

# Advancing Transgender and Gender Diverse People's Visibility and Inclusion towards Data Accuracy in Oncology

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Pronouns: she/her/hers

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Pronouns: they/them/theirs

# Thank you

- Transgender Cancer Patient Advisory Board
- Jennifer J. Griggs MD MPH, University of Michigan Cancer Center
- KJ Jennings MD, Stanford University, Department of Obstetrics and Gynecology



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# Objectives

- Describe the exclusion of transgender and gender diverse (TGD) people and the health sequelae of exclusion
- Describe conceptual frameworks (linguistic and systemic) to addressing health disparities by enhancing visibility and inclusion
- Identify some key steps for cancer centers to take towards inclusive care

Don't Erase Trans People

TRANS  
PEOPLE  
WON'T  
BE  
ERASE



# What are the sequelae of erasure?

*Nearly 1/2 of transgender people will attempt suicide in our lifetimes.*

*1 transgender person is murdered every 3 days.*

James et al, The Report of the U.S. Transgender Survey, 2015

Balzer, Preliminary results of a new trans murder monitoring project shows more than 200 reported cases of murdered trans people from January 2008 to June 2009. 2009.



**Systemic oppression → Cancer disparities**

**Invisibility → Data inaccuracies & substandard care**

**Stigma → Poor experiences & outcomes**

# Key Terminology

Term	Definition
LGBTQ+	Lesbian, gay, bisexual, transgender, queer / questioning plus is often used as an umbrella term.
Sexual and Gender Minorities (SGM)	Similar to LGBTQ+, sexual and gender minorities is used as an umbrella term meant to encompass all people who are not heterosexual or cisgender (see below).
Transgender	Someone whose gender differs from that commonly associated with their sex-assigned-at-birth
Cisgender	Someone whose gender is the same as is commonly associated with their sex-assigned-at-birth
Transgender man	A man who is transgender
Transgender woman	A woman who is transgender
Non-binary	A person who is not simply a man or a woman



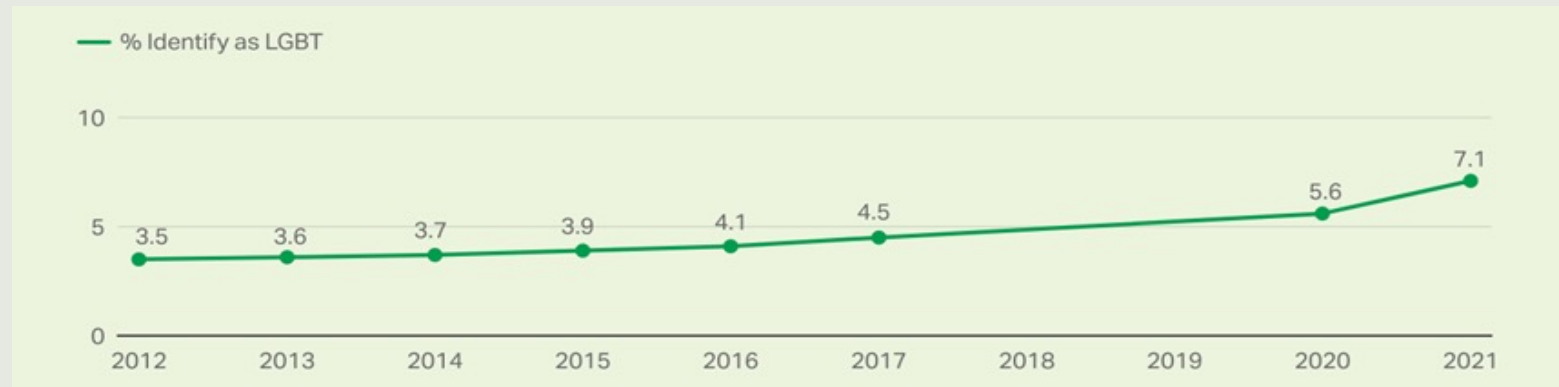
# Key Concepts: Sex, Gender, & Sexual Orientation

- **Sex-assigned-at-birth:** Identification made by viewing the external genitalia of a baby. (Often...midwife, nurse, physician)
- **Gender:** Someone's sense of themselves as a man, woman, masculine, feminine, none of those, or more than one of them. This can include identity and expression.
- **Sexual Orientation:** Comprised of an individual's sexual attraction, identity, and behavior which may or may not align. Some are: asexual, bisexual, pansexual, gay, lesbian, and straight among others.

Sex-assigned-at-birth and gender are often mistakenly used interchangeably and inappropriately used to assume sexual orientation.

# Epidemiology

- In the US: 7% of adults including 20% of Gen-Z are LGBTQ+, >20 million people
- 4% are bisexual
- 1% are gay
- 1% are lesbian
- 1% are transgender



# Epidemiology

Americans' Self-Identified Sexual Orientation and Gender Identity, by Generation and Gender

	Bisexual	Gay	Lesbian	Transgender	Other
	%	%	%	%	%
<b>Generation</b>					
Generation Z	15.0	2.5	2.0	2.1	1.2
Millennials	6.0	2.2	1.3	1.0	0.4
Generation X	1.7	1.1	0.8	0.6	<0.05
Baby boomers	0.7	1.0	0.7	0.1	0.1
Traditionalists	0.2	0.4	0.1	0.2	0.1
<b>Gender</b>					
Women	6.0	0.4	1.9	0.8	0.4
Men	2.0	2.5	0.1	0.6	0.2

--Figures represent the percentage of all adult members of each demographic group who have that sexual orientation or gender identity.

--Some respondents identify with multiple sexual orientations or gender identities.

--Generation definitions are as follows: Generation Z, born 1997 to 2003; millennials, born 1981 to 1996; Generation X, born 1965 to 1980; baby boomers, born 1946 to 1964; traditionalists, born before 1946.

GALLUP, 2021

**~1%**  
**At least**  
**1.8 Million**

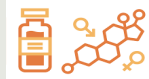
**1 in 50**  
**are T**  
**(Gen Z)**

**TGD status is not unique to a particular age, race/ethnicity, income bracket, or education level.**

# Transgender people experience violence which may increase cancer morbidity and mortality



Drop out



Decreased health care access



Incarceration



Participation in underground economy



Unemployment



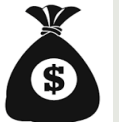
HIV



Homelessness



Distress and mental illness



Poverty



Violence

James et al, The Report of the National Transgender Survey, 2015

Becasen et al, Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, *AJPH*, 2018

Reisner et al, Racial/Ethnic disparities in history of incarceration, experiences of victimization, and associated health indicators among transgender women in the U.S. *Women and Health*, 2014



# Challenges Leading to Cancer Mortality



Transgender people face barriers to care including:

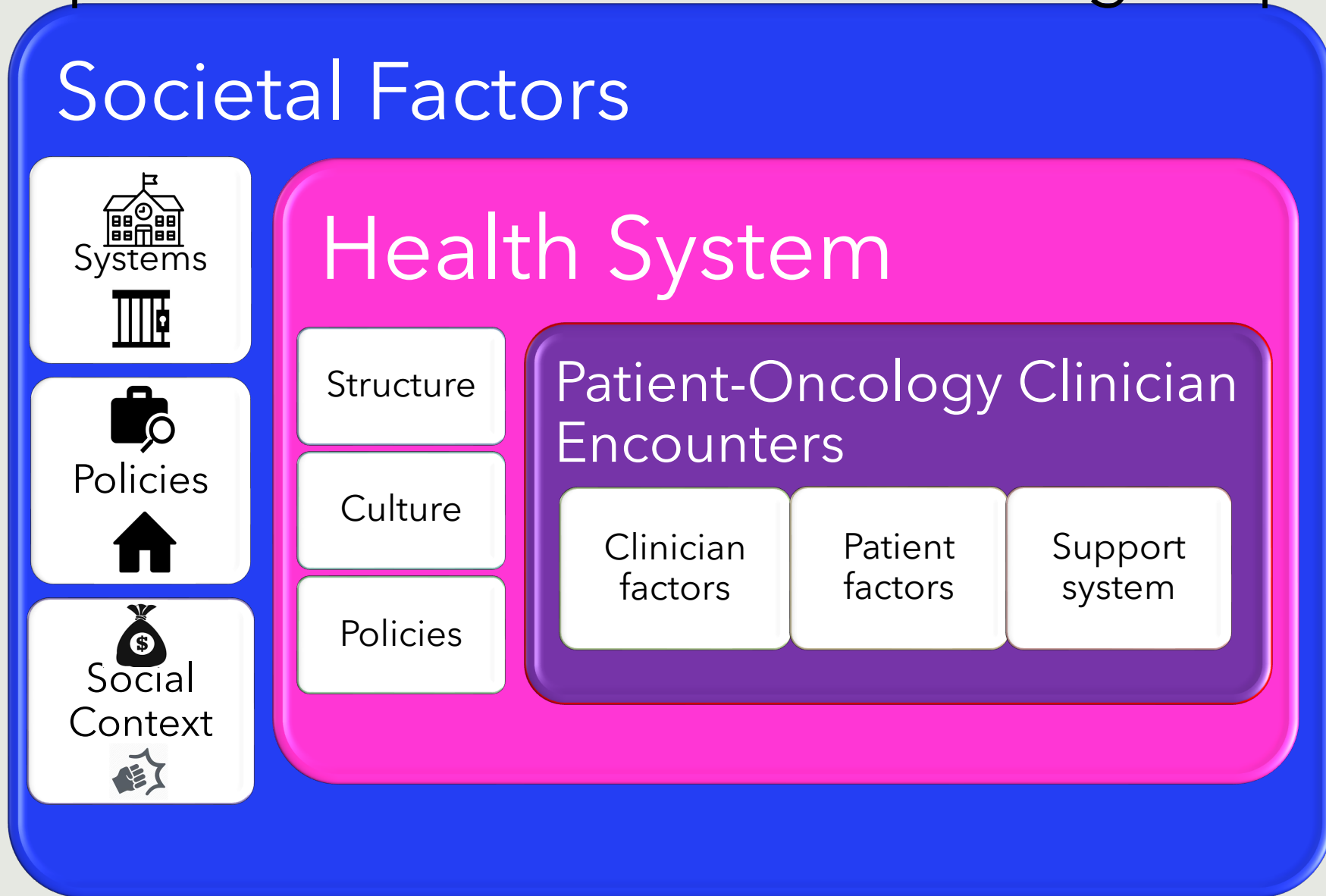
- 1 in 3 had **negative experiences** with physicians in the last year
- 1 in 4 **avoided** needed health care due to fear of mistreatment
- 1 in 3 could **not afford** health care

