

GENDER & SEXUALITY DEVELOPMENT CLINIC

2020
ACCOMPLISHMENTS



**Children's Hospital
of Philadelphia®**

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Dear Friends,

This has been a year with many ups and downs, and one we will likely never forget. As a team, we have faced each of the year's challenges with patience, compassion and creativity. I still have the notepad that I grabbed in March of this year where we started the 2020 Creative Care Plan and outlined how we were going to continue taking care of our Gender and Sexuality Development Clinic (GSDC) families and each other in the best ways possible.

As the pandemic became a daily reality in our region, we rapidly shifted to telehealth to assure that our clinic families did not miss any aspect of their care. This rapid shift meant that we could continue to accept new youth and families during the pandemic – as a result, we got to meet nearly 350 new families between March and August. This is closer to the number of new families we usually serve in an entire year! With the switch to telehealth, we also were able to build new partnerships with other areas in the hospital, including important connections with our CHOP Connelly Resource Center team, who began providing video visits to our families for injection teaching, allowing youth to start new medication seamlessly from their own home.


We also needed to become creative in our support for each other. We quickly activated daily huddles where we could meet each day in the morning and evening to make sure that we were not missing any aspects of care while working remotely from our homes. These huddles also gave us time to stay connected at very scary and challenging times, and to share a tear, virtual hug, funny joke, or good recipe. These continue to be part of our day-to-day work and support.

This has also been a year where we have increased our focus and action around the harm and injustices enacted toward our Black and Indigenous People of Color (BIPOC) community members, families and colleagues. While we have previously utilized all of our roles and skills in different ways to fight injustice, this year our individual and collective anti-racism efforts have included joining in marches, writing editorials, group readings, and advocacy at local, regional and national levels to achieve equity and accountability in healthcare throughout the hospital system as well as providing direct support to families in need.

As we look to 2021, we are hopeful to bring all of these new skills, practices and systems into the next chapter of our work for and with clinic families. We do not want to 'go back' to the way things were – we are looking toward a better future where hope, justice and health is truly available to all.



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STATE-OF-THE-ART MULTIDISCIPLINARY CARE & SPECIAL PROGRAMS



Clinic Staff on National Coming Out Day

OFFICIAL NEW JERSEY CLINIC DEBUT ON NATIONAL COMING OUT DAY

Last year, we announced our new clinic in New Jersey and have since seen hundreds of patients for both behavioral and medical support at our Voorhees location. This year, we made our official announcement to the public on National Coming Out Day. National Coming Out Day was first held on Oct. 11, 1988, and it has occurred every year since. The day not only observes coming out but also raises awareness of the LGBTQ+ community and civil rights movement. In honor of the day and our new clinic, we wanted to expand the celebration to encourage youth to come out to their healthcare provider in order to gain the best support and resources. Since opening, the clinic has continued its growth. Our medical team has expanded as well, as we excitedly welcome Miriam Langer, MD! We look forward to continuing to provide care to our New Jersey families in the coming years! ■

CHOP CARES GRANT AND GENDER SUPPORT GROUP

Our gender support groups are popular among our families, and we are excited to share that the Gender Clinic received a CHOP Cares Grant, which will allow us to expand our gender support group to different locations. Our hope and vision is to add an additional location in Pennsylvania and two new locations in New Jersey. The team is working alongside our families and community members to determine locations and days/times groups will be hosted. Due to the success of our virtual options, the additional groups may continue to use this platform while we wait for clearance to meet in person again. More information to come in 2021! ■



LGBTQ+ LEADERSHIP AWARD

On August 19, 2020, Linda Hawkins, PhD, MEd, LPC, was awarded the LGBTQ+ Leadership Award from the Pennsylvania Diversity Council during the Virtual LGBTQ+ Unity Summit. Dr. Hawkins was also the keynote speaker at the summit and delivered an inspiring speech on championing LGBTQ+ rights every day, in spite of the many challenges faced. Visit the Pennsylvania Diversity Council website to read about the work they are doing on diversity and inclusion. ■

padiversitycouncil.org

HOMED-BASED TESTOSTERONE TEACHING KITS

Part of starting testosterone involves a visit with one of our nurses, who teach the patient and/or their caregiver how to administer testosterone injections at home. When COVID-19 forced a temporary hiatus of these in-person teachings, the clinic collaborated with the Connelly Resource Center for Families and LauraBeth McAllister, Nurse Manager for CHOP's Division of Adolescent Medicine, to put together testosterone self-injection teaching kits. Patients received a package in the mail with a practice syringe and stress ball to simulate the action of injecting testosterone into the body. They then had a telehealth visit with one of the nurses who walked them through the self-injection process and monitored the patient or caregiver as they administered the first testosterone injection. These kits were crucial to allowing patients to start hormone therapy even as our clinic converted to telehealth visits. ■



Testosterone self-injection teaching kit

IMPROVING HEALTHCARE SYSTEMS & POLICY TO SUPPORT TRANSGENDER YOUTH

IN 2020, NADIA DOWSHEN, MD, MSHP, TESTIFIED IN A HEARING ABOUT THE CRITICAL NEED FOR GENDER-AFFIRMING CARE.



