Creating a More Gender Inclusive Environment

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Florida State University
Objectives

After this session, attendees should be able to:

• Define and understand trans issues from a national, local/community, and individual perspective.
• Identify campus and community stakeholders to collaborate with in creating gender inclusive resources and policies.
• Explain components of a policy within our health services system that was created to help guide management of care for gender transitioning students.
• Discuss ways to create a more gender inclusive campus atmosphere.
HELLO!

HELLO!
Terminology
Transgender (adj): An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

MTF (noun): Male to female, someone who was assigned Male at birth but is female in their identity. This is commonly Used by trans people who more closely conform to the binary

FTM (noun): Female to male, someone who was assigned female at birth but is male in their identity. This is commonly Used by trans people who more closely conform to the binary
Don’t Know What Pronoun to Use? Listen. Ask.

Make a Mistake? Apologize.

Above Anything Else: Don’t Assume.
The Gender Unicorn

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

Gender Expression/Presentation
- Feminine
- Masculine
- Other

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

Sexually Attracted To
- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To
- Women
- Men
- Other Gender(s)

To learn more go to: www.transstudent.org/gender

Design by Landyn Pan
Trans Issues
Nationally

- Access to effective healthcare
- Access to employment
- More likely to experience verbal and physical assault then their peers
- High abuse & assault reports
- High suicide attempts
- Not feeling safe

Source: Transstudent.org
Health Care Specific

- Refused medical care due to gender
- Uninformed health care providers
- High HIV rates
- Postponing care due to discrimination
- Drug and alcohol misuse to cope with discrimination
- Less likely to have health insurance

DISCRIMINATION IN HEALTH CARE

• Health outcomes for all categories of respondents show the appalling effects of social and economic marginalization, including much higher rates of HIV infection, smoking, drug and alcohol use and suicide attempts than the general population.

• Refusal of care: 19% of our sample reported being refused medical care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey.

• Uninformed doctors: 50% of the sample reported having to teach their medical providers about transgender care.

• High HIV rates: Respondents reported over four times the national average of HIV infection, with rates higher among transgender people of color.

• Postponed care: Survey participants reported that when they were sick or injured, many postponed medical care due to discrimination (28%) or inability to afford it (48%).

Source: Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011)
Positives

- With transition:
  + QOL improvement
  + Well being improved
  + Personality improved
  + Emotional stability improved

Note: Not all trans people want any medical transition (including surgery and hormones)
ACHA Response to NC HB2

We stand in solidarity with the many organizations that have taken a stance against this legislation as an overt act of discrimination. With deep abiding respect for the LGBTQ professionals within our association and on the campus communities we serve, ACHA strongly reaffirms our commitment to inclusion and respect for all.

Adopted by the ACHA Board of Directors on April 22, 2016.
Florida State University
University Health Services (UHS)
Trans Inclusive Environment

- To create a more trans-inclusive environment for University Health Services at Florida State University we have worked with on campus and community stakeholders to:
  - established a standard-of-care gender transitioning policy for healthcare providers to follow.
  - created a list of resources for our trans students
  - provided educational programming and Trans Ally trainings.
  - created an inclusive safer sex booklet (using all gender terms)
Stakeholders

- **UHS Policy**
  - Endocrinologist
  - Psychiatry
  - Medical Directors
  - Health Promotion
  - Pride Student Union Advisor
  - Women’s Clinic
  - Counseling Center
  - UHS Director

- **Booklet (education)**
  - Leader of Local Transgender Group
  - Trans Individuals
  - Pride Student Union Advisor
  - Sexual Health and Communication Coordinator
  - Online Trans communities
Realizing this is necessary

- Ludmila DeFaria, MD
- Alice Laxton, ARNP
- Anna Benbrook, MS, CHES

Fri 6/5/2015 12:34 PM

Seminole Allies

Hey guys,

Earlier today I retweeted @SeminoleAllies' tweet about proper transgender pronoun usage. It has gotten a positive respond and I was contacted by a student that had an experience at the Wellness Center that they had feedback for.

I have been interfacing with the student thus far, but wanted to refer them to you as resources/contacts for your respective office’s services. Please expect an email from [email] for information.