James et al, The Report of the U.S. Transgender Survey, 2015

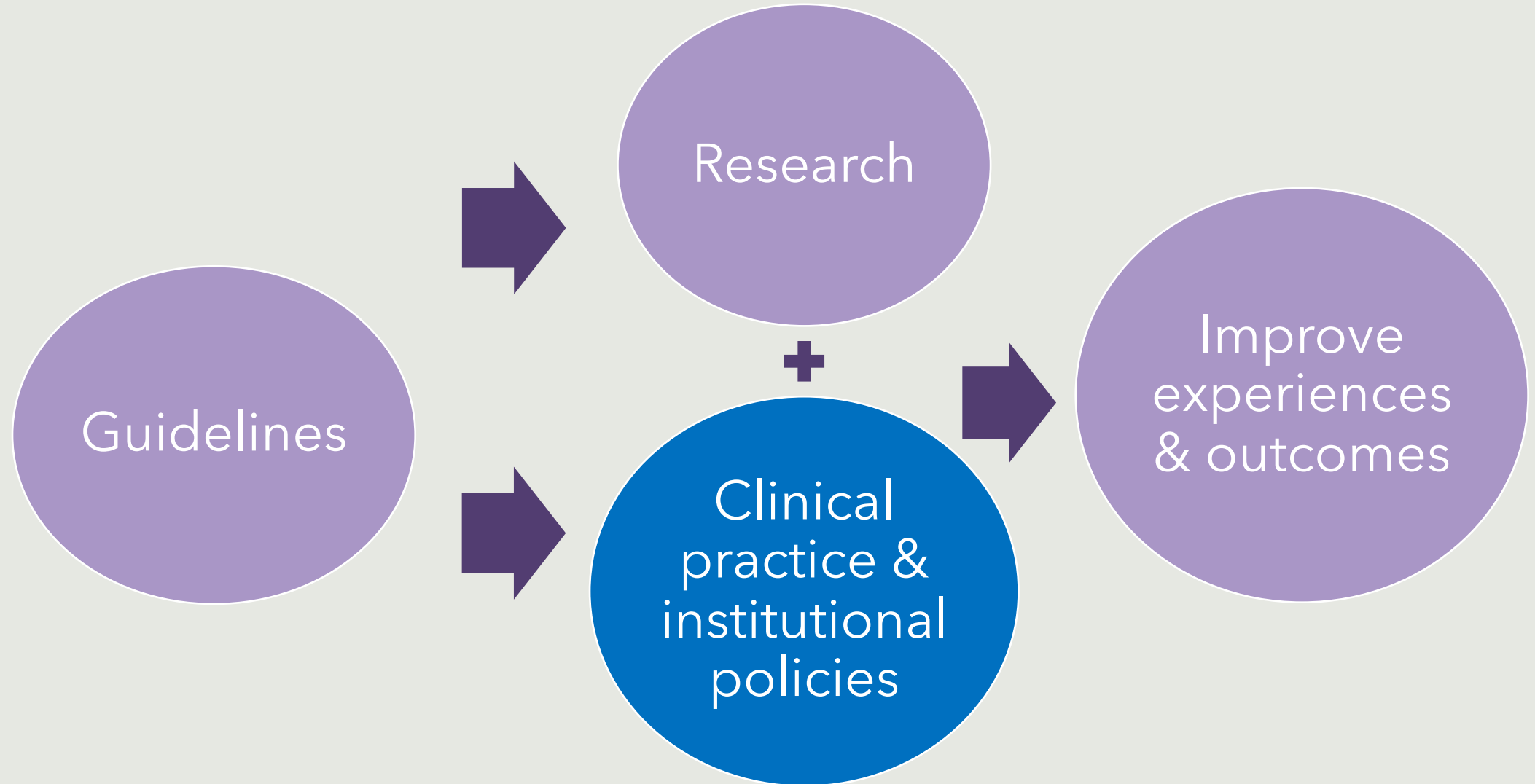
Jackson et al., Cancer Stage, Treatment, and Survival Among Transgender Patients in the U.S. *JNCI*, 2021



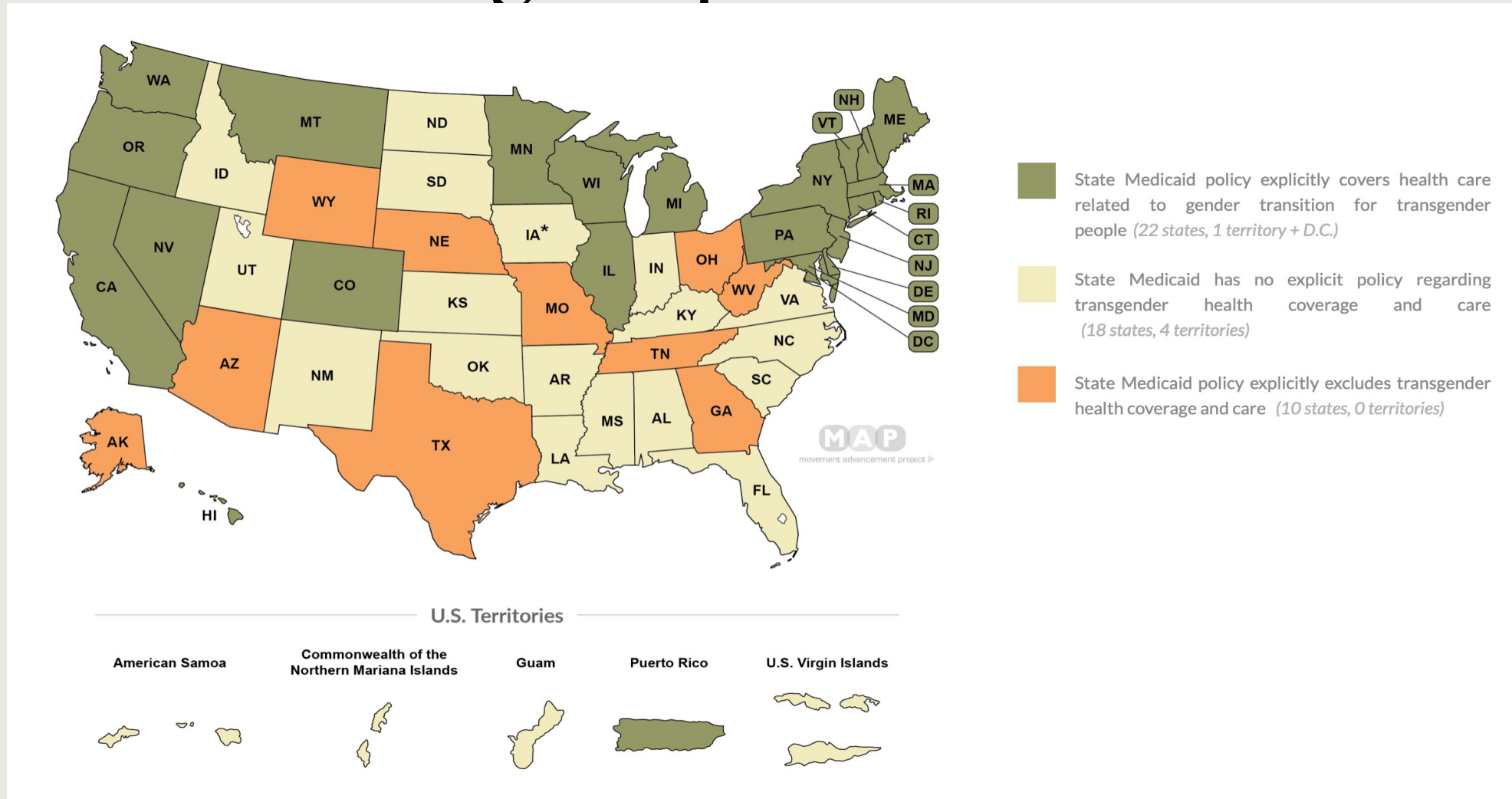
# Conceptual Framework for Addressing Disparities



# Guidelines Change Experiences and Outcomes



# Policies Change Experiences and Outcomes



Movement Advancement Project. "Equality Maps: Healthcare Laws and Policies." [https://www.lgbtmap.org/equality-maps/healthcare\\_laws\\_and\\_policies](https://www.lgbtmap.org/equality-maps/healthcare_laws_and_policies). Accessed 03/18/2022.



# Creating Welcoming Spaces

Question is: How can you signal to TGD people that you are a safe person with whom they can see and disclose their identity and experience?



**Consider in your practice:**

**What happens when patients come in the door?**

**What happens behind closed doors?**

**What happens between the doors?**

**What happens to open doors?**



Light & Obedin-Maliver. Opening the OB/GYN door for sexual and gender minority people. Contemp. OBGYN, Jan 2019.

# What patients are seeing, will they be protected?



**Berrahou et al. Representation of Sexual and gender Minority People in Patient Nondiscrimination Policies of Cancer Centers in the U.S., JNCCN, 2022**



What are the experiences of transgender people with and without cancer?



# Oncology facilities may be exclusive



Alpert, et al, I'm not putting on that floral gown: Enforcement and resistance of gender expectations for transgender people with cancer, Patient Education and Counseling, 2021



# Oncology facilities may be exclusive

pregnant   
not pregnant 



Alpert, et al, What lesbian, gay, bisexual, transgender, queer, and intersex people want doctors to know and do, Journal of Homosexuality, 2017





# Oncologists' language may be exclusive



Alpert, et al, I'm not putting on that floral gown: Enforcement and resistance of gender expectations for transgender people with cancer, Patient Education and Counseling, 2021

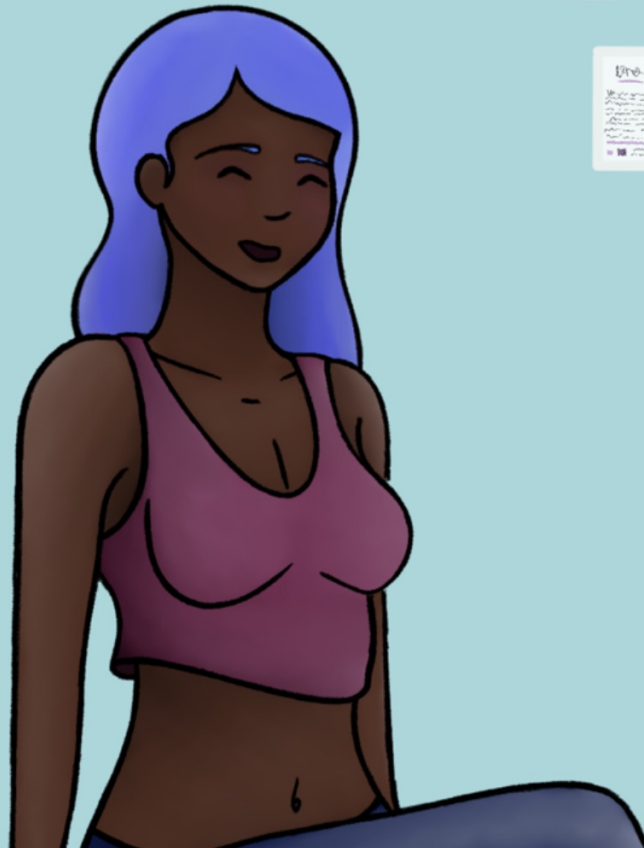
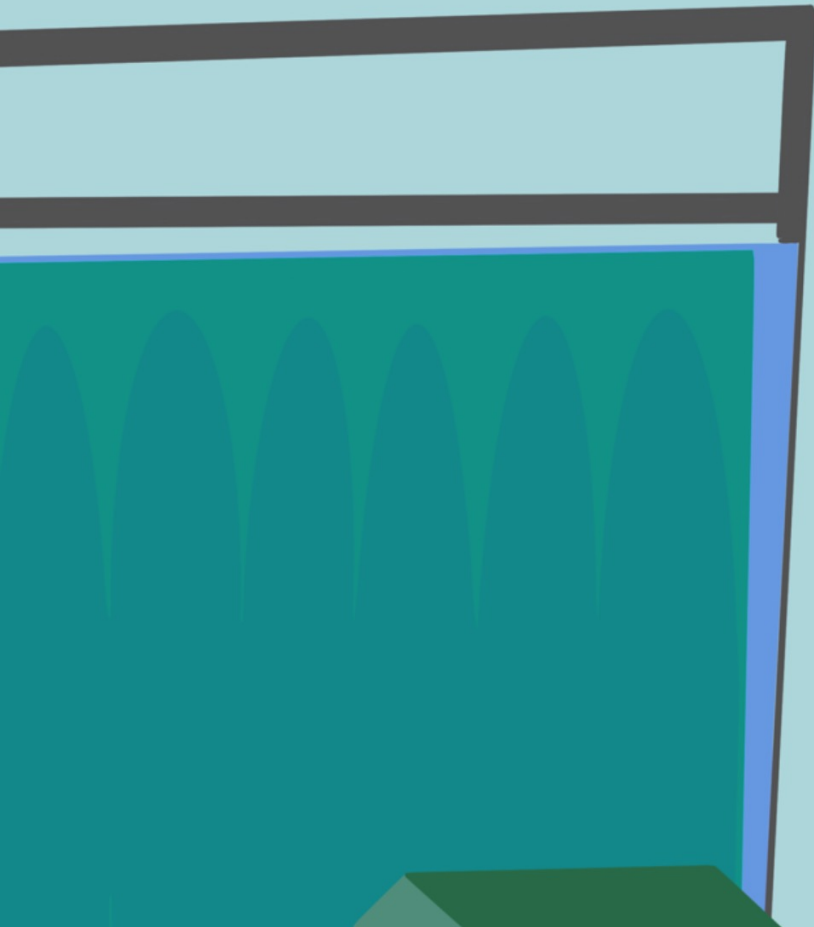


# Oncologists' language may be exclusive

Fix et al, Stakeholder Perceptions and Experiences Regarding Access to Contraception and Abortion for Transgender, Non-Binary, and Gender-Expansive Individuals Assigned Female at Birth in the U.S., Arch Sex Behav, 2020.