STATE LAW AND ACCESS TO GENDER-AFFIRMING CARE FOR MINORS

In 2020, nine states introduced bills to ban gender-affirming care for minors. Fortunately, none of these laws have passed, due in large part to advocacy by youth, parents and providers. In February 2020, Dr. Dowshen authored an op-ed for [thehill.com](https://www.thehill.com) on the dangers of banning gender-affirming care. Together with colleagues from Children's Hospital of Pittsburgh, she also authored a study that examined the attitudes of parents and caregivers with transgender or gender-diverse children toward legislation that would ban gender-affirming care. The majority of parents and caregivers reported having fears that this legislation would lead to worsening mental health and suicide in their children. Further, the Pennsylvania state legislature called a hearing on gender-affirming care for minors in response to these bills in other states. On Sept. 14, 2020, Dr. Dowshen testified in that hearing about how critical gender-affirming care is, and she included direct quotes from parents and youth who have recently participated in several studies. The legislators agreed to ongoing conversations and educational opportunities with the CHOP GSDC, and, since the hearing, no new harmful legislation has been introduced. ■

USING CHOSEN/PREFERRED NAMES IN DIGITAL SCHOOLING

When the Philadelphia School District went virtual due to the COVID-19 pandemic, they started using Google Classroom to hold classes. One drawback of this platform was the automatic use of students' legal birth names. For many transgender and gender nonconforming youth who go by their preferred names, this lack of acknowledgement was problematic. Luckily, community and school board members advocated for the district to use preferred names in digital schooling. On April 30, 2020, Samantha King, MSW, Med, Gender Clinic Education Specialist, and Mallory Fix Lopez, a member of the School District of Philadelphia's Board of Education, met with the rest of the school board and community members and successfully convinced the School District of Philadelphia to use preferred names and pronouns in digital schooling. Fix Lopez shared her thoughts on the important step forward for transgender and gender nonconforming students:



“School should be a consistent place where all students feel safe and affirmed of who they are as individuals. This is true for all students, yet our LGBTQ+ students are particularly vulnerable. It is essential that we make sure our policies explicitly protect our most vulnerable young people. Allowing students to use their preferred names and pronouns at school — and on online platforms — is fundamental, and I am committed to continue to reflect on distinct policies and administrative procedures in order to assure that we are providing a supportive and affirming environment that will allow all students to feel comfortable, welcome, and accepted, ultimately allowing for great academic and personal success. I look forward to having the CHOP Gender and Sexuality Development Clinic as a partner of the School District of Philadelphia.” ■

RESPONDING TO COVID-19

PATIENT AND PROVIDER THOUGHTS ON TELEHEALTH

Despite the challenges of COVID-19, telehealth presented many new opportunities for gender-affirming care. Dr. Dowshen and Adolescent Medicine physician, Zachary B.R. McClain, MD, wrote op-ed pieces for the *Journal of Adolescent Health* and **Philly.com** about their experiences with telehealth. Below are their thoughts, as well as those of Nazie Meacham, MA, LPC, NJ Clinic Co-Director.



“We finished the visit. I closed my laptop. And I cried. I was so moved. I was so honored to see these young people in their own spaces. I had imagined that telemedicine would remove the human aspect of medicine, but it was exactly the opposite — it enhanced it. The more I think about it, the more I realize that our interactions with our patients are always on our terms and in our environment. A clinic isn’t probably the place where patients are most comfortable. Through telemedicine video visits, we are able to see something more personal and really special.” — Zachary McClain, MD



“Many transgender and gender-diverse people forgo care because of discrimination, like not being called by their affirmed name or pronouns or being asked inappropriate questions. While increasing access to gender-affirming care through telehealth won’t fix how health care systems have largely failed to provide quality care to this population, it is a step in the right direction. We can’t go back to the way things were when this is over. Telehealth must continue to be an option to get more and better care to those who need it most.” — Nadia Dowshen, MD, MSHP



