Transgender Care Teams: Elevating Care of Gender Diverse Students
Learning Objectives

1) Identify the psychosocial needs of transgender and gender non-conforming (TGNC) students

2) Develop a basic understanding of transgender-oriented program development and barriers to systemic change

3) Learn how to evaluate campus services and determine attainable changes to improve access an inclusiveness of students who identify as TGNC

4) Identify areas of improvement yet to be accomplished

* No disclosures*
Who are you?
# The Gender Unicorn

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**Gender Identity**
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

**Gender Expression**
- Feminine
- Masculine
- Other

**Sex Assigned at Birth**
- Female
- Male
- Other/Intersex

**Physically Attracted to**
- Women
- Men
- Other Gender(s)

**Emotionally Attracted to**
- Women
- Men
- Other Gender(s)

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

Design by Landyn Pan and Anna Moore
Can encompass any individual who crosses over or challenges their society’s traditional gender roles and/or expression

- male to female (mtf)
- female-to-male (ftm)
- drag queen  king
- intersex
- two spirit
- agender
- genderqueer
- third gender
- non-binary
- androgynous

Adapted from Kerry Pointer, Duke University (2007)
The Urgency of Care

Mean age of awareness that one is trans* = 13.4

Family rejection or non-affirmation of trans child associated with **increased rates** of:

- Suicidality, attempt and self-harm
- Depression & Anxiety
- Eating Disorders
- Substance use disorders & tobacco use
- Unprotected sex and rates of HIV transmission
- Homelessness, placement in foster care system
- Involvement in juvenile justice system

Over 50% of transgender male teens reported suicide attempt.

29.9% of transgender female teens reported attempted suicide.

Among non-binary youth, 41.8% of respondents stated that they had attempted suicide at some point in their lives.

Data from HRC.org
Developmental Considerations

• Trans Care Team seeks to provide guidance through unique developmental periods (post-pubertal development, time away from home, initial romantic experiences, etc.)

  • Gender Dysphoria (GD) in children likely LGBTQ adult

  • GD in adolescence likely TGNC adult (De Vries & Steensma, 2011; Schumer & Spack, 2013)

• More common for children with GD to having desisting rather than persisting dysphoria

• Research on transgender status in natal girls (AFAB) is less common

• “Rough and tumble” traits among girls more accepted in Western society (Pardo, 2008)
What is a Trans Care Team?

• Interdisciplinary group formed to meet the unique health needs of transgender and gender non-conforming (TGNC) individuals within the student population.
  - TGNC includes transgender, non-binary, agender, gender fluid, intersex and other identities/expressions pertaining to gender
  - includes pre-transition, post-transition, some transition, or no transition
Our Mission:

To provide interdisciplinary education, training, advocacy and consultation as it relates to the healthcare of transgender and gender diverse individuals at the University of Colorado, Boulder.
• **Who is on the Transgender Care Team?**
  • What disciplines do you have who interact regularly with students?

• **Monthly 1-hour meeting**
  • central location

• **Agenda items include:**
  • Staff training development and evaluation
  • Transdisciplinary and/or complicated cases (non-medical members not included)
    • Letters supporting CSHT, surgery
  • Workflow within and between clinics
  • Policy and procedure with electronic medical records
  • Campus safety, trends, pressures
  • Insurance coverage
  • Coordination with on and off-campus resources
CU Boulder
Transgender Care Team
Timeline

2006: informal bridging of hormones

2008: provision of full hormone services

2009: CME trainings offered to staff

2010: national health insurance reform

2015: increased partnership with CAPS

2016: National health insurance reform

2017: Women's Health changes to Sexual and Reproductive Health

2018: Specialized TGNC care guideline and curriculum; award from Student Affairs

2019: CAPS Credentialing program development

2021: Inclusion of TGNC care in comprehensive health services
### TGNC* at CU Boulder

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>17</td>
</tr>
<tr>
<td>2009</td>
<td>38</td>
</tr>
<tr>
<td>2010</td>
<td>205</td>
</tr>
<tr>
<td>2011</td>
<td>195</td>
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<tr>
<td>2012</td>
<td>102</td>
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<tr>
<td>2013</td>
<td>86</td>
</tr>
<tr>
<td>2014</td>
<td>158</td>
</tr>
<tr>
<td>2015</td>
<td>278</td>
</tr>
<tr>
<td>2016</td>
<td>200</td>
</tr>
<tr>
<td>2017</td>
<td>287</td>
</tr>
<tr>
<td>2018</td>
<td>342</td>
</tr>
<tr>
<td>2019</td>
<td>158 (345)</td>
</tr>
</tbody>
</table>

