



AFFIRMATIVE SERVICES FOR TRANSGENDER AND GENDER- DIVERSE PEOPLE

**BEST PRACTICES FOR FRONTLINE
HEALTH CARE STAFF**

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**NATIONAL LGBT HEALTH
EDUCATION CENTER**

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INTRODUCTION

This training manual is for anyone who works on the front lines of health care. Whether you are a medical receptionist, patient advocate, or other frontline staff member, you can learn the strategies for offering affirmative and welcoming health care services for people who are transgender and gender-diverse (TGD).

What's Inside

Part 1: Understanding TGD People and their Health Needs

Part 2: Communication Tips and Strategies

Part 3: Helpful Resources

A Note to Managers and Human Resource Staff

There are several ways to train staff with this manual:

- Include this manual in orientation packets for new hires. Introduce the manual and explain why it is included.
- Hold a mandatory annual training on TGD health for your organization. Distribute this document as part of the training, and discuss how you will implement best practices.
- Encourage staff to practice using terminology from the Best Practices Sheet (included on the last page of this manual), and to post the sheet near their workstation.



PART I

UNDERSTANDING TGD PEOPLE AND THEIR HEALTH NEEDS

Why TGD Health Matters

Transgender and gender-diverse (TGD) people are like everyone else: they live and work in all parts of the world; they have partners and families; and they can be any race, ethnicity, age, and sexual orientation. For the most part, providing health care services for TGD people is the same as for everyone.

However, TGD people also have some unique health care and service needs that need specific attention. Many have been mistreated and disrespected by health care clinicians and other staff in the past. Many must deal with discrimination in housing and employment. To make sure you are providing care and services that protect and support TGD patients, it is important to learn more about TGD people—their identities, health care, and communication needs.

The Basics

What is gender identity?

Let's begin with an explanation of what the words transgender and gender-diverse mean. To do that, we will first define the term *gender identity*.

All people have a gender identity. Gender identity is the inner sense of your being a woman, man, something else, or no gender at all. Gender identity tends to form during the toddler years; but, gender identity can change during childhood, adolescence, and adulthood.

What does transgender mean?

Most people have a gender identity that matches society's traditional expectations based on the sex they were assigned at birth. *Transgender* people, however, have a gender identity that does not match traditional expectations based on their sex assigned at birth. For example:

- A *transgender man* is a person assigned female sex at birth who identifies as a man.
- A *transgender woman* is a person assigned male sex at birth who identifies as a woman.

What does gender-diverse mean?

Gender-diverse describes people whose gender identity falls outside traditional ideas of male or female. Some gender-diverse people feel like a mix of more than one gender; some feel more like one gender some of the time, and a gender that is something else at other times. A gender-diverse person may feel like both genders sometimes, and sometimes no gender at all.

There are many different identities and terms used by TGD people to describe themselves and their communities. Examples of these terms are included in the **Glossary** at the end of this manual.

What does intersex mean?

The word *intersex* describes a group of conditions in which reproductive organs, genitals, or other sexual anatomy develop in ways that are different from traditional expectations for females or males. The medical community sometimes uses the term *differences of sex development* to describe intersex conditions; however, the term intersex is recommended. Some people with an intersex condition refer to their gender identity as intersex. Others have a gender identity that may be woman, man, transgender woman, transgender man, or gender-diverse.



Gender Affirming Process

Many TGD people make changes to their name, pronouns, and physical appearance to affirm their gender identity. This process is sometimes called transition, but the term gender affirmation is recommended.

A person's gender affirmation can include a variety of changes. Which changes, and the order of those changes will differ for each individual person. Gender affirmation may involve:

- Name and pronoun changes
- Hair style and clothing changes
- Gender-affirming hormone therapy
- Gender-affirming surgeries
- Changes in voice

For their health and well-being, it is important for TGD people to be respected and affirmed for who they are. To learn more about how to honor TGD patients' names, pronouns, and gender identity, see Part 2.

Discrimination and Health Disparities

TGD people experience high levels of trauma, bias, and discrimination:

- 78% report being harassed in school
- 57% report being rejected by their families
- 65% report experiencing discrimination when taking transportation, shopping, dining, and accessing health care

Because of discrimination, TGD people are much more likely to be homeless, unemployed, and low-income than other people.

Coping with all these issues can affect the health of TGD people. Many TGD people struggle with substance use disorders, depression, anxiety, and suicidal behaviors. Transgender women are at very high risk of HIV infection. Transgender men have difficulty accessing screening for cervical cancer.

