

Trans Inclusive HealthCare Cultural Humility

Mx. Van Ethan Levy (they | elle) (LMFT & LPCC)



Transgender Health
& Wellness Center

Take aways



Cultural Competency: Discuss the significance of effective communication across identities and trauma-informed care practices.



Historical Context: Examine the effects of historical and current exclusion on health care access for trans, non binary and many more non cis individuals.



Health Plan Considerations: Address the need for affirming care and the role of health plans in providing culturally competent services.



Access Challenges: Identity barriers to health care, including knowledge gaps among providers and systemic issues leading to care denials.



Intersectional Realities: Highlight the experiences and challenges experienced by diverse sub-populations, including trans, non binary and LGBTQPIA2S+ youth, intersex individuals, and those with disabilities.

Terms

Cis

- Someone whose identity aligns with the marker the person was assigned at birth.
- Not to be coupled with the word gender, so not cisgender or cis gender, but cis.

Assigned at Birth

- The marker the doctor assigned as one's "sex" when observing the baby's genitals.
- Not: "real sex", "real gender", "biology", "biological sex", "biological gender", "what you were before", "born a boy/girl"



Terms

Trans

- Someone whose identity differs from the marker that the person was assigned at birth.
 - Trans vs Trans gender
 - Non binary
 - Review how all identities are unique and we are not a monolith. What does it mean to be non binary versus what does your non binary identity mean to you.
 - Non binary does not mean trans
 - Non conforming does not mean trans

Folx

- Origins: The term "folx" emerged as a more inclusive alternative to "folks". It is often used within LGBTQ+ communities to explicitly acknowledge and respect people of all identities, including non binary and non conforming individuals.
 - Why "Folx" Instead of "Folks"?
 - Historically, "folks" has been used in a general sense, but it was often understood to default to a binary interpretation (men and women).
 - "Folx" helps create space for people whose identity is beyond the binary construct, acknowledging the diversity of all identities (e.g., non binary, queer, trans, etc.).
- Cultural Shift: The adoption of "folx" reflects a broader societal shift toward inclusivity and respect for all identities.

Internalized transphobia activity

Content warning: This activity may be activating for some people as it focuses on identifying our own internalized transphobia.

You will want to engage in this activity.



Internalized transphobia activity

- When you pause to do the activity, you will write down as many words/ phrases/ messages and more that you have been exposed, received, and/or come to mind when you read the word Trans / Non binary.
- What words have you been exposed to?
- What messages you have received from others?
- Please do not filter, this activity will only work if you are truly honest.
- Consider the laws, consider how we are depicted in media, what religion has communicated, access to bathrooms and so much more.



Internalized transphobia activity

- Pause.
- Write/Type the words Trans/ Non Binary at the top of the page
- Now write out all words/ phrases/ messages and more that you have been exposed, received, and/or come to mind when you read the word Trans / Non binary.
- When you feel you are done, keep staying with it. Try to do it for an hour if you can.



Trans/ trans/ non binary

Below are some examples from past folx:

- Confused, struggle, going through a phase, unsure, wants attention, uncertain, brainwashed, why, mental health, going against nature, support?, social contagion, what is this, traumatized, dramatic, surgery, tolerant, sinful, welcoming, inclusive, non-human, perverted, deviant, promiscuous, drag queen, not allowed, unnatural, she-he or it, abomination, less than human, wrong, bad, undeserving, predators/predatory, crossdresser, mentally ill, disease, weren't raised right, not old enough to make their own decisions, unacceptable behaviors, following the crowd, dangerous, disgusting, sinner, murder, murdered, suicide, not of this world, life style choice, mentally ill, confused, survivor of sexual abuse, predator.



Try other identities

I encourage you to do the same activity but with different identity(ies) on top:

Male

Female

Intersex

Cis

Masculine

Feminine



What does your identity and/or gender mean to you?

