

# Better Practices for Transgender Health & Wellbeing

2015 Reproductive Health  
Statewide Meeting

Presented by Neola Young and tash shatz

# **Overview of Terms, Definitions, & Statistics**

# Transgender or Trans

Having a gender identity that is not commonly considered to match a person's assigned sex. Transgender is an umbrella term for a range of people, behaviors, expressions, and identities that challenge the gender system. "Trans" as a prefix means "to cross over."

Transgender is used as an adjective, not a noun or a verb. For example "a transgender person" vs. "a transgender" or "a transgendered person."

# Cisgender

Having a gender identity that is commonly considered to match a person's assigned sex. "Cis" as a prefix means "to stay on the same side."

# Transsexual

A person who identifies with the gender different than the sex assigned at birth and desires access to or has accessed medical transition, e.g. hormone therapy, surgical procedures. Originally used as a medical term and often used by older generations.

Transsexualism is still used as a medical diagnosis along with gender dysphoria.

## **MTF = male to female**

This refers to a person assigned male at birth, who identifies as a woman. Also known as a transgender woman or a transfeminine person.

## **FTM = female to male**

This refers to a person assigned female at birth, who identifies as a man. Also known as a transgender man or a transmasculine person.

# **Genderqueer, gender fluid, agender, gender non-binary**

Having a gender identity that is neither male nor female, is between or beyond genders, or is some combination of genders, in terms of expression and/or identity.

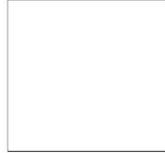
# **Sex, Gender, & Identity**

## Let's cast a movie!

- ☞ Who are the stars?
- ☞ What's the plot?
- ☞ What's the wardrobe like?

# The Gender Binary System

A culturally defined code of acceptable and expected identities and behaviors that assumes that males are men who are masculine, females are women who are feminine, and that there is nothing outside of this system. It also assumes heterosexuality. This system can be seen as oppressive as it is not reflective of all identities and experiences.



**male**



**man**



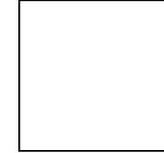
**masculine**



**attracted to  
women**

## rules:

1. You must be on one side or the other; not neither, not both.
2. You cannot choose which side you are on.
3. All traits are locked together.



**female**



**woman**



**feminine**



**attracted to  
men**

## Who's in your movie?

- ☞ Who are the stars?
- ☞ What's the plot?
- ☞ What's the wardrobe like?

# **Understanding Systemic Barriers**

- ☛ The National Transgender Discrimination Survey is the most extensive survey of transgender discrimination ever undertaken.
- ☛ The National Gay and Lesbian Task Force and the National Center for Transgender Equality led a research team over four months, and fielded the 70-question survey through direct contacts with more than 800 transgender-led or transgender-serving community-based organizations in the U.S. , and 150 active online community listserves.
- ☛ 6,450 transgender and gender non-conforming study participants from all 50 states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands.
- ☛ Surveying took place in 2009 and 2010. Findings were published in 2011.

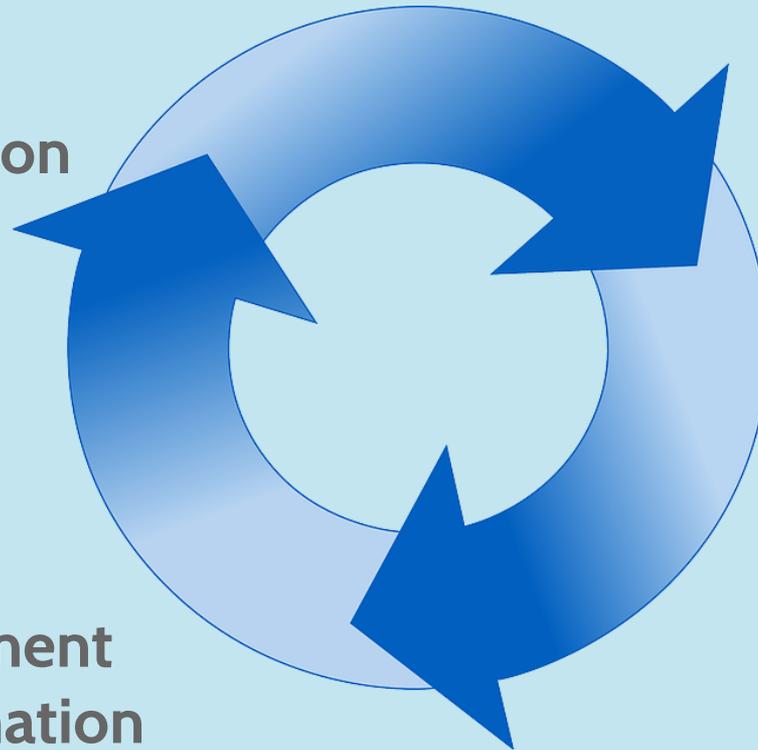
*Injustice at Every Turn:  
The National Trans Discrimination Survey*

