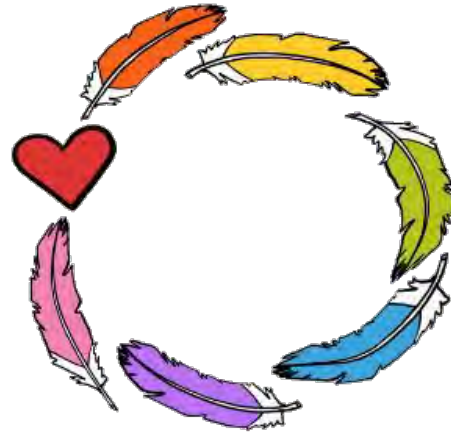
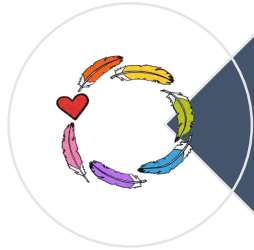


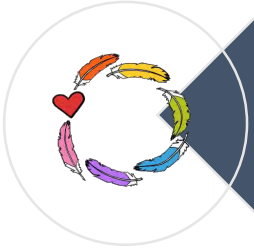
Paths (Re)Membered Project



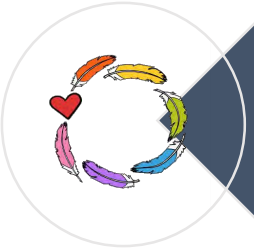
*Itai Jeffries, PhD (they/them), Jessica Leston, MPH (she/her),
& Morgan Thomas (they/them)
Northwest Portland Area Indian Health Board*