Access to Health Care

TGD people also face many barriers to getting health care. Some TGD people delay or avoid seeing a medical provider because they fear discrimination. Many TGD people lack health insurance, or their insurance that does not cover gender affirming medical treatment. TGD people can also have their routine preventive care denied if their body parts are not consistent with the sex on their insurance (for example, a transgender man with "male" on his insurance may be denied coverage for a Pap test).

The good news is that gender-affirming care can create very positive health outcomes for TGD people. Part 2 provides tips and strategies for creating a gender-affirming health care experience for TGD patients.



PART 2

COMMUNICATION STRATEGIES

Frontline staff play a critical role in helping TGD people feel welcome and get the health care services they need. The following section offers strategies for working with TGD patients based on the customer service principles of communication, open-mindedness, responsiveness, accountability, reliability, and respect.

Tips for Respectful and Responsive Communication

It is not possible to know someone's gender identity based on their name, appearance, or the sound of their voice. Using the wrong name, pronoun, or gender can cause embarrassment and humiliation for anyone, not just TGD people. Men with high voices are often called "ma'am" on the phone. Women with short hair are often called "sir." For TGD people, being misgendered like this is common and can be very distressing.

To help prevent communication mistakes with patients, we recommend using the following strategies:

Use the patient's pronouns and chosen name

A chosen name is the name a person goes by and wants others to use in personal communication. Many TGD people have a chosen name that is different from the name on their insurance, medical record, or identification documents. Pronouns are the words people use in place of a name. Examples are she/her/hers, he/him/his, and they/them/theirs. Some TGD people have pronouns that may be unfamiliar to you, such as ze/hir/hirs.

Ideally, your registration system asks for and documents the pronouns and chosen names of all patients so you can know what to use. If not, it is good practice to politely ask. For example, you can say,

- "I would like to be respectful—how would you like to be addressed?"
- Or, "What name do you go by and what are your pronouns?"

Once you know a patient's pronouns and chosen name, make sure to always use them when talking with and about that patient. While asking for pronouns and using new pronouns may feel strange at first, it gets easier every time you do it.

Don't guess!

Even if you regularly collect pronouns and chosen names, there will be times when you do not have that information. In these cases, it is best not to guess a person's gender identity and possibly get it wrong. Instead, you can avoid using words that assume gender. Here are some examples:

- Instead of asking, "How may I help you, sir?" ask, "How may I help you?"
- Instead of using Ms. or Mr., use a person's first name, or first and last names. For example, instead of saying, "Ms. Smith, please come with me," say "Anita, please come with me," or "Anita Smith, please come this way."
- If you're not sure of the patient's chosen name, say, "Hello, we're ready for you now. Please come this way."
- Instead of saying, "She is here for his appointment," say, "The patient is here in the waiting room," or "Dr. Reed's patient is here."

Apologize for mistakes

Mistakes happen. If you do slip, you can say something like,

- "I'm sorry for using the wrong pronoun/name. I didn't mean to be disrespectful. What name do you go by and what are your pronouns?"
- Or, "I apologize. I'm still learning. Let me try again."

It is not necessary to give long apologies. Just be honest and open.

Occasionally, a patient will have a very negative reaction to being misgendered, even after an apology. Remember that many TGD people have experienced extreme discrimination and trauma, making it challenging for them to trust others. Try to stay calm and not take their reaction personally. A second thoughtful apology can go a long way in changing the patient's experience.

Be prepared to troubleshoot

As explained earlier, TGD patients often have a name and gender identity that are different than the name and sex on their insurance and medical records.

Staff members should be prepared to deal with these issues without embarrassing or "outing" the patient. For example, if a patient's name or gender identity 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.

To avoid confusing or offending a patient, never ask a person what their "real" name is.

Tips for a Respectful and Accountable Workplace

Below are tips for making sure your workplace remains safe and welcoming for TGD patients and staff.

- **Stay relaxed and make eye contact.** Speak with TGD patients just as you speak with all of your patients.
- **Avoid asking unnecessary questions.** Some people are curious about what it means to be TGD and want to ask questions. However, like everyone else, most TGD people want to keep their medical and personal lives private. Before asking a TGD person a personal question, first ask yourself:
 - *Is my question necessary for their care or am I asking it out of my own curiosity?* If it is out of 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 TGD people.** This should go without saying, but joking or gossiping about someone's identity or appearance, etc., should not be tolerated.
- **Protect confidentiality.** Only discuss a patient's TGD gender identity with those who need to know for providing appropriate care. This is consistent with privacy policies concerning all patients.
- **Always use the correct name and pronouns of patients, 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.



