Resource Guide — Advancing Health Equity through Gender Affirming Health Systems

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CARDEA
Training, Organizational Development and Research

Acknowledgements

Partners

Cardea extends sincere thanks to the staff and providers of Odessa Brown Children's Clinic and Seattle Children's Hospital who participated in this pilot for sharing their experience and providing valuable insight.

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Pride Foundation is a leader in the pursuit of equality for the LGBTQ community. As a regional community foundation, they invest in organizations, students, and leaders in the Northwest—transforming individual acts of courage into a unified movement for change. Learn more at www.pridefoundation.org.

For Review of the Working Group Staff Survey

Stacey Prince, PhD
Psychologist and Co-Founder of Beyond the Bridge

Beyond the Bridge is a community of people committed to supporting LGBTQ youth through fundraising, connecting youth to resources, and creating more affirming spaces in their families, schools, and places of worship.

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For more than 40 years, Cardea has provided training, organizational development, and research and evaluation services to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients.

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Pride Foundation

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Background

Advancing Health Equity through Gender Affirming Health Systems was a 2016 collaboration between Cardea Services (Cardea) and Odessa Brown Children's Clinic (OBCC), a community clinic of Seattle Children's Hospital, funded by Pride Foundation and Beyond the Bridge.

Cardea's objectives were to:

- Develop an organizational assessment (OA) on gender affirming health systems to identify strengths and opportunities in primary care sites to develop and enhance the provision of culturally and clinically proficient care to transgender and gender non-conforming (TGNC)* youth
- Pilot the OA through facilitated meetings with a working group and support them in determining priority opportunities and action plans
- Disseminate this work throughout the region for other health centers to use in transforming their health systems

Cardea has a 40-year history of providing training, organizational development, and research and evaluation services to health and human service agencies throughout the U.S. Our mission is to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients.

Cardea offers training and resources for physicians, advanced practice clinicians, and other primary care providers to deliver clinically competent, respectful, culturally proficient health care to TGNC people.

Through ongoing support from Pride Foundation, Cardea initially delivered the two-part webinar series "Clinically Competent and Culturally Proficient Care for Transgender and Gender Variant Patients." Based on that series, we developed two independent study courses: 1) Introduction to Gender and Sexuality in a Health Care Setting; and 2) Clinical Care for Transgender and Gender Nonconforming Patients, co-provided with the Center of Excellence for Transgender Health and Cedar River Clinics. Finally, to address the specific and unique needs of clinicians working with adolescents, we delivered the webinar Clinical Care for Gender Nonconforming and Transgender Adolescents.

When Cardea delivers training to providers and other professionals in health care settings, we strive to pair training and organizational development, when possible, to support clinical systems change. Reaching New Heights is Cardea's approach to building capacity for cultural proficiency at both the individual and organizational/systems levels. Given our work on Reaching New Heights, Cardea recognized that, for young people to experience clinically and culturally proficient care (CCP), we needed to support health systems transformation.

* The appropriateness, meaning and impact of language about gender identity is fluid and evolving in the community and the field.

The Opportunity

Experiences with clinicians during adolescence create a precedent for future health care access, health risk reduction, help-seeking behavior, and, sometimes, adult physical and social health (Garofalo & Bush, 2008). Participants in the U.S. Transgender Survey (2015) reported that they avoided seeking health care in the past year because they feared being mistreated as a transgender person (23%). Indeed, the most significant medical risk for the LGBTQ community may be the avoidance of routine health care (Bonvicini & Perlin, 2003).

Both access and (CCP) care are key to optimal health outcomes for LGBTQ adolescents. Although many health care providers have made strides in providing CCP care to lesbian, gay and bisexual youth, many TGNC youth still encounter barriers to CCP care. Research indicates that youth with gender dysphoria are at high risk for depression, anxiety, isolation, self-harm, and suicidality at the onset of a puberty that feels wrong (Olsen and Garofalo, 2014). For TGNC youth, access to affirming health care services can be life saving.

While some families have resources to travel for gender affirming care, families with limited resources often lack access to the care they need and deserve. Even in communities with a CCP provider, TGNC youth and their families often face challenges navigating clinical systems. To reduce barriers to access for TGNC youth, gender affirmation should be integrated at every level of clinical systems in every community.

Our Strategy

Through this project, Cardea envisioned developing and piloting an OA to address systemic barriers to health care for TGNC youth. Cardea staff reached out to Dr. Benjamin Danielson, Medical Director at OBCC, who expressed interest in the project from the start.

OBCC, a community clinic of Seattle Children's Hospital, is located in Central Seattle and serves youth birth to 21. It provides medical, dental, mental health, and nutrition services to all families, regardless of their abilities to pay. OBCC operates three school-based health centers in Seattle, including the Teen Health Center at Garfield High School. OBCC's families are racially and ethnically diverse, and 80% are on Medicaid.

In line with OBCC's mission, Dr. Danielson and the OBCC team are committed to equity, social justice, and CCP care. With funding secured from Pride Foundation and Beyond the Bridge, Cardea engaged key stakeholders at OBCC and Seattle Children's Hospital to align expectations and clarify commitments for the project before developing the OA.

While OBCC assembled a working group of staff, leadership, and community members, Cardea developed and vetted the OA with both internal and external experts in gender-affirming care and organizational development. Cardea drew inspiration from three frameworks to develop the OA:

1. ***Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile*** (2002) prepared for the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. This tool was developed to provide an analytic framework for assessing cultural competence in health care delivery organizations with specific indicators. Its seven domains directly apply to gender affirming care (see domains in the working group and community surveys).
2. ***The Stages of Readiness to Change model*** based on Prochaska and DiClemente's Stages of Change Model (1986). Also known as the Transtheoretical Model, it describes the change process along a continuum of five stages: precontemplation, contemplation, preparation, action, and improvement/maintenance. When used with organizations, it supports them in transitioning from assessment to concrete, sustainable actions.
3. ***A Model of Organizational Context and Shared Decision Making: Application to LGBT Racial and Ethnic Minority Patients*** by DeMeester et al. (2016). The authors identify shared decision making (SDM) as "what occurs when patients and clinicians work together to reach care decisions that are both medically sound and responsive to patients' preferences and values." SDM is an important tenet of patient-centered care that can improve patient outcomes. However, key organizational factors need to be considered to improve SDM with LGBT racial/ethnic minority patients who often face stigma and discrimination.