- How long did you think about your gender and/or identity growing up and/or now?
- How many times, that you are aware of, is your gender and/or identity used when it is not relevant?
 - Ex: "Hi ladies"
- When has your significance been minimized because of your gender and/or identity?
 - Ex: Being patted on the head and told 'you are doing a great job' but would that happen if the person was another gender and/or identity?
 - Being told you are doing a really good job, for a Woman.
 - People saying that your gender doesn't matter (they don't see your gender and/or other aspects of your identity)
- How does it feel when this happens?



Terms

Transphobia

- Hate, fear, not believing or mistrust of people whose identity does not align with the marker that was assigned at birth and/or whose gender/identity/ gender expression/ expression does not conform to societal genders/ expression and/or roles.

Internalized Transphobia

- The feelings we all have inside that we are not aware of. It is a common attitude that we learn in our culture and society.
 - Ex: Girls have vaginas. Boys have penises.
 - Ex: Female/male appearance
- What examples can you think of?
- Everyone holds internalized transphobia, just like everyone holds internalized: Islamophobia, racism, colorism, ageism, classism, sexism, homophobia and more.

Micro aggression

- This can be verbal and/ or nonverbal. It communicates a negative message, sometimes unintentional.
 - Ex: You are so beautiful for a Trans Girl.
 - Ex: Not sharing and/or noticing someone else's use of pronouns
 - Ex: you should have better posture (lack of awareness the person is binding)
- What are some examples you can think of?

Macro aggression

- This can be verbal and/ or nonverbal. It communicates a negative message and/ or behavior, that is intentional and/or unintentional.
 - Ex: Not putting in the intention to use a person's correct pronouns. (Misgendering someone even when you have been corrected).
- Can you think of any?

Gender is a societal construct

- Gender in different cultures
- What it looks like outside that construct
 - Non binary/ fluid / queer/ and more
 - The impact of falling outside the construct
 - Pathologizing, violence, danger, can you think of anything?



Commonly used term

- "Transition" is a commonly used term that is vital to be removed from our vocabulary
 - The term means going from one state to another
- However: We have always been who we are. We have always had these identities and never changed.



Social shifts and internalized transphobia

- Understanding socialization is important to understanding:
 - How can we create space and grace for those we interact with
 - How to help support community members may have been socialized in the same ways
- The way the world perceives you directly correlates to how the world treats you.



Medical care

- Taking Hormones (not all people use hormone therapy)
- Surgeries (not all people have “dysphoria”/dissatisfactions with their body)
- Medications
- Asking about our surgeries, what we were assigned at birth and more is sexual violence.



Gender is a societal construct

Our identity is not based on how you read us nor our pronouns.



Facts

- 1.2 million are non binary ([non binary LGBTQ Adults in the United States - Williams Institute \(ucla.edu\)](#))
- 1.6 million people ages 13+ are Trans ([How Many Adults and Youth identity as Trans in the United States? - Williams Institute \(ucla.edu\)](#))
- Trans people are four times more likely than cis people to experience victimization, including rape, sexual assault, and aggravated assault ([Trans people are over four times more likely than cis people to be victims of violent crime - Williams Institute \(ucla.edu\)](#))
- 78% trans/non binary/ non-conforming clients in grades K-12 experienced harassment, while 35% experienced physical assault and 12% experienced sexual violence ([glaad.org/vote/topics/transgender-people](#))
- Trans people are 3.7x more likely to experience police violence ([bustle.com/p/8-statistics-that-prove-why-transgender-day-of-visibility-is-so-crucial-48079](#))
- The average life expectancy of a trans person is 30 to 32 years (2015) ([npr.org/2012/10/01/162100680/no-more-lying-law-bolsters-transgender-argentina](#))

Impacts on self

- Trans people face a society that has othered them (External Transphobia) and lacks awareness and leads to internalized transphobia
- “Wow, you don’t look trans”
- Ex: TV, Media, magazines, books, newspaper
- Lack role models
 - Why is it important to have role models?