Thanks for your help!
Alvaro
But before the policy

- Creating a buy in
- Research on guidelines that currently exist
ACHA Guidelines

- 1) Ensure Access
   - Using universal language that is inclusive of individuals outside of gender binary
- 2) Provide Health Insurance coverage
   - Offering insurance coverage for gender-affirming hormones and/or surgical procedures.
- 3) Ensure that Medical Records allow for self-gender identity
   - Enabling students to self-identify gender on intake forms and indicate their preferred name instead of their legal name
- 4) Ensure for Education and Training of Personnel
- 5) Medical and Mental Health Services
   - Identifying clinicians and mental health providers who are knowledgeable and supportive of trans-specific health care and mental health issues.
- 6) Health Promotion/Prevention
University Health Services (UHS) provides medical and psychiatric support for gender transitioning patients who are interested in medical or surgical treatment modalities. This is a collaborative effort between UHS Primary Care, UHS Psychiatry, UHS Gynecology and a community Endocrinologist.
Policy Basics

- Medical and psychiatric services provided by UHS are intended to support transgender patients interested in medical treatments for gender transitioning.

- To provide a safe place to discuss issues of transgender or gender transitioning and make the patient aware of the potential risks and benefits of hormonal or surgical therapy.
Clinical Records

- Recording electronic medical record system:
  - Name, Pronouns on ‘Yellow Sticky Note’
- The following notations are to be utilized to identify patient’s gender status:
  - FTM
  - MTF
Initial Assessment

- Primary Care Provider
  - Medical, Social, and Family History
  - Physical Exam
  - “Gender Dysphoria in the Adolescent and Adult”
    - ICD-10 Code: F64.9, F64.8
    - Definition: The condition or feeling one’s emotional and psychological identity as male or female to be opposite to one’s biological sex.
  - Having a “diagnosis” is necessary in order to advocate for health insurance that covers the medically necessary treatment recommended for transitioning.
Initial Assessment (cont.)

- A thorough history:
  - (i.e. age of onset of gender dysphoria, plans for transitioning, history of medications tried in past);
  - complete medical history (i.e. history of diabetes mellitus, polycystic ovarian syndrome, liver disease, deep venous thrombosis, cancer, heart disease, stroke);
  - complete social history (to include history of substance abuse, depression and support systems);
  - and family history (i.e. blood disorders, cancer, depression).
- Complete physical exam (including genital exam)
Diagnosis

- According to the DSM 5, Gender Dysphoria is a formal diagnosis used by psychiatrists and psychologists to describe a person who experiences significant distress with the sex and gender they were assigned at birth.

- **Gender Dysphoria**- In 2013, the American Psychiatric Association released the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) which replaced the outdated entry "Gender Identity Disorder" with **Gender Dysphoria**, and changed the criteria for diagnosis. The necessity of a psychiatric diagnosis remains controversial, as both psychiatric and medical authorities recommend individualized medical treatment through hormones and/or surgeries to treat gender dysphoria. Some transgender advocates believe the inclusion of Gender Dysphoria.
Lab work & Radiology

- For PCP if patient is interested in hormonal treatment option
  - Blood work: CBC, CMP, Thyroid Panel, Lipid Panel, Hemoglobin A1C, Total Testosterone, Urine Drug Screen
  - Radiology: Pelvic Ultrasound
- Follow up labs/radiology ordered at the discretion of treating clinician
Referrals

- By PCP to
  - UHS Psychiatrist for initial psychiatric evaluation
  - UHS Psychiatrist will evaluate patient over a period of time to assess readiness for hormonal and/or surgical treatment as per patient's request
    - Psych can refer to University Counseling Center or community resources if needed
  - UHS Gynecology Clinic for F2M transition for annual exam and pap if indicated
Referrals

- By UHS Psychiatrist to
  - Endocrinologist
    - Hormonal treatment options
    - Can refer to surgical specialist, if requested
ALGORITHM FOR MEDICAL TEAM AT UHS

PCP → Psych → Endocrinology

Blood work & Radiology
Psychiatric Evaluation
Hormonal Treatments

Gyn
Annual Exam & Pap (if F2M)

Counselling
Mental Health Evaluation and therapy at University Counseling Center
Resources Given Throughout Process

- Access to local resources have also been created to further assist with referral which are found on the UHS website:
  - University Resources
    - Ie: Pride Student Union, All gender restrooms, Gender Odyssey, Healthy Bodies Safer Sex Booklet
  - Community Resources
    - Ie: Transgender Tallahassee,
  - Legal Resources
    - Ie: Equality Florida legal Handbook for LGBT Floridians and their families, FSU registrar's office (to assist with legal change of name)
Healthy Bodies
Safer Sex
35 page booklet
Healthy Bodies Safer Sex Booklet

