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In this energizing module on trans primary care, Nathan Levitt opens trans inclusive healthcare practices onto an exciting range of tools and techniques. Mr. Levitt is a family nurse practitioner who has been providing healthcare, training and advocacy for the LGBTQ+ community with a focus on transgender populations for over 20 years as a healthcare provider, researcher, educator, and community member.

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He is also the director of LGBTQ and Gender Justice Learning at Yale University School of Nursing. Walking us through the wild terrain of all the expanding acronyms that fall under what he calls the transgender umbrella. Mr. Levitt, it gives you concrete practices that will improve all healthcare practices, not only for trans individuals, but for all individuals and communities.

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Before jumping into the module, I want to elaborate a bit on the need for education explicitly focused on trans healthcare. The acronym of LGBTQ+ brings together distinct and intertwining communities, identities, and histories. As Mr. Levitt helpfully puts it. Just consider how LGB refers to sexuality, sexual orientation, and practices, and t refers to gender expressions and perceptions.

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Both have congealed in the last 100 or so years into identities that because they're non-normative and because sexuality and gender are so closely intertwined, these identities have ebbed and flowed in and out of coalitions and communities. However, while LGBTQ+ identities intertwine, they're also quite distinct. This is particularly important and powerful when it comes to the interactions with the medical industry and healthcare.

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Consider, for example, the different relations to the power of diagnostic categories for these different identities.

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In 1973, after years of working with the American Psychiatric Association, the National Gay Task Force finally succeeded in removing the diagnostic category of homosexuality out of the DSM, the Diagnostic and Statistical Manual. This was a clear moment of victory and liberation for gay and lesbian communities, as it removed the stigma of pathology from non-heterosexual orientations and practices.

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It also explains the strong preference for the names of lesbian, gay and bisexual rather than homosexual. The history of trans identities in the DSM, however, is quite different. While homosexuality was removed from the DSM 2 in 1973, it was published in 1975. The diagnostic categories for trans folks in the DSM began to emerge in 1980. In 1980, the DSM three inserted the category transsexualism.

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In 1994, the DSM four replace that with gender identity disorder, and in 2013 the DSM five replace that with gender dysphoria. The diagnostic category of gender dysphoria certainly still carries a taint of pathology and shame for the very complex history of medical care for trans and gender expansive individuals and communities. However, this diagnostic category also opened the possibility for more research, greater access to insurance benefits, and the better quality healthcare for trans and gender diverse individuals and communities.

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I draw your attention to three dynamics here. First, we see the split, often contradictory, power of diagnostic categories. Yes, they can be a source of expanding healthcare access and research. And at the same time, they can also pathologize and thereby produce and intensify social stigma. Healthcare practitioners should always be aware of these histories, especially when interacting with non-normative, marginalized individuals and populations.

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While diagnostic categories can feel enlivening and empowering to some people. They can also just as easily feel stigmatizing and pathologizing to others. Secondly, we can also see in this history the very different interactions with the medical industry by lesbian, gay and bisexual individuals and communities, and trans and gender expansive individuals and communities. While the history of pathology and shame may leave many lesbian, gay and bisexual individuals to avoid the medical system, as modules in the certificate clearly explain, trans and gender expansive individuals and communities cannot so easily exit the medical system.

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Rather, while pathology and shame are still attached to those early diagnostic categories, trans and gender expansive individuals and communities still actively seek and navigate the medical system to procure a range of gender affirming care. It's important to understand that the histories of this access to care have been harrowing. From disbelief and skepticism to outright harassment and violence. Trans persons seeking healthcare have been mistreated far too often.

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Consequently, as Joanne Meyerowitz catalogs in her canonical book *How Sex Change A History of Transsexuality in the United States*, trans communities have developed intricate practices to navigate the medical system. Whether fabricating stories about one's childhood or performing a hyper femininity or masculinity to fit medical expectations, trans communities have been passing along. They've been passing along effective scripts and techniques to deal with the medical industry for years and years.

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The bottom line here, as many scholars are documenting is that trans folks repeatedly tell healthcare practitioners what they believe the medical system wants to hear, and they do this in order to get the healthcare they need. Third, while pathology and shame still attached to those early diagnostic categories, the DSM five of 2013 explicitly states, quote, "gender non-conformity is not in itself a mental disorder."

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Period. As many scholars are now arguing from cultural, historical, and explicitly medical angles, the concept of gender affirming care is itself expanding at a rapid rate. Setting pathological stigma aside, we can easily see that a range of plastic surgeries, facial, breast, genital and hormone therapies, supplemental testosterone, estrogen, progesterone these are all being administered to cisgender adults. Mr. Levitt encourages us in this module to consider our underlying biases and assumptions.

00:08:13:16 - 00:08:55:08

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Why do we consider these gender affirming practices problematic? Only when they're received by trans persons and communities? Taking you back to my introductory module on intersectionality and the long histories of the gender binary, Nathan Levitt puts these concepts and histories directly into clinical practice, no matter what DSM might be operating, it is the clinical practices that have always mattered most to the sprawling, expansive communities of LGBTQ+ individuals. With this module focused directly on trans primary care,

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Mr. Levitt introduces exciting practices, such as techniques to approach preferred pronouns and an anatomy inventory that demonstrate how trans affirmative healthcare expands and enhances all healthcare practices for all individuals and populations. Whether trans or cis. I hope you enjoy this amazing module.

0:11

[Nathan Levitt]: All right, well, hello everybody.

0:13

I am Nathan Levitt.

0:14

I am a family nurse practitioner, and I am the director of LGBTQ and Gender Justice Learning,

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Lesbian, Gay, Bisexual, Transgender and Queer is what LGBTQ stands for, at Yale School of Nursing.

0:28

So I teach nursing students and midwifery students around LGBTQ health with a focus on transgender health, and we talk a lot about health equity and how to bring it into the nursing field and the health professional field as a whole.

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As background, I've worked as a registered nurse for many years in oncology or cancer care and community health at LGBT health centers.

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And I've worked as a nurse practitioner, starting transgender health programs around the country and doing consulting work on this.

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So I'm happy to be here today and to teach you all more about transgender health.

1:04

So I'm going to get right into it.

1:06

I have no financial relationships or disclosures, and I won't be talking about any products or services.

1:13

So let's pretend that we are all together.

1:15

If we were all together in a room, I'd have you raise your hand if you are a clinician, if you're working in academia, if you're working in a community organization or as a researcher or as a nurse.

1:27

There might be some other fields that are watching this as well, so you can sort of raise your hand on your own or participate in that way and really be thinking about how you bring your own expertise and skills in your field of work into this this work here.

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I speak specifically as a nurse, but I think, you know, a lot of what I'll have to say relates to any field that you're in.

1:51

And so I do trainings not only for nurses, but also for social workers, for doctors, for front desk staff, for anyone working in a healthcare center within schools.

2:01

So it really does relate to your work.

2:03

So as we go through this, I really want you to think about how this relates to the work that you do.

2:07

And at the end, there'll be some more interactive questions around that.

2:12

So I like to also do a check in and kind of get a sense of, and this is really for you all to be thinking about how many of you have had training or experience with LGBTQ health?

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We put that plus on there because we're always adding new terms to the to the acronym.

2:27

And so really take some time right now to think about, have you had any training, whether it's you've gone through schooling, through school, or if it's within your, your workplace, if you have any orientation around this, if you have any in services.

2:43

I will say that for most of the time I've been doing this training for many years, over 20 years, it's, it's rare to find people that have had some training and experience, whether in their health professional school, Certainly in nursing school, we had very little.