* Gender identity disorder in adolescence and adulthood - F64.1
Global Clinical and Administrative Leaders

- **WPATH – The World Professional Association for Transgender Health**
  - Standards of care for the health of transgender and gender non-conforming people

- **HRC – Human Rights Campaign**
  - [Healthcare Equality Index (HEI)](#) - healthcare facility policies and practices related to the equity and inclusion of all patients, visitors and employees
**Guideline for Medical Providers**

Specialized care in transgender medicine is provided by those clinicians who have completed focused education in transgender medicine and have demonstrated competency in managing cross-sex hormone therapy, potential complications of such hormone therapy, appropriate pre- and post-surgical care & referrals as well as patient advocacy (document completion, etc…).

Specifically, those providers of specialized care for gender transition should:

- Complete cultural competency training (Safe Zone, etc…)
- Have formal training in cross-sex hormone therapy (CSHT) as demonstrated by at least 2 years of clinical experience and/or at least 16 hours of medical education in transgender health topics and documented shadowing of another hormone provider(s) – see attached document for suggested curriculum
- Participate in ongoing chart review and transgender care team meetings
- Utilize supportive [institution] clinical resources such as EHR templates & treatment sets, standardized hormonal consent documents, insurance documents for transgender enrollees and local referral/resource sheet
It is expected that all providers at [Institution] offering cross-sex hormone therapy will have completed review and study of the following resources:

1. UCSF Clinical Guidelines for Cross Sex Hormone Therapy
   [Link](http://transhealth.ucsf.edu/trans?page=protocol-00-00)

2. WPATH Standards of Care Version 7
   [Link](https://www.wpath.org/publications/soc)

3. Endocrine Society Guidelines for Treatment of Gender Dysphoria, 2017

4. Video: “Cross Sex Hormone Therapy” Tim Cavanaugh, MD October 2015
   [Link](https://www.lgbthealtheducation.org/lgbt-education/continuing-education/?y=131)
Additional Further Education Options

Shadowing – please contact [community provider] to discuss opportunities both at [institution] and with outside providers.

Conferences – the list below is a partial list for consideration:
• WPATH GEI https://www.wpath.org/gei
• Fenway Health – Advancing Excellence in Transgender Health http://fenwayhealth.org/the-fenway-institute/education/transgender-health-conference/
• Philadelphia Trans Wellness Conference https://www.mazzonicenter.org/trans-wellness

Other:
• International Journal of Transgenderism - physical copies available in clinic
• Transgender Health Series 2016 from The Lancet https://www.thelancet.com/series/transgender-health
• Principles of Transgender Medicine and Surgery, Second Edition 2016 – available online and a copy of the text is kept in clinic
Becoming a Culturally Competent Provider

- Have a sign that indicates your office is a “safe space” for LGBT persons

- Ask ALL patients about their sexual orientation, sexual identity, & gender identity as part of your standard intake questions!

- Have non-binary gender options on all forms and questions!

- Introduce yourself with your pronouns

- When you don’t know, research or ask! (But do not assume you deserve an explanation from an LGBTQ person)

- Promote development of Transgender Care Team at your institution!
### EHR Modification

<table>
<thead>
<tr>
<th>What do providers and transgender patients want from an EHR system?</th>
<th>Where do providers and transgender patients differ in opinion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Both want preferred pronouns, preferred name, and gender identifier in a forward-facing display.</td>
<td>• Patients felt strongly that they should not have to divulge birth-assigned sex unless they wanted to. Physicians and clinicians felt this was crucial information to document for primary care.</td>
</tr>
<tr>
<td>• Patients expressed the need for a broader range of gender and birth-assigned sex identifiers (e.g., agender, nonbinary, and intersex).</td>
<td>• Patients and providers had differing opinions on who should be tasked with collecting TGNC health information.</td>
</tr>
</tbody>
</table>