Dr. Danielson formed the OBCC Gender Affirming Health Systems Working Group with seven members—four staff and providers from different departments, two clinic directors, and a parent of a transgender young person. Cardea attended an OBCC staff meeting to provide information about the process, address questions, and solicit feedback.

Cardea engaged OBCC's Working Group to pilot the OA and accompanying Community Member Survey via a three-session series, totaling 7 hours over 5 months. In the first session, the Working Group set its vision for the project, and Cardea laid groundwork for the OA. Working group members also completed the staff and community surveys. Between sessions, Cardea compiled anonymized OA responses and collated them for review by the Working Group. During the second session, the Working Group synthesized the compiled responses, gained consensus

about OBCC's stage of change on each focus area, and brainstormed ideas to move OBCC further along the stages of change continuum. In the final session, the Working Group chose key change ideas to focus on and engaged in strategic planning using a planning tool from Cardea. Working group meetings concluded with leadership commitment to continue implementation of work plans.

Concurrently, Cardea conducted an environmental scan of policies, procedures, electronic health record systems, and patient education documents to share with OBCC and Seattle Children's Hospital leadership. The environmental scan included documents and systems specific to OBCC and Seattle Children's Hospital as a whole.

The Impact

As a result of this collaborative work, OBCC has implemented three improvements and identified future directions to enhance its work related to gender-affirming health systems.

Improvements implemented

- Prioritized professional development through all-staff training on CCP care for TGNC youth to improve knowledge of gender identity and gender expression
- Formalized OBCC's relationship with the newly opened Gender Clinic at Seattle Children's Hospital
- Enhanced privacy in the reception space by adding chairs to its intake area

Future directions

- Provide more gender-affirming clinical services on site to increase access for its patients
- Designate a point of contact within OBCC as a resource to support staff in implementing gender-affirming care throughout the clinic
- Pilot standardized questions to support staff in using correct names and pronouns with patients

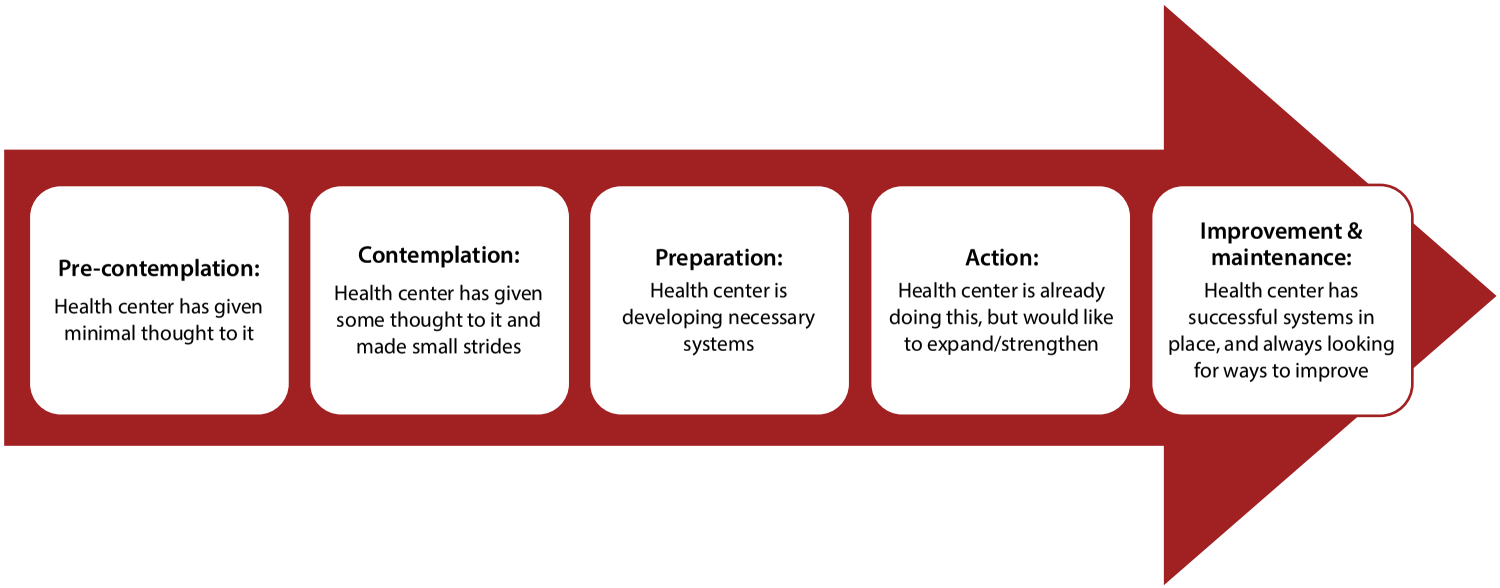
All members of the Working Group reported that they would recommend the process to other health care organizations, and the majority of members wanted Seattle Children's Hospital to engage in a similar OA. Dr. Danielson is in communication with leadership about the possibility of spread throughout the Seattle Children's network. We are grateful to OBCC and Seattle Children's Hospital for engaging in this project to support the families they serve.

Organizational Assessment: Working Group Survey—Staff Member

Gender Affirming Health Systems

Instructions: Please reflect on the statements under each topic. Mark the overall stage of readiness in which you perceive your health center related to the associated statements. We briefly define each stage in the graphic below.

Your answers are voluntary and will remain confidential. Do NOT include your name. If you do not want to answer a question, please skip it. We will gather and share the entire group's de-identified responses at the next session.