# Oncologists may see anatomy & physiology as truth







# Oncologists' language (in documentation) may erode relationships with patients

Alpert et al, Experiences of transgender people reviewing their electronic health records: Insights to avoid harm and improve patient-clinician relationships, a qualitative study, JGIM, in press

Goddu et al, Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record JGIM, 2018



# Oncologists' actions may also worsen rapport



Alpert, et al, I'm not putting on that floral gown:  
Enforcement and resistance of gender expectations  
for transgender people with cancer, Patient  
Education and Counseling, 2021



# Oncology May be Missing the Mark



Alpert, et al, I'm not putting on that floral gown: Enforcement and resistance of gender expectations for transgender people with cancer, Patient Education and Counseling, 2021



# Does hormone therapy increase risk of breast cancer?

We don't know but...

RESEARCH

 OPEN ACCESS

## Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands

Christel J M de Blok,<sup>1,2</sup> Chantal M Wiepjes,<sup>1,2</sup> Nienke M Nota,<sup>1,2</sup> Klaartje van Engelen,<sup>3</sup> Muriel A Adank,<sup>4</sup> Koen M A Dreijerink,<sup>1,2</sup> Ellis Barbé,<sup>5</sup> Inge R H M Konings,<sup>6</sup> Martin den Heijer<sup>1,2</sup>

*BMJ* 2019;365:l1652 <http://dx.doi.org/10.1136/bmj.l1652>

*“Transgender women ... have a 47-fold higher risk for developing breast cancer...”*

But, compared to whom?

Does hormone therapy decrease risk of prostate cancer? **We don't know but...**

**Prostate Cancer Incidence under Androgen Deprivation: Nationwide Cohort Study in Trans Women Receiving Hormone Treatment**

Iris de Nie,<sup>1,2</sup> Christel J.M. de Blok,<sup>1,2</sup> Tim M. van der Sluis,<sup>3</sup> Ellis Barbé,<sup>4</sup> Garry L.S. Pigot,<sup>2,3</sup> Chantal M. Wiepjes,<sup>1,2</sup> Nienke M. Nota,<sup>1,2</sup> Norah M. van Mello,<sup>2,5</sup> Noelle E. Valkenburg,<sup>1</sup> Judith Huirne,<sup>5</sup> Louis J.G. Gooren,<sup>1,2</sup> R. Jeroen A. van Moorselaar,<sup>3</sup> Koen M.A. Dreijerink,<sup>1,2</sup> and Martin den Heijer<sup>1,2</sup>

"...the prostate cancer risk was considerably lower than in Dutch cis males (SIR 0.20, CI 0.08-0.42)."

**One study doesn't do it.**<sup>29</sup>

# Oncology May Be Missing the Mark: What are the lab targets for transgender people?



Research is often based on gender/sex

- Gender / sex are conflated for people assumed to be cisgender.
- Gender listed in patients' charts is related to registration and other logistical factors.



Roberts et al, Interpreting laboratory results in transgender patients on hormone therapy, Am J Med. 2014

Alpert et al, Experiences of transgender people reviewing their electronic health records: Insights to avoid harm and improve patient-clinician relationships, a qualitative study, JGIM, in press

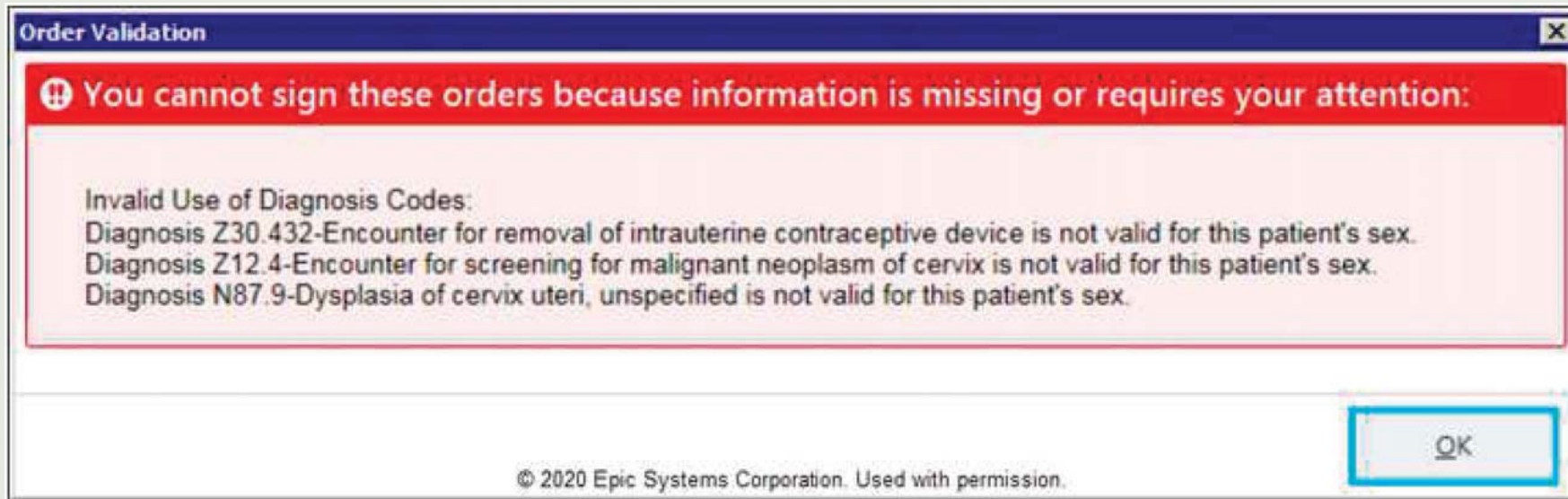
# Oncology May Be Missing the Mark: How do we dose carboplatin?

- Carboplatin dosing is based on research done by sex/gender on people assumed to be cisgender.
- Unclear how pharmacokinetics translate to transgender people.

SoRelle et al, Impact of Hormone Therapy on Laboratory Values in Transgender Patients, Clin Chem. 2019



# Are systems supporting or hindering care for TGD people?



Screenshot of electronic medical record system preventing intrauterine device removal and cervical examination for a patient because their registered sex is male.

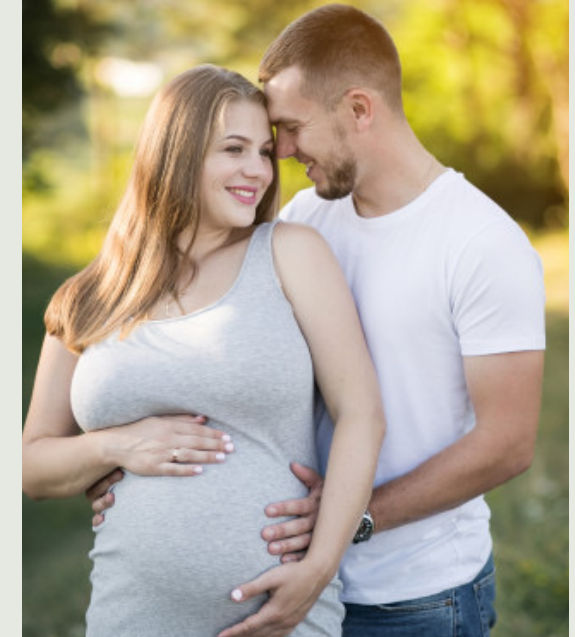
Moseson H, et al. The Imperative for Transgender and Gender Nonbinary Inclusion: Beyond Women's Health. *Obstet Gynecol.* 2020 PMID: 32282602; PMCID: PMC7170432.





# Conceptual Frameworks – Individual Level

- Every person has a:
  - Set of organs
    - At birth
    - Currently
  - Gender identity
  - Sexual orientation



- Every person needs a consideration of:
  - PMH, PSH, Meds, Family Hx, Social Hx, Sexual Hx, OBGYN/Family Building
  - These impact prevention, diagnosis, survivorship

# What are potential future steps we could take?

- Clinical Care
- Research
- Education
- Advocacy

Enzalutamide & Adjuvant Abiraterone Acetate for Prostate Cancer Undergoing Prostatectomy	
Inclusion Criteria	Exclusion Criteria
<p>Male <math>\geq</math> 18 years of age</p>	<p>Prior hormone therapy for prostate cancer including orchiectomy, antiandrogens, estrogens</p>
<p>Participants must agree to use a condom if having sex with a woman of childbearing potential</p>	<p>Current infection such as HIV</p>
<p>ECOG 0-1</p>	<p>Major surgery or radiation within 30 days</p>

What about women?

What about estrogens for transition?

What is the meaning of "sex" and "woman"?

Who is being excluded?

# NCCN Ovarian Cancer Guidelines

- The word “women” appears 100 times, 41 of which are in citations.

*The concern for risk-reducing salpingectomy alone is that **women** are still at risk for developing ovarian cancer. In addition, in premenopausal **women**, oophorectomy reduces the risk of developing breast cancer but the magnitude is uncertain(p. 4).*

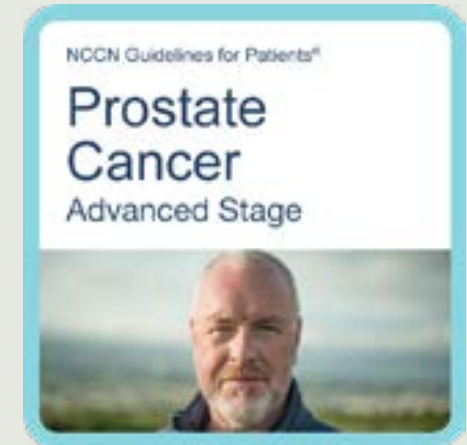
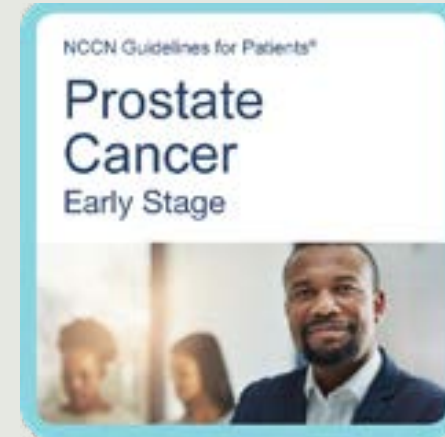
- The word “female” appears 7 times, all of which are in citations. *WHO Classification of Tumours of **Female** Reproductive Organs (p. 31)*



Robert Eads, died of ovarian cancer,  
age 54

# Prostate Cancer Guidelines

- The word “men” appears 472 times.  
*“ADT is the gold standard for **men** with metastatic prostate cancer(p. 44).”*



- The word “male” appears 12 times.  
*“Researchers estimate prostate cancer will account for 10.4% of **male** cancer deaths in the United States in 2020... (p. 56)”*



How do these guidelines and images influence screening and care for women like Sally?