Research and Data

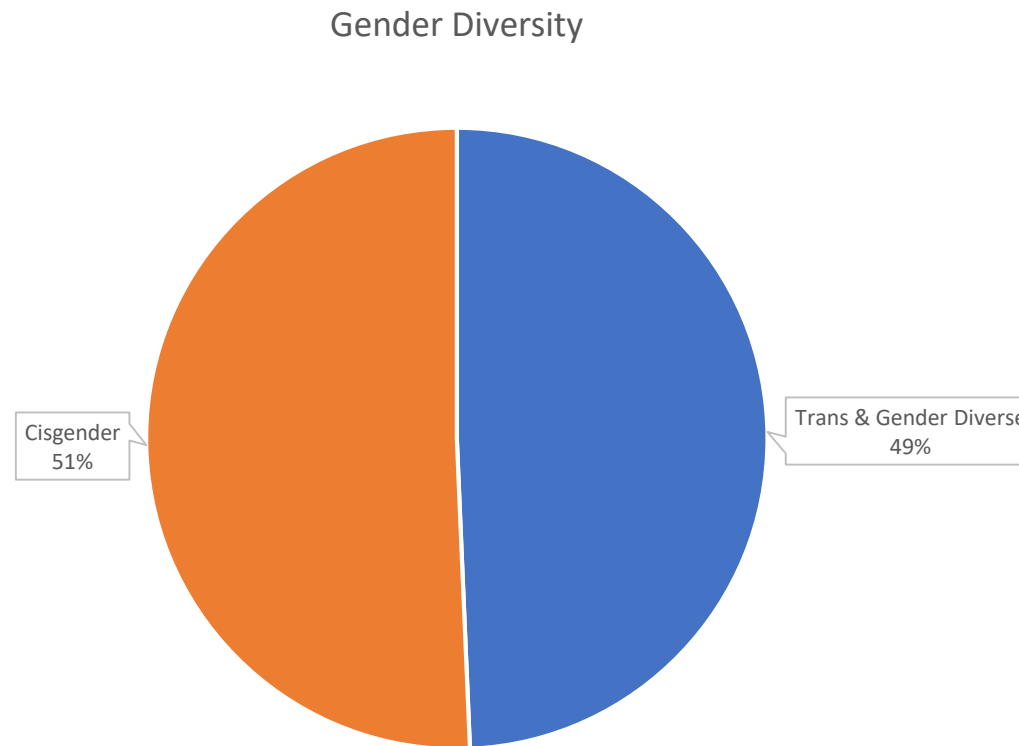


Community Engagement

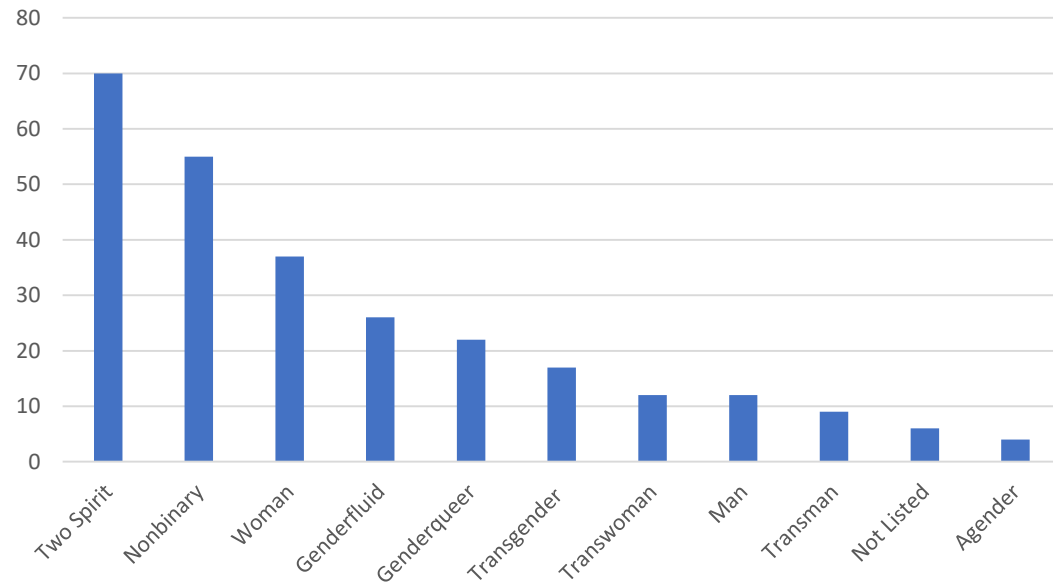


Advocacy

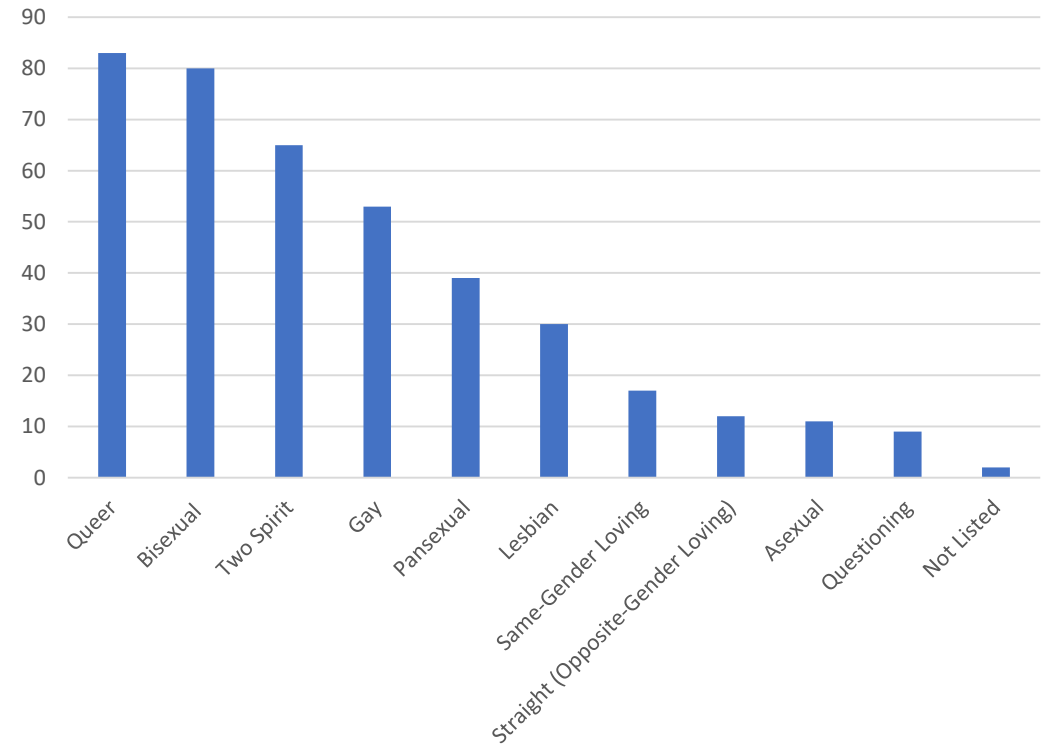
Two Spirit & LGBTQ+ Pride & Connectedness Survey