I. Organizational Values

A. Leadership, Investment and Documentation	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. Our health center dedicates resources to implementing and monitoring cultural competence.	☐	☐	☐	☐	☐	
2. There are senior or executive staff and providers with knowledge of and the responsibility to implement and monitor gender affirming care.	☐	☐	☐	☐	☐	
3. We have specific programs or initiatives that address gender affirming care.	☐	☐	☐	☐	☐	
B. Information/Data Relevant to Cultural Competence	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We regularly self-assess our organization's provision of gender affirming care (i.e., discuss at staff and provider meetings, integrate into performance reviews, etc.).	☐	☐	☐	☐	☐	
2. We periodically conduct community needs assessments, with attention to the needs of transgender and gender nonconforming people.	☐	☐	☐	☐	☐	
C. Organizational Flexibility	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We use information/data related to gender affirming care in policy, program, operations, and service planning and implementation.	☐	☐	☐	☐	☐	

II. Governance

A. Community Involvement and Accountability	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. We have a community advisory committee/s or similar structure representative of the population and community we serve, including transgender and gender nonconforming representatives.	☐	☐	☐	☐	☐	
2. We have partnerships with organizations that serve transgender and gender nonconforming people and/or LGBTQ people.	☐	☐	☐	☐	☐	
3. We participate in referral programs through organizations that serve transgender and gender nonconforming people and/or LGBTQ people.	☐	☐	☐	☐	☐	
B. Board Development	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We have a diverse governing body or policy influencing group, with representatives from the population and community we serve, including transgender and gender nonconforming representatives.	☐	☐	☐	☐	☐	
2. Our governing board participates in ongoing professional development regarding cultural competence, including gender affirming care.	☐	☐	☐	☐	☐	

III. Planning and Monitoring/Evaluation

A. Patient, Community, Staff and Provider Input	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. We routinely involve community members in working groups/committees to consider new services and protocols, including transgender and gender nonconforming community members.	☐	☐	☐	☐	☐	
2. We survey or interview patients and their caretakers about their health care experiences and goals, including those related to gender affirming care.	☐	☐	☐	☐	☐	
3. We have a process for capturing staff and provider's level of participation in and satisfaction with gender affirming care.	☐	☐	☐	☐	☐	
B. Collection and Use of Cultural Competence-Related Information/Data	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We have data sources and systems that support proactive planning for gender affirming care at all levels (policy, program, operations, and prevention services).	☐	☐	☐	☐	☐	
2. We monitor and evaluate implementation and results of gender affirming care plans/activities/initiatives as part of quality improvement activities.	☐	☐	☐	☐	☐	
3. We produce and review monitoring and evaluation reports related to gender affirming care in a timely way.	☐	☐	☐	☐	☐	

IV. Communication

A. Culturally Competent Oral Communication	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. We have a mechanism in place to ensure service providers use respectful and nonjudgmental language to address gender identity in shared visit notes, using terms and labels chosen by patients.	☐	☐	☐	☐	☐	
2. Language interpreters are familiar with and sensitive to issues related to gender diversity.	☐	☐	☐	☐	☐	
B. Culturally Competent Written/Other Communication	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We provide intake forms and documents that are inclusive of transgender and gender nonconforming people.	☐	☐	☐	☐	☐	
2. We have a quality review mechanism to ensure that written materials convey gender-related information in a clear and nonjudgmental way.	☐	☐	☐	☐	☐	
3. Materials translated into languages other than English are accurate and sensitive to transgender and gender nonconforming youth.	☐	☐	☐	☐	☐	
C. Communication with Community	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We advertise our gender affirming services in media and events that serve transgender and gender nonconforming communities and/or LGBTQ communities.	☐	☐	☐	☐	☐	

V. Staff and Provider Development

A. Training Commitment	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. We routinely train clinical (medical, behavioral and mental health, and dental), front desk, and administrative staff and providers on gender affirming communication and care.	☐	☐	☐	☐	☐	
2. Training in gender affirming care is linked to quality improvement efforts (as a core competency).	☐	☐	☐	☐	☐	
3. There is a designated staff person/provider who can provide consultation on gender affirming care upon request.	☐	☐	☐	☐	☐	
4. We disseminate information on staff and provider training opportunities related to gender affirming care and policies.	☐	☐	☐	☐	☐	
B. Training Content	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. Training we provide addresses gender affirming care-related knowledge, skills, and attitudes.	☐	☐	☐	☐	☐	
2. Training we provide addresses the intersections between gender and other identities (i.e., race, ethnicity, ability, sexual orientation, class, immigration, etc.).	☐	☐	☐	☐	☐	
3. We obtain input from the communities we serve regarding staff and provider training content.	☐	☐	☐	☐	☐	

V. Staff and Provider Development

C. Staff and Provider Performance	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. Staff and providers demonstrate knowledge, skills, attitudes, and behaviors necessary for providing gender affirming care.	☐	☐	☐	☐	☐	
2. We have a financial or non-financial incentive system (individual or team) for culturally competent behaviors/ activities, including gender affirming behaviors/ activities.	☐	☐	☐	☐	☐	
3. Our health center periodically assesses staff and provider performance and training needs regarding gender affirming care.	☐	☐	☐	☐	☐	
4. Staff and provider performance evaluations are conducted in a gender affirming manner.	☐	☐	☐	☐	☐	

VI. Organizational Infrastructure

A. Financial/Budgetary	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. We have a process for enhancing resources for cultural competence, including gender affirming care (e.g. grant writing, fundraising activities).	☐	☐	☐	☐	☐	
2. We have a documented record of overall budgetary allocation and investment in activities that support cultural competence, including gender affirming care that is aligned with a strategic plan.	☐	☐	☐	☐	☐	
B. Staffing	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. Throughout the health center, the gender diversity and other diversity of our staff and providers reflects the gender and other diversity of the community we serve.	☐	☐	☐	☐	☐	
2. We have plans and processes to recruit, retain, and promote gender diverse staff and providers, representative of our community.	☐	☐	☐	☐	☐	
3. We routinely assess the quality and cultural competence of relevant contractors and vendors.	☐	☐	☐	☐	☐	

VI. Organizational Infrastructure

C. Technology	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. Our electronic health record (EHR) and practice management software includes and tracks information on appropriate and inclusive information about patients' gender identity, names and pronoun(s) used by the patient, and key relationships.	☐	☐	☐	☐	☐	
2. Our EHR and practice management software facilitates ready communication about patient' gender identity and the names and pronoun(s) used by the patient among all staff and providers who interact with patients.	☐	☐	☐	☐	☐	
3. Staff and providers are trained to use, sensitively collect, and input gender identity and the names and pronoun(s) used by the patient, into the organization's information system in a consistent, standardized way.	☐	☐	☐	☐	☐	
4. Our EHR includes screening templates and clinical decision supports to flag opportunities to ask about evidence-based factors affecting gender affirming care (i.e., dating/intimate partner violence, bullying and harassment, family dynamics, suicidality, etc.).	☐	☐	☐	☐	☐	

