *Prior Negative Experiences*
  - *Avoidance of Care*
  - *Pathologization*
- **Minority Stress**
  - *Employment and Economic Security*
  - *Poverty and Homelessness*
- **Access to Quality Care**
  - *Culturally and Medically Competent Providers*

13

## Discrimination in Healthcare

According to the U.S. Transgender Survey 2015 (n=27,715 transgender-identifying adults, 18+)

- ▶ 33% experienced at least one negative interaction with a health care provider related to being transgender including refusal of treatment and harassment
- ▶ 55% of those who sought coverage for transition-related surgery in the past year were denied
- ▶ 25% of those who sought coverage for hormones in the past year were denied

According to the National Transgender Discrimination Survey (n=6,456 transgender-identifying adults, 18+)

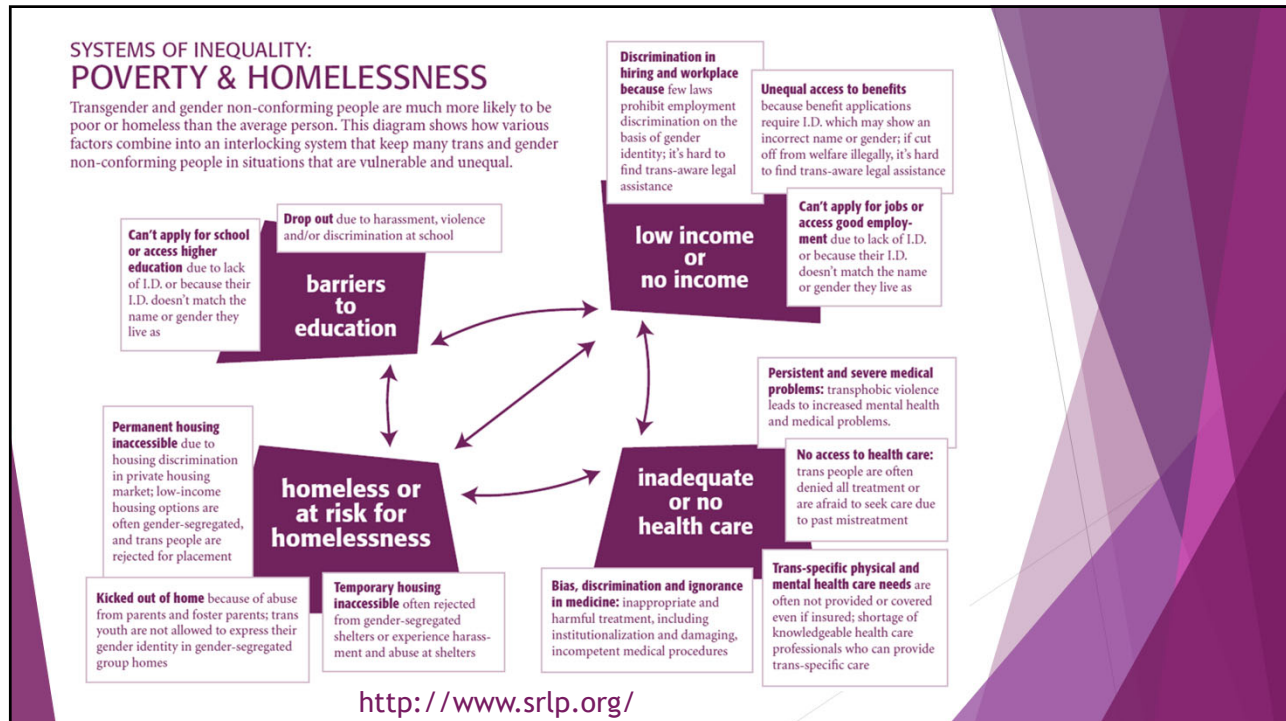
- ▶ 50% reported having to teach their medical providers about transgender care
- ▶ 28% reported being verbally harassed in a medical setting.
- ▶ 19% reported being refused medical care due to their transgender status

14

## Employment and Economic Security

- Transgender and Gender Diverse individuals are **twice as likely to be unemployed** compared to the general population.
- **Ninety percent experience harassment** at work or hide their identity to avoid this.
- About **half** report that they lost their job because of their gender identity.
- **Sixteen percent** involve themselves in illegal activities because they cannot find a job due to their gender identity.
- Those who lose their jobs due to their gender identity are **four times as likely to be homeless**.

