Meeting the Healthcare Needs

of Transgender, Nonbinary, and Gender Expansive/Nonconforming Youth in Wisconsin

A Report of the 2017
Wisconsin Transgender Youth Community Needs Assessment

Department of Pediatrics
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Wisconsin Transgender
Health Coalition

Research Partners

University of Wisconsin School of Medicine and Public Health, Department of Pediatrics
Faculty in the UW Department of Pediatrics are strongly committed to and engaged in education, research, clinical services, community partnerships and advocacy for children. Providers at the Pediatric and Adolescent Transgender Health (PATH) Clinic offer gender expansive children and adolescents guidance including information about hormone suppression and hormone affirming therapies.

Transgender Youth Resource Network (TYRN)
TYRN is a collaboration between the Pediatric and Adolescent Transgender Health (PATH) Clinic and Child Health Advocacy department at American Family Children's Hospital along with several community organizations, including WTHC, which provides training and resources to eliminate barriers to health and create affirming environments and healthcare for transgender, nonbinary, and gender nonconforming (TNG) youth throughout Wisconsin.

Wisconsin Transgender Health Coalition (WTHC)
The mission of WTHC is to create an environment and conditions in Wisconsin that provide equitable access to health and health care for transgender, intersex, nonbinary and gender nonconforming (TING) people throughout Wisconsin. WTHC offers training, capacity-building services and resources to health providers, organizations and TING individuals in order to ensure access to competent and affirming healthcare for, eliminate interpersonal, institutional, and state violence against, and end discrimination in all life and public spheres impacting TING people in Wisconsin.

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The Child Health Advocacy department at UW Health's American Family Children's Hospital provided administrative support for this research project.

Contact Us

If you are a researcher, community organization, or advocate interested in accessing the 2017 WI-TYCNA dataset, or have questions about the study or report, please contact jcbotsford@wisc.edu.

This report is available electronically at med.wisc.edu/TransgenderHealthcareReport

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Introduction

As conversations about gender that challenge and expand conventional understandings have become more prominent in the media, transgender, nonbinary, and gender expansive/nonconforming (TNG) youth have become more visible in the United States. This increased visibility has highlighted the ways in which systems, institutions, and organizations meant to provide services, resources, and care to youth as they move into adulthood ignore, and often harm, these young people.

Although no accurate assessment of the number of TNG youth in Wisconsin exists, recent surveys of middle and high school students have indicated that approximately 2%, or 8,941 youth ages 12-17 years identify as TNG.[1,2,3,4] This is likely an underestimate, as: 1) school-based surveys do not account for young people who do not attend school or are incarcerated, and TNG youth are more likely to be homeless,[5] to be absent, suspended, or expelled from school,[6] and to experience institutionalization, including incarceration;[7] and 2) schools are environments that vary widely in the level of acceptance and safety for TNG youth; accordingly, youth may not wish to disclose a TNG identity in a space where they are unsure of confidentiality.[8] These surveys also do not account for youth ages 18-22 years, who may be more likely to openly identify as TNG. Population estimates for TNG young adults range widely, from 0.5%[9] to 12.0%,[10] translating to between 865-20,750 additional TNG youth in Wisconsin alone. Using the conservative 0.5% - 2% estimates across the age range (12-22 years old), approximately 9,800-12,400 TNG youth in Wisconsin have disclosed their identities and may be seeking supportive resources and services, including gender-affirming medical and mental health care.

Regardless of the size of the TNG youth population in Wisconsin, these young people deserve access to high-quality, competent, and affirming services, resources, and care throughout their lives, so that they can successfully grow into thriving TNG adults.

TNG youth have unique needs and can face many barriers throughout their life spheres—family, school, religious/spiritual community, out-of-home care, youth groups, work, and healthcare, among others—as they navigate a world which often does not understand them. As the policies, institutional practices, and support systems that should protect them fail to do so, TNG youth often face discrimination, violence, and rejection. This results in significant mental and physical health inequities, including: significantly higher rates of depression, anxiety, and suicidality compared to their cisgender peers;[11,12] disproportionate rates of homelessness due to family rejection and abuse;[13] and increased alcohol and other drug use and abuse to cope with life stress and experiences of anti-TNG violence, discrimination, and bias.[14]

Even with this knowledge about health inequities TNG youth may face, and the fact that many of these youth may wish to pursue medical care as part of their transition—including puberty blockers, gender-affirming hormone treatment, and/or surgeries—there is a paucity of research about the resource and health needs of TNG youth, particularly what the youth, themselves, say they need and want from their communities and healthcare providers.