VI. Organizational Infrastructure

D. Physical Facility/Environment	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. We display stickers, symbols, artwork, and/or educational materials depicting diverse individuals and relationships reflective of the community, including gender diverse people.	☐	☐	☐	☐	☐	
2. Our health center provides confidential spaces where staff and providers can build trust and facilitate disclosure of gender-related information.	☐	☐	☐	☐	☐	
3. We have accessible gender neutral bathrooms for staff, providers, and patients with clear signage.	☐	☐	☐	☐	☐	
E. Linkages	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We have formal internal clinical coordination to facilitate delivery of gender affirming care.	☐	☐	☐	☐	☐	
2. We gather and consider information on the provision of gender affirming care for referral sources and partnering organizations.	☐	☐	☐	☐	☐	
3. Staff and providers use referrals to other organizations for gender affirming care appropriately.	☐	☐	☐	☐	☐	

VII. Services

A. Participant and Community Involvement	Pre-contemplation	Contemplation	Preparation	Action	Improvement & maintenance	Comments
1. Our staff and providers engage patients in shared decision making regarding their health care, including care related to gender transitions.	☐	☐	☐	☐	☐	
2. We provide patients with materials or information about the shared decision making process.	☐	☐	☐	☐	☐	
3. We have a systematic process to identify community beliefs, practices and culture-related factors, including those related to gender.	☐	☐	☐	☐	☐	
B. Service Content and Process	**Pre-contemplation**	**Contemplation**	**Preparation**	**Action**	**Improvement & maintenance**	**Comments**
1. We accommodate and integrate patients' and the community's beliefs and practices in services provided.	☐	☐	☐	☐	☐	
2. Staff and providers call for, address and discuss transgender and gender nonconforming patients using the names and pronoun(s) used by the patient.	☐	☐	☐	☐	☐	
3. Staff and providers are trained and feel competent participating in shared decision making processes for gender affirming services (i.e., puberty-suppressing medication).	☐	☐	☐	☐	☐	
4. Staff and providers are trained and feel competent applying knowledge of potential protective and risk factors associated with intersections between gender and other identities (i.e, race, ethnicity, ability, sexual orientation, class, immigration, etc.).	☐	☐	☐	☐	☐	

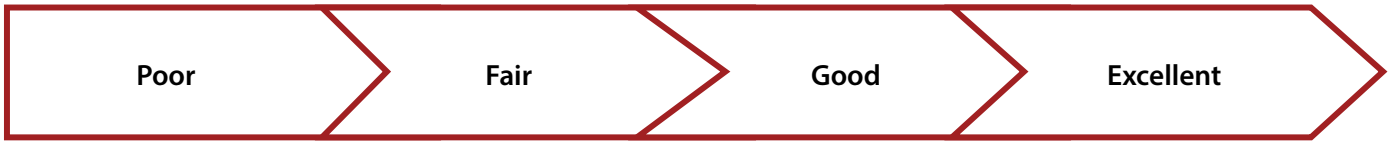
This is the end of the assessment. Thank you for your participation. We will collate everyone's responses for next time, when we will break into small groups.

Organizational Assessment: Working Group Survey — Community Member

Below are a series of statements about our health center. Mark where you think the health center is on the spectrum below each set of statements. Then, briefly describe anything you would like to see the health center continue to do and what you would like to see them do going forward.

1. Organizational Values

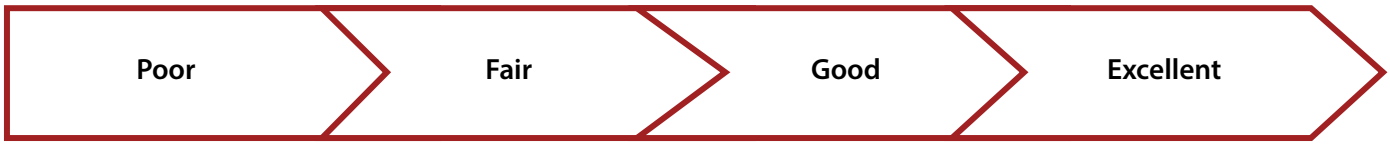
- The health center has specific programs or initiatives that address gender affirming care.
- The health center strives to understand the needs of the community, including the needs of transgender and gender nonconforming patients.
- The health center adapts to its community's gender affirming care needs.



What should the health center keep doing?	What should the health center change?

2. Governance

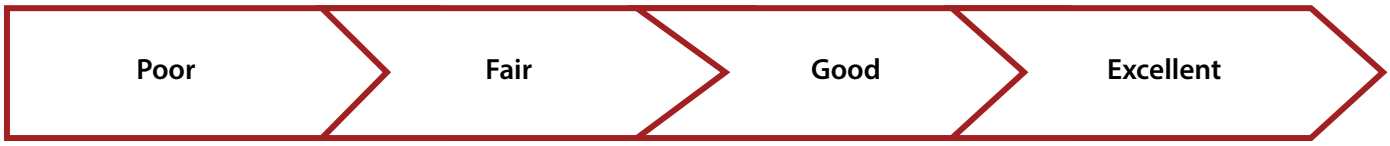
- The local transgender and gender nonconforming community thinks highly of the health center.
- The health center's governing body is representative of the community and supports gender affirming care.



What should the health center keep doing?	What should the health center change?

3. Planning and Monitoring/Evaluation

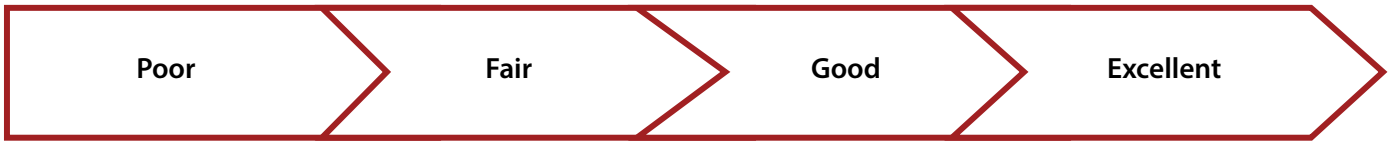
- The community is involved in the health center's planning processes.
- Health center staff engage their patients and their caregivers in a dialogue about areas for service improvement.



What should the health center keep doing?	What should the health center change?