# Potential Practical Alternatives

*The concern for risk-reducing salpingectomy alone is that **women** people with at least one ovary are still at risk for developing ovarian cancer. In addition, in people who menstruate ~~premenopausal women~~, oophorectomy reduces the risk of developing breast cancer but the magnitude is uncertain (p. 4).*

*ADT is the gold standard for **men** people with metastatic prostate cancer (p. 44).*

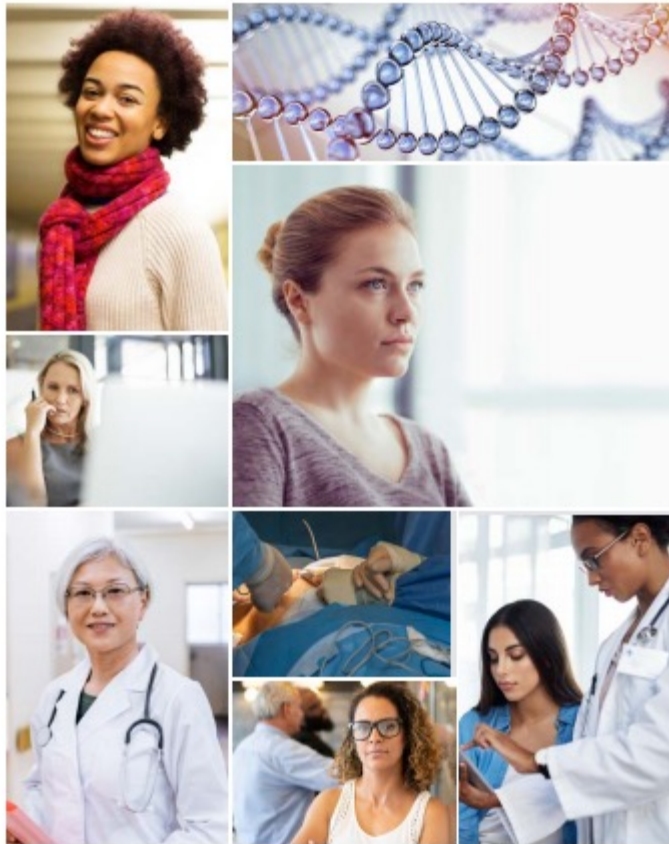
# Breast Cancer

## Ductal Carcinoma In Situ

Presented with support from:  NCCN FOUNDATION  
Building Treatments. Changing Lives.



Available online at [NCCN.org/patients](https://www.nccn.org/patients)

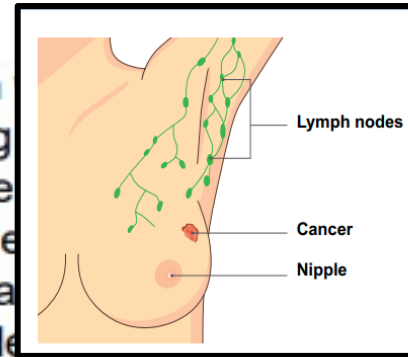


NCCN Guidelines for Patients®:  
Ductal Carcinoma In Situ, 2020

4

### Those with ovaries

Those who can have children should have a pregnancy test before starting cancer treatment. Cancer treatment can hurt the ovaries or get pregnant during treatment. Birth control to prevent pregnancy after treatment is recommended. Birth control may not be recommended, so ask your doctor about options.



### Those with testicles

Cancer and cancer treatment can damage sperm. Therefore, use contraception (birth control) to prevent pregnancy during and after cancer treatment. If you think you want children in the future, talk to your doctor now. Sperm banking is an option.

Inclusive? Exclusive?  
Think: race/ethnicity, skin color,  
age, gender, ability, size...

# Thought experiments in your setting

- What elements of the visuals in your clinical settings promote inclusion and in what domains? (race/ethnicity, skin color, age, gender, ability, size)
- What elements of images, decorations, signage etc. promote exclusion and in what domains? (race/ethnicity, skin color, age, gender, ability, size)

# When we get it right...

"As soon as [a transman I know] talked about his gender experience with his gynecologist, they were very careful to not use gendered language during the exam. It was all very matter of fact and they actively took steps to minimize any chest exposure, referring to the chest tissue as "breasts," and things of that nature."

- Indigenous, queer, transgender man







ASCO Guidelines Methodology Manual, 2021

Eisen et al, Use of Adjuvant Bisphosphonate and Other Bone-Modifying Agents in Breast Cancer: ASCO-OH Guideline Update, JCO, 2022



# Next Steps for Yale Cancer Center To Take?

- Provide SGM cultural humility training to oncology clinicians.
- Ensure non-discrimination policies cover gender identity.
- Make gender-neutral bathrooms available.
- Ensure gender-neutral clinics names, clothing, and wigs available
- Ensure patient-facing materials (educational pamphlets, website, etc) are gender-inclusive.
- Ensure clinical trial inclusion & exclusion criteria are inclusive
- Others???

# EMR Best Practices

- ❑ Document name, gender, pronouns correctly and consistently.
- ❑ Avoid words like “preferred” or “identifies as” when describing a patient’s gender, pronouns, or name.
- ❑ Avoid words or phrases like “disturbed” or “hostile,” which may communicate stigma or blame.
- ❑ Avoid mentioning sex assignment or “biological sex.”

Alpert et al JGIM, in press

# Some Next Immediate Steps for Individuals

1. Introduce yourself using your name, pronouns (*see homework slides, resources sheet*)
2. Use gender neutral terminology clinically (*e.g., person with breast cancer*)
3. Take some of these free trainings:
  - Fenway Institute <https://www.lgbthealtheducation.org/>
  - UCSF Center of Excellence for Transgender Health  
<https://prevention.ucsf.edu/transhealth/education>
  - Resources sheet
4. Examine your intake forms, note templates, and patient instructions:
  - change she/her → patient & - change women → people
  - use medically accurate terms, not “biological” mother versus, egg source/uterus source/sperm source (not “Father of the Baby”, “Husband”) *etc.*
5. Add your pronouns to your email signature
6. Take action in civic and political spaces, political influence health care and vice versa

# Some Next Immediate Steps for Institutions

1. Board and Senior Management are Actively Engaged
2. Policies Reflect the Needs of SGM People
3. All Staff Receive Training on Culturally Affirming SGM Care
4. Processes & Forms Reflect the Diversity of SGM People & their Relationships
5. Data is Collected on Sexual Orientation & Gender Identity
6. All Patients Receive Routine Health Histories that reflect diversity in sexual orientation and gender identity
7. Clinical Care and Services Incorporate SGM Health Care Needs
8. The Physical Environment Welcomes and Includes SGM People
9. SGM Staff are Recruited and Retained
10. Outreach Efforts Engage SGM People in Your Community

# Trainings & Resources

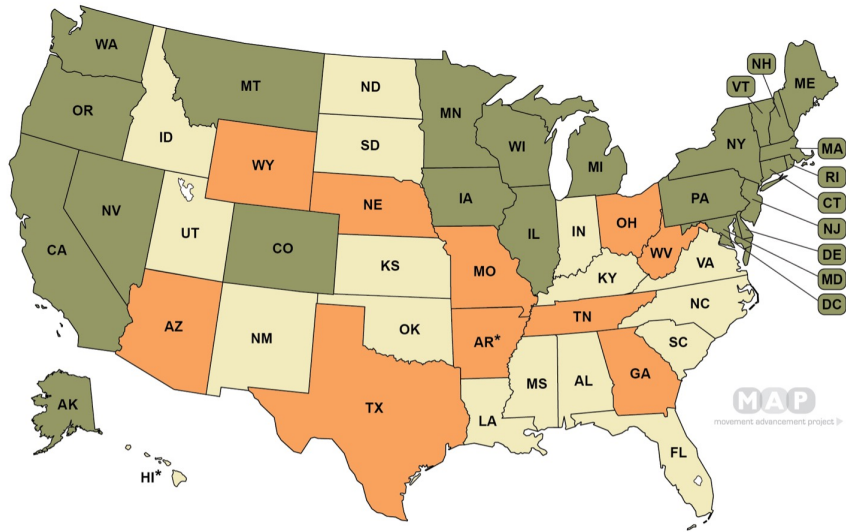
Colors Training: <https://colorstraining.org>

Welcoming Spaces: <https://www.sgo.org/welcomingspaces>

George Washington: <https://cancercenter.gwu.edu/training-and-education/professional-education/team-together-equitable-accessible-meaningful>

National LGBT Cancer Network: <https://cancer-network.org/>

# Primary Prevention Starts with Policy



- State Medicaid policy explicitly covers health care related to gender transition for transgender people (23 states, 1 territory + D.C.)
- State Medicaid has no explicit policy regarding transgender health coverage and care (17 states, 4 territories)
- State Medicaid policy explicitly excludes transgender health coverage and care (10 states)



Legislators in a [record 34 states introduced 147 anti-transgender bills in 2021](#), focusing on discriminatory anti-equality measures to drive a wedge between their constituents and score short-term political points.

The [Idaho House](#) approved legislation [3/8/22](#) that [makes it a felony for a doctor](#) to provide age-appropriate, medically-necessary, best practice gender affirming care for transgender children. H.675 now heads to the Idaho Senate for further consideration.

# The PRIDE Study



**THE  
PRIDE  
STUDY**

Population  
Research in  
Identity and  
Disparities for  
Equality

- National, online, longitudinal cohort study of LGBTQ+ people
- Designed for and by LGBTQ+ people
- Web Based
- State-of-the-art participant management system
- 22,800+ participants since May 2017

[www.pridestudy.org](http://www.pridestudy.org)



# Questions?

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Ash B. Alpert MD MFA: [ash\\_alpert@brown.edu](mailto:ash_alpert@brown.edu)

**Evaluation URL Link:**

**<https://tinyurl.com/4z7zdbtr>**



# Homework & Resources

# Creating Welcoming Spaces

# Create a Welcoming Interpersonal Environment

## Welcoming Interpersonal Environment

- Use chosen name, respect pronouns\*
- Hire SGM staff\* *\* more detail on upcoming slides*
- Avoid assumptions\*
- Use participants' own terms
- Don't ask questions out of curiosity
  - Sex life, gender-affirming surgery plans
- Don't perform unnecessary examinations
- Explicitly give permission for participant to opt out of answering questions
- Acknowledge and apologize immediately for mistakes



# Pronouns

We use pronouns every day to refer to others.

Example pronouns sets:

he/him/his

she/her/hers

they/them/theirs



People use pronouns that may reflect their identities.

- Some use “**they/them/theirs**” because it does not have a typical feminine/masculine connotation like “**hers**” and “**his.**”
- Some choose to use no pronouns and instead use their name.  
*Example:* “When is Mitch’s birthday?” instead of “When is his birthday?”
- Pronouns are **not** the same as gender. Just because someone uses “he/him” pronouns doesn’t mean that he identifies as a man.

# Pronouns and Chosen Name

Always use **chosen name** and **respect pronouns**.

Chosen name may differ from legal name - system should shift, not people.

Just because someone 'looks' like a man doesn't mean they want to be addressed as "Mr. Gupta."

**she / her / hers**  
Meet Andre: **She** is a dog owner. The dog loves playing catch with **her**.  
The dog is **hers**.

**he / him / his**  
Meet Pat: **He** is a student. Schoolwork is interesting to **him**.  
Math is a favorite subject of **his**.

**they / them / theirs**  
Meet Jessie: **They** are a doctor. Being a doctor is important to **them**.  
Pediatrics is a specialty of **theirs**.

# Sharing YOUR Pronouns

**Share** your own pronouns, then **invite** others to share!

*“Thank you for coming in to our clinic today. My name is Juno, and I’ll be helping you with registration today. I use the pronouns “she, her, and hers.” Which pronouns do you use?”*

- Remember that not everyone may feel comfortable sharing
- Remember that not everyone may understand what you are asking

## Other Ways to **Share** Your Pronouns

- Wear a pronoun sticker or button to show that pronouns matter
- Include pronouns in your introduction in meetings/conference calls
- Include pronouns in e-mail signature





# Include SGM People on Staff



# Things to Avoid

- Do not use the word “transgender” as a noun, it is an adjective.
  - She is a transgender woman.  
**Not:** She is a transgender.
- Do not add “-ed” to “transgender.” (Adding -ed creates a participle, which can only be done to verbs; “transgender” is an adjective.)
  - She is a transgender woman.  
**Not:** She is a transgendered woman.
- Do not use the pronouns that you *think* someone uses based on their name, physical appearance, etc.
  - Ask instead.
- While trying to be supportive, avoid exclamations of surprise when people come out to you.
  - “Oh! I never would have known!”
  - “My barber’s niece, I mean nephew, is also transgendered.”
  - “My cousin is transgender too!”