Reported Gender Identity Among Gender-Diverse Respondents (Frequency) N=110

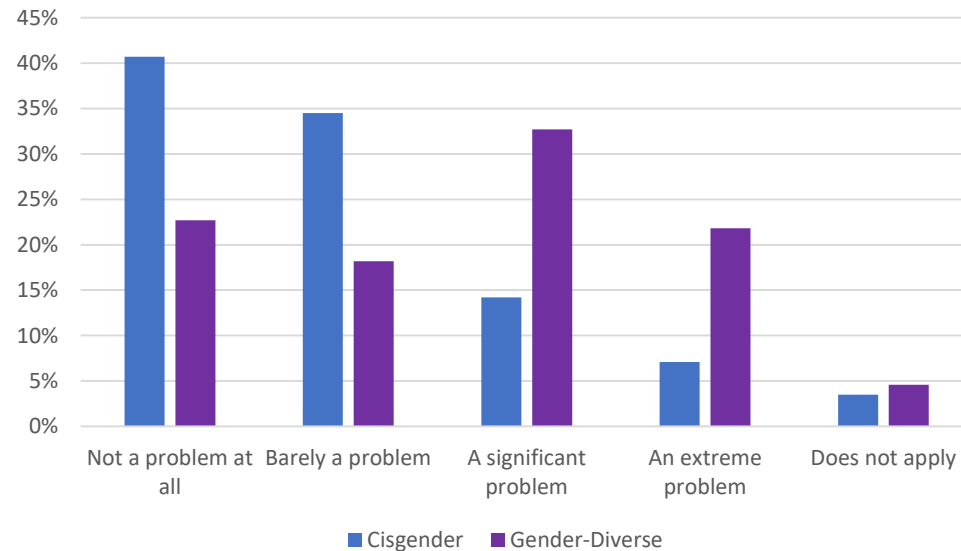


Reported Sexual Orientations by Frequency

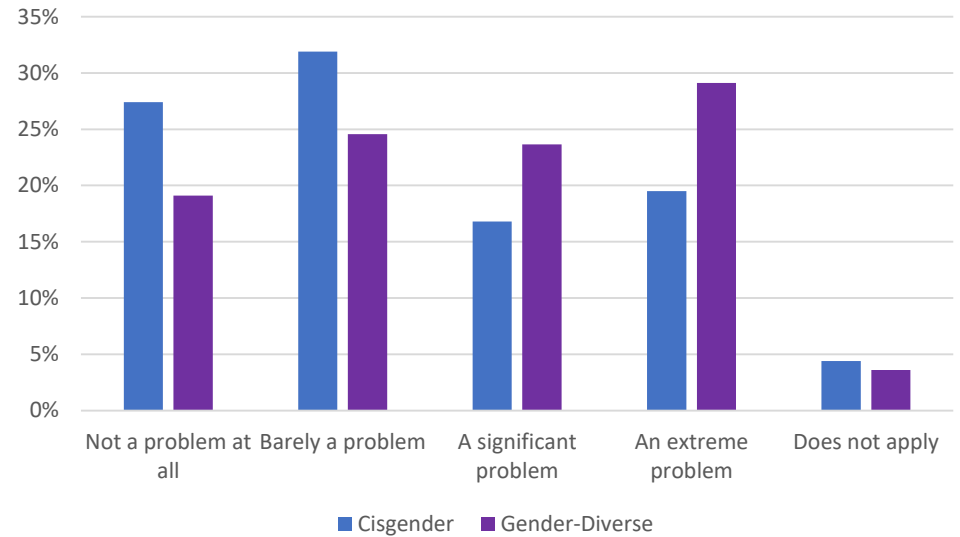


Gender-Diverse Indigenous people face significant barriers to healthcare access.