4. Communication

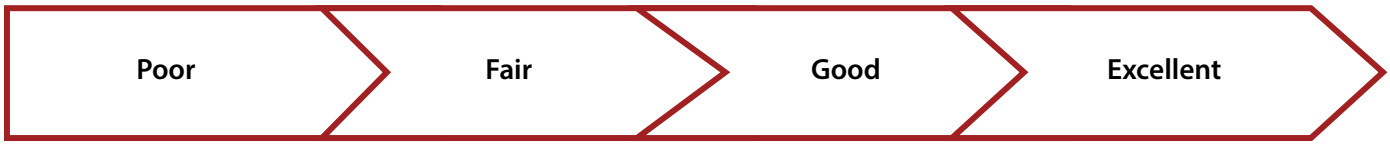
- Staff, including language interpreters, use respectful and nonjudgmental language around gender and use the terms and labels chosen by patients.
- Forms and documents that patients complete are inclusive of transgender and gender nonconforming people.
- The written materials available through the health center convey gender-related information in a clear and nonjudgmental way.



What should the health center keep doing?	What should the health center change?

5. Staff and Provider Development

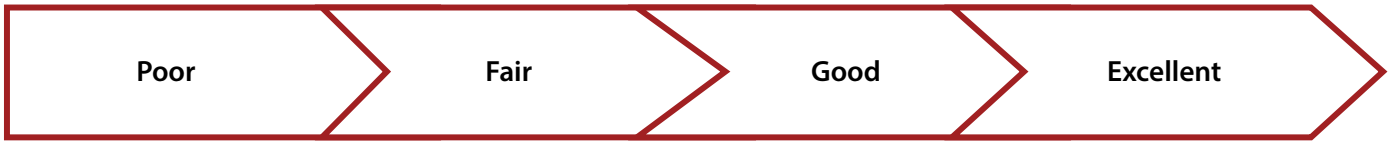
- Staff are adept and skilled at providing gender affirming care.
- Staff and providers demonstrate knowledge, skills, attitudes, and behaviors necessary for providing gender affirming care.



What should the health center keep doing?	What should the health center change?

6. Organizational Infrastructure

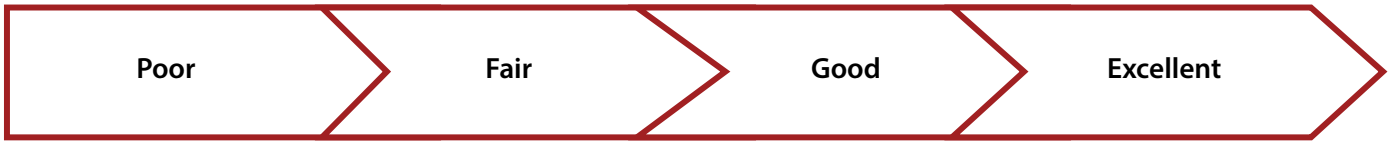
- Throughout the health center, the gender diversity and other diversity of staff and providers reflects the gender and other diversity of the community.
- Staff and providers sensitively collect the names and pronoun(s) used by patients.
- Staff and providers sensitively ask about evidence-based factors affecting gender affirming care when appropriate.
- The health center sets a welcoming environment, displaying stickers, symbols, artwork, and/or educational materials depicting diverse individuals and relationships reflective of the community, including gender diverse people.
- The health center provides confidential spaces where staff and providers can build trust and discuss gender-related information.
- The health center has accessible gender neutral bathrooms for staff, providers, and patients with clear signage.
- Staff and providers refer patients to other organizations for gender affirming care appropriately.



What should the health center keep doing?	What should the health center change?

7. Services

- Staff and providers engage patients in shared decision making regarding their health care, including care related to gender transitions.
- The health center provides patients with materials or information about the shared decision making process.
- Staff and providers call for, address and discuss transgender and gender nonconforming patients using the names and pronoun(s) used by the patient.
- Staff and providers are knowledgeable about potential protective and risk factors associated with intersections between gender and other identities (i.e. race, ethnicity, ability, sexual orientation, class, immigration, etc.).



What should the health center keep doing?	What should the health center change?

Organizational Assessment: Working Group Survey — Glossary

Term	Definition
Core Competency	A foundational skill desirable for staff.
Cultural Competence	A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations (as defined by HRSA).
Cultural Proficiency	Individual and organization-wide commitment to a process toward equity in multicultural contexts both internally and in partnership with communities.
Electronic Health Record (EHR)	An electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.
Evidence-Based Factors	Applying the best available research evidence bearing on protective and risk factors. Note distinction between applying stereotypes not based on research evidence.
Gender Affirming	Refers to an interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression.
Gender Affirming Care	Clinically and culturally proficient health services and communication that recognizes and supports the individual patient's gender identity and expression. This care includes, but is not limited to, shared decision making with patients.
Gender Diversity	Acknowledges and includes the full range of gender identities.
Gender Expression	The gendered way that a person dresses or presents themselves.
Gender Identity	A person's internal sense of being a man, woman, both, or neither.
Gender Neutral	Not referring to or specifying any gender.
Gender Nonconforming	An umbrella term to describe people whose gender expression or gender identity differs from gender norms associated with their assigned birth sex.
Gender Transition	When a person begins to live as the gender with which they identify rather than the gender they were assigned at birth, which sometimes includes changing one's first name and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, including taking hormones, having surgery, or changing identity documents (e.g. driver's license, Social Security record) to reflect one's gender identity.
Health Center	A building or establishment housing local medical services or the practice of a group of medical providers.
Implementing	Putting into effect.
Key Relationships	Central relationships in the patient's life.
LGBTQ	Lesbian, gay, bisexual, transgender, queer and/or questioning.
Monitoring	Observe and check the progress or quality of (something) over a period of time; keep under systematic review.