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And that's why I do so much of that work within nursing schools now.

3:00

Is it included in your health professional curriculum practice or community work?

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For a lot of people it may be or it's starting to, and for some people not as much.

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And so really the last question is kind of something to think about.

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How equipped do you feel right now to address LGBTQ+ health concerns?

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Again, today we'll be focusing more on transgender health as that often gets left out of the kind of LGBTQ acronym or education.

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But I will say, you know, a lot of people haven't had this training experience, and it makes us not well equipped, right?

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When I came out of nursing school, I did not know how to take care of this population.

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I'm a part of the population, but it didn't mean that I really knew a lot about the health needs in the population.

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So just something to take some time to think about.

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And as I go through this, we'll be using a lens of intersectionality, and I define it here on the slide.

3:50

It's a theory that was developed by Professor Crenshaw to talk about how these overlapping identities really contribute to different forms of oppression and discrimination.

3:59

So I use an example here.

4:02

If we were to just talk about transgender populations like we're doing today, if we have a black transgender woman who engages in sex work, they, this person might have very different experiences about transphobia as those intersections work.

4:15

You know, the, the intersections of race, of gender and class as compared to someone like me who is a white transgender man who actually this example is me who works in academia.

4:26

I experienced transphobia and I'll talk a little bit about it today, but not at the same level as a, let's say, black transgender woman who has those intersections of experiencing racism, transphobia, sexism, all of that together.

4:39

So as I talked through this presentation, that lens of intersectionality is really important and especially if you're working with this population or doing advocacy work with this population to really understand who is most directly affected.

4:53

So maybe you've heard the term microaggressions.

4:55

Microaggressions are we, they're defined as small, but I would say they're not felt as small, right acts or beliefs or statements that maybe aren't meant to be a negative or an offensive statement, but that's how they feel and it reinforces those power dynamics.

5:14

So I'll give an example and you'll see example here on the slide.

5:18

When I walk into a medical appointment before I was able to, and not every trans person can do this or wants to do this legally, change my name and my gender marker, I would often get called a name I don't identify with.

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Even if there's a field on that registration form that asks for chosen name.

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Often I would get called the name that I was assigned at birth, which is not a name identify with and not a gender identify with.

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And then it tends to happen over and over because these healthcare systems are not sort of made, you know, to be inclusive for trans people.

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And so that can be a microaggression that I experienced every time I go to a healthcare appointment.

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Or this is also an example that I've had where I, you know, this is specific to someone of a different gender,

6:04

but I've called basically any phone call I make, I often get "ma'am-d" on the phone.

6:09

My, you know, voices change with different hormones and mine hasn't changed as much.

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And so often I'll get mammed on the phone and, you know, certainly the person on the phone maybe didn't mean any harm by it.

6:21

But experiencing this over and over again can be really difficult, right?

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And what's even more difficult is when people are corrected and they still use the wrong name or the wrong pronoun.

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And I'll talk a little bit more about that.

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So there are at least some, you know, materials out there on LGBT health.

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I've put here the Health of LGBT People, Institute of Medicine, Healthy People 2010.

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This is really a focus on what we used to have.

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You know, now we have more and we have Healthy People 2020.

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But there didn't used to be much data or information on this population.

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And as you can imagine, most of it is on lesbian, gay and bisexual people, not as much on transgender people, which makes it very hard to know about our health needs and to help, you know, take care of us in affirming ways.

7:03

And because of this, you know, many LGBTQ people are in need of so many different social services, especially if you're someone out there who's a social worker or a nurse who's advocating for your patients or you're working in academia.

7:14

We need a lot of different services, and we experience a lot of barriers to those services.

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So I put here, trans people face many barriers, discrimination, ignorance, poverty, prejudice and fear.

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And unfortunately there are, they're not a lot of sensitive places to go to.

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So often we will avoid care because it's so scary, right?

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For preventative and urgent life threatening conditions.

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So if you are a direct care provider, healthcare provider or social worker, anyone who's working with someone know that for us to even get there, you know, to the appointment is can be really difficult.

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There's so many barriers along the way.

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And so often we will avoid care unless it's absolutely necessary.

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And even then, it feels very scary.

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Unfortunately, there are very few health providers and hospitals in the entire country in the US that have supportive and sensitive health services for LGBTQ+ people.

8:07

So often it's word of mouth, you know, we'll tell people this was a good place to go where this person was sensitive.

8:13

But overall, there's not a lot of places.

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And that's why trainings like this are so important that hopefully you become someone at your workplace or within your school that is sensitive.

8:24

And so I use the term transgender a lot.

8:27

There's a lot of different definitions.

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So I, we, I tend to talk about it as an umbrella.

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So there's a lot of different definitions that fall underneath it.

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You may hear the term and I'll be using the term TGNB, which stands for transgender and the NB stands for non binary.

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So transgender, often, again, if you get a bunch of transgender people in a room, you're going to get a bunch of different definitions.

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But generally someone who feels that the sex they were signed at birth is a misleading or incomplete description for who they are, how they identify.

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Important to this is that that can happen at any age.

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So people as young as they're just, you know, just learning how to talk and they're able to say, you know, I don't feel like a boy or I don't feel like a girl or something like that.

9:10

Or I've worked with populations, you know, 70, 80, 90 years old who identify as transgender at some point.

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So anywhere along the spectrum, non binary tends to refer to people who don't feel like they're one or the other.

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Binary meaning male or female, boy or girl, maybe something else entirely, something we don't have words for yet, maybe a mix of of different genders.

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And so that's what non binary is used for.

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And I use the term assigned sex at birth.

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I'll tell you a little bit more about that.

9:40

So I use myself an example.

9:42

I am, I was assigned female at birth, meaning when I was born, the medical provider, you know, it's all based on genitalia and chromosome said this baby is a girl.

9:51

And later on in life, I felt like that's not actually how I identify, right?

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I mean, for me it was later on.

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For other people, it's earlier on really depends on when people come to that realization about themselves.

10:03

And so that sex assigned at birth, we use instead of saying this is a girl, this is a boy, we can say this person was assigned female at birth, this person was assigned male at birth.

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We use that a little bit more in healthcare than out in the world because do you need to really know that in any other instance other than "I'm coming in for healthcare and maybe it's related to a body part that I was born with," right?

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So I might need to know that.

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So that's why we don't say born a girl or born a boy.

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It's not exactly accurate.

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It's this is the sex they were assigned at birth.

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How their gender is comes later, right?

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Gender is in your head, not your genitalia, right?

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So some people may be cisgender.

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Cisgender means that their--"cis" means same--that their sex assigned at birth matches.

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So they were born assigned female at birth and now they identify as a girl or a woman.

10:53

That's cisgender.

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That's aligned, right?

10:55

Transgender is, is, is sort of, you know, the opposite or the difference of that is really feeling like your gender is different than your sex assigned at birth.

11:03

So those are some of the terms I'll be using.

11:06

The gender binary, which I defined earlier when I talked about non binary is really saying that there's only two genders, right?

11:13

That there's only male, there's only female.

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This actually is unhelpful for most people, you know, not only trans people that you have to fit into this box of what a girl is or what a boy is or what a woman is or what a man is.

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And so that gender binary that says there can only be two and that you can't cross from one to the other, or that there can't be something beyond that is actually really unhelpful and discriminatory to so many people and really keeps us in boxes that we don't really a lot of us don't identify with.

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So expanding those boxes can be helpful to all communities, not only trans communities.

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So I talked about sex assigned at birth.

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There's also gender identity, which is the gender you feel on the inside.