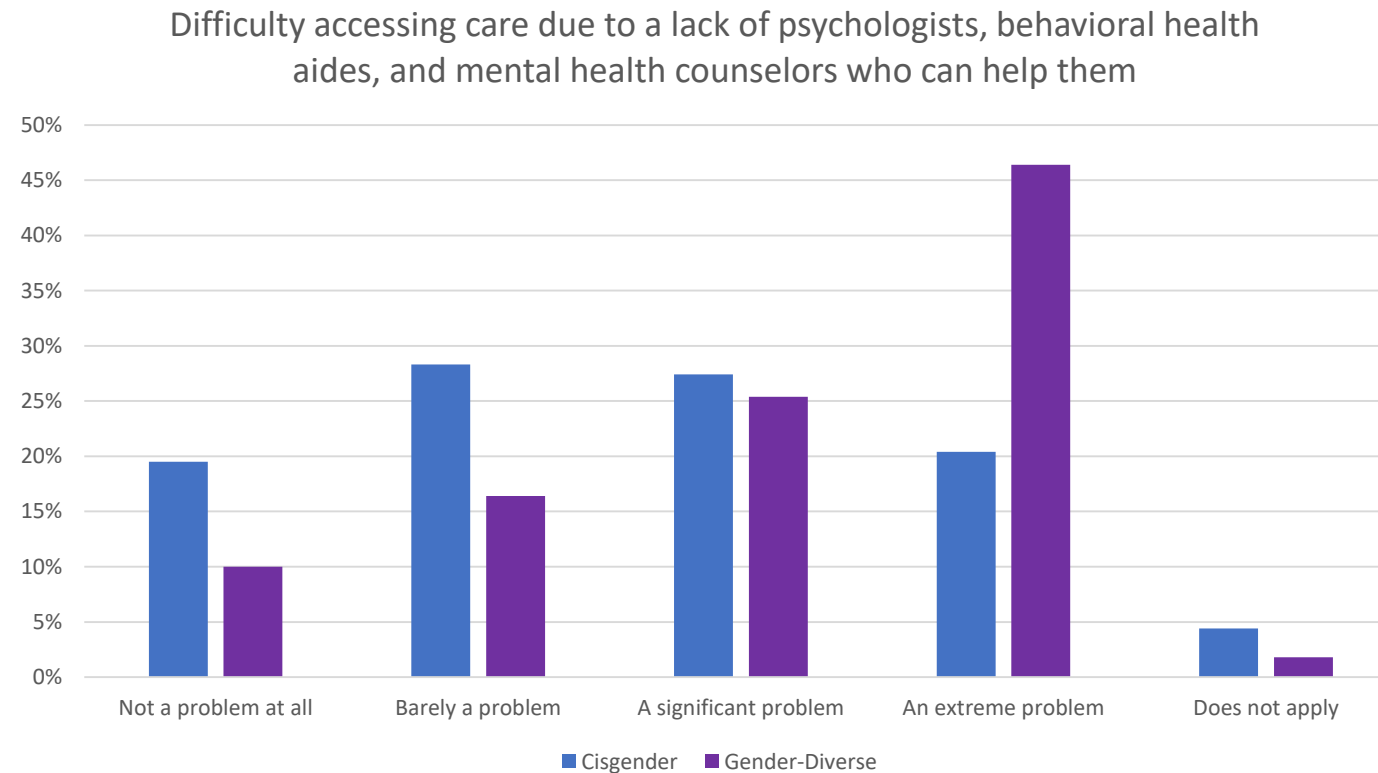
Respondent difficulty accessing care due to fear that medical personnel will find out they are 2SLGBTQ+



Difficulty accessing care due to a community fear or dislike of 2SLGBTQ+ people

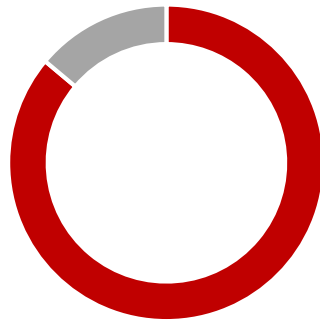


Gender-Diverse Indigenous people face significant barriers to healthcare access.

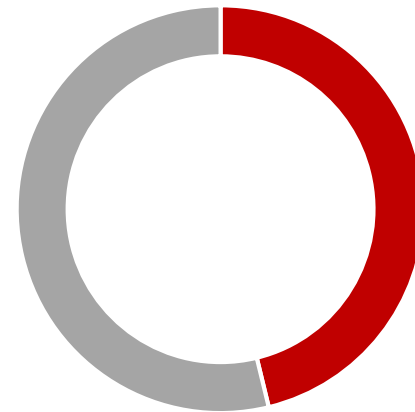


Gender-Diverse Indigenous people face significant mental health challenges.

