

## ENSURING PROVIDERS HAVE THE KNOWLEDGE AND SUPPORT NEEDED TO CARE FOR TRANSGENDER YOUTH

### MANY PEDIATRICIANS FEEL UNPREPARED TO TREAT TRANSGENDER AND GENDER-EXPANSIVE YOUTH.

Like most young people, transgender and gender-expansive youth often have a pediatric primary care provider (PCP) who is their first or only point of contact in the health care system. Unfortunately, many of these providers feel they do not have the training or experience needed to manage the unique health care needs of this population.<sup>1,2</sup> Insufficient preparation for all health care staff—from receptionists to nurses to physicians—can lead to frustrating encounters for patients, which can discourage transgender and gender-expansive youth and their families from seeking needed care. Primary care should be a safe space for youth, but unprepared providers can actually cause youth to disengage from the health system and may worsen health outcomes.

While many clinicians have found ways to create supportive environments for transgender and gender-expansive youth, many others still experience challenges that impede their education, experience and ability to adequately care for this population. This policy brief outlines these barriers, the resulting hardships for patients and families, and recommendations informed by PolicyLab research and best practices developed by the Children's Hospital of Philadelphia (CHOP) Gender and Sexuality Development Clinic that providers, health systems and medical educators can use to improve quality of care.

### Unique Health Care Needs

Transgender and gender-expansive youth experience exceptionally high rates of physical and mental health problems, such as:

- Depression
- Anxiety
- Substance abuse
- Disordered eating
- Suicidality
- HIV

### BARRIERS TO ADEQUATE PRIMARY CARE

Negative experiences with providers, physical spaces in health care settings and health systems as a whole can act as barriers to seeking and accessing care for transgender and gender-expansive youth. In their evaluations of provider practices across the country, PolicyLab researchers identified the following specific challenges:<sup>2-4</sup>

#### Provider Challenges

- **Providers report poor knowledge of existing treatment guidelines<sup>5,6</sup> and limited experience working with this population.** For instance, one study of pediatricians in the Philadelphia area found that more than half did not know that there are clinical guidelines to support the use of puberty-blocking medications for transgender children.<sup>2</sup> Patients and families report experiencing a lack of competency in the care they receive, which reflects these provider concerns.
- **Some youth and parents reported discrimination and harassment in medical settings from other patients as well as health care staff.** In some cases, staff witnessed the harassment but did nothing to intervene.<sup>3</sup>

#### Structural Challenges

- **Electronic medical record (EMR) systems with binary male/female labels and space only for legal names, rather than preferred names, create barriers to respecting name preferences regardless of gender identities.** This oversight may lead health care professionals to use the wrong name or pronouns, which can make for challenging encounters and foster mistrust.
- **Physical spaces like waiting rooms and support staff in registration areas were often perceived as unwelcoming and not capable of meeting the needs of gender-expansive individuals.** Limited privacy, binary bathrooms, lack of inclusive reading materials and insufficient staff training all contribute to an uncomfortable care setting that can deter patients from seeking care.

## Supportive Policies and Practices at CHOP

### Transgender Identity Smartform

This EMR tool captures information related to gender identity. CHOP uses this tool so all providers across the network are aware of each patient's sex assigned at birth, gender identity, preferred pronouns, gender-affirming medications or procedures, and other important identity and medical information so that clinicians can provide the best care to their patients.

### Preferred Name Policy

CHOP patients can indicate their preferred name, which appears under their legal name in the EMR. Additionally, CHOP patient schedules now have a preferred name column that makes this information visible to providers before they even open the patient's chart.

### Clinical Care Policies and Procedures

In 2018, CHOP implemented policies and procedures for providing network-wide care for transgender patients, families and guests that all CHOP staff must follow. They address the best practices and expectations for supporting gender-expansive and transgender individuals in all areas of care.

**For additional resources and recommendations that the medical community, schools, policymakers and other stakeholders can use to improve the health outcomes of transgender and gender-expansive youth, please visit:**

[http://bit.ly/SHINE\\_GNC](http://bit.ly/SHINE_GNC)

## PROVIDERS WANT HELP TO BETTER SUPPORT TRANSGENDER AND GENDER-EXPANSIVE YOUTH.

PolicyLab's research has identified promising opportunities to improve health care for transgender and gender-expansive youth. One Philadelphia area study found that providers recognize their lack of training and most (86 percent) believe they would be better doctors if they were more prepared to support this population. Additionally, providers who reported prior experience caring for LGBT youth were three times more likely to feel comfortable caring for this patient population than those without experience.<sup>2</sup> Additional training and opportunities could only improve provider comfort and, ultimately, the quality of care.

## RECOMMENDATIONS

→ **Health care systems and practices that treat children and adolescents should make competency training available to all clinical and non-clinical health care staff.** Clinician training should include cultural competency and comprehensive information about best practices in providing gender-affirming care. Health care systems should also train non-clinical staff on how to best interact with and provide accommodations for transgender and gender-expansive patients and their families.<sup>7,8</sup>

→ **Medical institutions should update their policies, procedures and practices to be more inclusive of transgender and gender-expansive patients and their families.** For instance, EMRs and paper forms should include fields for gender identity, in addition to sex assigned at birth, and preferred name. Importantly, the availability of gender-neutral restrooms and inclusive health posters and reading materials can help make the space more comfortable.

→ **Medical educators should provide comprehensive training to both medical school students and practicing clinicians through continuing medical education to meet the unique health needs of gender-expansive youth.**

→ **The medical community should prioritize recruiting a diverse workforce that includes more gender- and sexual-minority representation.<sup>3</sup>**

## REFERENCES

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The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

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