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And there's gender expression.

11:56

Everybody watching this today is has a gender expression.

12:00

You woke up in the morning, you decided to put on makeup.

12:02

You decide to dress a certain way, walk a certain way, talk a certain way.

12:06

All of that is how you express your gender, even if you're not aware of it.

12:09

So it can be expressed through voice, pronouns, clothing, haircut, body characteristics.

12:15

And then perception makes a big deal in this, right?

12:18

I have this question here:

12:19

How does perception come into play for gender expression?

12:22

So you could take a few minutes and think about that for yourself.

12:25

Like how you see people, are they wearing a dress?

12:27

And what does that mean to you?

12:28

Does it mean only women or girls can wear dresses?

12:31

Or, you know, it can be more expansive than that.

12:34

Are they wearing a suit?

12:35

What does that mean?

12:36

And so why does that have to necessarily correlate?

12:39

I'll use an example of I used to work at LGBT Health Center in New York City.

12:44

And we have some patients that would come in full suit, head to head to toe suit.

12:49

And when they came into the clinic, they'd go into the bathroom and change into a dress.

12:53

Because for that appointment at this LGBTQ clinic where they felt like they could be themselves, they could actually show the gender expression that matches how they feel on the inside.

13:02

But out in the world or at their workplace or with their family or in their religious institution, it was too scary or it was too difficult or they weren't accepted.

13:10

And so for some people, finally being able to have your gender expression matched the way you feel on the inside can really go a long way.

13:18

Or even having a place that they can do that, maybe they can't all the time.

13:22

But with you as a social worker, as a nurse, as a medical provider, whoever you might be, that might be a place that they can, you know, finally be themselves.

0:11

[Nathan Levitt]: So I use the LGBTQ term altogether, but they're actually quite different.

0:17

So lesbian, gay, bisexual, transgender, and queer don't all refer to the same thing.

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So the LGB and the Q usually refers more to your sexual orientation.

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So who you're attracted to, right?

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Transgender is not that, right?

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So transgender, I tell you, I'm a transgender man.

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You actually have no idea who I'm attracted to, just in the same way as if you tell me you're a woman, I don't know who you're attracted to.

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I just know your gender.

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That's all I know about you or how you identify your gender.

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And so this slide just tells us that trans people, just like cisgender people, cisgender, again, people who are not transgender, we can have all different sexualities.

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We can be heterosexual, we can be gay, we can be lesbian, we can however we identify.

0:57

So just to separate out the gender identity, the trans part from the LGB or or heterosexual, that's all sexual orientation.

1:07

So I bring these slides in now just, you know, actually because of the current moment we're in and just, it's good to really understand what trans communities are going through.

1:16

And specifically this focuses on trans youth.

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You'll see this map here and it's showing you what states within the US have laws that protect access to trans healthcare for transgender youth-

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-what states have executive orders, which aren't exactly laws, which states have neither,

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and then beyond that, the orange, which is way too many are are states that are banning best practice surgical care for trans youth.

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Meaning we know this is evidence based care.

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There's tons of research that shows us this.

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But these states are banning that care, which means they don't have access to gender affirming surgeries, which I'll talk about a little later.

2:00

And then the you'll see the darker color states that are banning both medicine and surgical care for trans youth.

2:07

And then the little, and it's a little hard to see, but a little?

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With the exclamation mark with the triangle is states that make it a crime to provide that best medical care, Meaning that myself as a nurse practitioner, if I lived in Florida, which is where I'm from, so it's hard.

2:25

I, it would be a felony for me to provide best practice life saving care for transgender youth in that state.

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And unfortunately, we're in a, you know, a moment where this is not getting any better.

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In fact, it's getting worse.

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You can imagine how that feels for these populations, right?

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Just trying to get access to the care that is life saving for them, that helps them, you know, be who they are, be authentic.

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And they're, they're not able to do it in these states.

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And so that's, it's a very scary time for that.

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And you can imagine also how people are internalizing that and how it affects their mental health.

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I put this slide up here too.

3:01

Again, the same map, but this is the states that explicitly ban Medicaid from covering medically necessary care for some transgender people.

3:09

And as we know, you know, Medicaid is so important for people to access healthcare and now this insurance is not covering the care that they need.

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And you'll see it kind of breaks down by what covers trans Pacific related healthcare and what excludes it specifically for for minors.

3:25

So again, you know, thinking about where you live or where your colleagues might live or friends and family and how that might, you know, might be a place where people need some additional support.

3:36

You know, I'm almost done with the pictures of the maps.

3:39

But this is showing that more than half of states have enacted laws and policies limiting youth access to gender affirming care.

3:45

You'll hear the term "gender affirming care" a lot because although it is trans care we're talking about, we're also talking about affirming healthcare that helps you feel at home in your gender.

3:56

Now, gender affirming care is not only for trans people.

3:59

In fact, cisgender people, non transgender people do tons of gender affirming care.

4:03

If you do any kind of plastic surgery, you come in for any changes to your body that help you match the gender that you feel.

4:10

That is gender affirming care.

4:11

And so for cisgender people, there's no question about that care or that coverage where whereas for trans people there is.

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And so you can, there's some sites on here you can check out.

4:21

This was last updated just February 2025.

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So it's pretty up to date.

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But if you go to this site, it allows you to track the policies in the different states.

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So this is really showing us that that the focus on trans youth is also expanding to trans adults.

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And so there's a growing share of medical care bans that could also ban or restrict care for trans adults, meaning that trans adults over 18, over 19, may also have difficulty accessing their own healthcare, you know, their own life saving healthcare.

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And it, it talks a little bit more about that in the slide.

4:59

So, you know, as you can imagine, this sort of paints a picture for the trans community that we experience so many barriers to care.

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And then we're also getting all this messaging that we don't even have a right to access healthcare, you know, or to access the needs that we have.

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In addition, there's a lot of other social needs, right?

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And I say this because, you know, if you're providing care for a trans individual, you want to know what are some of the social issues that they're going through?

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And so you'll see here, this is from the National Trans Survey.

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They've actually updated it since there'll be some new publishing of new data.

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But this showed that trans people are four times as likely to be living at or below an annual income of \$10,000.

5:36

41%

5:38

reported attempted suicide, 57% experiencing significant family rejection, which can also lead to homelessness for a lot of young people who are living with their families, who are rejected by their families, and 63% had experienced a serious act of discrimination.

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And so I bring this in, you know, we are in a very difficult time.

6:00

We've been in a difficult time.

6:02

Trans people are very resilient and it's important to have the support that we need.

6:07

And I focus on this slide, this this link here, you'll see the national state of emergency facing the trans community in the US.

6:15

It's a really helpful publication that tells you a little bit more history of what the community is going through and also ways you can support.

6:21

And I put some pictures here just on protesting that is happening around the country.

6:26

That's helping, you know, to support.

6:28

And that's something you can really get involved in no matter, you know, where you're living or where you're working to help support the trans community.

0:12

[Nathan Levitt]: So bringing it back to this focus on trans health, you'll see here this graph that shows 48% of trans adults are delaying or avoiding medical care, compared to 29% of lesbian, gay and bisexual adults and 17% of heterosexual adults.

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And if you're in the healthcare world or just have an idea of, you know, healthcare, you know that if you're avoiding or delaying medical care, there's going to be a higher chance that you're going to have health issues, right?

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But you know, specifically chronic health issues if you're not coming in for any kind of testing or screening.

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And so that's why we see higher rates of many different chronic health conditions in the trans community.

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It's not because if you're trans, you're more likely to get cancer.