Facts

- 50.8% of trans men and 41.8% of non binary people, 29.9% of trans woman and 27.9% of folx questioning their identity attempt suicide
 - Compared to Cis-men/women: 17.6% / 9.8% (lgbtqnation.com/2018/09/half-transgender-men-attempted-suicide/)
- Over half of trans or non binary youth ages 13-24 had seriously considered attempting suicide in the previous year
- About 20% had attempted suicide in the previous year
- About 3 in 5 trans or non binary youth who wanted access to care were unable to get it ([The Trevor Project: 2023 U.S. National Survey on the Mental Health of LGBTQ Young People](#))
 - 1 in 3 trans youth under 18 attempted to die by suicide on average per year. (Centers for Disease Control (CDC), January 2019)



Decreasing impact

- These numbers significantly decrease when people are affirmed in their identity(ies)
 - People use the person's name(s)
 - People use the person's pronoun(s)
 - People have access to medical care
 - People have access to housing
 - People have access to employment
 - And more
 - (Centers for Disease Control (CDC), January 2019)
 - (New England Journal of Medicine)



Impacts on health

- Things that contribute to mental health issues that trans / non binary and many more non folx may experience.
- Discrimination, stigma, lack of acceptance, rejection and abuse.
- This activates the stress response due to the anticipation of this occurring which can increase: anxiety, depression, hopelessness, helplessness, and vigilance.
 - What else do you know of that the stress response can activate?



Example of messages received

- I can tell / I can't tell you are trans
- What is this communicating?
- How/what can you tell?
- How is this rooted in transphobia/internalized transphobia?
- Why is this statement problematic?



Impacts of society

- A Trans/non binary/non-conforming person growing up in an environment that is not supportive of their identity can create a strong self-hatred (self-esteem)
- Currently in our society, there are many places where trans people cannot even use the bathroom (non binary?)
- Are there restrooms for all folx or only binary restrooms where you work?
 - Will the client risk being misgendered/mispronounced when attempting to access them.
 - Why a client may use the restroom is going into the restroom (removing binder)
 - Considering access at certain times of morning / evening
- Trauma-informed in relation to understanding restroom access and needs would be sharing with the client prior to engaging in session:
 - I do want to let you know that we have (insert amount of single-stalled restrooms if any) that are accessible (with instructions of access and / or hours). OR
 - I wanted to share that unfortunately we only have binary restrooms on site.
 - Potentially offering virtual sessions.
 - Exploring solutions and / or support.
- How we can support one another is accepting that we are all different and trusting that we know what is best for ourself.
- We are the expert of ourselves and our experiences AND no one else's despite what we have learned, the degrees we hold, or the identity(ies) we or our friends/family/people we know hold.

When you meet someone

- Introduce yourself: (name & pronouns)
 - Why do we not say Preferred Gender Pronouns?
 - Instead, just use pronoun series.
- If you are wondering what the person's gender is, ask yourself why I need to know?



Tone policing

- What is it?
- Why do we do it?
- What should we do when we feel like we are doing it?
- Why is it problematic?



Affirming practices/ ally-ing

- Trans/non binary/non-conforming and/or many more identities that differ from a cis identity are gaslit and their experience is invalidated; they are told they are:
 - Being too Sensitive
 - Misunderstanding
 - Wrong
 - Lying
 - Creating drama
 - And more...
- Often people (medical professionals, therapists, educators, etc.) label the person as “combative / high maintenance/ dramatic / bipolar / crazy / weird / disruptive / sensationalist / abnormal / defiant / uncooperative / etc.”, instead of exploring their own insecurities. (overly diagnosed and understanding the different intersections of one’s diagnosis can also lead to overly / misdiagnosing).
- Just because someone does not want to share with you does not mean they are being combative / high maintenance / difficult / intentionally unhelpful / resistant / paranoid / willful / defiant / uncooperative / attention seeking. It is probably because it has not been safe for them to share.

Affirming practices/ ally-ing

- Telling someone you are safer is most likely not going to shift their unsafe feeling.
- Safety is not linear and it is normal for it to shift in all directions
 - Safety is multifaceted.
 - Ex: Just because a person trusts you with one thing does not mean they will trust you all the time.
- Safer versus Safe
- It can be difficult to understand a person's experience due to our own privilege.
- Privilege is a way in which we experience the world, due to certain advantages outside of our control that other people / groups / populations do not have access to.