15

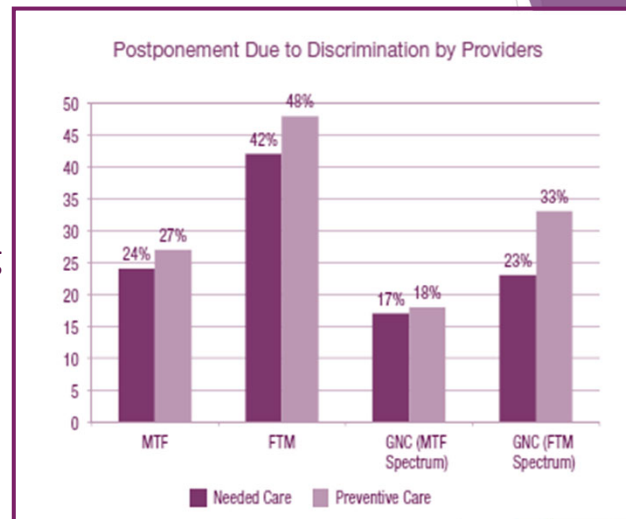


16



### Transgender communities:

- Are underserved.
- Delay care due to fear of discrimination.
- Face challenges in finding competent providers.



Grant et al., 2011.

17

### Highest Priority Health Care Concerns

- *Insurance Coverage for Transition-related Care*
- *Access to and Availability of Transition-related Care*
- *Education of Health Care Providers about Trans Patients and Issues*

18



## Health Insurance

19

### Health Insurance

- *Requirements for a Diagnosis*
- *Outdated Standards of Care*
- *Medical Necessity*
- *“Cosmetic” Procedures*
- *Lack of Cultural Competency*

20



## Access to Care

21

### Access to Quality Care

- *Shortage of Providers to Evaluate*
- *Limited Specialists/Specialty Clinics*
- *Lack of Knowledge in Primary Care*
- *Lack of Aftercare*
- *Lack of Ongoing Lifetime Care*

22



## Provider Education

23

### Provider Education

- *Not Routinely Taught in Medical School*
- *Elective Rather than Compulsory*
- *The Need for Lived Experience Educators*
- *Failure to Keep Up with Current Practices*
- *Ongoing Continuing Education*

24

A presentation slide with a dark purple gradient background. At the top center is the UPMC logo, consisting of the letters 'UPMC' in a large, white, serif font, followed by the words 'LIFE CHANGING MEDICINE' in a smaller, white, sans-serif font stacked vertically. Below the logo, the text 'Best Practices' is centered in a large, white, sans-serif font. Underneath that, 'Cultural and Medical Competency' is centered in a smaller, white, sans-serif font. A small number '25' is visible in the bottom left corner of the slide area.

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A presentation slide with a dark purple gradient background. At the top center is the UPMC logo, consisting of the letters 'UPMC' in a large, white, serif font, followed by the words 'LIFE CHANGING MEDICINE' in a smaller, white, sans-serif font stacked vertically. Below the logo, the text 'Welcoming Spaces' is centered in a large, white, sans-serif font. A small number '26' is visible in the bottom left corner of the slide area.