Term	Definition
Nonjudgmental Language	Language that does not convey personal judgement or bias.
Operations	Activities involved in the day to day functions of the health center.
Practice Management Software	A category of healthcare software that deals with the day-to-day operations of a medical practice. Such software frequently allows users to capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, and generate reports.
Professional Development	Process of improving and increasing capabilities of staff through access to education and training opportunities in the workplace, through outside organization, or through watching others perform the job.
Pronoun	A word (such as I, he, she, you, it, we, or they) that is used in place of a noun or noun phrase.
Protective and Risk Factors	Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities. A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.
Provision	The action of providing or supplying something for use.
Pubertal Suppression	An approved medical process used to delay puberty for transgender children.
Quality Improvement	A formal approach to the analysis of performance and systematic efforts to improve it.
Referral	An act of referring someone or something for consultation, review, or further action.
Shared Decision Making (SDM)	When a patients and clinicians work together to reach care decisions that are both medically sound and responsive to patients' preferences and values.
Stages of Change	A comprehensive model in health psychology that establishes that people (and organizations) go through a series of stages when they are trying to change behavior.
Strategic Plan	Wherein an organization defines its strategy, or direction, and makes decisions on allocating its resources to pursue this strategy.
Suicidality	The act or an instance of intentionally killing oneself.
Transgender	An adjective that is an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth. Although the term "transgender" is commonly accepted, not all TGNC people self-identify as transgender.
Youth	Anyone under the age of 25.

Agenda: Working Group Meeting 1

Convening a working group:

The working group's input and involvement is vital to this project. Work with leadership to assemble a working group at least two months before the first meeting. An ideal working group is a diverse team in terms of department, role, and position within health center hierarchy and includes some representation from the community. This would include directors, IT staff, billing staff, and frontline staff, as well as administrators and providers from different departments.

Inform staff of the purpose, approach, and timeline before the process begins. Schedule meeting 1 at least two months in advance to work with health center schedules. Also, remind staff about meeting date, time and purpose at least once in the days leading up to the meeting.

Objectives:

- Orient all working group participants to the project including purpose, potential and structure
- Familiarize participants with main models upon which the Organizational Assessment (OA) is based
- Complete the working group staff or community surveys

Time: 2.5 hours

Materials: Snacks, water, coffee, white board or newsprint, markers, O*rganizational Assessment: Working Group Survey — Staff Member** (1 per staff member), *Organizational Assessment: Working Group Survey — Community Member** (1 per community member), *Organizational Assessment: Working Group Survey — Glossary* (1 per participant), *Handout: The Transtheoretical Model and Applications to Organizational Change* (1 per participant), *Handout: Excerpt from Indicators of Cultural Competence in Health Care Delivery Organizations — An Organizational Cultural Competence Assessment Profile* (1 per participant), *Handout: Abstract from "A Model of Organizational Context and Shared Decision Making: Application to LGBT Racial and Ethnic Minority Patients"* (1 per participant)

*The *Organizational Assessment: Working Group Survey* was originally written to focus on a youth-serving clinic. In this publication, we have adjusted language to be more broadly applicable. Facilitators may choose to insert language specific to the population served if it is helpful to the implementation of the OA.

Preparation:

- Write the agenda for the meeting on the white board or newsprint

Procedure:

Opening and Introductions (10 min)

- Ask each participant to share their name, role, and one reason they're here today.
- Review the meeting agenda.

Invitation (10 min)

- Ask each participant to think of an important [young] person in their life.
- Ask participants to reflect on their hopes for what that [young] person's experience of medical care would be like.

1. Think (reflect/write silently)
2. Pair (share briefly with someone next to you them)
3. Share (report key words, phrases or themes to the whole group)

- Note to the group that this is the vision we want to hold for all people coming to the clinic. We'll keep these phrases posted as a guide for our work. We also know that, as societal acceptance grows, more and more transgender and gender nonconforming youth are coming out. These youth, their families, and the medical community are calling for us to rise to the occasion to adjust the way we do some things to reduce barriers to great care.

Working Group Overview (10 minutes)

- Review role of the working group, highlighting the following:
  - ▹ This will be a collaborative process.
  - ▹ We have no preconceptions about what we're going to find here.
  - ▹ We're not doing this in your clinic because you're doing a 'bad job'. This is an opportunity to work together to reduce barriers to care.
  - ▹ Summarize activities of the three working group meetings, and the time frame in which those will be scheduled.

Frameworks/Language (20 minutes)

- Explain to participants that the OA was developed based on three main models. The activity will provide grounding in these models.
- Tell participants that they will work in small groups each assigned to a handout about one of the three models. They will read their handout, discuss what stood out to them, and be prepared to share back to the large group. Encourage them to add any observations or questions to their report out to the large group, if they come up.
- Before assigning the handouts, acknowledge that these models have their challenges and limitations, and some of the language they use may not always be the language you use in your health center or that we would choose if we were designing the models. Still, look for what the model contributes that is helpful. For example, some health centers have adopted different lenses for work in multicultural contexts. Regardless of the approach your health center has taken, there are similar systems you would want to assess.
- Give participants 10 minutes in their groups, and 1-2 minutes each to report out. After report backs, review the following definitions in the glossary:
  - ▹ transgender
  - ▹ gender nonconforming
  - ▹ gender affirming
  - ▹ gender affirming care

Working Group Survey (55 minutes)

Walk through the OA instructions:

- Survey results will be compiled and shared back with all working group members in subsequent meetings. While no identifying information will be shared, let participants know that details within *comments* may inadvertently reveal their identity, and to be mindful of this if they wish to remain anonymous.

- Explain the difference between the working group staff survey vs. community member survey. The two surveys are aligned; however, the Community Member Survey allows for more qualitative input about aspects of the health center that they have observed. Depending on the community members' preferences, their responses can either be compiled separately, or integrated with the staff member comments. (Integration will be more work for the person who compiles the surveys, but can be done).
- This survey is meant to reflect working group participant perceptions. There are going to be things they don't know the answer to, but encourage them to make their best guesses based on their understanding.
- The OA is a series of statements. It will be obvious that they are meant to portray an ideal. The OA is built to implement across many settings, which means there may be statements that won't reflect the actual ideal for a certain health center. Remind participants that the working group will have opportunities to discuss these results later should this come up, and to reflect this in their comments if they encounter it.
- Remind participants that they will have a chance to work with and talk about the group's compiled responses, which will provide an opportunity to tease out nuances later.

Closing & Next Steps (5 minutes)

- (Close the meeting before handing out the survey so that participants can leave when finished).
- Thank participants for their time and ensure they have your contact info for questions or follow up as needed.