“As we moved into a time of telehealth, I was worried we’d miss the human connection and energy that we get in-person. Instead, what I learned was that families appreciated the ease of logging on versus commuting to the clinic and youth had the opportunity to share with us the spaces that they’ve created. So many sessions now, I get a tour of the posters, artwork, and interests that light up a youth’s world at home. We get to see folks’ facial expressions this way since they are not hidden behind a mask. There are certainly pros and cons, but it seems that there are many more pros than I had imagined.” — Nazie Meacham, MA, LPC

“I don’t have to spend an hour on the train, and the front desk staff can’t misgender me because I don’t interact with them.” — Anonymous patient

“I am in the high risk COVID-19 group so the video visit was very good for us!” — Anonymous caregiver

Our families have also had unique experiences with telehealth. The quotes at left are taken from our telehealth quality improvement survey where patients and their caregivers were asked their opinions on receiving telehealth-delivered gender-affirming care. Danielle Apple, Clinical Research Coordinator, Elle Lett, an MD/PhD student, and Dr. Dowshen submitted a manuscript using this data for publication in the journal *Transgender Health* and are looking forward to disseminating these results to a larger audience. ■

RAPID TELEHEALTH SCALE-UP

Following the stay-at-home order issued by Governor Wolf on March 6, 2020, CHOP quickly responded by converting in-person visits to telehealth visits, where possible. The providers at our clinic went from conducting 100% of appointments in-person to nearly 100% virtual appointments in a few weeks. Although there were many challenges, our providers and families joined together to adapt to this new virtual world, and our families continued receiving high-quality care. Dr. Dowshen co-authored a paper with CHOP Attending Physician, Sarah Wood, MD, MSHP, describing the rapid implementation of telehealth in the CHOP Adolescent Specialty Clinic, which includes the Gender and Sexuality Development Clinic. In a summary of the study results, the authors concluded, “Our data show that rapid telehealth conversion is achievable across a broad scope of [Adolescent Medicine] subspecialty care.” ■



Virtual gender support group facilitators

VIRTUAL GENDER SUPPORT GROUPS

In response to the new travel and activity restrictions, the GSDC conducted its monthly gender support groups virtually. Although the virtual format came with its challenges, our group facilitators and families did a fantastic job adapting to yet another change in 2020 and rallied together to continue providing support to one another during these particularly difficult times. ■

Here is what some of our facilitators had to say about these groups:

“We know the switch to virtual everything hasn’t been easy for kids, but a great group shows up every single month to be together. It’s really incredible to see the kids in their own homes and rooms, being even more themselves than ever before, if that’s even possible!”

“Never underestimate the love and resilience of our families!”

“It is amazing to see kids just completely relax and enjoy each other with no worries about someone saying or doing something unkind or unfair about who they are.”

COMMUNITY ENGAGEMENT & ADVOCACY

2020 VIRTUAL LGBTQ+ MENTAL HEALTHCARE TRAINING

539

MENTAL HEALTH
PROFESSIONALS
IN WEBINARS

271

VIRTUAL SESSION
ATTENDEES: JAN. – MAY

254

VIRTUAL SESSION
ATTENDEES: SEPT. – DEC.



PA MENTAL HEALTH GRANT EXTENSION

For the last two years, the Gender Clinic received grant funding from the PA Office of Mental Health and Substance Abuse Services to provide free trainings for mental health professionals to increase their competency in LGBTQ+ mental healthcare. Dr. Hawkins and Samantha King, Gender Clinic Education Specialist, received an extension on the grant for this year, with additional funds to support virtual trainings. The plan for trainings in 2020 was to include four separate webinars on specialized topics and multiple in-person sessions throughout the state. The webinars were hosted as planned, with 539 mental health professionals logging in. Due to the pandemic, all planned in-person sessions were reformatted to an online platform. Despite this change, registration remained full, and from January to May, 271 providers attended these sessions. A second round of virtual trainings were offered from September to December. At the close of 2020, an additional 254 providers were trained. ■

GENDER-AFFIRMING SURGERY SUPPORT

Surgery can be a critical part of gender-affirming care for many patients, and in the past year our team has focused a good deal of advocacy work in order to support insurance coverage for gender-affirming surgical procedures. We provide support to families through the process of understanding their insurance coverage, providing information for consultations, and starting appeals for insurance denials. The Gender Clinic's Clinical Social Worker, Katelyn Regan, LSW, MEd, championed this work and serves as the advocate who provides advocacy and support throughout the surgery process. They offer advice for calling insurance companies and confirming your coverage. When asked about some of the major considerations for exploring whether insurance covers the care or not, Regan says some of the things that insurance plans take into account for coverage are:

AGE: A lot of companies have age restrictions for accessing gender-affirming surgery. Some state insurances will only provide coverage if an individual is age 18 or older, but some companies are getting more flexible about age restrictions.