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It's that is an example.

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It's if you're trans, like let's use me for example, I am a transgender male assigned female at birth, identify now as male and I still have some body parts that I was born with, right?

1:05

So if I need to get a cervical cancer screening, right, I need to come in for a vaginal Pap smear.

1:13

That can be really difficult for someone like me, right?

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For the way that I look for the, the way that I'd have to enter into a space that is often predominantly, you know, focused towards this gender, women.

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And so I might be someone that would really want to delay or avoid that care.

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And that increases my risks, right?

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Because I'm not doing the screening that I need to do.

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On the flip side, a transgender woman with a sign male at birth and identifies now as female if she needs to come in for prostate screening, that again, can be so difficult.

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And so I'll talk a little bit about how we can kind of make those spaces a little bit more inclusive.

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We touched on a lot of these barriers already.

1:47

Being denied Healthcare is huge in the trans community.

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When I worked at LGBT Health Center, we saw a lot of patients who were literally told by other health centers that they couldn't be seen there.

1:58

They didn't know how to take care of them, right?

2:00

And, you know, we also are just like other people.

2:03

You know, we have health needs just like anybody else.

2:06

And so there's no reason to deny our healthcare.

2:08

Certainly if you don't know enough about hormones or surgery, you would refer to maybe a provider who does.

2:13

Although I'll show you at the end, there's so many resources out there that this is something that is considered part of primary care that any primary care provider can do.

2:22

So there's also lack of research and data, although we certainly have more research than we ever have had before healthcare coverage.

2:29

I put this on here because let's go back to the example I used of myself.

2:32

If I'm coming in for a vaginal Pap smear and I'm male on my health insurance, which I am, I've changed my gender on those documents, the health insurance company is going to say "What?

2:42

This doesn't make any sense.

2:44

This is a male who's coming in for this vaginal Pap smear.

2:47

We're denying it."

2:48

Or the female coming in for prostate screening.

2:50

So often we have insurance issues as well because our gender markers don't match the procedures that are the sort of gendered procedures that are happening.

2:59

And so sometimes we need some more advocacy work around that sex segregated services.

3:04

So think about all the things that are gendered.

3:06

There's men's clinics, women's clinics, men's healthcare, women's healthcare.

3:10

All of those places are very difficult for the trans community, right?

3:13

We don't feel that our our needs or health are understood.

3:17

If I need to come in for the care that I was just talking about, but the center is the women's healthcare.

3:23

Everything says women's healthcare.

3:24

That's not going to be the most comfortable place for me.

3:27

And where do I go if that's something that I need, right?

3:30

If I went to a men's clinic, it wouldn't necessarily be a clinic that knows how to take care of my body.

3:36

Inappropriate name or pronoun use.

3:38

This is huge everywhere we go for trans people, especially for non binary people, getting called the wrong name, getting called the wrong pronoun over and over and over again.

3:47

And you know, it used to be the electronic health records didn't have a lot of fields for you to put in a chosen name or a nickname or another pronoun.

3:56

And certainly there are some still that that is a challenge.

3:59

But things have changed.

4:00

And we do have more fields in electronic health fields or, or ways that you register people where you can put that information or you can put it in a note or you can figure out a way that something's going to come up in their chart.

4:10

All the way all the time to say this is this person's name.

4:13

This is this person's pronoun.

4:16

I know so many colleagues of mine or friends of mine who have gone in for healthcare appointments and been called the wrong name and pronoun and have left right away because it's just not a place where they feel comfortable.

4:26

So that's really important.

4:28

And it's important to know that that is not a simple thing for us, right?

4:31

It's-it's very discriminatory.

4:33

It's very difficult, especially if you've been corrected on it and you have that information already.

4:39

Invasive questions about genitalia or trans status.

4:41

This is something we experience on a daily basis.

4:44

And I could give you examples all day, but I'll give you one, which is that when I've come in for a cold, you know, just a cough, maybe a stuffy nose, you know, that was not going away.

4:55

It's not a specific trans cough, right?

4:57

There's no such thing.

4:58

There's no, you know, trans cold.

5:00

I just have a cold that wasn't going away.

5:03

And I was asked by this urgent care provider if I had a penis or a vagina.

5:08

Now I have yet--I'm a--I'm a nurse practitioner myself,

5:10

I know a lot about healthcare--

5:11

I've yet to see the connection between a cough and your genitalia.

5:16

But this provider was curious.

5:18

I'd never seen a trans person before, knew that I was on hormones.

5:22

And, you know, I had disclosed that information and just asked an appropriate question.

5:27

So if you're in the field, now certainly not all of you are in the field to be asking anyone questions about that genitalia or their health status.

5:34

But if you are in that field, then you want to explain why you need information.

5:38

And if you don't need that information, it's not pertinent to what you need.

5:41

That's just curiosity.

5:42

And that's inappropriate access to hormones and surgery.

5:47

I'll talk a little bit more about that.

5:48

But that is really important for for those of us in the community that do want--not everybody wants hormones and surgery--but for some of us, it's very much life or death.

5:57

And so that access is really important.

6:00

And sometimes depending on what state you're in, depending on what city you're in, you may not have access to providers that know enough about this or can refer you to people that know enough about this.

6:08

And then This is why you might see a lot of trans patients if they're able to, again, this costs a lot of money if they're able to, traveling to other places to get that gender affirming surgery or the medications that they need.

6:20

And then assuming that anyone is heterosexual or cisgender.

6:24

So that happens often.

6:26

I'll use an example for myself if I come in.

6:30

And this has a lot of to do with, you know, sexual health questions which are so important within healthcare to ask appropriately.

6:36

If somebody asks me, do I have sex with men, women or both?

6:40

And I ask, I answer men often they will give me information as if I'm a cisgender man and my partner is a cisgender man, when in actuality, I am trans and my partner's trans.

6:50

So all of the information they gave me around protection, around sexual health, around screening is not actually relevant to who I am or to my partner or to the kind of sex that we have.

7:01

So that assumption can be so difficult within healthcare.

7:06

And then, you know, assuming I've had this happen to me before where someone has assumed that I'm heterosexual or asked me about my girlfriend or my wife, you know, for me, I can advocate for myself,

7:15

and I can say that actually that's not accurate.

7:18

But, you know, before I felt comfortable doing that, often I would lie because I just felt so uncomfortable.

7:23

And I didn't want to talk about it because I figured, how could this person be accepting if this is how they asked this question?

7:29

And so you never want your patient or the person you're working with or client to lie or leave, right?

7:34

And so I've given examples already of what would make a lot of us leave.

7:37

We're being called the wrong pronoun, a name over and over again or to lie if we just feel like this isn't going to be a comfortable place to be in.

7:46

And that's not helpful for anyone, right?

7:50

So also, you know, intake and registration forms have to be inclusive.

7:53

If I go into a healthcare center, wherever I go and I don't see a place where I can put my pronouns or I can, if someone just says gender, often I don't know if they want to know the gender identify as or the sex I would send at birth, depending on what information they need.

8:08

And then I talked a little bit about insensitive sexual history taking as well, and these gendered heterosexual focus screenings.

8:15

Just really thinking about if you're in the healthcare world, are your screenings inclusive of all different kinds of bodies and identities?

8:22

So there's many trans health issues, you know, that are important to think about like increased smoking, alcohol and substance use.

8:29

If you do any work in that field, you know that often that has to do with coping mechanisms, right?

8:34

If we're constantly dealing with transphobia on a daily basis, often we go to coping mechanisms, and this may be them, right?

8:42

Higher prevalence of mental health issues.

