### DISCLOSURES

### This activity is jointly provided by Northwest Portland Area Indian Health Board and Cardea Services

Cardea Services is approved as a provider of continuing nursing professional development by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the California Medical Association (CMA) through the joint providership of Cardea and Northwest Portland Area Indian Health Board. Cardea is accredited by the CMA to provide continuing medical education for physicians.

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### DISCLOSURES

#### **COMPLETING THIS ACTIVITY**

Upon successful completion of this activity 1 contact hour will be awarded Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email If you have any questions about this CE activity, contact Michelle Daugherty at <u>mdaugherty@cardeaservices.org</u> or (206) 447-9538



### Disclosures

None of the planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.



### Creating safe and friendly clinical environments for transgender and nonbinary patients

Jean Baptiste (they/he)

### Land Acknowledgement

Grateful to be on the unceded territory of the Lheidli T'enneh First Nation in the settler community of Prince George, BC.

The knowledge we share today has been gathered from many Elders, Chiefs, Matriarchs and knowledge keepers of many ages, backgrounds and nations. May the learning we take from our session today be utilized to best serve and honor the peoples' whose land we reside on as invited or uninvited guests.

# Introduction

Jean Baptiste - Kihew Mahihkhan Atayohkhan Iskwew

Wet'suwet'en Nation, Laksilyu Clan

Two-Spirit nonbinary person

# Learning Outcomes

Gender basics

Policy of respect

Clinical space



### **Gender basics**

# Social construct of gender



# Terminology

Gender: social construct regarding how people relate to masculinity, femininity or energies that lie outside of that.

Trans: on the opposite side as Cis: on the same side as Trans male Trans female

Trans masculine Trans feminine

Non-binary Genderfluid Agender Bigender

Cis male Cis female

# Two-Spirit

- Term coined at the 1990 at the third annual Native American/First Nations gay and lesbian conference in Winnipeg, Manitoba
- It is considered to be a pan-Indigenous term to claim space within the LGBTQ+ acronym but it is not interchangeable with western terminology
- All nations on Turtle Island have different beliefs and traditional names/words for Two-Spirit people. As such, it can be an identity or a gender role or community position
- Not all queer Indigenous people consider themselves Two-Spirit and not all Two-Spirit people consider themselves queer
- In northern BC, being Two-Spirit is closely related to our concepts on reincarnation

## Medical vs. Social Transitioning

#### Medical transitioning

- Done in partnership with their care provider
- Can include:
  - Hormone therapy
  - Gender-affirming surgery
    - Upper
    - Lower
- Readiness assessments

#### Social transitioning

- Everything outside of a medical office
- Can include:
  - o Clothing
  - o Hair
  - Name and gender marker
- Gender-affirming clothing
  - Breast forms
  - o Bras
  - o Padding
  - Packers/STPs
  - o Binders

### **Policy of respect**

language, questions, apologizing

# Policy of respect

People should be treated according to their selfidentified gender - people are who they say they are

### Why is this important?

#### Mental health stats

- o 65% of youth report their mental health as being "fair" or "poor"
- Impacts of minority stress
  - 9 44% of younger youth reported debilitating amounts of stress in the past 30 days
  - 82% of older youth reported their stress on the average day as "a bit stressful" or "quite a bit stressful"
- Unhealthy coping behaviours
  - Substance use
  - Self-harm without intention of dying
  - Unsafe sexual encounters

Veale J, Saewyc E, Frohard-Dourlent H, Dobson S, Clark B & the Canadian Trans Youth Health Survey Research Group (2015). Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey.

### Language

- Names and pronouns

   Addressing patients

   Gender neutral language

   Family relationships
   Body parts
- Learn and mirror the language they use when referring to their body
- Be curious and open to using the traditional language that is local to that area

Term	Gender Neutral
Mom/Dad	Parent
Girlfriend/Boyfriend	Partner
Wife/Husband	Spouse
Vagina	Internal genitalia
Penis	External genitalia
Breasts	Chest

# Questions

 When asking questions, always be prepared to explain why that information is necessary.

• Respondent fatigue is an important factor to consider

#### Three parts to asking a question

- 1. Consent
- 2. Ask respectfully
- 3. Clarification on confidentiality

# Apologizing

Does not need to be a big deal - it is about the other person, not yourself

- Apologize
   Make amends
- 3. Move on

"I'm sorry for using the wrong pronoun, I'll use [he/she/them] from now on."