Pathologizing and over/misdiagnosis

- More often than not, it is the individuals in positions of power who are diagnosing, marginalizing and oppressing folx.
- These identities include but are not limited to: cis/het/white (white passing)/able-bodied/neurotypical/middle to higher socio-economic status (SES).



Privilege

- **Privilege** refers to unearned advantages or benefits that individuals or groups receive based on certain aspects of their identity, such as race, identity, socioeconomic status, or sexual orientation.
- **You are Not Bad:** Having privilege doesn't mean someone is a bad person or has intentionally done something wrong. It's simply a reflection of societal structures that benefit certain groups over others AND it is on us to make the shifts.
- **Out of Our Control:** Privilege is not something we can choose or control—it is a result of social systems and historical contexts. We don't earn it, but we can recognize it and use our awareness to help create a more equitable world.
- Privilege is something that can be held in some ways and not in others.
 - What are ways that you hold privilege in some ways and not in others?



Pathologizing and over/misdiagnosis

- Most common Pathologizing and/or over misdiagnosis
 - Borderline Personality Disorder
 - Histrionic Personality Disorder
 - Narcissistic Personality Disorder
 - Dissociative identity disorder
 - Oppositional Defiant Disorder (in children)
 - Depression
 - Anxiety
 - Schizophrenia
 - Delusional Disorder
 - Bipolar
 - Gender Identity Disorder



How do we not do this?

- The person's experience is more valid than your own interpretation of the person's experience.
- Your reality is not copy and paste (even within a certain group / population) and it may never become viable to understand due to the privilege we hold.
- What examples do you have when yourself and / or others have “copy and pasted” their reality?
- What are ways we can build awareness this engagement is happening?



Empathy



Engage in true empathy



What is true empathy to you?



Empathy

- Don't assume someone's experience(s) based on what you have learned, experienced, read, taken a course on, etc.
- Trust the client trusting you to share / or not share with you the client's experience.
- **Always keep your ego in check. This is a continuous thing to do. Keep checking in on it.**
- The way we experience the world is not the same as how others experience the world. We have our own history(ies), experience(s), and understanding(s).
- Please don't give up trying to understand someone's experience based on their history(ies), experience(s) and understanding(s).



Educate yourself

- It can be so easy to want to lean on our client and/or the person to educate us about their community.
 - Why is this problematic?
- It's not another person's responsibility to educate you on everything, only what is pertinent to their experience and what they choose to share.
- Go to trainings / read articles/ books / research / blogs / etc. by the people who are part of the community / population



How do we not do this?



Be cautious of getting trapped in sharing how much you know to someone; you do not want the person to feel like an assignment that you have done all your homework on.



What are some examples?

How do we not do this?

- The more knowledge you share with someone about what you have learned about their community, the more you are showing your privilege.
- Another person's experience is what is most important, not what you know and / or want to show you know.



How to avoid hurting and/or offending someone?

- Accept you will hurt and offend despite your best intentions.
- It's your job to repair, repair, repair. (Accountability and restorative/healing justice)
- Apologize and change your behavior.
- Don't justify your actions or create a space where the person needs to take care of you.
- It is not about being perfect. It is about modeling healthy dynamics.
- Rarely do we get to interact with someone who admits the person caused harm, takes accountability and shares how things will be different.
- This is part of healing.



What to do?

- Cultivate an awareness of your gendered language.
 - The first part in change is becoming aware when you are engaging in gendered language.
 - Always repair (don't make it about you).
 - Continue to be aware and don't berate yourself, you are learning and holding that you can do better.
- Apologize, shift the language move on.
- Do not get caught up in your fragility.