In 2017, the Transgender Youth Resource Network of Wisconsin and Wisconsin Transgender Health Coalition surveyed TNG youth (ages 12-22 years) throughout the state to start to address these deficits, including where youth found support, the resources they need and access, the main concerns they have, and their experiences throughout their life spheres. This report

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[1] WI Department of Public Instruction. (2018). 2017 Youth Risk Behavior Survey results: Wisconsin high school survey summary tables. Retrieved from https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/yrbs17summarytables.pdf

[2] Milwaukee Public Schools. (2018). 2017 Milwaukee Public Schools Youth Risk Behavior Survey report –middle school. Retrieved from http://mps.milwaukee.k12.wi.us/MPS-English/CIO/Research--Development/2016-17MSYRBS-DistrictReport.pdf

[3] Milwaukee Public Schools. (2018). 2017 Milwaukee Public Schools Youth Risk Behavior Survey report –high school. Retrieved from http://mps.milwaukee.k12.wi.us/MPS-English/CIO/Research--Development/2016-17HSYRBS-DistrictReport.pdf

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[6] Kosciw, J G., Greytak, E A., Giga, Nreen M., Villenas, C., & Danischewski, D J. (2016). The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. Retrieved from https://files.eric.ed.gov/fulltext/ED574780.pdf

specifically focuses on the health and healthcare needs for, experiences of, and barriers faced by TNG youth. It is designed specifically to provide healthcare, mental health, and other service providers with a better understanding of TNG youth and help them identify ways to improve health services. This report also provides information and suggestions for TNG youth, and the adults who want to support them, in making healthcare of all kinds—general/primary care, mental health, specialty, and transition-related—more accessible, affirming, affordable, and competent. Importantly, the report highlights the voices of TNG youth participants from the survey and focus groups to emphasize and explain their health needs, the barriers to accessing healthcare they face, and their recommendations for creating exceptional and affirming medical and mental healthcare that truly centers their needs, identities, and health as TNG youth.

With that in mind, this report answers four main questions:

1) **What is the current state of healthcare for TNG youth in Wisconsin?**
2) **What are the main unmet healthcare needs for TNG youth in Wisconsin?**
3) **What are the primary barriers to exceptional healthcare TNG youth face in Wisconsin?**
4) **How can healthcare systems in Wisconsin evolve to better meet the needs of TNG youth?**

GLOSSARY

Language around gender and sexuality continues to evolve, grow, and change. TNG youth (and adults) continue to discover and create new words to describe their genders and experiences more completely. This is living language that is hard to fully explain.

The words included here are some key terms that will be helpful in understanding this report. These are not the only or final definitions of each of these terms, and many TNG people may use them differently or use different words. This glossary is intended to explain how these terms will be used throughout this report.

Gender Binary – A social and cultural system that posits that only two, completely distinct genders—man and woman—exist, which are biologically-based and determined at or before birth, and each one has certain, "normal" behaviors, roles, feelings, and expectations associated with it. This belief system is the dominant one in the US and one of the sources of anti-TNG bias, stigma, and discrimination.

Gender Identity – A person's internal sense of themself, as a woman, a man, nonbinary, agender, genderqueer, bigender, or one or more other identities. This also describes how they think of and refer to themself, and is distinct from sexual orientation.

Gender Expression – This term refers to the ways that people communicate their gender identity to others through behavior, clothing/accessories, body language/movement, voice, grooming, and many other means.

Sex (Assigned at Birth) – In the US, all people are labeled as "male" or "female" at birth by a medical provider, generally based upon their genitals. This label is then added to legal and medical documents throughout each person's life. Because of the gender binary system, sex is directly linked to one of two gender categories—"male" to boy/man and "female" to girl/woman—so children are assigned a gender based upon that sex immediately, as well.

Sexual Orientation – A person's way of describing their emotional, romantic, and/or sexual attractions to other people. Some terms people may use are asexual, bisexual, gay, lesbian, pansexual, or queer, among many others. Sexual orientation is not the same as gender identity.

