

# Transgender & Non-Binary Community Conversation

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**Attendees Feedback compiled by Keith A. Vensey, MBA MPH**  
**UW Medicine Healthcare Equity**

Tuesday, 22 October 2019

## How have you experienced inequities in the healthcare system – what barriers have you faced?

1. Trust
2. Judgement
3. Educating the doctor or healthcare provider
4. Not being seen
5. Assumptions about sexuality, relationships, pronouns use
6. Not seeking permission to touch any place on body, especially genitals
7. Lack of control
8. Repetition of highly personal information collected, traumatic


shift barrier set up  
entrance. • v. (**barricade**  
**barricaded**) block or  
barricade.

– ORIGIN French.

**barrier** • n. 1 an obsta  
movement or access  
communication or p  
*barrier.*

– ORIGIN Old French

**barrier cream**



**How have you experienced inequities in the healthcare system – what barriers have you faced?**

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9. “The look”
10. Is it really “all about the surgery” for everyone?
11. Lack of focus on individual needs
12. Crying patients
13. PrEP historically available in specialty care only, now provided in primary care



**How have you experienced inequities in the healthcare system – what barriers have you faced?**

14. Fertility – assumptions made & labels used in describing same-gender relationships
15. Lacking insurance coverage for general acute care hospitals & fertility – costs of freezing eggs have increased
16. Delirium tremens (d/t) associated with in vitro fertilization cycle
17. Sperm freezing costs \$300 annually
18. United States health insurance is based on employment

# How have you experienced inequities in the healthcare system – what barriers have you faced?

USA health insurance based on employment

Barriers to care contingent on insurance policy pool location

No insurance coverage for electrolysis & facial feminization – can be life/death scenario; coverage determined case-by-case

Immigration/asylum

ID Amendment

No structured curriculum at the UWSOM

Unsure of how to give provider-peer-to-peer feedback

Use of “sir,” “ma’am” or other gender specific titles



## What have been your experiences with UW Medicine?

1. Unsure of provider availability
2. Billing issues
3. Transferred calls
4. Western medical focus, lack of awareness around global health – USA centered
  - a. Vaccinations
  - b. Medicine, drugs, nutrition
  - c. Medical history
5. Less than optimal Call Center experience
6. Asked about pronouns aloud at Belltown Clinic's front desk

# What have been your experiences with UW Medicine?



7. Have required trans healthcare curriculum services at UWMC – Montlake
8. Difficulty finding trans-competent/affirming primary care physicians – found services elsewhere (Outside UWM)
9. No information related to values-based services
10. Values versus Experience – Tokenism
11. Pronouns: Sex at Birth versus Trans Experience – No culture of belonging
12. Fear of religious protections/freedom
13. No trans-centric coverage for employees



## What have been your experiences with UW Medicine?

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14. Human resources department is responsive
15. Supervisors are empathetic
16. Supportive medical director
17. Now electronic medical record supports preferred name
18. Large system which leads to inconsistent experiences
19. Navigators should attend staff meetings
20. Patients are misgendered – electronic medical record does not support
21. Front desk float is not trained to ask about preferred gender



# What have been your experiences with UW Medicine?

Referral for orchiectomy is to “Men’s” Health

Referral for hysterectomy is to “Women’s” Health

ORCA & Epic do not communicate with each other

Staff meetings can improve

Billing departments across UWM seem not to be on the same page regarding SoGi data collection/use

Multiple departments across UWM oftentimes misgender patients

F64.0-9 Gender Dysphoria is not a disease – Healthcare provider told patient, “You will see this on your chart, it is a means to an end. Don’t freak out.”

# What have been your experiences with UW Medicine?

Troublesome language  
used to determine  
sexual activity

Reminder calls include  
former names or names  
patients find  
uncomfortable

"Marketing: Planned  
Parenthood does a  
great job!"

UW gym lacks gender  
neutral bathroom

"Boyfriend?"

"Married to a  
husband?"



# What can the healthcare system do to improve your experiences?


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1. Patient support in obtaining insurance resources
2. Navigation services
3. During visits, engagement should be “face to face not face to computer”
4. Adequate time for interaction with healthcare providers
5. Examine Call Center dynamics
6. Transparency – Better integration of services
7. Increase provider diversity
8. Self Identification of providers



9. Increase trans representation throughout UW Medicine, including leadership
10. Increase knowledge of neglected tropical diseases (NTDs)
11. Offer facial feminization surgery, tracheal shaves – should not be viewed as cosmetic interventions
12. Electronic medical record platform supportive of preferred names and pronouns
13. All-staff trainings
14. “Role Play: What are your pronouns? Practice, practice, practice”

**What can the healthcare system do to improve your experiences?**



## What can the healthcare system do to improve your experiences?

15. Develop partnerships with trans-led organizations such as Utopia, Gender Justice League, Ingersoll, Seattle Counseling Services
16. Conduct research, data collection, lab values
17. Healthcare providers and staff should be trauma-informed, utilize informed consent model to support patient autonomy
18. Website featuring trans-specific research and data to support institutional change
19. Refuge – create app informing patients of bathroom access
20. Bathroom signage: “People may use bathroom according to own gender ID.”

# What can the healthcare system do to improve your experiences?

21. Single payor system
22. Contact Center pre-registration, redo duration set to avoid legal action (Swedish was sued by ACLU)
23. Add signage, rainbows
24. Enroll clinicians in Ingersoll Healthcare Access Database for self-reporting, patient review
25. Decrease healthcare costs
26. Remove “Men’s” & “Women’s” Clinic names; consider changing to Urology?

# What can the healthcare system do to improve your experiences?

27. Document patient preferences confidentially
28. Individualize care
29. Acknowledge patients' relationships
30. Immigration specific fears – clarify and explain how collected data will be used
31. Repeated collection of sensitive information
32. Appropriate patient follow-up
33. Examine patients as a whole person – offer supportive services



# What can the healthcare system do to improve your experiences?

34. GLMA website
35. Include pronouns on all ID badges
36. Bathroom signage – Remove “feminine” from supplies
37. Provide 13 – 18 year olds with access to their medical records
38. Healthcare providers across the board do not locate patients using a name – explore ways to cross-reference patients with other data
39. Include trans-centric training in NEO (onboarding)