# The cycle of discrimination

**Health care  
discrimination**

**Housing  
discrimination**

**Employment  
discrimination**



# Housing discrimination

- 19% were refused housing
- 1 in 5 have experienced homelessness
- 55% of those in shelters have experienced harassment, both from residents and shelter staff
- 29% were turned away from shelters altogether
- 2% were currently homeless (almost twice the general rate of 1% at the time)

# Employment discrimination

- 90% experienced harassment or discrimination on the job
- 2x the national average of unemployment
- 47% fired, not hired or denied a promotion because of their identity

## **Disproportionate impacts for trans people of color and trans immigrants**

- 54% of Latino/a transgender people were harassed, 16% were physically assaulted, and 14% were sexually assaulted at work
- Of Latino/a respondents who are undocumented immigrants, 57% were harassed, 47% were physically assaulted, and 38% were sexually assaulted at work

# Health care discrimination

- 28% postponed medical care due to discrimination, 48% due to inability to afford
- 41% have attempted suicide
- Over four times the national average of HIV +
- 1 out of 10 people have been sexually assaulted in a healthcare setting
- 1 in 3 have delayed or avoided preventive health care such as pelvic exams or STI screening out of fear

# Legal requirements for gender change

- ☛ In Oregon, birth certificates and drivers' licenses/state IDs require a letter or statement from a health provider attesting to "surgical, hormonal, or other treatment." Social Security cards and passports requirements are similar.
- ☛ Each state has a different policy, some don't allow changes at all or require specific procedures.
- ☛ Legal requirements can create barriers as they are built around a limited model which assumes that all transgender people identify with a single gender category and that all transgender people access the same medical care.

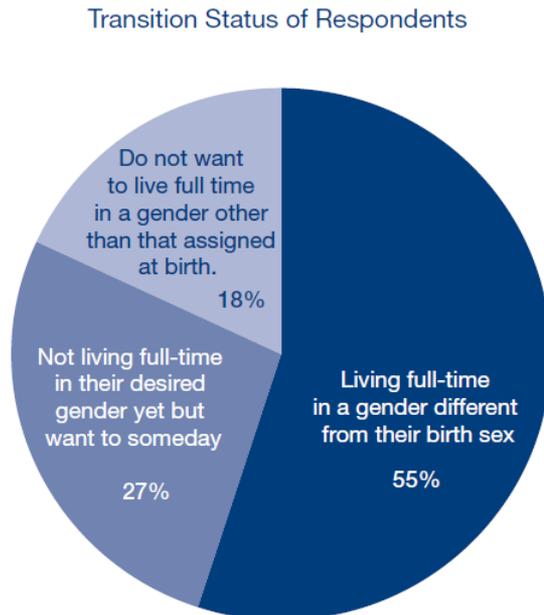
# Medical requirements for gender change

- ☛ Typically, letters from mental health and/or physical health providers are required.
- ☛ Some surgeons require one year of living in one's identified gender (sometimes known as the "real life" test), lack of drug use history, specific blood work, etc.
- ☛ Many surgeons and health plans require hormone therapy as a prerequisite to some surgical procedures.
- ☛ World Professional Association of Transgender Health (WPATH) standards have integrated "informed consent" but Endocrine Society standards still have significant limitations.
- ☛ Legal requirements can create barriers as they are built around a limited model which assumes that all transgender people identify with a single gender category and that all transgender people access the same medical care.