Communication in Action

Below is an example of a positive patient-staff interaction. The scene presented here is between Claire, a transgender woman, and Danielle, a front desk receptionist.

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

Claire: Oh yes. I changed my name recently from Lawrence to Claire.

Danielle: Okay, I see here that the appointment is under Lawrence Brooks. I'm sorry for the mistake. I will update our registration

system right away with your correct name. Just to be sure we are using the right records, would you be able to tell me your birth date and current address?

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

Danielle: Great. And have you changed your name on your insurance?

Claire: No I have not.

Danielle: Okay, thank you. Just so you know, I won't be able to change the name on your insurance for you. However, we have a case manager here who helps people with insurance and legal needs. Do you want me to get you in contact with her?

Claire: Oh yes, that would be great. Thank you.

Danielle: Sure thing.

Reflection Questions

- In this scenario, Danielle uses several communication strategies with Claire. Can you identify what they are?
- Think about a similar situation in your practice. What complications might arise and how would you address them?



Organizational Strategies and Policies

Health care organizations can take additional steps to create an environment of care that allows TGD people to feel safe, included, and welcome.

- **Collect information at registration** on patient pronouns and chosen name, along with name on insurance and legal documents. This information can then be shared across all staff through a system that makes sense for your organization. For example, it is sometimes possible to create fields in your electronic health record, or to use the notes field. Another option is to use an alert sticker to flag the patient chart.
- **Train all staff annually** in culturally affirming communication with TGD patients. Train all new staff within 30 days of hire.
- **Mark single-occupancy bathrooms as “All Gender.”** If this option is not possible, have a policy and signage that allow TGD patients to use the bathroom that most closely matches their gender identity.
- **Include “gender identity and expression”** in your non-discrimination policies. Post those policies.
- **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, and fielding complaints. This person should check in with staff regularly to address any issues that arise and should offer a space for staff to voice questions and concerns in a non-judgmental atmosphere.
- **Have policies in place that hold staff accountable** for making negative or discriminatory comments or actions against TGD people. Make sure that all staff are aware of these policies.



PART 3

HELPFUL RESOURCES

Training, Resources, and Clinical Guidance

National LGBT Health Education Center

lgbthealtheducation.org

World Professional Association for Transgender Health Standards of Care

wpath.org

Center of Excellence for Transgender Health

transhealth.ucsf.edu

Gender Spectrum

genderspectrum.org

InterAct

interactadvocates.org

Insurance Coverage and Legal Issues

Transgender Law Center: Health Care Issues

transgenderlawcenter.org/issues/health

National Center for Transgender Equality

transequality.org

Human Rights Campaign

hrc.org/explore/topic/transgender

Transgender health care coverage

healthcare.gov/transgender-health-care

Support for Patients and their Families

Trevor Project

thetrevorproject.org

PFLAG

pflag.org

Family Acceptance Project

familyproject.sfsu.edu

Transgender and Gender-Diverse (TGD) People: Glossary of Terms

This Glossary provides definitions of some of the terms related to the experience of people who are TGD. Keep in mind that terms often change and may differ depending on who you ask or where you are.

Agender (adj.) Describes a person who identifies as having no gender, or who does not experience gender as a primary identity component.

Bigender (adj.) Describes a person whose gender identity combines two genders.

Binding (verb) The process of tightly wrapping one's chest in order to minimize the appearance of having breasts. This is achieved through use of constrictive materials such as cloth strips, bandages, or specially designed undergarments, called binders.

Chosen Name/Name Used (noun) The name a person goes by and wants others to use in personal communication, even if it is different from the name on that person's insurance or identification documents (e.g., birth certificate, driver's license, and passport). Chosen name is recommended over preferred name. The terms Chosen name or Name used can be put on patient health care forms alongside Name on your insurance (if different) and Name on your legal identification documents (if different). In conversation with patients, health care staff can ask, "What name do you want us to use when speaking with you?", or "What is your chosen name?"

Cisgender (adj.) A person whose gender identity is consistent in a traditional sense with their sex assigned at birth; for example, a person assigned female sex at birth whose gender identity is woman/female. The term cisgender comes from the Latin prefix cis, meaning "on the same side of."

Gender (noun) The characteristics and roles of women and men according to social norms. While sex is described as female, male, and intersex, gender can be described as feminine, masculine, androgynous, and much more.