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[12] Olson-Kennedy, J. et al. (2016). Research priorities for gender nonconforming/transgender youth: gender identity development and biopsychosocial outcomes. Current Opinion in Endocrinology & Diabetes and Obesity, 23(2), 172–179.

[13] Choi, S.K., Wilson, B.D.M., Shelton, J., & Gates, G. (2015). Serving Our Youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness. Retrieved from https://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-June-2015.pdf

[14] De Pedro, K.T., Gilreath, T.D., Jackson, C., & Esquesa, M.C. (2017) Substance use among transgender students in California public middle and high schools. Journal of School Health, 87(5), 303-309.

Transgender – A person who identifies as a gender different from the gender they were assigned at birth. Sometimes this term is also shortened to trans.

Nonbinary – A person who identifies as a gender outside of the gender binary of man and woman. Nonbinary people may or may not also identify as transgender.

Gender Expansive/Nonconforming – A person who does not adhere to social rules and norms about gender. This term describes a wide, flexible range of gender identities and gender expressions outside of the gender binary. Gender expansive/nonconforming people may or may not also identify as nonbinary or transgender.

TNG – Transgender Nonbinary Gender expansive/ nonconforming

LGBTQ – Lesbian Gay Bisexual Transgender Queer

Cisgender – A person who identifies as the gender they were assigned at birth. Sometimes this term is shortened to cis.

Transition – This term is used in a few different ways. First, it is one way to describe the time when a TNG person first began living as the gender(s) they are, rather than the one they were assigned at birth (ex: "I transitioned 5 years ago."). Second, it is used to describe the processes that a TNG person may engage in to be seen as the gender(s) they are, which could include social, legal, gender expression, medical, and/or surgical changes. Every TNG person's transition is different, and no change or treatment is required for a person to be "really" TNG.

Transition-related Healthcare – This includes the mental health, medical, and/or surgical treatment that a TNG person might seek as part of their transition. The more common types are puberty blockers, gender-affirming hormones, and gender confirmation surgeries, among other kinds of care. Some TNG people do not want or need any transition-related healthcare, and some do but are not able to afford or access it. Seeking treatment is not required to make someone "really" TNG.

- **Gatekeeping** – The practice of requiring TNG patients meet particular criteria before they can access medically necessary transition-related healthcare. This is also sometimes referred to as "gatekeeping model(s) of care" or the "WPATH model of care." These criteria may include engaging in mental health counseling with an expert in TNG care, receiving a diagnosis of "gender dysphoria," providing letters from a therapist and/or psychiatrist to "prove" their TNG identity or gender dysphoria, and/or proving medical or mental health concerns are well-controlled. These practices as based upon the World Professional Association for Transgender Health (WPATH) Standards of Care, which provides standards for use by medical providers working with TNG patients.[15] Importantly, these standards are recommendations, not requirements. In practice, these criteria can create significant barriers to accessing care for TNG people, particularly those who experience additional social exclusion, oppression, and marginalization based on race, income, location, health status, and/or disability.[16,17,18]

- ***Informed Consent Model*** – The practice of providing access to transition-related medical care for TNG people without requiring mental health evaluation. These models do not require that TNG individuals be diagnosed with gender dysphoria by a therapist or to otherwise "prove" their TNG identity with a therapist or psychiatrist prior to being able to access medically necessary transition-related healthcare. LGBTQ- and TNG-specific medical providers and health centers originated these models of care, and these models are recognized as providing meaningfully patient-centered, low-barrier access to care, particularly for TNG individuals who experience additional social exclusion, oppression, and marginalization based on race, income, location, health status, and/or disability.

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[15] World Professional Association for Transgender Health. (2011). Standards of care for the health of transsexual, transgender, and gender nonconforming people, Version 7. Retrieved from https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf

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Executive Summary

This report presents data from the Transgender Youth Resource Network of Wisconsin and Wisconsin Transgender Health Coalition 2017 Wisconsin Transgender Youth Community Needs Assessment (WI-TYCNA) study. This study is the first of its kind in Wisconsin—and across the United States—that directly asked transgender, nonbinary, and gender expansive/nonconforming (TNG) youth about their resource, school, support, and healthcare needs. This report focuses specifically on the healthcare needs and experiences of these young people.