## FULL-TIME STATUS AND TRANSITION

Fifty-five percent (55%) of our sample reported that they lived full-time in a gender different from their birth sex. We considered a respondent to have transitioned if that person reported living full time in a different gender than that assigned at birth.

Twenty-seven percent (27%) said they were not living full-time in their desired gender yet but wanted to someday. Eighteen percent (18%) said they did not want to live full time in a gender other than that assigned at birth.

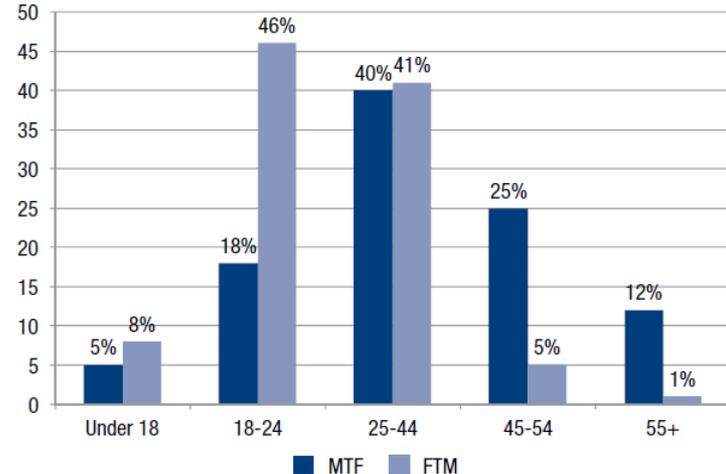


## AGE OF TRANSITION

For those who had transitioned, we calculated the age that they transitioned (when they began to live full time in a gender different than their sex at birth). Most transitioned between the ages of 18 and 44.

Generally, transgender men in our sample transitioned at earlier ages than transgender women.