Over 86% of respondents have thought about suicide, wished they were dead, or wished they could go to sleep and not wake up at least once in their life.



Nearly half of respondents have attempted suicide at least once in their life.





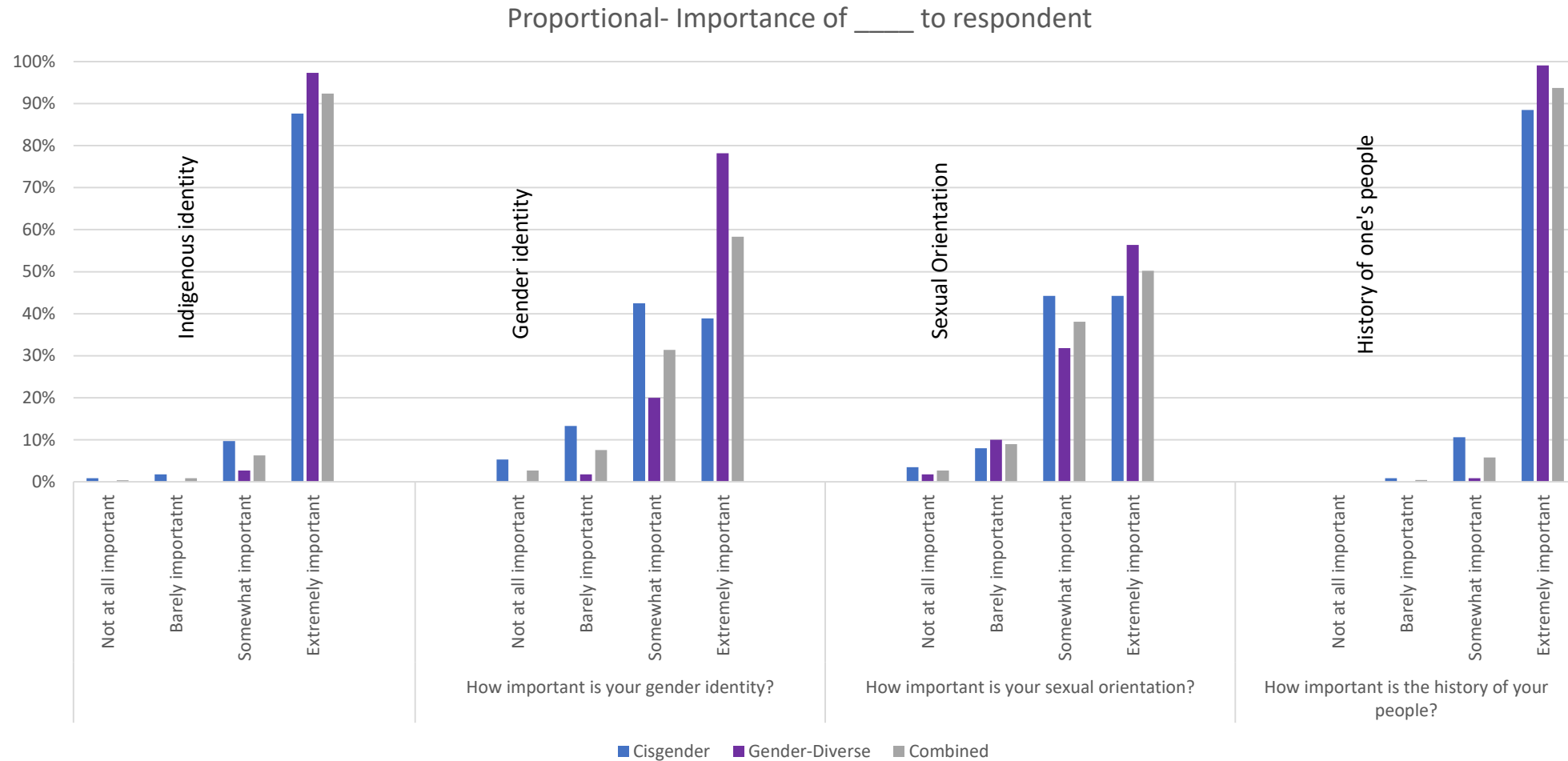
Use of correct name and pronouns associated with a **56% decrease** in suicide attempts.