8:44

You can imagine the levels of anxiety and depression in this population, especially in the current state we're in, where we're receiving all of these negative and, you know, discriminatory messages about who we are and about our ability to just exist and be ourselves.

8:58

So the, the mental health issues in the community are so high and making sure that, you know, if you're referring out to a therapist, to a psychiatrist that they are trans sensitive, right?

9:08

You know, because not so long ago and, and still to some people, unfortunately, being transgender was seen as a mental health disorder, right?

9:16

And we know this is just who we are.

9:18

We're just literally being our authentic selves.

9:20

It doesn't mean we have a mental health issue, but facing and coping with the transphobia that is out there is causing increased anxiety and depression.

9:28

So you don't want to refer someone to a mental health provider who's not going to be sensitive, right?

9:34

Higher rates of HIV and other STIs,

9:36

again, this has to do with the insensitive sexual health histories, right?

9:40

If we're not getting information that we need because it's not accurate or it's not asking the right questions, then there might be some higher risks there, right?

9:49

Higher rates of eating disorders, again, connected to that increased cancer risks.

9:53

I talked about that earlier.

9:54

Again, it's not because you're trans, you're more likely to get cancer.

9:57

It's really, we're not coming in for those screenings because they're so gendered or discriminatory.

10:02

We don't have enough information as we need on hormones.

10:05

I mean, we've been prescribing and receiving hormones for a long time now, but we could definitely use more data and research there.

10:12

And then intimate partner violence, which is a term that we often use instead of domestic violence to sort of recognize the other relationships that people, the LGBTQ community might have.

10:22

So why is affirming healthcare necessary?

10:24

I think you sort of kind of picked this up a little bit already.

10:26

But you know, 19%--this is from that study I talked about earlier--

10:30

19% of trans people are being denied medical care.

10:34

50% have to teach their their providers about trans care.

10:39

Now, I'm a primary care provider.

10:41

I know that we get, if you're lucky, like 20 minutes with patients, especially if you had a really busy clinic and you don't want to spend, you know, 19 of those 20 minutes educating your doctor, your medical provider, your nurse about who you are.

10:56

And so if you're in that field, just really trying to educate yourself like you're doing today and not expect your patient or your client to educate you, you can certainly ask them how they identify or what words they use or definitions, but not teaching you on the community, right?

11:11

28% postpone medical care for fear of discrimination and 48 because they couldn't-48% because they couldn't afford it.

11:19

So this kind of paints a picture for why we need more affirming healthcare.

11:23

And it seems like a, you know, an obvious thing, but I think it's important that this has also been studied is discrimination is going to shape your healthcare utilization, right?

11:30

So if you experience more discrimination, be less likely to come in for care.

11:34

And you'll see here the blue is trans people who have experienced discrimination, and the Gray are people who have not.

11:41

And you'll see the higher rates of discrimination means you're going to postpone care even with emergency care, even when sick, or even just routine medical care.

11:51

And you see the high rates there.

11:52

So that's why it's so important to be really working on this.

11:55

And we know that medical gender affirmation improves mental health and quality of life.

11:59

So keeping these life saving medications from us and access to surgery is going to incredibly impact our mental health, right?

12:07

But we do know that people who are interested in hormones, who are interested in surgery, when they have access to that, which is really a way of helping to match how they feel on the inside, to match that on the outside and to help people feel like they're authentic selves, that is going to impact depression, anxiety, right?

12:26

It's going to bring that down.

12:27

It's going to make them feel more able to participate and and be happier in their lives.

0:11

[Nathan Levitt]: So trans-affirming care is not only hormones and surgery, although I've touched on that a little bit, but it's also any kind of, you know, inclusive care forms that allow us to put our gender identity on it, that allow us to put a chosen name if we haven't or not interested in legally changing our name.

0:28

People asking for, you know, you can have those little name tags that put your own pronouns on it and ask other people their pronouns.

0:34

Bathrooms that are inclusive,

0:36

so not only male and female gendered bathrooms, but you know, non gendered bathrooms or single cell bathrooms with no gender marker, not using the term "Women's Health" or "Men's Health," but being more inclusive about what you mean.

0:49

What body parts are you taking care of?

0:51

Brochures!

0:52

So if you are in a place where you can change the brochures in your waiting room or the posters you have on the wall to be more trans inclusive, that can go a long way.

1:00

And then hiring trans people, right?

1:02

That can always people feel more comfortable with people that identify or experience similar things.

1:07

So I have here a lot of guidelines.

1:10

Again, for people that are more clinical, this might be more relevant, but I think it's helpful for anyone.

1:15

This is guidelines for gender reform and primary care with trans and non binary patients.

1:20

A really great site.

1:21

You'll see the link here where you can go on.

1:23

It's all free and you can download all the information you would need to take care of trans communities or to educate your colleagues on taking care of trans communities.

1:32

And so you'll see here it talks about using respectful language like an example.

1:37

"How would you like to be addressed?"

1:38

"What name and pronoun would you like me to use?"

1:40

Which is a great way of saying it.

1:42

When I walk into a room, "I say my name is Nathan" --a room with a patient--

1:46

"I'll be your nurse practitioner today.

1:48

I use he/him pronouns.

1:49

What name and pronouns would you like me to use for you?"

1:51

I ask everyone this, I don't only see trans patients.

1:54

I have started a few different trans-specific clinics, but I see all patients.

1:59

So I say this to everyone because you don't know just by looking at someone.

2:02

And I'll use an example of especially those that are older.

2:07

I worked when I was in nursing school, I worked with a population that was in their 80s and 90s.

2:12

And I asked every single one of them what, you know, if they use any of their names or any other pronouns or how they identify their gender.

2:18

And I had an 88 year old, what everyone else thought was male say to me, they'd start crying after I asked them this question.

2:26

And they said to me, "no one's ever asked me this before in my life.

2:30

And I identify more as a woman.

2:32

But no one has ever asked me and I never felt comfortable talking about it."

2:35

So it goes such a long way just to ask the question you when I walk into a room, people don't necessarily always know that I'm trans.

2:42

And so not asking that question you might not get the information that you need.

2:45

So it gives you some of those examples and how to practice it, something you can always practice at home.

2:51

If you're in the field of doing a physical exam, you can ask people what words they use to describe their body parts.

2:58

I find this to be incredibly helpful.

2:59

So some trans people may really not identify with the words that are used for "genitalia" or even "breast" and "chest," right.

3:07

So an example would be a provider once asked me, you know, "we have to do some screening around breast cancer.

3:14

Are there other words used to describe that area?

3:15

Like would you like me to say chest cancer instead?"

3:19

And that was, you know, before I had had that surgery and it made me feel so much more comfortable.

3:23

So you can always ask people.

3:25

And I actually ask every single patient this again, not if, you know, I don't always know if they're trans or not.

3:30

And it's been cisgender or non-transgender people that have had the most interesting names for their body parts.

3:36

You know, everybody has different relationships to their body.

3:38

A lot of people may have had trauma related to body parts.

3:41

They may not want you to use those words.

3:43

They may want you to use different words that they feel more comfortable with.

3:48

Again, this is like a little bit more clinical, but important to know for people that are going on hormones, that want access to hormones.

3:55

This is tells you a little bit more about testosterone.

3:57

So like if you are starting a patient on testosterone and that would be someone on the masculine spectrum, it tells you here a little bit more about those changes.

4:07

I like this because you can use it with patients too.

4:09

You can say, here's a chart, you know, a visual that shows you what changes are going to happen, like a deepening voice or facial and body hair growth.