- Why? Prompting from Pride Advisor, a need that I had seen among online trans communities, Local Community echoed, Healthy People 2020

- Leader of Local Transgender Group; Trans Individuals; Pride Student Union Advisor; Sexual Health and Communication Coordinator; Online Trans communities

- Reviewed research as early as 1970 up until 2015, read blog posts, online articles, watched videos, talked to trans friends.
Narrowing the Focus

Original Plan: Safer Sex, STIs & HIV, Hormones & Surgical Options
Final Plan: Safer Sex, STIs & HIV, Dating, Healthy Bodies

Reasoning: Most of the trans people I spoke to knew where to find good information on medically transitioning - but gender inclusive information on exams, dating, STIs.
Hello!

So you have picked up this guide on safer sex... what now?
First, who can use this guide? Anyone really, but this guide tries to focus on transgender (trans), gender nonconforming, intersex, and anyone who doesn’t always identify with the gender or sex they were assigned at birth.

What if I identify as the gender or sex I was assigned at birth? You can still apply aspects of this guide to yourself and any partner(s) you may have in your life.

Why is this necessary? Since most people have not received adequate comprehensive sex education, especially an education that is inclusive of non-heterosexual or trans identities, we hope this guide will fill that gap. Research shows that people who receive anal or vaginal sex are at higher risk for contracting sexually transmitted infections (STIs). As for HIV infection, the highest percentage of new cases is still found among the LGBTI+ population (CDC, 2010). Research also shows that people who know how to protect themselves are more likely to use protection, which decreases the chances of contracting STIs.

Why did we choose the language we did? We have tried to make this guide as concise and as inclusive as possible. After speaking with members of our local transgender community as well as online transgender communities, we decided to use the medical language for genitals in order to be clear and honest that we do not offend anyone by this decision. The nicknames we did incorporate were chosen after reading through many blogs, forums, and threads. We also hope to help society remove gender associations with certain genitals. We hope that you feel proud to use whatever terms you like for your own bits, and/or that you respect and use your partner or friend’s preferred language, just like you would with personal pronouns.
**Terms to Know**

**Anal/Anus** - the butt, and the butthole, respectively. May be used to describe a type of sex.

**Bottom Surgery** - surgery that someone may undergo to change their genitals.

**Breast** - the glands and fatty tissue on the chest of most people. The amount of fatty tissue can vary from person to person. Some people may have so little they appear flat, while others will have enough that they may need a bra and/ or binder to be comfortable.

**DIHS** - object that is used during oral, anal, or genital sex to penetrate.

**FTM** - female to male, someone who was assigned female at birth but is male/ masculine in their identity. This is more commonly used by those people who more closely conform to binary expression.

**Gay** - someone who is attracted to the same gender. This person can identify with any gender.

**Gender Confirmation Surgery** - also called Sexual Reassignment Surgery, this surgery refers to any group of surgeries that may be used to change one's gender, also known as bottom surgery.

**Gender-Confirming Surgeries** - often defined as an umbrella term to include surgeries such as cosmetic, top, GCS, etc.

**Gender Identity** - the gender that someone identifies as.

**Heterosexual** - person who is exclusively attracted to a gender different than their own.

**HRT** - Hormone Replacement Therapy includes estrogen, testosterone and anti-androgens, and other hormones medications used to help someone transition.

**Lesbian** - often used for/ by women who are attracted to women.

**MTF** - male to female, someone who was assigned male at birth but is female/feminine in their identity. This is more commonly used by transgender people who more closely conform to binary expression.

**Penis** - the medical term for the erogenous tissue that exists outside the body and comes with the body at birth. Also can be constructed by a doctor (sometimes referred to as a neo-penis by a healthcare provider).

**Safer Sex** - enjoyable sex without getting or giving STIs, HIV, or unwanted pregnancy.

**Stomps** - this term will be used to refer to people who are in need of a stoma or a neo-penis.

**Surgical Status** - the level to which a trans person has or is seeking transitioning surgery. Sometimes referred to as pre-op, post-op, or non-op. This is only the concern of a trans person and their medical provider.

**Testicles** - the medical term for the sacs that usually produce sperm.

**T-penis** - the enlarged clitoris that someone who has taken testosterone for many months may experience.

**Top Surgery** - the surgery that FTM individuals may undergo to remove breast tissue and lower their nipples to have a more masculine chest.

**Trans** - will use this generally accepted umbrella term to cover anyone who does not identify as the sex or gender they were assigned at birth.