Trans youth who have socially transitioned have levels of anxiety and depression **comparable to their cisgender peers.**



Gender-Diverse Indigenous people are significantly connected to their communities...



Trans & Gender-Affirming Care Strategic Vision and Action Plan



bit.ly/2slgbtqstrategicplan

Native Trans Advocacy Workgroup:
Mattee Jim, Itai Jeffries, Lane Holcomb, Lanny McCanta, Rick Haverkate, Jessica Leston, Morgan Thomas

TABLE OF CONTENTS

- 6 Guiding Principles
- 8 Policy
- 10 Best Practice Care for Gender-diverse Patients
- 14 Ensuring Affirming Physical Environments
- 15 IHS/Tribal/Urban Systems Support



Best Practice Care



Clinical provider applies the latest electronic health records (EHR) solutions to meet the needs of gender-diverse patients.



Provide culturally-attuned care to all Indigenous patients.



Provide access to a continuum of gender-affirming care including gender-affirming medications and surgery.



Routinely collect aggregate data on sexual orientation and gender identity (SOGI) and conduct meaningful analysis of that data for all patients.



Ensure commitment to gender-affirming care in pharmacy.



Ensure commitment to gender-affirming behavioral health care.

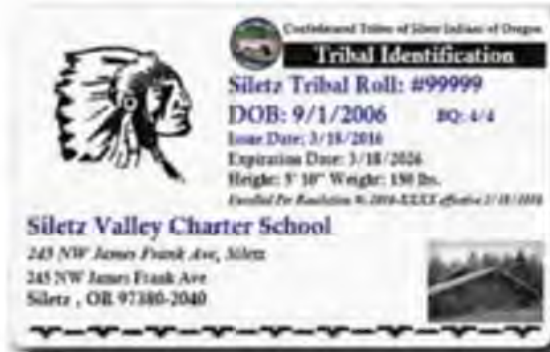


Foster a clear understanding of the clinic's abilities to provide competent gender-affirming care as well as its current limitations, and be transparent with patients about each.



APPENDIX B: EXAMPLE TRIBAL ID DOCUMENTS

Confederated Tribes of Siletz Indians



The Confederated Tribes of Siletz Indians does not include a gender marker on their Tribal ID Card.

Their Tribal Identification Request Form therefore does not need to ask about gender.

FORM # ENROLL-008



Confederated Tribes of Siletz Indians Enrollment Department

201 SE Swan Ave
PO Box 549
Siletz, Oregon 97380-0549
Telephone: (541)444-8258 • Toll Free: (800) 922-1399 ext. 1258
E-Mail: angelar@ctsi.nsn.us

- Enrollment Staff Use -

Rec'd: _____
By: _____

Entered: _____
By: _____

Siletz Tribal Identification (ID) Request

Please print clearly in blue or black ink

INSTRUCTIONS: If you are not able to come into the Enrollment office to have your Tribal ID issued in person, you can order it by submitting this form. If there is no photo/signature on file or your photo on file is over twelve (12) months old, complete this form to order a Siletz Tribal ID to be issued and it will be sent to you via Certified mail.

Siletz Tribal Member: _____ Roll#: _____

- 1. **Updated Address:** Submit an "Address & Contact Information Update" form
- 2. **Height:** _____ feet _____ inches **Weight:** _____ pounds
- 3. **Digital Photo Specifications:** Email to "angelar@ctsi.nsn.us"
 - a. In color, no filters and clearly focused
 - b. Plain white or off-white background
 - c. Taken within the last six-months to reflect your current appearance
 - d. Taken in full-face view directly facing the camera, no shadows on your face
 - e. Both eyes open, neutral/smiling facial expression, no hats
 - f. No sunglasses (even if tinted prescription glasses)
 - g. Glare on clear glasses is not acceptable. Glare can be avoided by slight downward tilt of glasses, turning off the flash or removing the glasses.
- 4. **Photo Verification:** Submit a color copy of your State issued ID to confirm your identity
- 5. **Signature:** Sign within the box in front of a notary as this is what will be used on your ID card

_____ Date