# Things to Do

- **Thank** SGM people for expressing interest/participating in your clinic.
- Provide **comfort** to SGM people who may be struggling with their identity. Know about local SGM resources.
- **Recognize** the sensitive nature of conversations about sexual orientation and gender identity that may come up clinical.
  - People accompanying participants to a clinical visits may be partners, family, friends, etc.
  - Participants may disclose their gender identity to clinical or administrative staff that may be different from their gender expression

# Create a Welcoming Physical Environment



## Welcoming Physical Environment

- Images
- Symbols of SGM communities
- SGM-competent forms

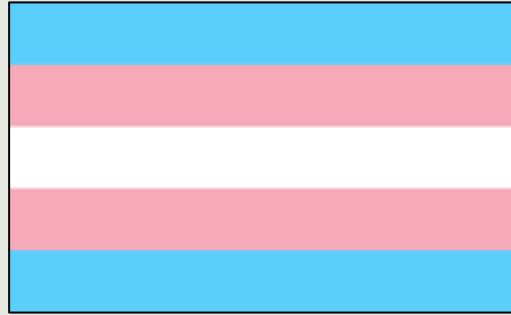
# Represent the Communities in Images



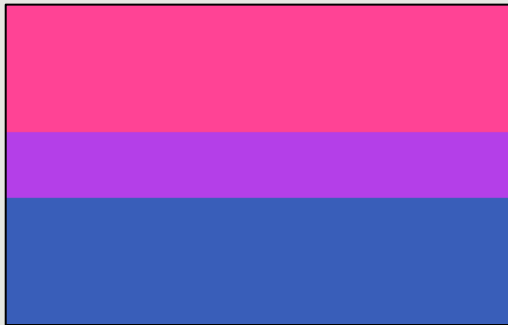
# SGM Symbols



LGBTQ+ Flag



Trans\* Flag



Bisexual Flag

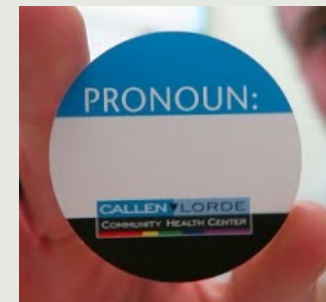


Asexual Flag

...and many more!



## Pronoun Stickers



# The Context

## M, F or X? Added Option Makes States Rethink Nature of Gender

- The expansive conception of gender that many teenagers recognize is being scrutinized on a new scale.
- Bills to add a nonbinary marker to driver's licenses are moving through multiple state legislatures in the U.S., bringing a fraught debate.

6h ago [100 comments](#)



El Martinez, 17, at their home in Massachusetts. They wrote to their state representatives requesting a gender-neutral option for identity documents. Tony Luong for The New York Times

# Culturally Competent Forms

Create Welcoming SGM forms

- Avoid using “gendered” terms
- Use blank for participants/patients to use their own words whenever possible
- Include items that will help you better interact with participants without damaging assumptions
  - What are your pronouns?
  - What name do you go by?
  - How would you like us to refer to you today?



# Culturally Competent Forms and Information

Date of Visit: \_\_\_\_\_

Blood Pressure (Systolic/Diastolic): \_\_\_\_\_ / \_\_\_\_\_ Heart Rate Beats per Minute (BPM): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Body Mass Index (BMI): \_\_\_\_\_

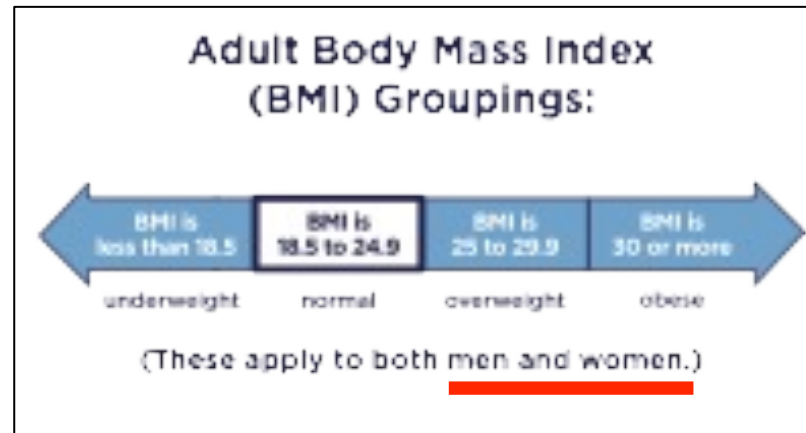
Waist Circumference: \_\_\_\_\_

Hip Circumference: \_\_\_\_\_

Adult Body Mass Index (BMI) Groupings:



(These apply to both men and women.)



1. What is your current gender identity? (Check ALL that apply)

- Male
- Female
- Transgender Male/Transman/FTM
- Transgender Female/Transwoman/MTF
- Gender Queer
- Additional category (please specify): \_\_\_\_\_
- Decline to answer

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

- Male
- Female
- Other
- Decline to answer

*Oops!*

This form is “gendered.”

What about SGM people who don’t identify as a “woman” or “man”?

*Possible Solution*

“These apply to everyone.”

# Create a Welcoming Telephone Environment

## Welcoming Telephone Environment

- Similar to in-person interactions... but...
  - No forms to collect information
  - No body language
- Use chosen name and respect pronouns
- Avoid assumptions
- Do not use “ma’am” and “sir”
  - Especially based only on voice
  - Ask how caller prefers to be called
- Acknowledge and apologize immediately for mistakes
  - Harder to recognize mistakes



# Scripts

Use Pre-Written Scripts to...

- Provide a uniform experience for all
- Gather information that can make your setting more welcoming to SGM people
  - Chosen name
  - Pronouns
  - How they wish to be called
- Ask questions that you may be uncomfortable asking



# Video



- One-minute video demonstrating a largely positive experience checking in at front desk
- While shown in a clinical setting (gynecology clinic), interaction principles of being welcoming, non-judgmental, and appropriate are applicable to other clinical and investigational settings.
- Efforts to make sure participant feels comfortable

# Being Welcoming



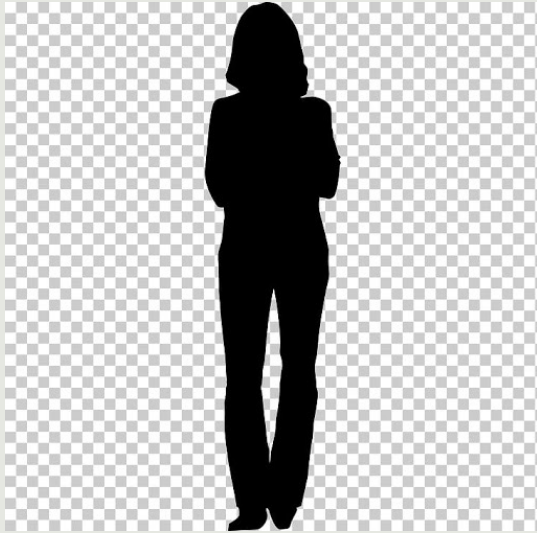
Association of American Medical Colleges.



## Video Debrief

- What factors contributed to the patient **feeling welcomed** by the receptionist?
- Are there **other things** that could have been done to make this patient feel welcomed?

# Scenario 1: Misgendering



- A transgender woman named Michelle Smith comes in to enroll in your clinic
- Michelle’s pronouns are she/her/hers.
- She has just started social transition. For her, this includes using the name Michelle and having a feminine gender expression (*i.e.*, the way she appears).
- She has not changed any legal documents or her medical record at the clinic. These still refer to her by her old name and have her gender listed as “male.”

# Scenario 1: Misgendering

- Sitting in the waiting room, the staff call out the name “Michael Smith.” Michelle is embarrassed and reluctantly stands up to follow the staff member to the exam room.
- On the way to the exam room, the staff member says to another, “I’m just gonna get him settled in a room and then I’ll return Dr. Pope’s call.”



*Let's debrief this scenario...*





## Discussion

- What are some possible reasons that Michelle **felt embarrassed**?
- What things could have been done to make this experience **more welcoming** for transgender participants?



## Discussion



In the exam room, Michelle reluctantly discloses that she is a transgender woman uses the name Michelle (not Michael), and her pronouns are she/her/hers.

- What should the staff member do now?

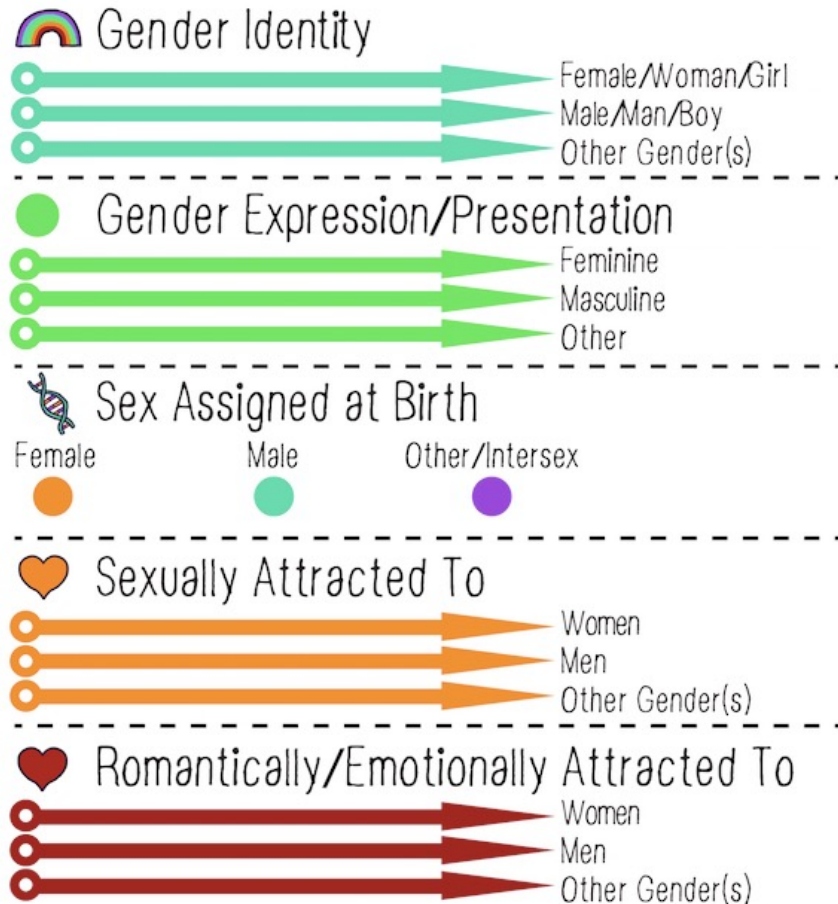
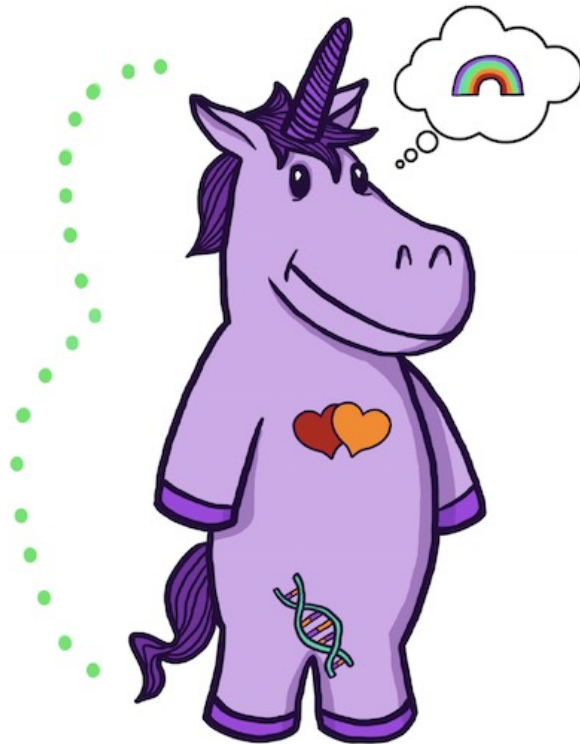
# HOMEWORK

(So...how do you ask that?)