### **Clinical space**

staff, forms, physical spaces

# Importance of safe space

Physical or metaphorical space where people can be free of judgment and harm

#### REASONS FOR NOT ACCESSING NEEDED MEDICAL HELP IN THE PAST YEAR (AMONG YOUNGER YOUTH WHO FELT THEY NEEDED SERVICES)

Thought or hoped the problem would go away Afraid of what the doctor would say or do Didn't want parents to know Too busy to go Didn't know where to go Had negative experience(s) before Parent or guardian wouldn't take me Didn't have any transportation Afraid someone I know might see me Didn't think I could afford it The service is not available in my community Couldn't go when it was open



Veale J, Saewyc E, Frohard-Dourlent H, Dobson S, Clark B & the Canadian Trans Youth Health Survey Research Group (2015). Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey.

## Staff

• Having open and supportive staff is incredibly important

- MOAs, practice partners, clinic managers
- The difference between a patient accessing or unnecessarily avoiding interactions with the medical system
- Training
  - All new staff take a trans or gender 101 training or workshop
  - Have it in policy and procedures as a reference
- Take on the work so your patient doesn't carry that burden of educating others

### Forms

#### Intake

- Have areas to indicate name and legal name
  - Gender and sex or gender marker on ID
- Name and pronoun for different areas of interaction
  - o Waiting room
  - o Voicemail
  - o In room with provider
- Trans, Two-Spirit and gender diverse people may have different identities for different areas based on level of out-ness, perception of safety or testing out new names or pronouns
- Intake is a critical time to indicate how safe your clinic or office is

### Forms

Information packages

- Information and resources for different demographics
  - Adult or child
    - Would include resources for parents or caregivers if patient is a child
    - Some resources are age specific
  - Trans masculine or trans feminine
    - Voice training resources or information on potassium for trans femme patients
- Peer groups or mental health supports
- Name and gender marker change forms
- Where to get gender-affirming clothing

### Forms

#### Labs

- Will need to do frequent blood tests
- Sex marker may be different than gender
  - Providers have written overtop of sex marker
- Send patients to a lab you have a good relationship with or has a good reputation in working with trans or nonbinary patients
- If sex marker or legal name is on the req, let patient know why it is like that (i.e. billing)

#### EMR

- In our MOIS, gender is broken down into three categories
  - o Administrative
  - o Genotypic
  - Preferred
- Really difficult to communicate that other providers should check the gender portion of your EMR
  - Portion that has general notes is a good place to have that information

# Clinic space

Flagging: intentionally including representation or symbols for different marginalized communities

- Posters
- Flyers
- Stickers
- Books/magazines

Make your space comfortable for everyone!



1. Primary Care Toolkit - Trans Care BC

http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf

- 1. Asking about gender identity and gender-affirming goals <u>http://www.phsa.ca/transcarebc/Documents/HealthProf/pctoolkit-sample-questions.pdf</u>
- 1. Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff

https://www.lgbthealtheducation.org/publication/affirmative-care-transgender-gender-non-conforming-peoplebest-practices-front-line-health-care-staff/

1. TransPULSE

http://transpulseproject.ca/

1. Being safe, being me: Results of the Canadian trans youth health survey

https://apsc-saravyc.sites.olt.ubc.ca/files/2018/03/SARAVYC\_Trans-Youth-Health-Report\_EN\_Final\_Web2.pdf

1. Families in TRANSition

https://ctys.org/wp-content/uploads/CTYS-FIT-Families-in-Transition-Guide-2nd-edition.pdf

1. I heart my chest

https://qmunity.ca/wp-content/uploads/2019/06/I-Heart-My-Chest-Booklet\_2019.pdf

1. Trans Care BC

http://www.phsa.ca/transcarebc/

1. Rainbow Health

https://www.rainbowhealthontario.ca/trans-health/

1. USPATH

https://www.wpath.org/uspath

1. WPATH

https://www.wpath.org/

#### **Gender-Affirming Clothing**

1. Gender Gear

https://www.gendergear.ca/

GC2B 1.

https://www.gc2b.co/

1. Underworks

https://www.underworks.com/

Breast form store 1.

https://www.thebreastformstore.com/



# Snachailya

**Any questions?** 

You can find me at kihewjourneys@gmail.com