4:17

And it shows you what's irreversible and then what's also reversible, meaning that if you stopped the hormones, these things would come back.

4:25

So for example, increased muscle mass.

4:27

If you stop the testosterone, that muscle mass goes away and it tells you when it happens.

4:33

And I think the one part I want to focus on here is with testosterone for people assigned female at birth, they often, depending on the dosage, may stop their, the menstrual cycle might stop.

4:44

And if you're thinking about this as it relates to fertility, if someone's having the kind of sex that they could get pregnant and they're not having that sort of sign that tells you, you know, you're late on your-period, then they may not know, right?

4:56

And so that's something important to be educating patients about if you're working with patients or just to know about you for yourself.

5:02

And you'll see some of the charts there and it tells you when the maximum effect might happen.

5:08

This is that same chart for for hormones, for transgender women or those on the feminine spectrum.

5:13

So they would go on estrogen often they would also go on a testosterone blocker, again if that's something they're interested in with hormones.

5:21

And it tells you the same chart here.

5:23

They may have some breast growth, they may have some fat redistribution.

5:28

And related to the fertility part, they may have a decrease in their sperm count or in their testicular volume.

5:34

And that could be really important to a patient you might have, or a client you might have that may be interested in using sperm to have a baby sometime.

5:40

So they would be, we-we would refer them to sperm banking.

5:44

So this just gives you a sense of what these hormones or gender affirming hormones can do and also why they're so important, right.

5:50

You know, me being able to kind of walk through the world with the facial hair or a deepening voice-- not as deep as I would like, but still, you know--and other parts that help me feel more like myself is because of this, you know, medication that has been life saving for me as well as gender affirming surgery for so many people.

6:08

So if you think back to the chart I showed you earlier, how many people, especially youth are not having access to this?

6:15

It's incredibly scary and discriminatory and also can really affect people's mental health.

6:22

This is from that same site.

6:23

I love this.

6:24

You can go online and you can provide--it says provide care based on organs present.

6:28

So you click on, let's say cervix and it'll show you how to take care of that body part and related to if they're on hormones or if they've had surgery.

6:38

And so this is that alternative to saying Women's Health, men's health, right?

6:42

You just say, do you have this body part?

6:44

This is how you check it out.

6:45

Now this is helpful to transfer people, of course, but also incredibly helpful to people who aren't trans.

6:51

Because if you think about cisgender or non-transgender woman who has had breast cancer and has removed her breasts, maybe hasn't had reconstruction, that doesn't mean she's not a woman, right?

7:02

It just means she doesn't have that body part.

7:04

So she's not going to pick up a brochure about Women's Health that talks about breast care or let's say, you know, someone that has had their prostate removed or someone, anyone can have different body parts, right?

7:15

Related to surgery, related to cancer, related to anything, you know, motor vehicle accidents.

7:21

So what you really want to know is what body parts they have.

7:24

And it also relates to someone who maybe who has had a full hysterectomy.

7:29

You're not going to necessarily be, you know, asking them about a pregnancy test, right?

7:32

So you want to know what body parts people have.

7:34

We call this anatomy inventory.

7:35

And I'll show you a little bit more on that right here.

7:38

So you want to know what organs are present and what surgery they've had.

7:41

This I worked with different electronic health records to have this included where not all of them have this, but a lot do where you can have an anatomy inventory that tells you, you know, when you work with the patient, what body parts they organs they have and what surgeries they've had inclusive of gender affirming surgeries.

7:59

And that way you know how to take care of them, right?

8:01

So an example is like I looking the way I look and being male on my health insurance and my identity documents, I often do not get asked around pregnancy tests.

8:13

In fact, rarely do I ever.

8:15

And there are times where that's an important question to ask someone who has that body part who has not had a hysterectomy, yet,

8:21

I know trans women, friends of mine who have been asked that and they are not able to get pregnant.

8:27

They don't have the body parts for that.

8:28

So but if you, and then maybe a cisgender woman who had a hysterectomy being asked that and just being tired of that question over and over again.

8:35

But if you have this, what body parts they have, what surgeries they've had, then you know how to, you know, check out those body parts and screen them and ask the right questions and then you educate your patient or client accordingly.

8:47

So there's a lot of different language we could use really moving away from gender language.

8:51

So I give some examples here instead of saying pregnant women, I see that used a lot like pregnant women all the time.

8:58

What if we said people who are pregnant, right?

9:00

Because someone like myself who's a trans male who has the same body parts that could get pregnant, I can.

9:06

And some trans men or those on the masculine spectrum do want to get pregnant.

9:10

Others do not at all.

9:11

But if we do, you know that the kind of discrimination that a lot of trans men who are pregnant face,

even in large cities that are very inclusive, you know, people aren't used to men coming through an OBGYN practice to take care of their pregnancy, right?

9:26

So if we said people who are pregnant, we said people who menstruate, people who produce sperm, right?

9:32

Not because some trans women produce sperm.

9:34

So and some cisgender men or non transgender men can't produce sperm.

9:38

So really just using accurate language, this is trans inclusive, but it's also just accurate in order to take better care of people.

9:45

And you'll see here there's lots of different names for people's body parts.

9:47

Like some people really may not identify with vagina or penis and may want to use, there's different things here like, you know, front hole or outer parts or genitals.

9:57

You always want to ask the patient or client what they use if you're in that role and not just, you know, use the word for them.

10:05

But that goes a long way.

10:07

And I talked about using gender affirming questions around sexual health.

10:11

So here's some examples here, like how do you identify your gender?

10:15

What kind of sex do you have?

10:16

What are the genders and bodies of your sexual partners?

10:19

And instead of that, do you have sex with men and women or both, which is actually gives you no information even separate out a trans person from this.

10:26

If I ask a this person, if they this gender person, if they have sex with men and women or both, they gave me an answer.

10:32

I still don't know anything.

10:33

I literally don't know anything.

10:34

I don't know what body parts they have, what body parts their partner has, what kind of sex they're having, if they're using those body parts, what's protected, what's not protected.

10:44

So it's an incredibly unhelpful question.

10:47

And it also doesn't is not inclusive of trans people at all.

10:50

So here are some other ways you can ask those questions.

10:53

I touched on this earlier, much lower cancer screening rates for trans populations for the reasons I've said, right?

11:00

You're-you're not going to have high rates of cancer screenings in populations that don't identify with those parts of their bodies, right?

11:07

So making sure that cancer screenings and cancer care is inclusive of trans people is so important.

11:14

And to talk a little bit more about fertility parts, trans masculine people who we talked about earlier identify as as men and were assigned female at birth.

11:23

They may be taking testosterone, they may have a uterus and ovaries like I was saying earlier, and they may have the kind of sex where they could get pregnant.

11:30

So all of this could lead to if they're interested or even if they're not interested accidentally or without the right information could lead to pregnancy.

11:38

So having that inclusive care for a population that we don't usually think of when we think of, you know, women's healthcare or OBGYN care is so important.

11:48

And so here's some resources around it promoting cervical cancer screening among female-to-male trans masculine patients, which is a great resource from the Fenway Center.

11:58

This poster, "Paps Matter for Trans Men" is just an example of a poster that you could put up at your health center as long as you have inclusive care and you provide this care because it helps communicate that you are a health center or an educational center or, you know, wherever you might be working that is inclusive to this population.

12:16

And also raise awareness for the population that we need to be coming in more for this care as well in places that are inclusive.

12:24

I put this up here, you know, you can sort of read it on your own and maybe take a little bit of time with it.

12:28

I think, you know, talked about intersectionality earlier.