26

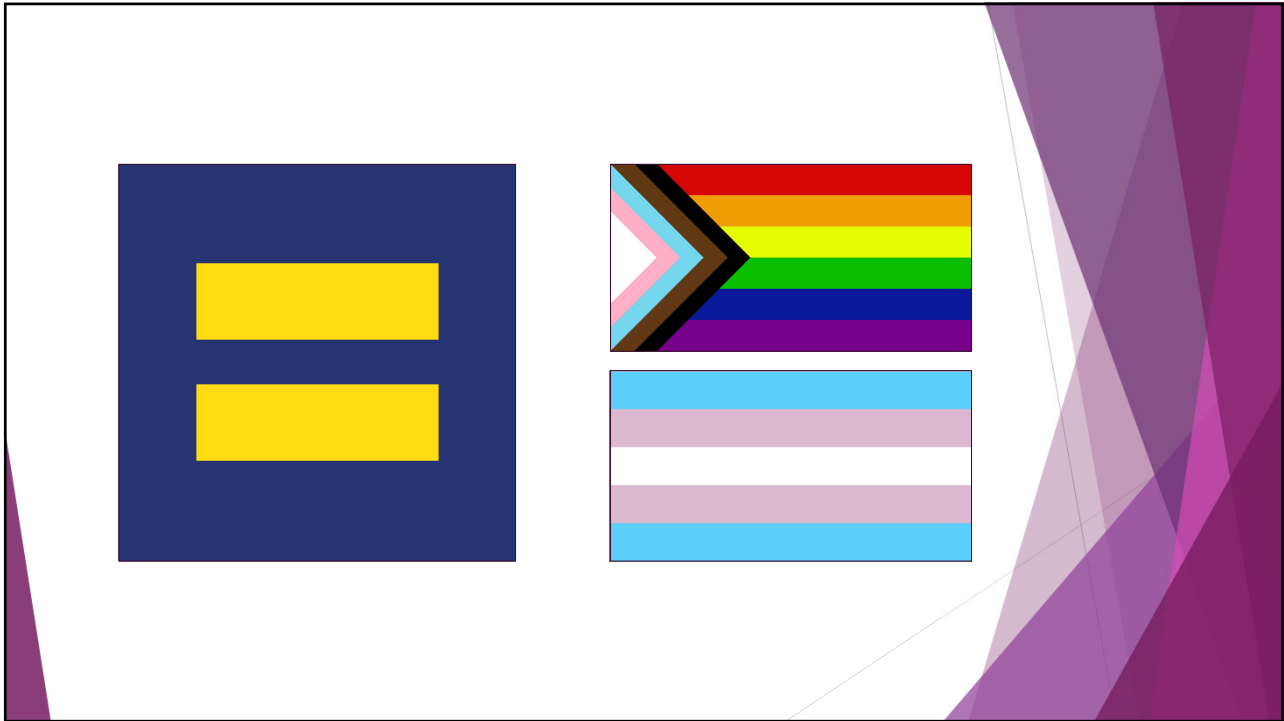
## Welcoming Spaces

- *Have signs and other visual cues in the clinic indicating a safe space for transgender people, such as rainbow, transgender, or non-binary flags, or the equality symbol.*
- *Having all-gender or gender-neutral bathrooms with appropriate signage is highly recommended.*

27




28



29



30



**A Healing Environment for All:**  
Patients, Families, Support Persons, Visitors, and Staff

**We believe in, support, and promote dignity, diversity, and inclusion.**  
Kindness and respect are expected from—and for—all who enter our doors.

**This is true no matter your:**

- Race, color, ancestry, or national origin
- Age
- Religion
- Preferred language
- Gender, genetics, sexual orientation, gender identity, or gender expression
- Marital, familial, disability, or covered veteran status

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31

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**Cultural Competency and Affirming Language**

Treat Gender Diverse People the Way they Wish to be Treated

32



## **(Chosen) Name**

*Also known as an “affirmed name”, it is typically a name more congruent with a person’s gender identity than the name they were given at birth. This name, often personally chosen, is not “preferred” or optional. This name may be different from the person’s legal name if they have not gone to court for a name change order. Many cisgender people also use chosen names.*

*Unless there is a specific need to differentiate between a chosen name and a different legal name (e.g., for insurance purposes), no descriptive word is required. Instead, just say “name.”*