Agenda: Working Group Meeting 2

Objectives:

- Synthesize working group survey results
- Brainstorm potential actions for moving forward

Time: 2 hours

Materials: Snacks, coffee, pieces of newsprint titled with the seven domains in the Working Group Survey (Organizational Values, Governance, Planning and Monitoring/Evaluation, Communication, Staff and Provider Development, Organizational Infrastructure, Services), markers, compiled working group staff and community surveys (1 per participant), white board or newsprint, markers

Preparation:

- Compile Working Group Survey responses; de-identify all responses (remove names, any references that would reveal who made a comment, etc.).
- Schedule this session at least two months in advance to work with clinic schedules.
- Remind staff at least once in the days leading up to the meeting.
- Write the agenda for the meeting on the white board or newsprint.
- Write discussion prompts on board for small group synthesis.

Procedure:

Opening (5 minutes)

- Open by posting and sharing back their hopes from meeting 1 for how a person in their lives would feel accessing medical care.
- Go over agenda for the meeting.

Small Group Synthesis (60 minutes)

- Explain that they will be synthesizing results from the compiled surveys. We will cover one domain all together, then split into groups for the others.
- In a large group, select a domain to discuss together. For example, review responses around the Governance domain. Have participants review compiled responses in that domain.
- Using the newsprint titled "2. Governance," record their answers to the following discussion questions.

Discussion prompts for each domain: (posted)

1. What do you notice/what stands out to you based on the compiled responses?
2. Where do you think your health center falls on a stages of readiness continuum right now? Review compiled responses to the working group surveys and build a general consensus in your small group.
3. What is one practical action that would help your health center move further along this continuum?

Note: If a domain has little consensus in ratings, encourage participants to discuss what factors might influence someone's perspective on this rating scale.

- Split into groups of three or more people to follow the same procedure for the other domains in the Working Group Survey. Domains can be split amongst the groups if there are not enough people to form six groups of three people.
- Allow at least 30 minutes for small group time.

Report Back (20 minutes)

- Remind participants that in our last meeting we'll make work plans for concrete next steps using what groups have come up with as jumping off points.
- As each group reports back, allow others to add any input and write additions on newsprint.

Closing (5 minutes)

- Ask participants to share one thing they plan to do before they meet again to support gender affirming care at their health center.
- Announce date of third working group meeting.

Agenda: Working Group Meeting 3

Objective:

- Prioritize two actions from prior meeting
- Draft work plans based on priorities

Time: 2 hours

Materials: Snacks, coffee, white board or newsprint, markers, compiled working group staff and community surveys (1 per participant), typed notes from synthesis by domain (1 per participant), *Template: Developing Work Plans to Address Group-Identified Opportunities to Advance Gender Affirming Health Systems* (1 per participant), *Survey: Gender Affirming Health Systems Working Group Feedback* (1 per participant)

Preparation:

- Type up newsprint notes from synthesis by domain in meeting 2
- Schedule this session at least two months in advance to work with clinic schedules.
- Remind staff at least once in the days leading up to the meeting.
- Write the agenda for the meeting on the white board or newsprint.

Procedure:

Opening (5 minutes)

- Ask participants to share with someone next to them their update on actions taken since the last meeting to advance gender affirming care.
- Ask volunteers to share some of these with the group.

Operationalizing work plans (75 minutes)

- Review opportunities that were identified in working group meeting 2 by looking through the compilation together.
- As a group, choose two of these opportunities to focus on for developing work plans during this meeting.
- Guide participants through the work plan template using the example.
- Divide participants into two groups, assigning one opportunity to each group (if a larger group, may want to have more groups working on additional opportunities). Instruct them to create the work plan for their assigned opportunity.
- Ask each group to share back a general outline of their work plan.
- Explain that leadership will work with this group to implement the work plans and determine next steps for continuing this work.

Reflection and Feedback (30 minutes)

- Post the following prompts:
  1. One thing you are taking away from this process.
  2. One action you plan to take in the next month regarding the planning you did today.
  3. If you could communicate one thing to others doing this work, what would it be?
- Ask participants to answer these prompts in the following format:
  1. Think (reflect/write silently)
  2. Pair (share with someone next to you)
  3. Share (report key words, phrases or themes out to the whole group)
- Thank participants for their time, feedback, and commitment.
- Ask participants to complete the Working Group Feedback survey before leaving

Handout: The Transtheoretical Model and Applications to Organizational Change

The Transtheoretical Model (TTM) is a model to conceptualize the process of behavior change. This model integrates key concepts from other theories into a comprehensive theory of change that can be applied to a variety of behaviors, populations, and settings. It's based in the belief is that people move through several stages when changing a behavior. Behavior change is conceptualized as a process that unfolds over time rather than as an event. James O. Prochaska, Carlo Di Clemente and colleagues developed the TTM model beginning in 1977.

Stages of Change

Precontemplation/Not Ready: Minimal or no thought has been given to change. May be uninformed or unaware of the reasons for or importance of change.

Contemplation/Getting Ready: Intention to change but possibly ambivalent. Aware of both the benefits and risks of change.

Preparation/Ready: Strong intention to change. Developing a plan or systems to implement change.

Action/Making change happen. Adjustments may be made to more strongly reinforce the support for change.

Maintenance/Keeping change going. Reassessing and continuing to improve over time.

Due to significant success among individuals using this model to change behavior, the TTM is also being applied in organizations working toward change. Organizations can use the TTM model to assess where they are in the process of readiness to address or change various aspects of their organizations. They can then work strategically and supportively to move forward from that point. The TTM can be a positive tool for increasing participation, reducing resistance and facilitating a positive change process within an organization.

Below is the description of the stages for self-assessment in the OA Working Group Survey

Handout: Excerpt From *Indicators of Cultural Competence in Health Care Delivery Organizations — An Organizational Cultural Competence Assessment Profile*

Prepared for: The Health Resources and Services Administration U.S. Dept. of Health and Human Services

About the Project

"How do we know cultural competence when we see it?" is the central question that prompted the Health Resources and Services Administration (HRSA) to sponsor a project to develop indicators of cultural competence in health care delivery organizations. Throughout the nation, a growing consensus is emerging about the nature and importance of cultural competence as an essential component of accessible, responsive, and high quality health care. However, the pursuit of cultural competence in health care delivery organizations is constrained, in part, by the health field's lack of systematic approaches and tools for assessing cultural competence — that is, for gauging its presence, level, quality, and contribution to good health and health care.