Some examples of gendered language

- Male / female hormones
- Male / female pronouns
- Male / female parts
- Male / female dress



Terms to avoid

Avoid: Transgendered, Tranny, Transgenders, a transgender, Transexual, She-male, He-She, Whatever, male / female appearance, male / female presenting, It, Thing



Instead: Ask the person what the persons identity(ies) is / are and respect that; transgender, transgender people, trans man, trans woman, Trans, non binary, non conforming...

Avoid: Sex Change, Pre-Operative (pre-op), Post-Operative (post-op), Sex reassignment Surgery (SRS), GRS, Gender Confirmation Surgery



Instead: Surgery or the type of surgery that the client shares

Avoid: Biologically male, biologically female, genetically male, genetically female, born a man, born a woman, assigned sex at birth



Instead: Assigned marker M at birth, assigned marker F at birth , assigned marker I at birth, assigned marker at birth.

Examples of transphobic questions

What was your name before?

How old were you when you knew?

Why are you trans?

Why did you change?

Have / when are you really going to transition?

Why did you transition?

Are you trying to be a REAL woman / man?

Did you have all the surgeries?

What surgeries have you had?

Have or are you going to transition?

How do you have sex?

Do you have both parts? A vagina / penis still?

So, do you like date gay people?

Can I see it?

Why can't you be okay with just being a Man / Woman?

What are you?



What is Outing someone?

- What does it mean to out someone?
- Are there any risks?
- What are the risks of outing someone?



Outing and Coming out Forever

- Outing a person means sharing their identity(ies) with others without their consent.
- Outing a person is risky and / or can be **DEADLY**.
- Someone doesn't come out at one point in their life, it is a constant process.
- What are some examples of when someone may chose to and / or be forced to out themselves?
 - If the person change doctors, new friends, family, sexual partner(s), and more
 - New job
 - Background checks
 - Any time a previous / legal name is required
- This differs for cis people because they do not constantly have to say: I was assigned this identity at birth and I am this identity.



Access to Healthcare

- 19% of trans people reported being refused healthcare
- 28% were harassed and experienced VIOLENCE while receiving healthcare
 - Violence!? While receiving healthcare.
- 50% had to educate their healthcare provider about their identity (irony)
(cancer-network.org/wp-content/uploads/2017/02/National_Transgender_Discrimination_Survey_Report_on_health_and_health_care.pdf)



Hate crimes

- Reported hate crimes, which are underreported and there are many states with laws that prevent hate crimes from being called hate crimes.

Sexual assault:

- 1 in 2 trans people experience sexual abuse and/or assault in their lives (that is 50%!)

Know where you are referring people:

- 12% of K-12 trans people report being sexually abused
- 13% of African-American Trans people were sexually assaulted at work
- 22% homeless trans people were assaulted in shelters

Murder:

- 50% of the reported violent hate crimes on the LGBTQ+ community were directed against Trans people (mostly people of color)

Intimate Partner Violence:

- 50% of Trans people who came out to their partner were physically assaulted by their partner

Rest in Power

Kitty Monroe (43), Righteous TK “Chevy” Hill (35),
Diamond Brigman (26), Alex Taylor Franco (21),
MeraxesMedina (24), Africa Parrilla Garcia (25),
Tee “Legend Billions” Arnold (36),
River Nevaeh Goddard (17), Starr Brown (28),
Andrea Doria Dos Passos (37), Liara Tsai (35),
Sasha Williams (36), Kita Bee (46), Reyna Hernandez (54),
Brandon “TayyDior” Thomas (17), Michelle Henry (25),
Yella (Robert) Clark Jr. (45), Jazlynn Johnson (18),
Pauly Likens (14), Shannon Boswell (30),
Kenji Spurgeon (23), Monique Brooks (49),
Dylan Gurley (20), Tai’Vion Lathan (24),
Vanity Williams (34), Kassim Omar (29),
Redd (25), Kassim Omar (29).



There are more trans/non binary and many more non cis folx murdered around the world a year than there are days in a year.