### WHY?

**Respondents who were able to choose their name in any context had experienced 71% fewer symptoms of severe depression, a 34% decrease in reported thoughts of suicide, and a 65% decrease in suicidal attempts.**

<table>
<thead>
<tr>
<th>Diagnosis / Acute Problems (Reviewed By Jennifer Zirul, FNP-C Mar-04-2019 9:30 AM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-28-2019 Diarrhea, unspecified [12]</td>
</tr>
<tr>
<td>May-28-2019 Infectious gastroenteritis and colitis, unspecified [2]</td>
</tr>
<tr>
<td>May-28-2019 Otitis media, unspecified, unspecified ear [2]</td>
</tr>
<tr>
<td>May-28-2019 Encrtr screen for infections w sex mode of transmiss [10]</td>
</tr>
</tbody>
</table>

Notes:
- **Alerts (Reviewed By Grayson Brody, RN Mar-20-2019 9:46 AM)**
  - Mar-04-2019 *Pronecise Name Ascaris-TAIN*

**Allergies (Reviewed By Jennifer Zirul, FNP-C Mar-04-2019 9:30 AM)**
- May-15-2019 *Gluten Protein - Abdominal pain*
- May-15-2019 *Glycerol - Abdominal pain*
- Jan-30-2019 *Rivardel (risperidone) - Hears*

**Current Medications (Reviewed By Kate MacKrell Apr-11-2019 1:18 PM)**
- May-16-2019 atovaquone-proguanil 250-100 mg tablet [Malarone] 8
- May-14-2019 tretinoin 0.05% Cream [Retin-A] 8
- Apr-13-2019 magic mouth wash 8
- Apr-12-2019 acetaminophen 325 mg tablet [Tylenol] 8
- Feb-20-2019 ondansetron 4 mg tablet,disintegrating 8
- Feb-11-2019 doxycycline hyclate 100 mg Capsule 8
- Jan-31-2019 esculapain 20 mg Tablet [Lexapro] 8

**Significant Medical/Surgical History (Reviewed By Jennifer Zirul, FNP-C Mar-04-2019 9:30 AM)**
- May-24-2019 Ingrrown Toenail 8
- Apr-05-2019 *Abuse, Assault Or Neglect*

**Family Medical History (Reviewed By Jennifer Zirul, FNP-C Mar-04-2019 9:30 AM)**
- Apr-05-2019 *Diabetes*

**Learning Barriers (Reviewed By Jennifer Zirul, FNP-C Mar-04-2019 9:30 AM)**
- Apr-05-2019 *No Significant Learning Barriers*

**Immunizations (Status: Not Complete)**
- Apr-14-2019 *MEASLES MUMF*
- Feb-15-2019 Tdap VACCINE 7
- Feb-14-2019 *MEASLES MUMF*

**Release of Information (Review)**
- Apr-10-2019 *Release CF Infor*
- Apr-20-2019 *Release CF Infor*
Queer Spaces on Campus

• **Center for Inclusion and Social Change (CISC)**
  - Provides peer and administrative support for all students in the exploration of all of their identities.
  - Creates a welcoming and inclusive physical space on campus that supports academic and personal growth.
  - Provides advocacy across campus (housing, healthcare, recreation center, bathrooms, classrooms, etc.) to ensure safety and inclusion.
  - Facilitate one-on-one consultations, support and resources should be accessible and easy to locate by multiple means (in-person or online).
Work In Progress

• **All providers culturally competent**  
  • Development and implementation of an integrative continuing education plan  
  • Provider resource and referral list for patients  
  • Co-treat model  
  • Involving family and other supports in care team

• **Administrative Advocacy**  
  • Workflow changes (e.g. pharmacy)  
  • Medical records - policy and procedure for pronoun and preferred name changes  
  • Insurance coverage, access to care (e.g. syringe training)

• **Exposure and Recognition**  
  • Health Equality Index – application in process
Resources

- Fenway Health [https://fenwayhealth.org/](https://fenwayhealth.org/)
- UCSF [https://transcare.ucsf.edu/](https://transcare.ucsf.edu/)
- WPATH [https://www.wpath.org/](https://www.wpath.org/)
- Human Rights Campaign [https://www.hrc.org/](https://www.hrc.org/)
- American Psychological Association [https://www.apa.org/](https://www.apa.org/)
Q&A
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