12:31

It's also important to think about how important the the connections between reproductive justice care and trans care is.

12:38

And so this is from a podcast that you all can listen to too.

12:42

"We Must Love One Another:

12:43

Why Trans and Reproductive Justice Movements Should Be Building Solidarity."

12:47

And it gives you some examples.

12:49

And I think it's, you know, if you think about it is we're all trying to be able to have control over our own bodies, right, And make decisions around our own bodies.

12:57

And those attacks on reproductive care and attacks on trans care actually are very similar in that way, right?

13:03

They're trying to make it so that we can't have control over our own bodies.

13:07

We can't make decisions on ways we want to change our body or babies that we want to have or not have are surgeries that we want to have or not have.

13:14

And so you'll see it talks a little about the escalation of violence against trans people and reproductive justice again, together.

13:22

And that we have these shared goals of having these healthy, you know, decisions around our own bodies and our, you know, bodily autonomy.

13:29

And so you can kind of read a little bit more about this, which I think really makes those important connections.

13:35

And I really like this quote.

13:37

"I am not not a high risk person;

13:38

I am a member of a community that is put at high risk."

13:41

So instead of often trans women will be told that they're high risk, especially when it relates to HIV.

13:47

But it's actually the community, right?

13:49

It's actually the the society that we're in that that makes us be called high risk people.

13:55

But it's really a community that's put at high risk because of the discrimination they're facing because of the lack of access.

14:02

And so it's kind of a reframe in thinking about how we talk about HIV and populations.

14:08

And I touched on this earlier too.

14:09

It's not just about changing our bodies, although for a trans--some trans people, access to hormones and access to surgery is incredibly important.

14:19

But trans healthcare includes all these other things, right?

14:21

Reproductive care, prevention and treatment of disease, mental health care, cardiovascular health, right?

14:26

Like we get the same health conditions as other people too, nutrition, sexual healthcare, health education, access to harm reduction supplies, everything around that.

14:37

So we have the same healthcare needs, right?

14:40

We have additional specific healthcare needs around hormones and surgery, but we also are full people, right?

14:45

When I come in for a cough, it's not a trans cough.

14:47

So it's important to understand how to be inclusive.

14:51

So I have some cases in here.

14:52

I think it's helpful to think about.

14:54

These are all real cases, but not the same, you know, it's a different picture and name, but just things to think about, especially within healthcare.

15:01

So this is about Louise, who is a 59 year old woman, developed a high fever and chills after head and neck surgery, the source of the infection with her prostate gland.

15:12

No one knew she had this anatomy.

15:13

No one asked her her gender identity.

15:16

No one knew she was transgender.

15:17

She had never had a prostate screening.

15:20

This unfortunately is very common, but it brings up why it's so important to have an anatomy inventory, why it's so important to ask these questions.

15:27

Otherwise you don't know just by looking at someone, anyone, trans or not, what body parts they have.

15:33

And so that's why our screening and our our questions need to be more inclusive.

15:38

Another example is Jake, who's a 45 year old man who came in with pain and an X-ray appeared to be metastases from an unknown primary cancer.

15:47

It showed that he had developed cancer in the residual breast tissue.

15:51

He had had what's called chest surgery and he didn't know, he wasn't educated by his surgeon that there could still be that tissue there.

15:59

And because no one told him about it, no one asked him, no one knew these body parts or about his trans identity.

16:06

This was missed.

16:06

So it really shows you not only is this important to be inclusive so that we have access to care, healthcare, but also because you want to provide the best care possible, the most affirming, sensitive and accurate healthcare.

16:21

So without that information, you don't have it.

16:22

And so I, you know, only touched on a little bit about surgery, but I will say just quickly, and there's resources at the end that tell you more about it.

16:30

There are different gender affirming surgeries for different populations.

16:33

So for transgender men or trans masculine people, we might have what's called chest surgery, which is the removal of the breasts.

16:40

We may have genital surgery.

16:42

We may have body contouring.

16:45

You know, there's a lot of different surgeries that are considered gender affirming for transgender women.

16:50

They may have a tracheal shaver shaving down the Adam's apple.

16:53

They may have breast augmentation, which is just enlarging the breast area, and they may have genital surgery to create a vagina.

17:01

So there are a lot of different gender affirming surgeries out there.

17:04

And if you're in a position to be taking care of patients after surgery, making sure you're educated on this, you'll see some resources at the end and making sure you're referring, you know, back to surgeons as well.

17:13

But these are surgeries, again, that are life saving for so many of us to be in the body that we identify in.

17:20

And so not having access to these surgeries can be incredibly harmful.

0:11

[Nathan Levitt]: So some of the important questions to ask again, if you're in this field is "tell me about your transition or what does transition mean to you?"

0:18

It's very open-ended.

0:19

You know, it's allowing people to say what this means to them as opposed to you telling them what genders, you know, affirmation means to them.

0:27

"Do you use hormones?"

0:29

"Have you had any gender affirming surgeries?"

0:31

Is it we like the term?

0:33

I think that term is really helpful to say gender affirming.

0:35

It's a surgery that helps us affirm our gender.

0:38

Old term used to be gender reassignment surgery, which, you know, a lot of people don't identify with as much.

0:44

"Have you used non medically prescribed treatments during your transition?"

0:48

So this would get at people that don't feel comfortable coming in for care because they've experienced discrimination and they're kind of like sharing needles or sharing other kinds of medications because they don't have that, you know, affirming way of coming in for care.

1:03

"Do you want to use hormones or surgery?"

1:04

So these are just some ideas around some questions you can ask specifically in healthcare.

1:09

I also wanted to just show you all some some great resources.

1:12

There's a ton out there.

1:13

There's the Philadelphia Trans Health Conference where you can get continuing education credits, social workers, medical providers, nurses to learn more about trans health.

1:23

There's a Center of excellence for transgender Health in California and they put out some really great resources.

1:29

There's the Vancouver Coastal Trans Health Program where you can literally download anything about trans people.

1:34

This is trans people and cardiovascular disease, but--trans people and diabetes.

1:38

Whatever it is, you can get some more health information.

1:41

GLMA is health professionals advancing LGBTQ quality or gay--

1:46

they used to be called Gay and Lesbian Medical Association.

1:48

And you can actually put in a zip code of where you live and you can find an affirming medical provider and you can put in what kind of referral you'd like.

1:58

And it's a great way to refer people, places or you yourself to find care.

2:02

And it's also a great resource for medical providers.

2:05

And Sylvia Rivera Law Project is a place in New York City that helps transgender people, low income transgender people with access to legal resources.

2:12

And these are just a few.

2:13

There's some really great other resources and advocacy out there as well.

2:17

This is from the Fenway Institute, which is an LGBT Health Center in Boston, and it talks a little bit more about why to gather information on sexual orientation and gender identity and how.

2:27

So if you're in a place where people just aren't doing that or they need resources, this is a great resource.

2:32

You can download, you can bring to your colleagues, and you can educate more.

2:37

Here's just, you know, when we talked about registration forms, here's some examples that you could use.

2:42

So this is collecting data on gender identity asks you your current gender identity gives you a ton of choices.

2:47

And there's even more than these choices, right?

2:49

What sex were you assigned at birth?

2:51

What is your your pronoun, pronoun or names?

2:54

So that's a good way of getting that information.

2:57

And then tools for change.

2:58

If you're working in a place where you have a front desk staff, you want to make sure that they're more educated on how to see transgender people.

3:04

So if like I come in, let's say, before I change my documents and my documents look different than the way I look, you know, how to ask appropriate questions and sensitive questions gives you best practices for how to make a transforming environment.