GENDER IDENTITY DIAGNOSES: Some plans exclude ALL coverage of this diagnosis, and some plans cover all procedures/medications with this diagnosis.

EMPLOYER: If your benefits come from your employer, seeing if your employer has built gender care into their plan or not. ■

TO EXPLORE YOUR BENEFITS, YOU CAN:

- Call the member services phone number on the back of your insurance card.
- Let your insurance company know that you have a specific “CPT code” that you would like to look up, and give them one of the codes below based on what surgery you are looking for:
 - Chest reduction: **19318**
 - Mastectomy/Chest masculinizing surgery: **19303, 15200**
 - Vaginoplasty: **55970** and **57335**
 - Phalloplasty: **55980**
 - Rhinoplasty: **30400**
 - Facial reconstruction: **21172**
- Your insurance company will let you know if this procedure is in your plan.
- Ask if there are any restrictions based on the diagnosis code **F64.2** (gender dysphoria).
- Your insurance company should let you know if there are age restrictions or if a prior authorization is needed, or if it is excluded from your benefits package.
- Note the name of the representative you speak to and the date and time of your call in case your insurance company later denies the claim after saying that it is approved.

RESEARCH HIGHLIGHTS

LACK OF GENDER-AFFIRMING MEDICAL CARE AND LACK OF PROVIDER RESPECT AND SUPPORTIVE CARE ENVIRONMENTS ARE CITED AS TWO MAJOR BARRIERS FOR YOUNG TRANSGENDER WOMEN SEEKING CARE.



IMPROVING QUALITY AND ACCESS TO GENDER-AFFIRMING HIV PREVENTION CARE FOR TRANSGENDER YOUTH

Transgender youth experience significant challenges to their physical and mental well-being, including alarming rates of HIV infection. There are a multitude of factors that contribute to HIV infection vulnerability among young transgender women, but lack of gender-affirming medical care and lack of provider respect and supportive care environments are cited as two major barriers for young transgender women seeking care. Beginning in 2020, Dr. Dowshen received funding from the Stoneleigh Foundation to develop and test a youth-driven method to evaluate experiences getting care and use what they learn to impact policy and improve practice. In the study's current stage, we are conducting focus groups with both provider and youth experts to adapt existing tools to assess aspects of HIV prevention services that will be used by young trans women in Philly to complete mystery shopping visits and meet with clinic managers for a facility audit. We look forward to sharing the study's progress over the next two years! ■



INTERSECTIONALITY AND HEALTH INEQUITIES FOR BLACK GENDER MINORITIES IN THE U.S.

Gender minority Blacks are a marginalized population that face numerous health inequities in the United States. Elle Lett, a University of Pennsylvania MD/PhD candidate who is mentored by Dr. Dowshen, conducted a study to measure these health inequities through the intersectional lens of race and gender. In the cross-sectional study examining data from 2018 to 2019, they found that gender minority Blacks were more likely than Black cisgender individuals to experience longer periods of activity limitation and being mentally or physically unwell, and more likely to experience significant mental distress. These results suggest that Black gender minority individuals experience distinct health inequities due to racism, and health policies should focus on addressing the needs of this multiply marginalized population. ■

CHEST DYSPHORIA IN TRANSMASCULINE YOUTH

Last year, we sat down with Adolescent Medicine Fellow, Jamie Mehringer, MD, to learn more about his research project on chest dysphoria in transmasculine youth. We are excited to announce that in 2020, Dr. Mehringer and the research team successfully published and disseminated the results of the study! The study found that chest dysphoria had several adverse effects on transmasculine youths' mental health, functional abilities, relationships, posture and ability to focus, to name a few. For youth who received the surgery, they experienced full or almost full relief from chest dysphoria, no regret of surgery, and improvements in quality of life and daily functioning. This research is crucial in the ongoing fight to convince insurance companies to cover top surgery in trans- and gender-nonconforming youth, and we have already used the results in letters to insurance companies for some of our families. ■

Here are a few of the things the youth participants had to say about their experiences:

CHEST DYSPHORIA EXPERIENCE

“Suicidal ideation definitely stemmed from that — from chest dysphoria and the feelings that it gave me.”