This project aimed to contribute to the methodology and state-of-the-art of cultural competence assessment. The product — *An Organizational Cultural Competence Assessment Profile* — builds upon previous work in the field, such as the National Standards for Culturally and Linguistically Appropriate Services (CLAS)1 , and serves as a future building block that advances the conceptualization and practical understanding of how to assess cultural competence at the organizational level.

The project team employed several methods to reach these objectives. The first was a synthesis of over 120 published and unpublished literature sources to provide a resource document for the field and to inform the project team's initial decisions in developing an Assessment Profile….

Another important aspect of this project was the input of an organized Technical Expert Panel (TEP) comprised of individuals with widely recognized expertise on issues related to cultural competence.

The project team also held discussions with (or received input from) a range of private- and public-sector persons knowledgeable about cultural competence and measurement who served as key informants on the content of the Assessment Profile. Further, the project included input from a Workgroup of HRSA's Cultural Competence Committee.

Finally, the project team made site visits to best practice settings, i.e., health care delivery sites that have been recognized for their innovations in cultural competence. Visits were made to both HRSA-funded and non-HRSA-funded sites….

For the purposes of this project, cultural competence is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations." In developing a tool to assess cultural competence in the context of health care, the project team concentrated on the organizational level rather than the individual level.

Handout: Abstract from "A Model of Organizational Context and Shared Decision Making: Application to LGBT Racial and Ethnic Minority Patients"

DeMeester RH, et al. J Gen Intern Med. 2016.

Abstract

Shared decision making (SDM) occurs when patients and clinicians work together to reach care decisions that are both medically sound and responsive to patients' preferences and values. SDM is an important tenet of patient-centered care that can improve patient outcomes. Patients with multiple 'minority' identities, such as sexual orientation and race/ethnicity, are at particular risk for poor SDM. Among these 'dual-minority' patients, added challenges to clear and open communication include cultural barriers, distrust, and a health care provider's lack of awareness of the patient's minority sexual orientation or gender identity. However, organizational factors like a culture of inclusion and private space throughout the visit can improve SDM with lesbian, gay, bisexual, and transgender ("LGBT") racial/ethnic minority patients who have faced stigma and discrimination.

Most models of shared decision making focus on the patient-provider interaction, but the health care organization's context is also critical. Context-an organization's structure and operations-can strongly influence the ability and willingness of patients and clinicians to engage in shared decision making. SDM is most likely to be optimal if organizations transform their contexts and patients and providers improve their communication. Thus, we propose a conceptual model that suggests ways in which organizations can shape their contextual structure and operations to support SDM.

The model contains six drivers: workflows, health information technology, organizational structure and culture, resources and clinic environment, training and education, and incentives and disincentives. These drivers work through four mechanisms to impact care: continuity and coordination, the ease of SDM, knowledge and skills, and attitudes and beliefs. These mechanisms can activate clinicians and patients to engage in high-quality SDM. We provide examples of how specific contextual changes could make SDM more effective for LGBT racial/ethnic minority populations, focusing especially on transformations that would establish a safe environment, build trust, and decrease stigma.

Template: Developing Work Plans to Address Group-Identified Opportunities to Advance Gender Affirming Health Systems

Opportunity(ies):

Operationalizing/Defining the terms:

Goal: *Example* Through X, we aim to improve Y.				
Narrative rationale: *Example*: The Gender Affirming Health Systems Working Group identified a need and opportunity to …By doing X, we will meet our goal of…				
***Objectives**	**Tasks/Activities**	**Responsibility**	**Timeline**	**Evaluation**
Example. By the end of December 2017, we will identify and ensure public awareness of at least one gender-neutral bathroom facility.	• Talk to building management about most appropriate bathroom. • Seek approvals for change • Confer with community about the accessibility of that bathroom and get some input on signage. • Determine appropriate signage and placement for gender-neutral bathroom • Send memo and let all staff know about the location of the gender-neutral bathroom	Dr. Alex Smyth	November 2016 – February 2017	**Data sources:** Administrative records Patient satisfaction surveys Staff interviews **Indicators:** • Presence of gender-neutral bathroom. • Number of positive comments about gender-neutral bathroom from patients/parents • Proportion of staff who perceive that the gender-neutral bathroom is successful.

Write more below!				

*SMART Objectives = Specific, Measurable, Attainable, Realistic, Time-Based

SMART Objectives: What to ask yourself

S (Specific): What will be done? _____

For whom? _____

By whom? _____

M (Measurable): How much will things change? _____

A (Achievable): Is this objective achievable given the time and resources you've allotted? ☐ Yes

R (Realistic): Does this objective address the larger goal? ☐ Yes

T (Time-Based): By when will this objective be completed? _____

Survey: Gender Affirming Health Systems Working Group Feedback

We have come together three times in the last several months to assess opportunities for growth and plan for progress toward a more gender affirming health system. We would like to know your thoughts about this process to inform future work. Your responses to this questionnaire are voluntary and confidential. If you do not want to answer a question, just leave it blank.

1. What worked about this working group process or the assessment?

2. What could be improved for the future?

3. What impact, if any, do you think this process and subsequent discussions will have the work you do?

4. How likely or unlikely are you to recommend a similar assessment and planning process to another health center?

Very unlikely	Somewhat unlikely	Somewhat likely	Very likely
1	2	3	4

Comments (optional):

5. Please rate each statement ***BEFORE*** and ***AFTER*** the assessment and working group process, using the 1 – 5 scale where: 1 = poor; 2 = fair; 3 = good; 4 = very good; and 5 = excellent.

(Please circle only one choice for BEFORE and one choice for AFTER the Training.)

	BEFORE Working Group					***AFTER*** Working Group				
	Poor				**Excellent**	**Poor**				**Excellent**
A. I can identify areas for growth in my health center's practices related to gender.	1	2	3	4	5	1	2	3	4	5
B. I know at least two things my health center can do to become more gender affirming.	1	2	3	4	5	1	2	3	4	5
C. I am committed to working progressively toward a gender affirming health center.	1	2	3	4	5	1	2	3	4	5
D. I am confident that my health center is becoming more gender affirming.	1	2	3	4	5	1	2	3	4	5
E. I am familiar with frameworks to assess culturally affirming health systems for a wide range of populations that experience systemic barriers to care.	1	2	3	4	5	1	2	3	4	5

6. Anything else?

YOU ARE DONE WITH THE SURVEY. THANK YOU!

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