The disparity in LGBT funding: Trans & non binary communities are left behind

- **Only 0.015% of LGBT-related funding** supports trans, non binary and many more non cis people's causes.
- The majority of LGBT funds go to **cis Gay men**, leaving other groups—especially trans, non binary and intersex people—with very little financial support.
- **Why it matters:** Limited funding leads to **lack of access to healthcare, housing, legal support, and economic opportunities** for our most impacted members.
- Source:
 - Funders for LGBTQ Issues – 2021 Trends Report
 - Movement Advancement Project (MAP) – 2022 Report



Increasing equity: The role of community, agencies & organizations

1. Fund Trans-Led Organizations:

- Prioritize trans, non binary and non cis-led initiatives for more relevant services and advocacy.

2. Address Economic Violence:

- Ensure equitable access to jobs, housing, and healthcare for trans, non binary and non cis led people, who experience systemic discrimination.

3. Support Policies for TGI Inclusion:

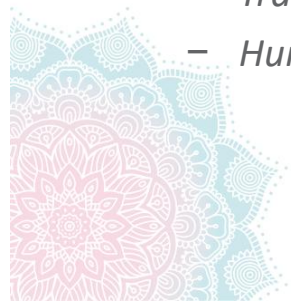
- Advocate for legal protections, employment equity, and anti-discrimination laws to safeguard TGI rights.

4. Foster Safer Spaces and Education:

- Provide training and create inclusive environments for trans, non binary and non cis-led people in all sectors.

• Source:

- *Trans Law Center – Advancing Justice for TGI People*
- *Human Rights Campaign – Trans Inclusion Toolkit*



Economic violence against trans & non binary folx: A barrier to equality

- **Economic violence** refers to the denial of resources or opportunities based on identity, impacting jobs, healthcare, and housing.
- **TGI people**—especially trans women of color—face high rates of economic violence, including:
 - Employment discrimination
 - Wage disparities
 - Housing instability
 - Inadequate access to healthcare
- **Impact:** Economic violence perpetuates marginalization and increases vulnerability for TGI individuals.
- **Source:**
 - National Center for Trans Equality
 - The Williams Institute – Economic and Social Policy Research



Health inequities and family/ community acceptance for trans, non binary, and many more non cis people

- Trans, non binary, and many more non cis people face systemic barriers to accessing affirming health care
- Higher rates of mental health challenges, chronic stress, and avoidable illness due to discrimination, lack of provider knowledge, and structural stigma
- Disparities in insurance coverage, affirming care access, and culturally competent services
- Fear of mistreatment often leads to delayed or avoided care



Family and community acceptance

- Acceptance by family and community is a strong protective factor against mental health struggles, suicide risk, and housing instability
- Rejection can increase rates of depression, anxiety, substance use, and unsafe living conditions
- Supportive environments improve outcomes across all areas of life—health, education, employment, and social connection
- Community-based care and peer-led programs are critical sources of affirmation and resilience



Takeaway

Promoting health equity means affirming the identities, dignity, and lived experiences of trans, non binary, and many more non cis people—starting with care that centers acceptance and community trust.



Ensure culturally competent health care services

- Cultural competency means providing care that respects and affirms each person's identity without assumptions or bias
- Trans, non binary, and many more non cis people often face discrimination, misgendering, and denial of care in health settings
- Respectful care includes using correct names and pronouns, having inclusive forms and environments, and ongoing staff training
- Trusting the communities realities and hiring people with lived experience builds trust and safety
- Culturally competent care is essential to health equity—it saves lives and strengthens systems



Collaborative approaches to enhance access to care

- Build partnerships with community-led organizations that serve trans, non binary, and many more non cis people
- Co-design services with input from those with lived experience to ensure care meets real needs
- Integrate peer support, navigators, and trusted messengers into care teams
- Align efforts across health, housing, mental health, and social services to reduce gaps and silos
- Prioritize funding and resources for programs rooted in community trust and cultural understanding



Trans services covered under Medi-Cal

(Based on APL 20-018 and any superseding APLs)

Covered Services Include:

- Hormones and / or puberty blockers
- Primary and specialty care
- Mental wellness services
- Laboratory testing
- Affirming surgeries (e.g., mastectomy, hysterectomy, genital surgeries)



Trans services covered under Medi-Cal

(Based on APL 20-018 and any superseding APLs)

Covered Requirements:

- **Services must be medically necessary** to treat gender dysphoria or meet reconstructive criteria
- Must follow Standards of Care (e.g., No More Gatekeeping)
- **Prior authorization** required for most services
- **No categorical exclusions**—requests are reviewed individually
- **Reminder:** Always refer to the most recent APL for up-to-date guidance from DHCS



Gap in data collection

- Lack of standardized data on identity and trans, non binary, and many more non cis people leads to erasure in health systems
- Many health records and surveys do not collect or include inclusive demographic data
- Without accurate data, disparities remain untracked, unaddressed, and underfunded
- Community-led data efforts are essential to capture lived experiences and real needs
- Ethical data practices must center consent, safety, and the right to self-identity



Denials by health plans – affirming care

- Trans, non binary, and many more non cis people often face **denials for affirming care** despite Medi-Cal coverage
- Commonly denied services include surgeries, facial reconstruction, and supportive care like voice training
- Denials are often based on outdated criteria, lack of provider awareness, or misunderstanding of medical necessity
- These denials delay care, worsen mental wellness, and contribute to distrust in health systems
- Appeals processes are complex—many patients experience barriers to challenging denials effectively
- **Plans must follow DHCS policy** and cannot impose discriminatory or arbitrary limitations



Denials by health plans – interlapping health care problems

- Denials of affirming care often worsen overlapping health issues such as mental wellness, chronic conditions, and substance use
- Lack of access to affirming care increases stress and trauma, negatively impacting overall health
- Co-occurring health problems require integrated approaches—denials create fragmentation and barriers
- Delays in care exacerbate housing instability, unemployment, and social isolation
- Health plans must recognize the interconnected nature of these issues and reduce barriers to comprehensive care



Positive experiences with health care providers and health plans

- Affirming providers who use correct names and pronouns foster trust and improve health outcomes
- Health plans that cover affirming care without unnecessary barriers increase access and well-being
- Coordinated care teams that include mental health and peer support promote holistic healing
- Transparent communication and culturally competent staff reduce fear and encourage ongoing care
- Patient-centered approaches empower trans, non binary, and many more non cis people to advocate for their health
- Positive experiences build stronger provider-patient relationships and encourage system-wide improvements



Grievances with health care providers and health plans

- Experiences of misnaming/deadnaming, mispronouncing, and refusal of care cause distress and distrust (potentially contributes to complex trauma)
- Delays and denials of affirming care create barriers and worsen health outcomes
- Lack of provider knowledge and cultural competency leads to harmful interactions
- Complex grievance and appeal processes can be confusing and inaccessible
- Being gaslit and invalidated discourages ongoing engagement with health systems
- Addressing grievances promptly and respectfully is essential to rebuild trust and improve care



Elderly trans , non binary and many more non cis people

- Elderly trans, non binary, and many more non cis people face unique challenges including social isolation, increased health risks, and age-related discrimination
- Many have experienced decades of stigma, rejection, and lack of affirming care
- Access to affirming health services and supportive housing is often limited
- Intersections of aging and identity require specialized, culturally competent approaches
- Community connection and peer support are vital for resilience and well-being in later life
- Health systems must prioritize inclusive policies and training to meet the needs of elderly trans, non binary, and many more non cis people



Individuals with physical health disabilities

- Trans, non binary, and many more non cis people with physical health disabilities experience multiple layers of discrimination and barriers (intersections of identity(ies)).
- Accessibility challenges in health care facilities and services often limit quality care
- Disability-related needs may be erased, excluded and/or misunderstood alongside identity
- Coordinated care that addresses both physical disabilities and identity is critical for holistic health
- Providers and systems must ensure accessible environments, communication, and respectful care practices
- Inclusive policies must address the intersection of disability and identity to reduce disparities