# Comprehensive Asking: Assess This

## The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Equality Resources



To learn more go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan

***“Sex is what’s between your jeans/genes.  
Gender identity is what’s between your ears.”***

# Where to ask?

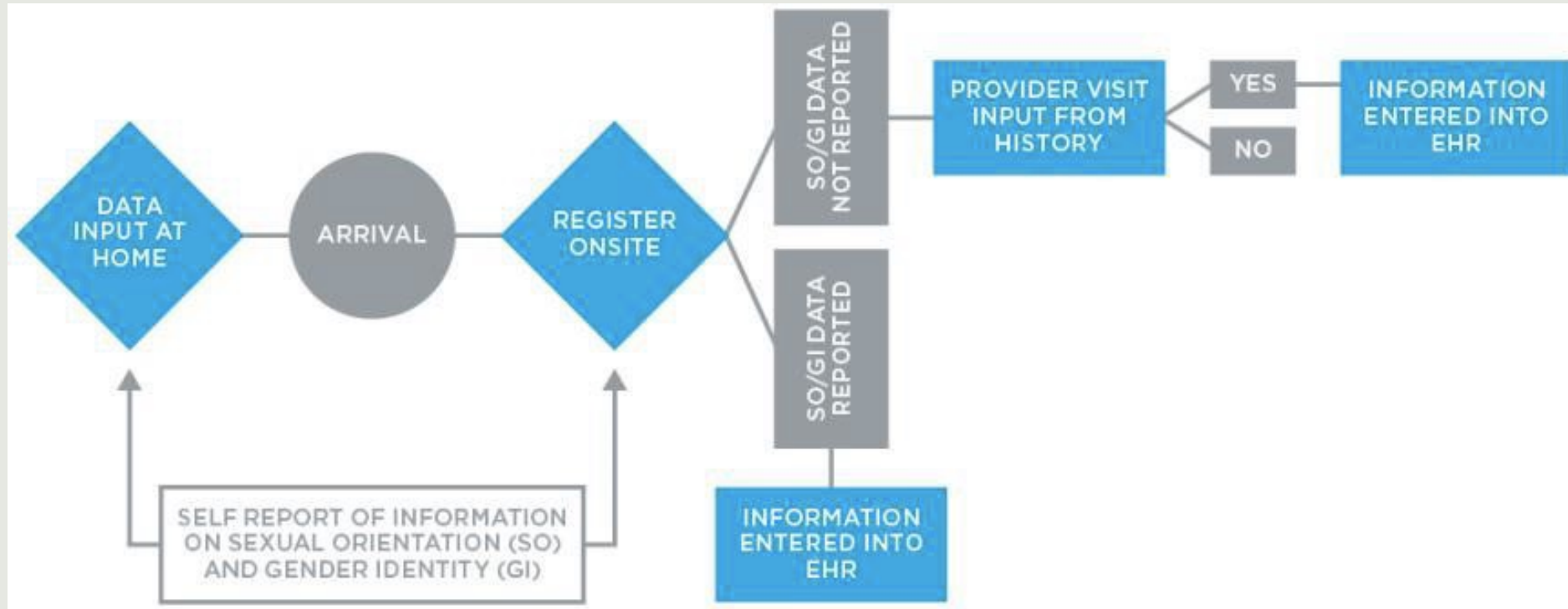
- In-person
  - Initial visit: getting to know the patient, living situation
  - Sexual history if appropriate to complaint
- Intake or Pre-appointment questionnaire
- Patient-reported into electronic health record



## Particular Concerns to address?

- Should I Include it in the (electronic) medical record?
- Can I ensure confidentiality?
  - What if medical record is sent out to another facility?

# Consider all the points where to ask.



# How to ask? (1)

There is no CORRECT way to ask.

We provide only examples here.

Make NO assumptions.

Ask patient when/if appropriate.

## Special Considerations

- Setting (*e.g.*, inpatient, outpatient, ICU, home, SNFs)
- Acuity
- Age
- Condition
- Culture race/ethnicity
- Religion
- Family structure / third parties
- Institutional policies and state laws



## How to ask? (2)

### Gender Identity

- “I also talk to my patients about their gender identity. Do you know what I mean by that?”
- “Some people may feel like their physical bodies do not match with the gender they most identify. Knowing your gender identity also will allow me to care best for you.”
- Ask about pronouns.



### Documentation

- “Is it OK with you if I record this information in your medical record or would you prefer I not? It would be included in your record that other providers could see, including outside the hospital.”



# How to ask? Pronouns, we all have them (3)

## Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landyn Pan  
[transstudent.tumblr.com](https://www.tumblr.com/transstudent)  
[facebook.com/transstudent](https://www.facebook.com/transstudent)  
[twitter.com/transstudent](https://twitter.com/transstudent)

For more information,  
go to [transstudent.org/graphics](https://transstudent.org/graphics)

**TSER**  
Trans Student Educational Resources

# How to ask? (4)



- Use **gender neutral** language.
- “Tell me a little about your living situation.” OR “Can you tell me a bit about your partner(s)?”
- “Are you in an intimate / sexual relationship?”
- Ask the patient how they **would like to be referred** to and/or how to refer to partner(s).
- Respect pronouns.



## How to ask? (5)

- “Like the questions I asked about tobacco, alcohol, and other drugs, I would like to ask some more questions that I ask of all my patients. These ones are about your sexual activity, sexual health, and identity.”



- “Are you sexually active?”
- “Are your partners men, women, or both?” **vs.** “What genders are your partners?” (this is preferred)
- “Knowing about your sexuality will help me better care for you...”

# How to ask? (6)

## Closing

- “Do you have any concerns or questions today?”



# How to ask? Get comfortable with terms (6)

Body Part	Body Part	Term
Mouth	Vulva	Cunnilingus (“eating out”)
Mouth	Penis	Fellatio (“blow job”)
Mouth	Anus	Anilingus (“rim job”)
Finger	Vagina	Fingering
Finger	Anus	Fingering
Vulva	Vulva	Scissoring (“polishing mirrors” “bumping fur”)
Penis	Vagina	Intercourse
Penis	Anus	Anal intercourse



**... And many more... 😊**

# Specific Interview Tips

- Use language **free of assumptions**  
Instead of “How many I help you ma’am”, “How may I help you?”  
Instead of: “Do you have a husband” or “What birth control do you use?”
  - Try: “Are you in a relationship?”
  - “[A]re you interested in becoming a parent someday?”
  - “[H]ave you thought about how you would like to become a parent?”
- Ask about **specific sexual activities** in a direct, non-judgmental manner to assess for high-risk behavior.
- Normalize discussion of often **stigmatized** content (e.g., “atypical” sex practices, gender identity and expression)
- Encourage patients to obtain legal documents that **specify who can make medical and/or legal decisions** for them in accordance with state laws

# Components of History Forms (1)

- What is your **current gender** (check all that apply):
  - Woman
  - Man
  - TransFemale / Trans woman
  - TransMale / Trans man
  - Genderqueer / gender non-binary
  - Additional category (please specify): \_\_\_\_\_
  - Decline to State
- What **sex were you assigned** at birth:
  - Female
  - Male
  - Decline to State
- What is your **preferred name** and **what pronouns** do you prefer (e.g. she/her, he/him, they/their)?:  
\_\_\_\_\_



# Components of History Forms (2)

- Please describe your **sexual orientation**? \_\_\_\_\_

Or

- Do you **think of yourself** as:
  - Lesbian, gay or homosexual
  - Straight / heterosexual
  - Bisexual
  - Queer
  - Additional category (please specify): \_\_\_\_\_
  - Decline to State
  
- Are you attracted to (*check all that apply*):  
\_\_ Men \_\_ Women \_\_ Transgender Men \_\_ Transgender Women \_\_ Another (please describe)
  
- Have you had sexual contact with (in the last 12 months) (*check all that apply*):  
\_\_ Men \_\_ Women \_\_ Transgender Men \_\_ Transgender Women \_\_ Another (please describe)
  
- Please describe any sexual concerns you may have. \_\_\_\_\_



## Components of History Forms (3)

- *When you have sexual contact, do you have (check all that apply):*  
\_\_ Oral-Genital Contact \_\_ Genital-Genital Contact  
\_\_ Genital-Anal Contact \_\_ Oral-Anal Contact
- Do you use protective barriers (eg. condoms or dental dams) in the following sexual contact situations? Write in yes (Y) / no (N) / not applicable (N/A):  
\_\_ Oral-Genital Contact \_\_\_ Genital-Genital Contact  
\_\_ Genital-Anal Contact \_\_\_ Oral-Anal Contact
- What are the gender(s) of the people you are having sex with?
- How many sexual partners have you had in the last year?

# Additional Resources

The screenshot shows the ACOG website interface. At the top left is the ACOG logo. The main navigation bar includes links for Home, Clinical Guidance & Publications, Practice Management, Education & Events, Advocacy, For Patients, and About ACOG. The current page is titled "Transgender Healthcare Curriculum" and features a sidebar with various resource links such as "About CREOG", "Association of Program Managers in Obstetrics and Gynecology (APMOG)", and "CREOG Empower Award Application". The main content area is titled "Transgender Healthcare Curriculum" and contains a list of five training modules. An advertisement for the "PROLOG: Gynecology and Surgery EIGHTH EDITION" is displayed on the right side of the page.

**ACOG**  
The American College of Obstetricians and Gynecologists

**Women's Health Care Physicians**

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**CREOG**

- About CREOG
- Association of Program Managers in Obstetrics and Gynecology (APMOG)
- Countdown to CREOG
- Residency Program Directory by Regions
- CREOG Empower Award Application
- Program Director Resources
- Resident Resources
- 2019 Step Up to Residency CREOG and APGO Program
- Curriculum Resources
- CREOG Journal Club
- Surgical Curriculum in Obstetrics and Gynecology
- CREOG Empower
- CREOG Quiz
- CREOG Exam
- 2019 CREOG National Faculty Award
- CREOG Physician Satisfaction and Wellness Initiative
- CREOG Meetings

**Transgender Healthcare Curriculum**

**Training Modules: Improving Ob/Gyn Care for Transgender and Non-Binary Individuals**

Transgender, non-binary and gender non-conforming individuals often face discrimination in health care settings. Research shows that many are unable to find competent, knowledgeable and culturally-appropriate health care.

To assist faculty and staff, we created modules to prepare ob/gyns and other providers to better care for transgender, non-binary and other gender diverse people.

These modules were developed and produced by **Daphna Stroumsa**, in collaboration with physicians and activists across the country and with the support of Michigan Medicine and the Council on Resident Education in Obstetrics and Gynecology (CREOG). Dr. Stroumsa is a fellow in the National Clinician Scholars Program and in the department of Obstetrics and Gynecology at the University of Michigan.