33

## **Pronouns**

*Common words which stand in for the name of a person in writing or conversation. Common pronouns are the binary she/her/hers or he/him/his, and the non-binary they/them/theirs. Gender diverse, especially nonbinary people, have many other pronouns. While sometimes referred to as “preferred”, a person’s pronouns are not optional and should be called their “pronouns” out of respect.*

34

## Misgendering

*The accidental or intentional use of names, pronouns, words, or other gendered social forms of address (e.g., sir, ma'am) that do not correctly reflect a person's gender identity.*

### When you make a mistake

- Apologize
- Correct yourself
- (Try harder, do better)
- Move on

35

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**Intake**

36

## Intake

- *Trained Front Desk Staff*
  - *Discretion/Privacy*
  
- *Inclusive intake forms*
  - *Check All That Apply*
  - *Don't Make Assumptions*
  - *Always Allow Opt Out*

37

**1. What is your gender identity?  
(Check or circle ANY/ALL that apply)**

- Male
- Female
- Non-binary
- Transgender
- Agender
- Genderqueer
- Additional (please specify):

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Decline to answer

**2. What sex were you assigned at birth?  
(Check one)**

- Male
- Female
- Decline to answer

**3. What pronouns do you use?  
(he/him, she/her, they/them, etc.)**

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38



## Vitals/Rooming

39

### Vitals/Rooming

- *Trained Clinical Staff*
  - *Confirm Name and Pronouns*
  - *Don't Ask Inappropriate Questions*
    - *Don't Make Assumptions about Anatomy*
  - *Note any Discrepancies in Identity Information*
  - *Ask Reason for Visit (Don't Assume Transition Related)*
  - *Ensure Providers are Informed of Updates*

40

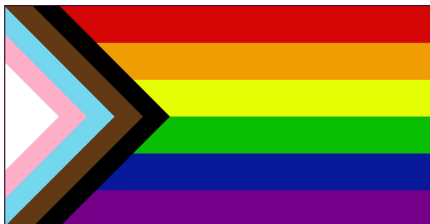


## Provider Encounter

41

*“Narrative humility acknowledges that our patients' stories are not objects that we can comprehend or master, but rather, dynamic entities that we can approach and engage with, while simultaneously remaining open to their ambiguity and contradiction and engaging in constant self-evaluation and self-critique...”*

DasGupta (2008)



42

## Provider Encounter

- *Narrative Humility*
  - *Don't Make Assumptions About History or Care*
  - *Confirm Name and Pronouns*
  - *Ask Patient How to Refer to Them in Records*
  - *Update Records if Needed*
  - *Reason and Goals for Visit*
- *Trauma Informed Care*
  - *Ask Permission*
  - *Narrate and Explain*