3:18

If you're working in a place where you want to create a trans health program or maybe in the future you want to work somewhere where you can create a trans health program.

3:26

This is a really great resource also from the Fenway Institute that really helps you step by step, you know, be able to form one, be able to connect with the community and make sure that it's inclusive.

3:37

And just, you know, coming back to that welcoming environment piece, really important to think about.

3:42

This is going to be a good opportunity to take some time to think about it yourself is when you come into a healthcare center, you know, how are you addressed?

3:50

How are patients addressed at the reception?

3:52

When you see forms, are these forms reflecting the reality of different patients?

3:56

Maybe you yourself aren't in the community, but you are able to look at that form and say, "oh, there's nothing here about pronouns or sex assigned at birth" or you know, if you have a different name than your legal name, look around.

4:07

Are there any brochures or posters that are inclusive of the community and in an intersectional way, right?

4:13

That there are many different people, representative across race, class, gender, sexual orientation, ability and how does the provider interact with you?

4:22

So sometimes this is a great thing for cisgender, non transgender people to also educate their providers about like, maybe I don't identify this way, but you may have other patients or partners or family members that do.

4:33

And so providing that information is so important and then it's so important for us to be staff at different places you work at, like we can help people develop that trust.

4:43

And so this tells you how to recruit, retain, train LGBTQ proficient clinical providers.

4:49

It helps within the workplace.

4:50

Another great resource to download "Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA."

4:57

The "-IA" stands for intersex and allies or asexual.

5:02

Asexual are people often that maybe don't feel any sexual attraction to other people.

5:07

Intersex often refers to when a baby is born and the genitalia is not considered typically male or typically female.

5:14

There are surgeries that are performed on these babies to sort of make their genitalia look more this way or that way.

5:20

It's not an actual health issue, but there's an entire community around that as well.

5:23

So this just gives you some more resources on how to create inclusive environments.

5:27

Let's say you work in a place or want to work in a place that's more inclusive.

5:31

This is a great resource to give to your colleagues.

5:34

And so this was a lot of information.

5:37

I really want, you know, this opportunity to really take some time to think about how you can create a safe and affirming space either in your current workplace or school that you're in or places you want to work in the future.

5:49

How do you feel you can help create a safe and affirming space for LGBTQ plus colleagues, community and patients?

5:56

I put colleagues in there too because sometimes we're focusing on patients and clients and we forget that we also work together with people.

6:03

And I like to split it up into struggles, strategies, needs, and resources.

6:07

So what are some struggles you think your workplace or where you're in school or where you might be in the future might struggle around integrating some of the things we talked about today?

6:17

What are some strategies?

6:18

What are some things you think could be done well or maybe you've seen other places do?

6:23

And then what are some needs?

6:25

So let's say you have some great ideas for strategies, but you would need, I don't know, your supervisor to sign on or you'd need more inclusive policies.

6:33

So these are some really important questions to think about how to take all this stuff that I just went over today and integrate it into the work that you're doing or the work that you will be doing in the future.

6:44

And this is, you know, some more interactive questions that kind of continue on what I was just saying, but get a little bit more specific as individuals.

6:52

I think it's important to talk about as our individuals take some self reflection time and then also to take back to your workplace or your school for as individuals.

7:01

Do you know how to tackle the challenges in your workplace?

7:03

Like if you don't, what resources might you need?

7:06

And this is a great opportunity to really write down or type out one to two individual next steps and one to two suggestions for your organization to take on to better take to better provide affirming healthcare or affirming resources or wherever you might be in practice to transgender and non binary people.

7:24

And then to bring back to your workplace.

7:25

Really take some time to think about, you know, type it out or write it out.

7:29

What, what can you do for your organization?

7:32

What information is needed to make this happen?

7:34

Who should be consulted and asked for support?

7:37

Why is this important?

7:38

Hopefully after this you've, you've seen why this is important, but sometimes you're the one having to tell your workplace why this is important.

7:45

And how would you institutionalized this change?

7:47

So something like bathrooms, you know, making gender neutral bathrooms, how would that be institutionalized or changing your policies to be more trans inclusive or educating your providers or social workers or doing trainings, All of that could be ways to institutionalized some of this.

8:04

So we're at the end just giving you all some resources.

8:06

There's some really great resources to help with education ongoing or to share with your colleagues.

8:11

This is the Fenway Institute where they have actual modules that you can download for free PowerPoint presentations.

8:16

You'll see a bunch of them there.

8:18

They talk about caring for LGBTQ youth, how to take care of transgender people across the spectrum.

8:24

So it's a really great resource, and this is more specific for clinical folks or people that are educating other clinical folks about medical care protocols.

8:33

The things that I touched on couldn't really go into everything in this presentation, but for more details, you kind of have it here.

8:39

So the Center of Excellence for Trans Health in San Francisco, I put here the content so you could find out about how to prescribe hormones if you're a prescriber, how to provide fertility options, surgery, you know, all of that is there.

8:53

The World Professional Association for Trans Health actually creates the standards of care that we follow for trans health, evidence based, all evidence based protocols.

9:02

And you'll see here it talks about preventative care considerations for people with, you know, different chronic health issues, mental health, all of that there American Endocrine Society has that too.

9:14

And the Fenway Guide for LGBT health.

9:15

So wonderful resources for keep you really busy researching all of this.

9:20

There's also trading opportunities.

9:22

The National LGBT Health Education Center, which comes out of Fenway, is all of these opportunities to have educational models for video conferencing technology where you can talk about case studies.

9:34

They have core courses, they have conferences, and they have trans talks that can give you free continuing education credits specifically for medical professionals, but they have ones for mental health professionals as well.

9:45

So lots of opportunities.

9:47

You never have to say there's not enough information out there.

9:50

There's so much more now than there ever has been for.

9:52

And if you take nothing else from this, I think just knowing how to use sensitive language and practicing that and knowing that there are resources here to help educate yourself and your colleagues.

10:02

Another great book, "Trans Bodies, Trans Selves" is a resource.

10:04

It's really more focused for the trans community, but also great for others to learn as well.

10:09

And there's a second edition as well that I have a chapter in on, on gender affirming surgeries where you can learn a little bit more about surgeries as well.

10:17

My favorite bathroom signs, if you're able to change any of the bathrooms in your workplaces or schools, I really love this.

10:23

"Let my people pee."

10:24

But there's lots of different ones of gender neutral bathrooms or just creating spaces that are more inclusive for trans communities.

10:30

And if you can't, you know, I've certainly worked at hospitals where that just wasn't going to happen.

10:34

I will say to patients, I know the bathroom is the bathroom.

10:37

Science can be really difficult for you.

10:39

I can help and, you know, escort you to the bathroom or have someone take you or make sure that you know you have a safe bathroom experience.

10:45

But just being aware of that is so important.

10:48

Some of my favorite images and this is a really great site that is from Trans Day Remembrance or Trans Resilience and just really brings in all the different diversity of the trans community in such a beautiful way.

11:00

And I like this:

11:01

"Protecting trans people is not up for debate."

11:03

And I find that to be such an important thing to sort of finish this presentation on.

11:07

And hopefully you all have gotten a lot of information to help care for the community, to help, you know, advocate for the community and if you yourself are a part of the community, really understanding some of the resources that are there for you.

11:19

And this is my contact information regarding any other resources you might need along the way or training opportunities for your workplace or for your colleagues.

11:29

And thank you so much.

11:30

I hope you enjoyed this presentation and I hope you got a lot out of it.