**Vagina** - the medical term for the muscular tube from the external genitals to the cervix, and came with the body at birth. Also can be constructed by a doctor (sometimes referred to as neo-vagina by a healthcare provider).

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**Do I have to disclose the fact that I am trans to my partner?**

Plenty of non-trans people do not have discussions about their gender or their bodies prior to having sex. However, while you do not owe it to anybody to talk about your genitals prior to a sexual encounter, it may be safer to do so. It may also be less awkward or uncomfortable in general. So it may be ideal to have a conversation about the type of sex you would like to have (and the type of language you use for your bits) beforehand. If this is simply not your style or not an option, that is okay. Your decision may be different depending on the person you are talking with and how sensitive or aware they seem.

**Disclosing:**

- **In a personal ad, email, or chat (online)**
  - **Pros:** Better chance at weed out people who are unfamiliar with trans people who may ask inappropriate questions; Attracting people who are attracted to you and your body type
  - **Cons:** may attract "chasers" (people who get with trans folks and fetishize them with no regard to the person beyond their trans identity)
  - **Tips:** Use an anonymous email account and if someone is disrespectful...block them!

- **On the phone**
  - **Pros:** ability to hear tone of voice and gauge their language; no record exists for privacy violations or outing;
  - **Cons:** They may be in your phone number to harass you
  - **Tips:** look into getting a Google number connected to your anonymous email, or blocking your number before calling

- **In person, before during a sexual encounter**
  - **Pros:** You will be able to read body language and facial expressions; You will probably be in public, so there may be safety in that; you will be able to discuss terminology for your bits
  - **Cons:** you may not be in public; sometimes it can be difficult to talk sex once sexy stuff has started
Breast Self-Exams

It's important for everyone to have medical breast exams, but since transgender breast health is still a relatively new area for many, we have created a guide adapted from the National Breast Cancer Organization, BreastCancer.Org, and the American Cancer Society to be as inclusive as possible to demonstrate how to perform a breast exam at home. These techniques apply to any breasts — including ones that have been enhanced or reduced through surgery. If you have implants, have your surgeon show you where the implant ends and the breast tissue begins.

1. Lie down on your back and place your right arm behind your head. (This is because when lying down the breast tissue spreads evenly over the chest wall and is as thin as possible, making it much easier to feel all the breast tissue.)

2. Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.

3. Use 3 different levels of pressure to feel all the breast tissue.
   - Light pressure is needed to feel the tissue closest to the skin;
   - Medium pressure to feel a little deeper; and
   - Firm pressure to feel the tissue closest to the chest and ribs.

It is normal to feel a firm ridge in the lower curve of each breast, but you should tell your doctor if you feel anything else out of the ordinary. If you’re not sure how hard to press, talk with your primary care provider. Use each pressure level to feel the breast tissue before moving on to the next spot. Use a circular motion with the various pressures in each spot before moving on.

4. Move around the breast in an up-and-down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).

5. Repeat the exam on your left breast, putting your left arm behind your head and using the finger pads of your right hand to do the exam.

6. Stand or sit up with your arms only slightly raised (about 90 degrees) to examine the underarms, breasts and nipples for any dimpling, discoloration, redness or scaliness.

Prostate Exam

According to the Center of Excellence for Transgender Health, it is important for people with prostates who are over 50 years old or earlier if high risk to have an annual prostate exam. We will give a brief explanation of what to expect for non-op people with prostates.

Before the exam: Tell your doctor if you have hemorrhoids.

How the exam might go:
- The provider will gently insert a lubed, gloved finger into your anus, and move it around to feel for abnormalities of the rectal cavity and particularly the prostate.
- You may be asked to cough.

Testicular Self-Exam

Most cases of testicular cancer occur between the ages of 18-30. Monthly self-examinations are important for early detection.

How to perform a self-exam:
- Hold your penis out of the way and check one testicle at a time
- Hold the testicle between your thumbs and fingers of both hands and gently roll it between your fingers
- Look and feel for any smooth rounded bumps, hard lumps, or changes in shape, size, or consistency of the testicles.
Chlamydia

Who’s At Risk? Everyone who is sexually active

Symptoms - Many people are asymptomatic. People with vaginas may notice abnormal vaginal discharge, a burning sensation when urinating. People with a penis may have discharge, a burning sensation when urinating, pain and swelling in one or both testicles. For rectal infections, if someone has symptoms, they may experience rectal pain, discharge and/or bleeding.

Testing - Healthcare providers will either obtain a urine sample or vaginal swab. Samples can also be collected from the rectum or mouth if you suspect you were exposed during oral or anal sex.