- Gender identity and care of transgender and gender non-conforming patients**
- Preventative care for transgender and gender non-conforming patients**
- Gender affirming treatment & transition related care**
- Addressing common gynecologic issues among transgender patients**
- Health records, billing, insurance, and legal documents in transgender medicine**

Thanks are owed to the following co-authors and collaborators: **Zena El-Saghir; Anand J. Kalra; Gene de Haan, MD; Hadrian Kinneer; Sebastian Z. Ramos, MD; Halley P. Crissman, MD; Roopina Sangha, MD, MPH; and John F. Randolph Jr., MD.**

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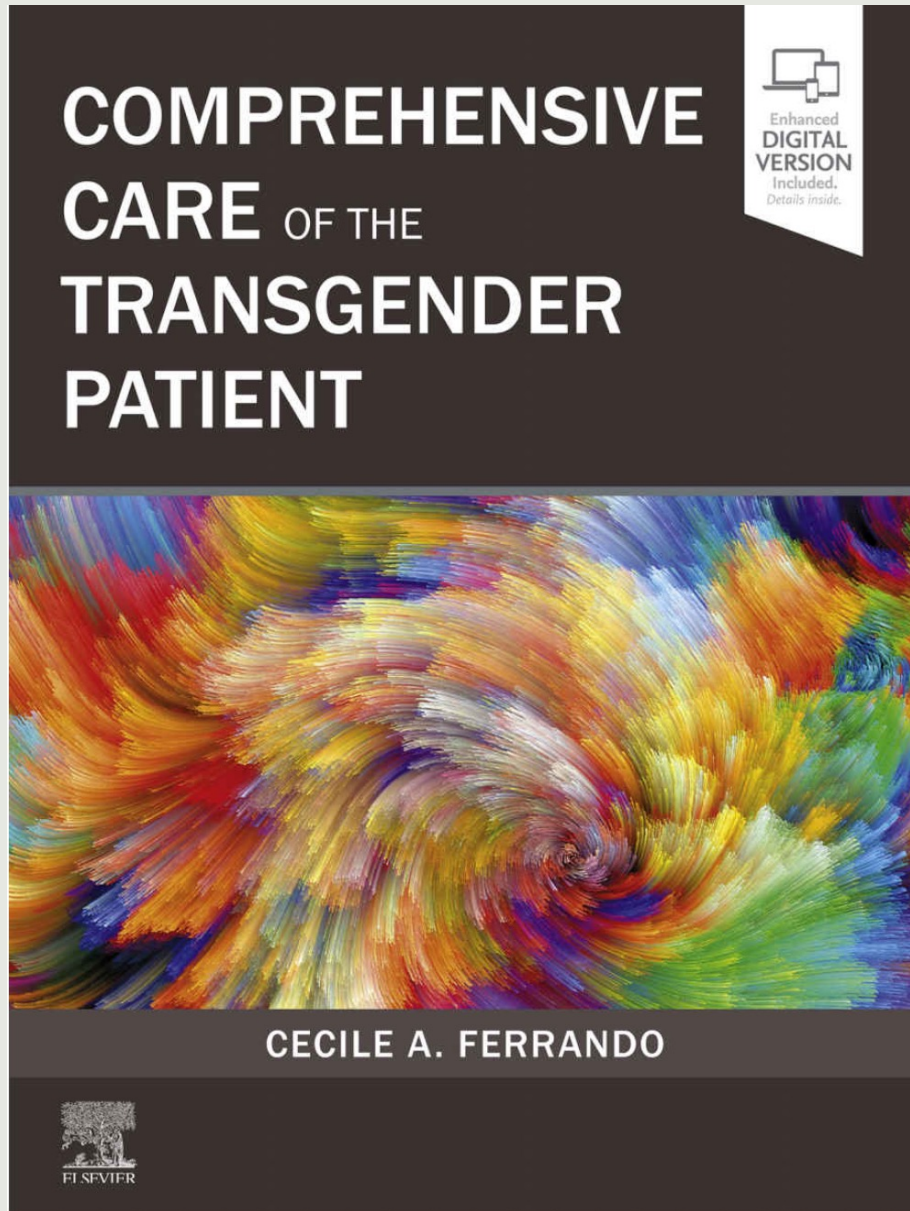
**ACOG**  
ORDER NOW

## ACOG Resources: Developed by Dr. Stroumsa Five videos (~15 mins each)

About 1 hour and 15 minutes TOTAL

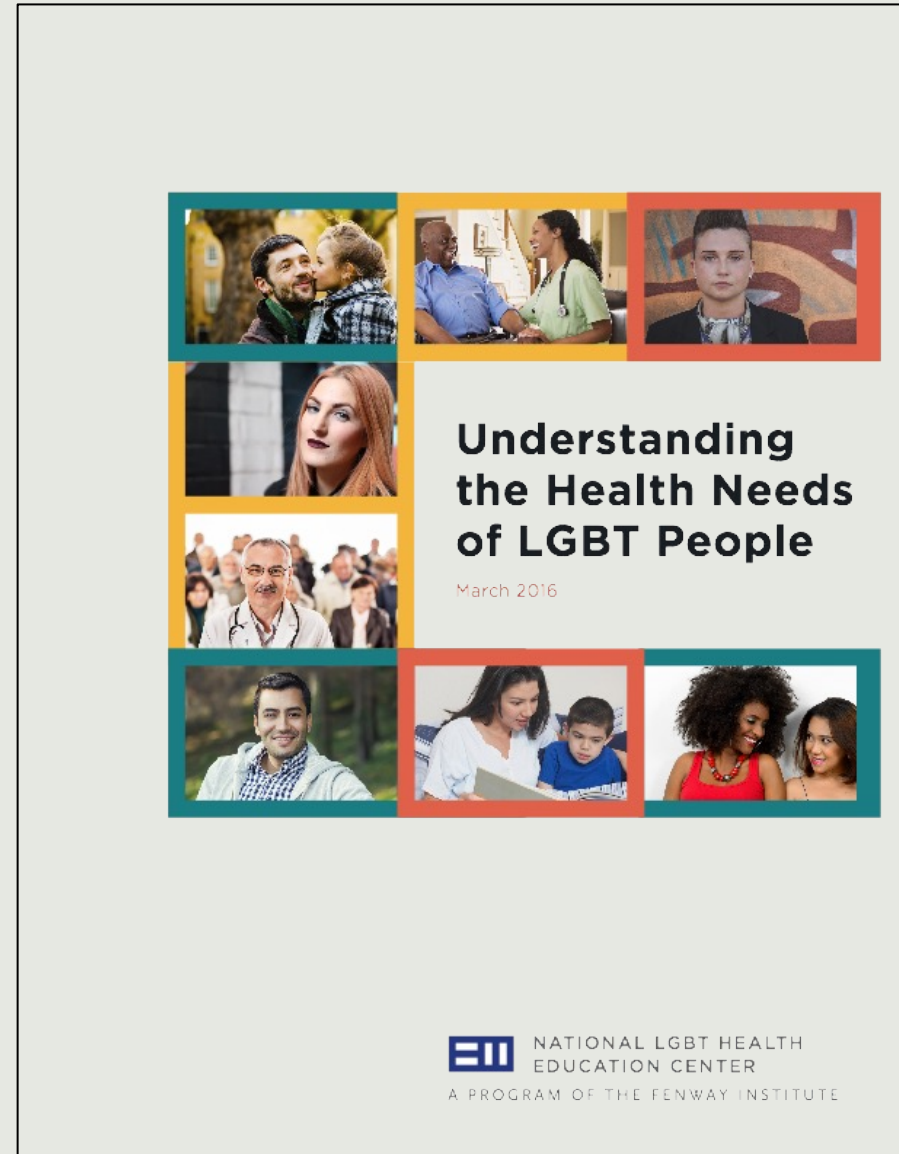
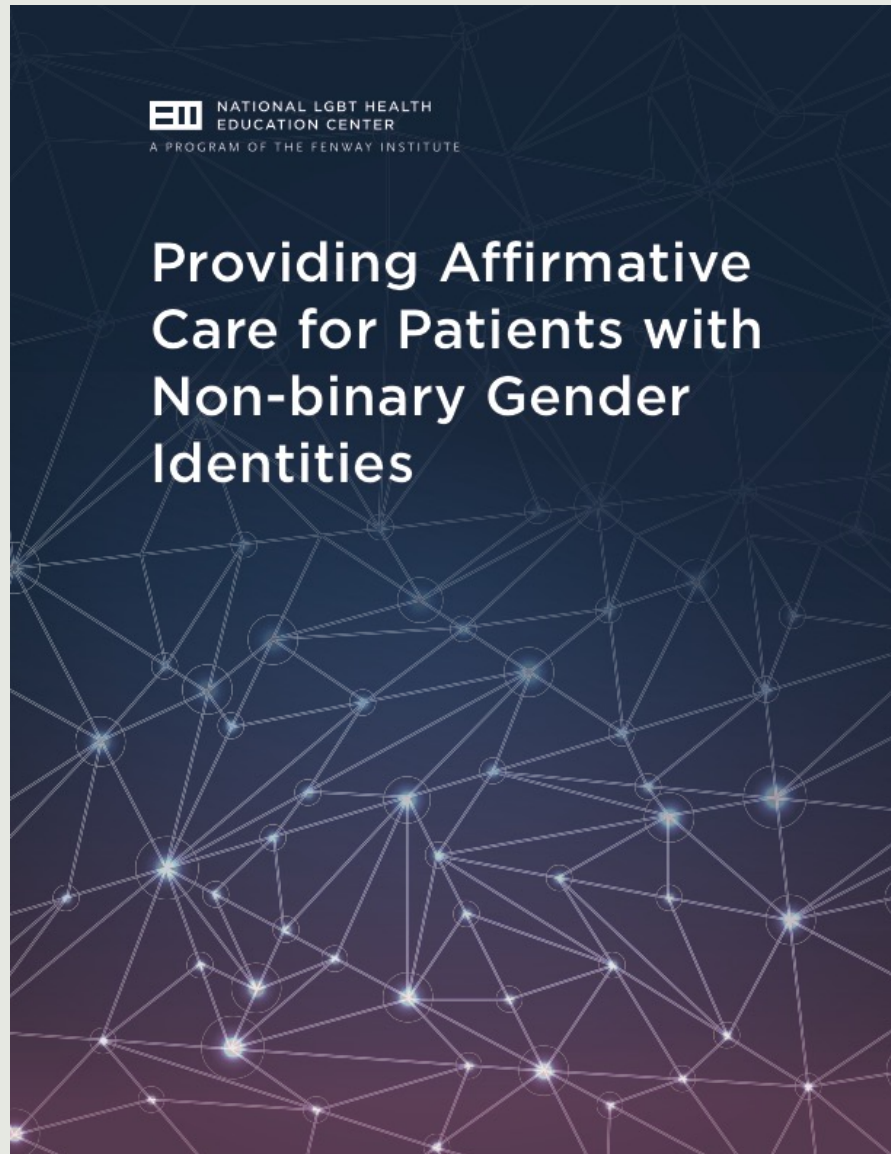
- Great for personal development
- **Staff, faculty, trainees**