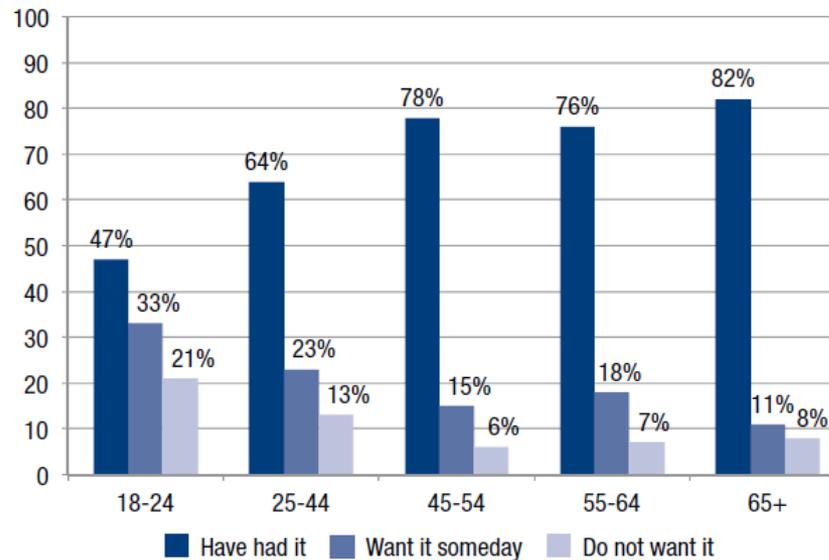
Age of Transition by Gender Identity



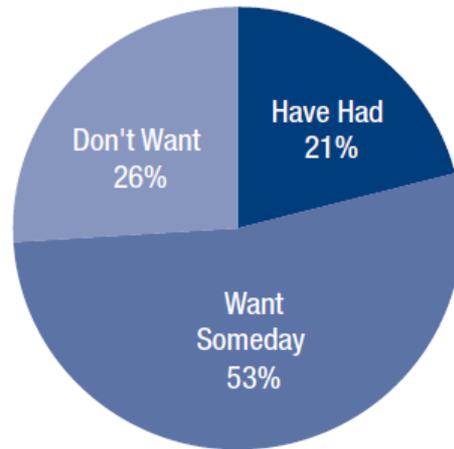
## HORMONE THERAPY

Sixty-two percent (62%) of respondents have had hormone therapy, with the likelihood increasing with age; an additional 23% hope to have it in the future. Transgender-identified respondents accessed hormonal therapy (76%) at much higher rates than their gender non-conforming peers, with transgender women more likely to have accessed hormone therapy (80%) than transgender men (69%). Almost all respondents who reported undertaking transition-related surgeries also reported receiving hormone therapy (93%).