Individuals with mental health impacts

- Trans, non binary, and many more non cis people with mental wellness impacts often experience compounded stigma and barriers
- Mental wellness needs may be ignored and/or harmfully addressed in non affirming care settings
- Access to affirming, trauma-informed, and culturally competent mental health services is critical
- Integrated care approaches that combine mental health and physical wellness improve outcomes
- Supportive environments and peer networks enhance resilience and recovery
- Health systems must prioritize training and policies that address the intersection of mental health and identity



Neurodivergent individuals

- Trans, non binary, and many more non cis people who are neurodivergent experience unique challenges accessing affirming care
- Sensory sensitivities, communication differences, and processing styles require flexible, patient-centered approaches
- Many experience misunderstandings, stigma, and exclusion in traditional health settings
- Care teams must adapt practices to be inclusive, accessible, and trauma-informed
- Collaboration with neurodivergent communities helps build trust and effective care models
- Inclusive policies and provider training are essential to address intersecting identities



Guardians of trans, non binary and many more non cis people

- Guardians play a vital role in supporting health, well-being, and access to care
- Educating guardians on affirming practices reduces misunderstandings and promotes respect
- Guardians need resources and support to advocate effectively without overriding autonomy
- Collaboration between guardians, providers, and individuals strengthens trust and outcomes
- Protecting the rights and dignity of trans, non binary, and many more non cis people is essential
- Policies should recognize and include guardians in culturally competent care approaches



The spectrum of reproductive health care for trans, non binary, and many more non cis people

- Reproductive health care includes contraception, pregnancy care, fertility services, and sexual health
- Many trans, non binary, and many more non cis people require affirming and tailored reproductive services
- Providers must avoid assumptions and ask open, respectful questions to understand individual needs
- Access to culturally competent, inclusive reproductive health care improves overall well-being
- Coordination with specialty care and mental health services supports holistic care
- Policies should ensure coverage and remove barriers to affirming reproductive services



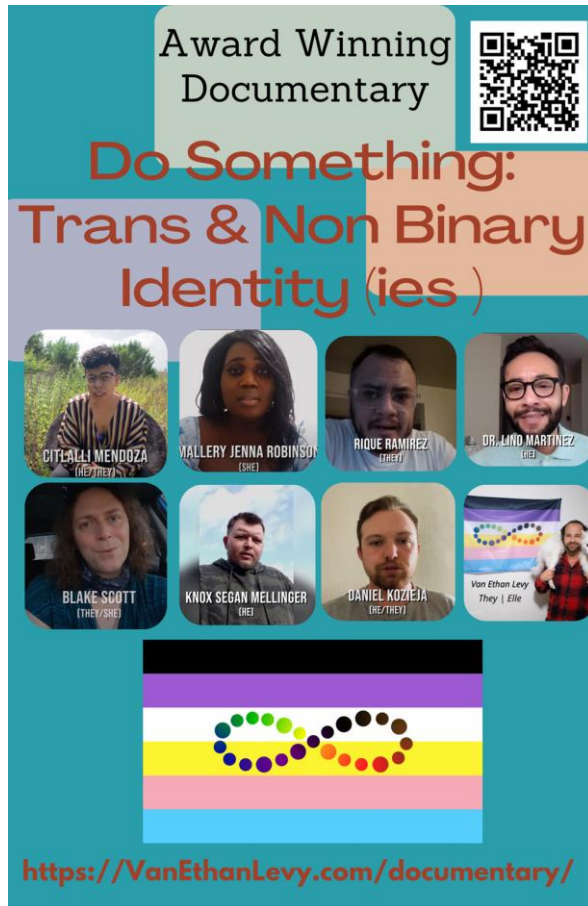
Support non cis-led organizations

- Trans Health & Wellness Center
- Do Something: Identity(ies)
- FireWeedCollective
- LA Spoonie Collective
- MirrorMemoirs



Documentary

- VanEthanLevy.com/documentary/



Exploring My Identity(ies)

- VanEthanLevy.com/book