POST-SURGERY

“It was liberating, because I just could finally live a normal life like the rest of kids my age.”

STAFF & COMMUNITY PARTNER HIGHLIGHTS



NEW ATTENDING PHYSICIAN

Miriam Langer, MD (she/her), is joining us from New York City, where she completed her fellowship in Adolescent Medicine at The Children’s Hospital at Montefiore. While there, she cared for transgender and gender diverse youth and their families from before they entered puberty through young adulthood. She worked to expand medical and social services available to her patients at Montefiore and across the Bronx, including providing education to local physicians and medical students. She presented her research on trans-youth and reproductive health at national conferences. She looks forward to continuing her work at our Gender Clinic. She received her medical degree from Sackler School of Medicine at Tel Aviv University and completed her pediatric training at Maimonides Medical Center, going on to become a board-certified pediatrician. She is also a member of the North American Society for Pediatric and Adolescent Gynecology and the Society for Adolescent Health and Medicine. In her free time, Miriam loves to be outside, whether in nature or exploring a new part of town. ■



INTERSECTIONALITY AND TRANSGENDER HEALTH

Elle Lett, MBiostat (they/them), is a Black, genderqueer physician-scientist in training passionate about achieving health equity for marginalized populations at the intersection of race and gender. They are a current MD-PhD student in Epidemiology at the University of Pennsylvania in their third year of the PhD and fifth year overall. Their previous work has spanned environmental health, medical education, surgery and primary care all through the lens of using research for health justice. Their current work focuses on intersectionality, specifically examining health inequities transgender/gender minority and racial/ethnic minority communities using administrative claims and electronic health record data. They have also supported statistical analysis for several Gender Clinic research projects. In their free time, they enjoy running, making playlists, and cooking for their friends and family. ■



Q-AND-A ON PELVIC FLOOR PHYSICAL THERAPY

With Shannon McCool, PT, DPT, WCS, CLT (she/her)

Can you describe the services you/your team provide for transgender/gender nonconforming youth?

Penn Therapy and Fitness, a division of Good Shepherd Penn Partners, provides physical therapy services to gender diverse patients. This past year, the organization made a commitment to its LGBTQ+ Therapy Program by providing cultural training to all employees, developing treatment pathways and clinical competencies for therapists serving gender diverse patients, and updating its systems and operational processes to be more inclusive. We have partnered with CHOP as well as our Penn Medicine colleagues to help gender diverse patients and youth meet their therapy goals. This can include postoperative care for a wide variety of surgeries and pre-operative screening to identify and resolve any pre-existing dysfunction that could potentially interfere with postoperative recovery. Recognizing not everyone has a need for surgery, we also treat gender-diverse patients for a wide variety of pelvic, orthopedic and neurological issues.

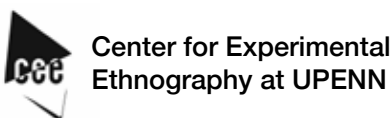
What do you like most about this work?

We have come a long way in improving access to gender affirming care, but there are still so many barriers to overcome. Some patients and families may use so much time and energy preparing for things like surgery that they have little capacity remaining for their own recovery. That's where physical therapists are able to step in. What I love most about my work is being a guide and advocate for patients in the next phase of their journey, and I am honored to play a role in helping people affirm who they know themselves to be.

How has this work impacted the patients and families you serve?

As a physical therapist, I am just another member of a patient's healthcare team helping them to meet their goals. Historically, physical therapy has been left out of the WPATH guidelines for gender affirming care, likely because providers needed to lay the groundwork for medical interventions first. As we continue to advance care for patients and families, however, we must begin to incorporate all aspects of care. I hope that by continuing to grow our LGBTQ+ Therapy Program, we can be yet another resource for patients and families. ■

THANK YOU TO OUR FUNDERS & PARTNERS!



PARTNERS AT CHILDREN'S HOSPITAL OF PHILADELPHIA:

- Craig-Dalsimer Division of Adolescent Medicine
- Patient and Family Services Department
- Division of Endocrinology and Diabetes
- Department of Child and Adolescent Psychiatry and Behavioral Sciences
- Office of Government Affairs, Community Relations & Advocacy

HOW YOU CAN HELP US

Tell one new person about the Gender & Sexuality Development Clinic at CHOP. With your financial support, we can expand the clinic's services and research capabilities, allowing us to serve even more children and their families. To learn how you can make a difference, you can visit chop.edu/gender to make a donation online.



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