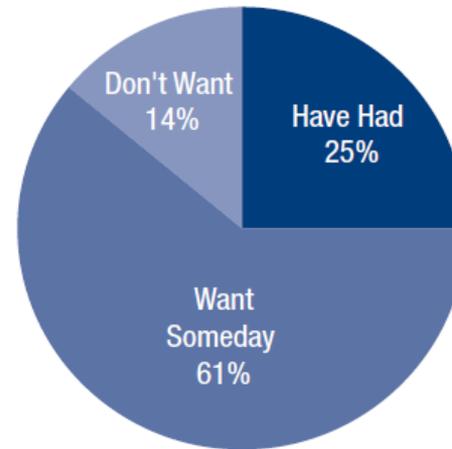
Hormone Therapy by Age of Respondent



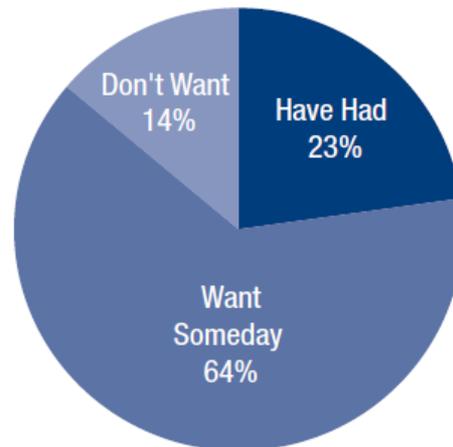
MTF Breast Augmentation Surgery



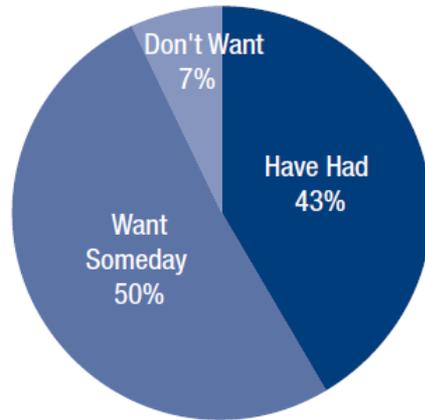
MTF Orchiectomy



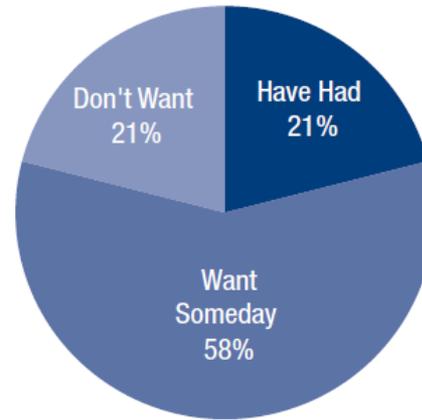
MTF Vaginoplasty



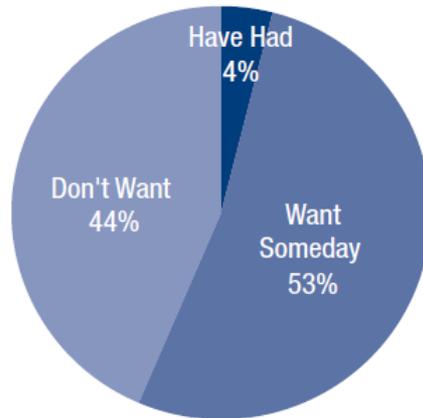
FTM Chest Surgery



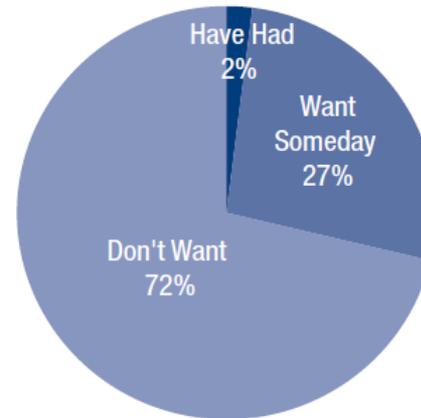
FTM Hysterectomy



FTM Metoidioplasty/  
Creation of Testes



FTM Phalloplasty



Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. 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.

# Transgender inclusion in law and policy

- Oregon Equality Act (2007)
- Oregon Safe Schools Act (2009)
- Prison Rape Elimination Act standards (2012)
- Transgender health care:
  - Affordable Care Act (2012)
  - Oregon Insurance Division bulletin (2012)
  - Medicare (2014)
  - Oregon Health Plan (2015)
- Marriage equality in Oregon (2014)
- VAWA guidelines for DV services (2014)
- HUD guidance for homeless programs (2015)
- EEOC, Title 9, and Title 7 (ongoing)

**Using  
Respectful Language:  
How to Ask**



# Asking about names and pronouns

How do you find out what name and gender pronouns someone uses?

- You can't tell by looking
  - Intake forms
  - Introductions
- Gender neutral language
  - “patient”, “client”, “this/that person”
  - using the singular “they/them/their” pronoun
- Mistakes: acknowledge and move on

# Asking about transgender status

- Ask only questions relevant to your interaction
- Explain why you need information and what the information will be used for
- Understand that confidentiality and safety may be factors
- Remember that each transgender person is unique and there is not one way of being transgender
- Identify what the person would like you to explain to other staff to make the experience easier
  - Case notes: area for identified name and/or gender?



# *Sasha's Story*

# Name and gender on records

- Electronic health records
  - Reflect only legal sex, which may or may not match gender identity
  - Legal name may be incongruent with identified name
- Challenges may arise with any gendered forms of care (such as pap smears, mammograms, prostate exams, Plan B etc.)
  - Computer systems may reject coding if the gender associated with the service is incongruent with the gender on record (for example, a transgender woman receiving a prostate exam)
  - Insurance companies may not accept charges for incongruent services

# OHSU

## Transgender Health Program

# Program Services

- ☞ Education and training for the OHSU community to support a transgender inclusive environment.
- ☞ Clinical consultation, information, and referrals for providers serving transgender and gender non-conforming patients.
- ☞ Patient navigation and referral for resources.
- ☞ Patient education, preparation, and/or accompaniment for medical visits.

# Program Services

- ☞ Coaching and support for transgender employees, their colleagues, and/or supervisors who are navigating gender transition in the workplace.
- ☞ Policy review and development to support a transgender inclusive environment.
- ☞ Advocacy within OHSU and the greater community for transgender patients in all realms of their care.

# Medical Services for Gender Transition

Pubertal suppression  
Hormone therapy  
Laser hair removal  
Chest surgery (FTM and MTF)  
Facial feminization surgery  
Oophorectomy/hysterectomy  
Orchiectomy  
Metoidioplasty (2016)  
Vaginoplasty (2016)  
Phalloplasty (2016)

# OHSU Transgender Health Program

Amy Penkin, LCSW  
Program Coordinator  
OHSU Transgender Health Program  
503.494.7970  
[transhealth@ohsu.edu](mailto:transhealth@ohsu.edu)  
[www.ohsu.edu/transhealth](http://www.ohsu.edu/transhealth)

**Neola Young & tash shatz**

Transgender Health & Equity Consultants

neolayoung@gmail.com

www.tashshatz.com