Gender affirmation (noun) The process of making social, legal, and/or medical changes to recognize, accept, and express one's gender identity. Social changes can include changing one's pronouns, name, clothing, and hair-style. Legal changes can include changing one's name, sex designation, and gender markers on legal documents. Medical changes can include receiving gender-affirming hormones and/or surgeries. Although this process is sometimes referred to as transition, the term gender affirmation is recommended.

Gender-affirming hormone therapy (noun) Feminizing and masculinizing hormone treatment to align secondary sex characteristics with gender identity.

Gender-affirming surgery (GAS) (noun) Surgeries to modify a person's body to be more aligned with that person's gender identity. Types of GAS include chest and genital surgeries, facial feminization, body sculpting, and hair removal.

Gender binary structure (noun) The idea that there are only two genders (girl/woman and boy/man), and that a person must strictly fit into one category or the other.

Gender-diverse (adj.) Describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

Gender dysphoria (noun) Distress experienced by some people whose gender identity does not correspond with their sex assigned at birth. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis for people whose distress is clinically significant and impairs social, occupational, or other important areas of functioning. The degree and severity of gender dysphoria is highly variable among transgender and gender-diverse people.

Gender expression (noun) – The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.

Gender fluid (adj.) – Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of more than one gender, but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes, and sometimes no gender at all.

Gender identity (noun) A person's inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender.

Genderqueer or gender queer (adj.) An umbrella term that describes a person whose gender identity falls outside the traditional gender binary of male and female. Some people use the term gender expansive.

Intersex (adj) Describes a group of congenital conditions in which the reproductive organs, genitals, and/or other sexual anatomy do not develop according to traditional expectations for females or males. Intersex can also be used as an identity term for someone with one of these conditions. The medical community sometimes uses the term differences of sex development (DSD) to describe intersex conditions; however, the term intersex is recommended by several intersex community members and groups.

Misgender (verb) To refer to a person by a pronoun or other gendered term (e.g., Ms./Mr.) that incorrectly indicates that person's gender identity.

Outing (verb) Involuntary or unwanted disclosure of another person's sexual orientation or gender identity.

Non-binary (adj.) Describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.

Pangender (adj.) Describes a person whose gender identity is comprised of many genders or falls outside the traditional cultural parameters that define gender.

Pronouns (noun) Pronouns are the words people should use when they are referring to you, but not using your name. Examples of pronouns are she/her/hers, he/him/his, and they/them/theirs. The appropriate phrasing is "What are your pronouns?" when seeking this information.

Sex assigned at birth (noun) The sex (male or female) assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Sometimes referred to as birth sex, natal sex, biological sex, or sex; however, sex assigned at birth is the recommended term.

Transgender (adj.) Describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.

Trans man/transgender man (noun) A transgender person whose gender identity is man/male may use these terms to describe themselves. Some will use the term man.

Trans woman/transgender woman (noun) A transgender person whose gender identity is female may use these terms to describe themselves. Some will use the term woman.

Transfeminine (adj.) Describes a person who was assigned male sex at birth, but identifies with femininity to a greater extent than with masculinity.

Transmasculine (adj.) Describes a person who was assigned female sex at birth, but identifies with masculinity to a greater extent than with femininity.

Transphobia (noun) Discrimination towards, fear, marginalization, and hatred of transgender people or those perceived as transgender. Individuals, communities, policies, and institutions can be transphobic.

Transsexual (adj.) A term used sometimes in the medical literature or by some transgender people to describe people who have gone through the process of medical gender affirmation treatments (i.e., gender-affirming hormones and surgeries).

Tucking (noun) The process of hiding one's penis and testes with tape, tight shorts, or specially designed undergarments.

Two-Spirit (adj.) Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.

BEST PRACTICES



for Communicating with Transgender and Gender-Diverse Patients

(Post this sheet on your wall or desk as a helpful reminder!)

Best Practices	Examples
→ When addressing patients, avoid using gender-specific terms like “sir” or “ma’am.”	“How may I help you today?”
→ When talking about patients, avoid pronouns or other gender-specific terms . If you have a record of the name used by the patient, use it in place of pronouns.	“Your patient is here in the waiting room.” “Max is here for a 3 o’clock appointment.”
→ Politely ask if you are unsure about a patient’s name or pronouns used.	“What name do you go by, and what are your pronouns?” “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 didn’t mean to disrespect you.”
→ Only ask information that is necessary for providing care .	Ask yourself: <i>What do I know?</i> <i>What do I need to know?</i> <i>How can I ask in a sensitive way?</i>