Transmission - Sexual contact or fluid transmission with genitals, mouth, or anus of an infected partner

Treatment - Chlamydia can be cured with the right treatment. Retest after 3 months as repeat infections are common. Without treatment, chlamydia can cause pelvic inflammatory disease (see below) in people with ulcers and connected parts. People with penises rarely have health problems with untreated chlamydia, though it can infect the tube that carries the sperm from the testicles, which can cause pain and fever.

When symptoms may show up - 1 to 3 weeks after infection
When to test - 2 weeks after possible exposure

FSU Campus Resources

Pride Student Union
- To provide services and programs to address the needs of lesbian, gay, bisexual, transgender, queer, questioning, asexual and intersex students and to increase the awareness of issues pertinent to them within the Florida State University community. Further, The Pride Student Union shall endeavor to create a supportive and healthy environment for the welfare of all students regardless of their sexual orientation or gender identity.
- Visit sga.fsu.edu/pride for more information

Gender Odyssey
- Gender Odyssey (G.O.) is a trans social and support group hosted by Pride Student Union at FSU. G.O. meetings are hosted at the Pride Student Union in Union Room A211. These meetings are intended to be a safe space for individuals who identify anywhere on the trans spectrum or are questioning. You are welcome if you do not identify as such, but we ask that you please be respectful of all our members and be open to learning.
- Visit sga.fsu.edu/pride/gender-odyssey.html for current meeting times

QTOPC (Queer Trans People of Color)
- QTOPC is a group dedicated to creating a safe and inviting space for self-identified queer and trans people of color in the Tallahassee community.
- Visit sga.fsu.edu/pride.html or facebook.com/QTOPCFSU for current meeting times

All Gender Restrooms
- Since Fall 2013, when a resolution passed the Student Senate, All Gender Restrooms have begun to be added to the FSU Campus. These restrooms are single-stall, locker restrooms that have specific signage that notes that these restrooms can be used by anyone, regardless of gender identity or gender expression. Some signage may have an ‘all-gender’ symbol and/or a toilet, with handicapped-accessible symbol, to denote being an All Gender Restroom.
- Visit sga.fsu.edu/safe_zone/agrr.html for current map of locations
Continuing Ed for Clinicians & Staff

- Local endocrinologist invited to present to UHS & UCC and other on campus stakeholders on Hormonal aspects of care for gender transitioning students.
- Seminole Allies Training (2 hour program)
  - Clinicians, nurses, and front desk staff
- All Staff in service training
- Building Bridges Program
- ACGA Guidelines Trans Inclusive College Health Programs reviewed with clinicians
- AAMC Axis Committee: Clinical Vignettes for caring for LGBT, Gender nonconforming Patients and Patients with Differences of Sex Development
  - Ie: Welcoming Patients at the Front Desk:
    https://vimeo.com/151948888
Successes & Challenges of Policy

- Successes:
  - Open admin made it more seamless
  - Stakeholders want to work together to create a safe environment for trans
  - Specialized insurance as a part of our policy added that transitioning is covered (United)
  - Accessibility of specialists
    - Minus pharmacy
  - All gender restrooms

- Challenges:
  - Front desk staff
  - Electronic medical records limitations
  - University administrative limitations
  - Reaching students in need
  - Cost associated with transitioning student
The Future

- Medical team meetings to discuss issues of care for our trans patients on a regular basis
- Panel of clinicians (Psychiatry, endocrinology, family medicine) invited to speak to students interested in the process of transitioning.
- Additional referral consultants in the community that specialize in hormone therapy.
- A more comprehensive clinician education on the primary care medical needs of trans students.
- Expanding education to students
- Trans Speakers for understanding of continued barriers to care.
What are YOU Doing?

Successes? Challenges? Innovation?
Resources

- **CDC** - [http://www.cdc.gov/lgbthealth/transgender.htm](http://www.cdc.gov/lgbthealth/transgender.htm)
- **Diagnostic and Statistical Manual of Mental Disorders (DSM-V)**
- **Missouri Foundation for Health** , [https://www.mffh.org/mm/files/LGBTHealthEquityReport.pdf](https://www.mffh.org/mm/files/LGBTHealthEquityReport.pdf)
- **AAMC Axis Committee: Clinical Vignettes for caring for LGBT, Gender nonconforming Patients and Patients with Differences of Sex Development** [https://vimeo.com/151948888](https://vimeo.com/151948888)
Questions?

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