43

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## Referrals

44

## Referrals

- *Warm Referrals Best*
- *Ensure Identity Information is Consistent*

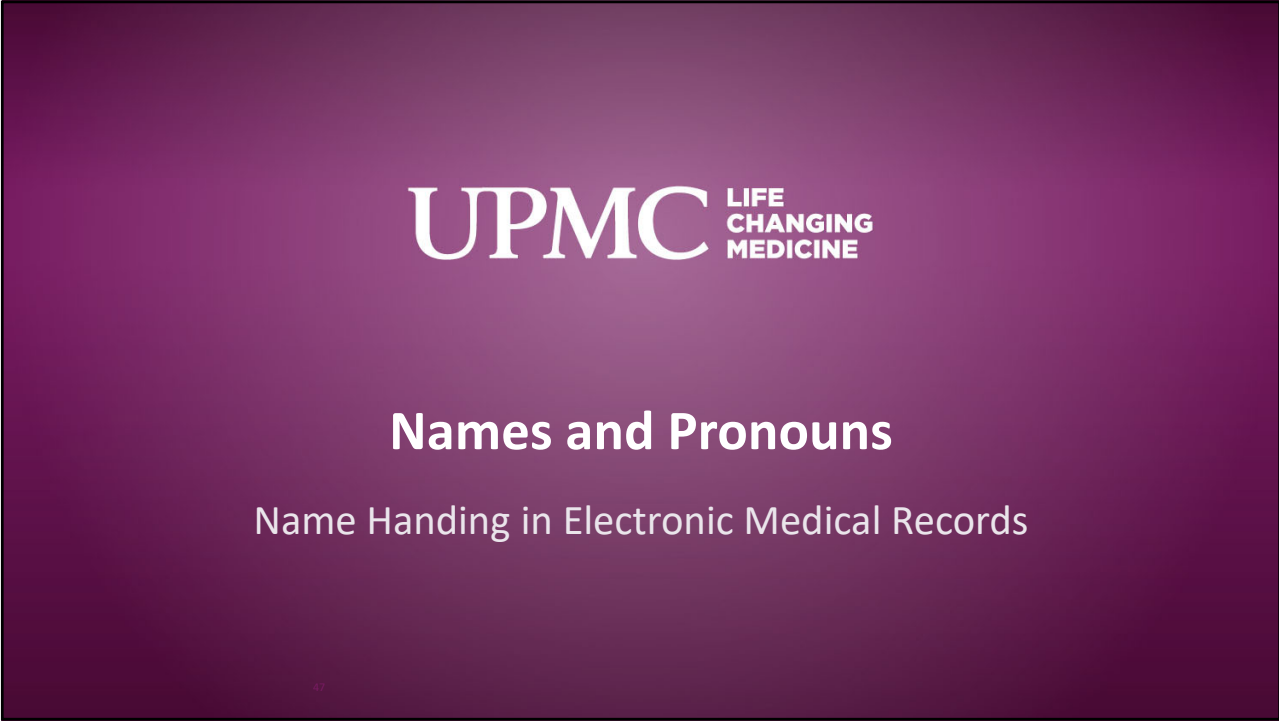
45

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## Systemic Challenges

Working with an Imperfect System

46



47



48





# SOGI Data

## Limitations of Current Electronic Medical Records

49

49

### SOGI Data Collection

**Sexual Orientation and Gender Identity SmartForm**

*Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.*

**Sexuality**

Patient's sexual orientation:

**Legal Information**

Legal first name:

Legal last name:

Legal sex:

**Gender Identity**

Autofill with default responses for:

Patient's gender identity:

Patient's sex assigned at birth:

Patient pronouns:

50

**Sexuality**

Patient's sexual orientation:

**Gender Identity**

Autofill with default responses for:

Patient's gender identity:

Patient's sex assigned at birth:

Patient's pronouns:  she/her/hers  he/him/his  they/them/theirs

Steps patient has taken to transition, if any:  presentation aligned with gender identity  preferred name aligned with gender identity  
 legal name aligned with gender identity  legal sex aligned with gender identity  
 medical or surgical interventions

Patient's future plans to transition, if any:

51

**Sexual Orientation and Gender Identity**

Patient's Preferred Pronouns:

Autofill with cisgender responses for:

How do you describe your current gender identity?

What was the sex written on your original birth certificate?

How do you describe your sexual orientation?

What are the genders of your sexual partners?   
  
 Select all that apply:

**Organ Inventory**

Organs the patient currently has:  breasts  cervix  ovaries  uterus  vagina  penis  prostate  testes

Organs present at birth or expected at birth to develop:  breasts  cervix  ovaries  uterus  vagina  penis  
 prostate  testes

52



## Care Navigation

Lived Experience

53

53

### Care and Patient Navigators

- *Community Members – Lived Experience*
- *Engagement and Facilitation*
- *Smooth the Rough Edges of the System*

54

## References

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3. Manzara, Lexis, "Offering Medical Providers Capacity and Competence in Caring for Transgender and Non-binary Patients: Evaluation of a Pilot Digital Training Program" (2019). *Master's Projects and Capstones*. 938. <https://repository.usfca.edu/capstone/938>

55

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56