# Additional Resources (Shameless Plug)

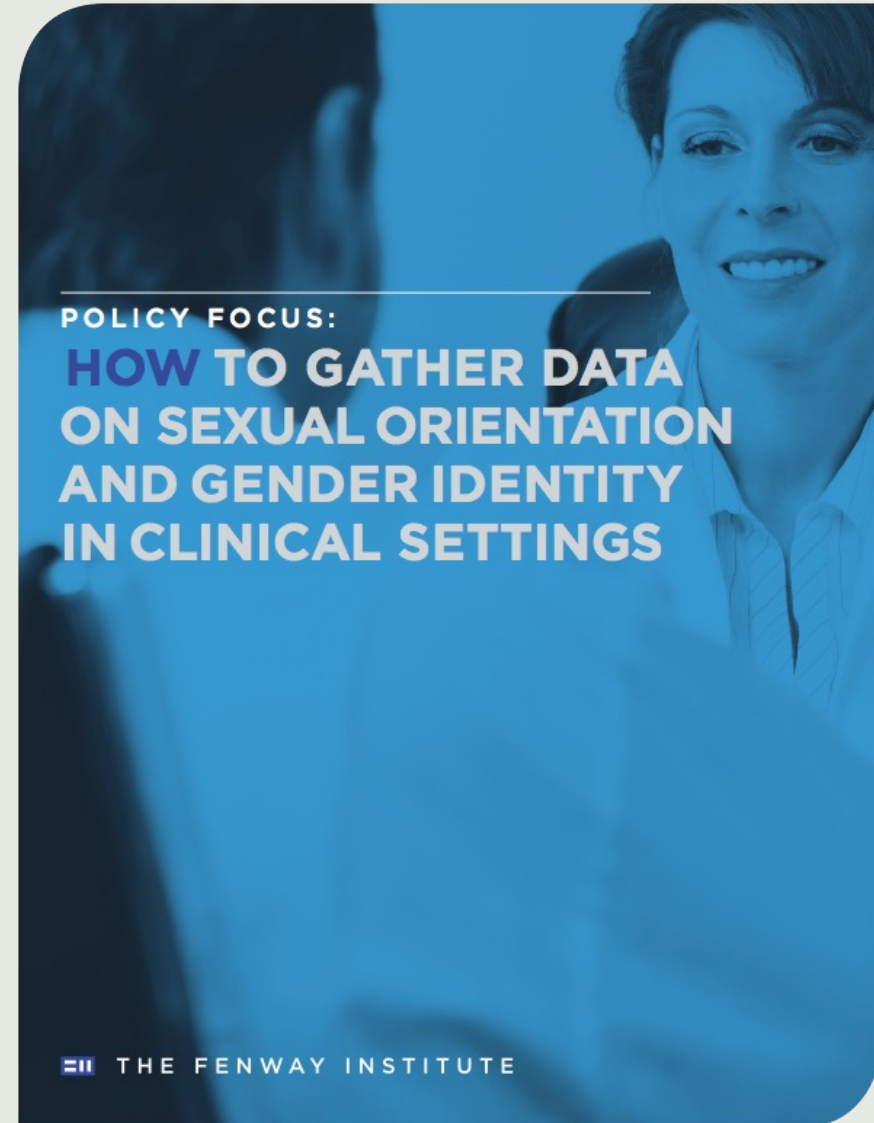
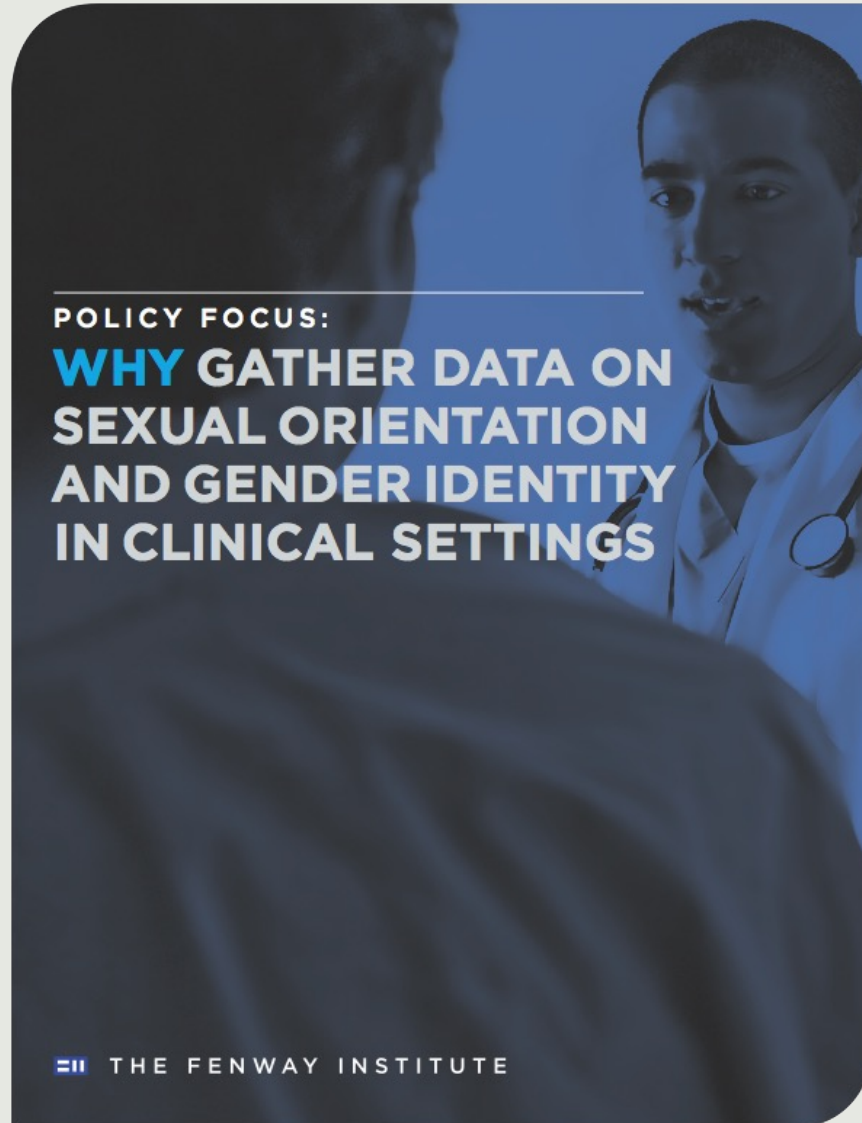


1. **Introduction to Gender Diversity**
2. Mental Health for the Adult Transgender Patient
3. **Mental Health for the Child and Adolescent Transgender Patient**
4. Disorders of sexual Development
5. **Hormone Treatment for the Adult Transgender Patient**
6. **Overview of Surgery for Transgender Patients**
7. **Facial Feminization Surgery and Facial Gender Confirming Surgery**
8. Breast and Chest Surgery for Transgender Patients
9. **Genital Gender Confirming Surgery for Patients Assigned Male at Birth**
10. Genital Gender Confirming Surgery for Patients Assigned Female at Birth
11. **Primary and Preventative Care for Transgender Patients**
12. **Gynecological Care for Transgender Patients**
13. **Hysterectomy for Transgender Men**

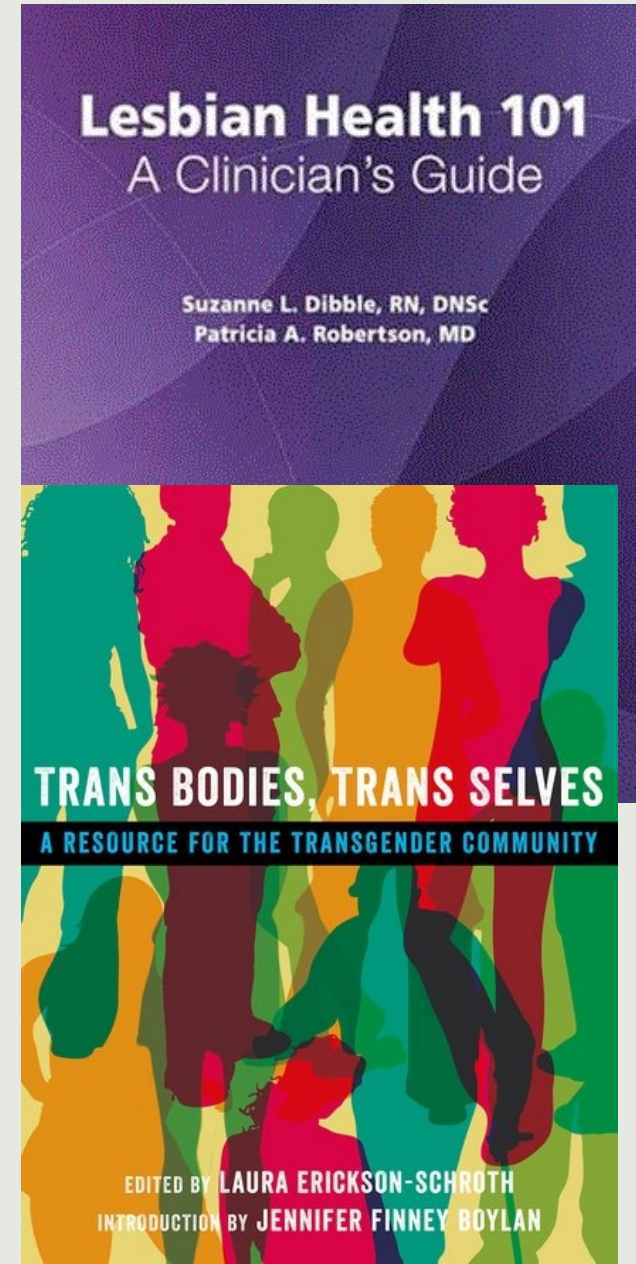
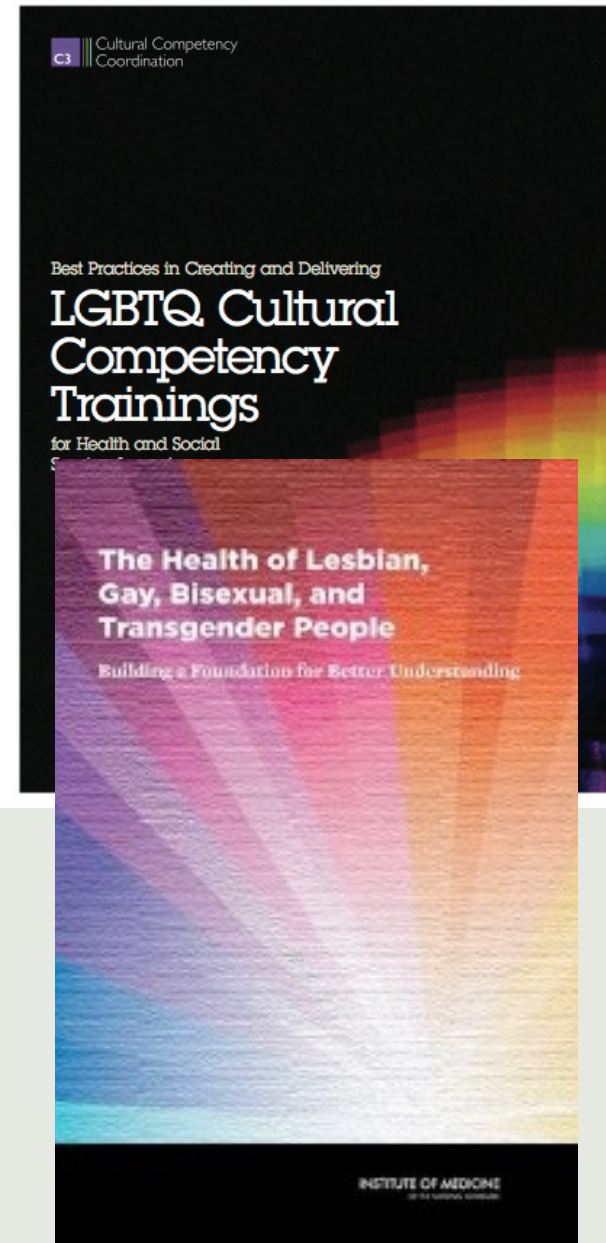
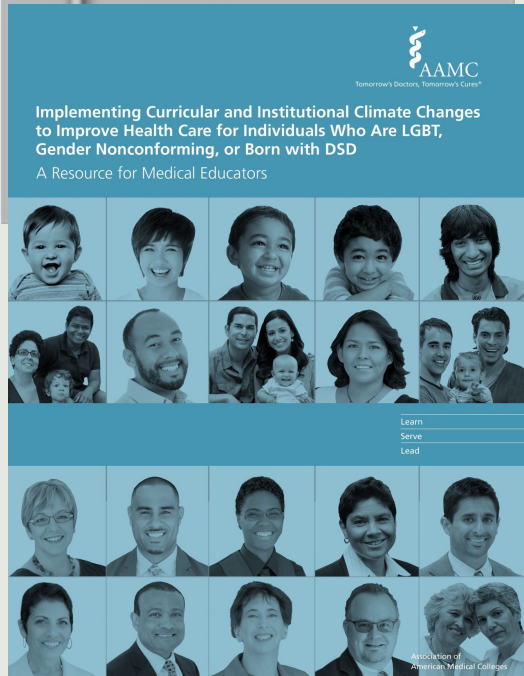
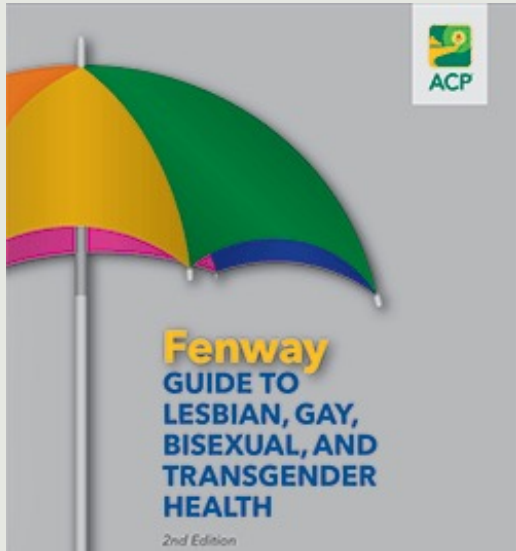
# Additional Resources



# Additional Resources



# Additional Resources





## Course Welcome

Menu Resources

▼ SECTION 0: COURSE WELCOME

Splash Screen

Course Welcome

Essential Definitions

Course Objectives

▶ SECTION 1: THE NEED FOR CHANGE

▶ SECTION 2: TRANSGENDER HEALTH CARE

▶ SECTION 3: HEALTH CARE SCENARIOS

▶ SECTION 4: SUMMARY



Transcript +



< PREV

NEXT >

[transhealth.ucsf.edu/video/story.html](https://transhealth.ucsf.edu/video/story.html)