DEMOGRAPHICS

A total of 311 TNG youth in Wisconsin completed the 2017 WI-TYNCA survey. With regard to gender, 21.5% of respondents are transgender women, 31.2% are transgender men, 21.5% are nonbinary, 18.3% are gender expansive/nonconforming, and 7.4% are in the process of questioning their genders. Additionally, 55% of respondents are middle or high school age (12-18), 30.2% are people of color, 69.5% live in urban areas, 80.7% are currently students, and 20.7% are homeless.

KEY FINDINGS

The 2017 WI-TYCNA survey found that transgender, nonbinary, and gender nonconforming youth face significant barriers to accessing TNG-competent and -affirming care throughout the state of Wisconsin.

Healthcare Availability & Access

In Wisconsin, 80.1% of TNG youth do not have a medical provider of any kind that is competent in their health needs as a transgender, nonbinary, or gender expansive/nonconforming person.

This means that more than 4 in 5 TNG youth in this state receive preventative, general, specialty, urgent, and emergency medical care from medical providers who do not know how to effectively work with them, who do not understand their healthcare needs, and who provide care that does not affirm their identities and bodies.

Additionally, the majority of youth had to provide basic education about TNG identity and health to their medical (55.1%) and mental health (64.5%) providers, and less than 1 in 3 rated their primary healthcare provider as knowledgeable about TNG health and healthcare needs.

"My doctor was like, 'I don't know. I don't know anything about [TNG people].' And so that was really frustrating, because I was like, 'You're a doctor. You're supposed to take care of me. Help.'"

Inability to Access Necessary Healthcare

27.6% of respondents avoided or were unable to access necessary healthcare within the last year.

The primary reasons that TNG youth were unable to access care were: 1) Poor treatment by medical or mental health providers in the past; 2) Gatekeeping by providers; 3) Lack of parent/guardian support of their TNG identity; and 4) Cost of services and/or lack of health insurance coverage.

"Rarely treated like a human when I do need help, therefore I avoid it unless it is ER-level help."

TNG-specific & Transition-Related Health Insurance Exclusions

Although 80.7% of respondents have health insurance, only 38.3% have coverage for even some kinds of TNG-specific or transition-related healthcare. In fact, only 2.3%—only 7 individuals—have insurance that includes coverage for mental health care, puberty blockers, gender-affirming hormones, and gender confirmation surgeries.

"Trying to find a gender therapist on state insurance [Medicaid] is impossible."

"When I went to another clinic and my health insurance didn't go through, so I couldn't make an appointment because the cost was so high I couldn't afford it, even with the sliding scale fee."

"I needed a check-up to further my HRT [hormone therapy], but could not afford the appointment as I am uninsured."

Youth Experiences of Harm by Providers

All medical and mental health providers affirm that, by entering their specific field and providing healthcare, they will abide by the ethical codes of their professions and the key principle to "do no harm" to their patients and clients.

However, when respondents disclosed their gender identity to medical and mental health providers, the majority had at least one negative experience related to their TNG identity: **78.7% experienced harm from a medical provider, and 64.1% experienced harm from a mental health provider.**

These instances of harm included: 1) negative language from providers that belittled, insulted or ridiculed them as a TNG person; 2) denial of care when providers refused to discuss their needs as TNG youth, refused to examine them, refused to initiate care, or ended care; 3) denial of identity when providers directly or indirectly discouraged, questioned, or refused to acknowledge their TNG identity; and 4) incompetence from providers who said they could not provide care to TNG people due to a lack of knowledge or experience.

"Even going to [provider who specializes in TNG youth healthcare], I got misgendered and dead-named a lot… it's just really stressful… even places that specialize in trans people don't validate your identity."

"I've been harassed by doctors because of my gender, so now I don't go even though I need to."

MOVING HEALTHCARE FORWARD IN WISCONSIN – A CALL TO ACTION

The 2017 Wisconsin Transgender Youth Community Needs Assessment survey found that there is a serious need for affirming, accessible, and affordable healthcare for transgender, nonbinary, and gender expansive/nonconforming (TNG) youth throughout the state of Wisconsin. TNG youth face considerable barriers to accessing the medical and mental health care that they need, for both general health needs and necessary transition-related care.

This study and report make one thing particularly clear: TNG youth need health and healthcare policy, providers, institutions, and systems to catch-up to where the youth are, provide them with the exceptional healthcare they need, and eliminate the barriers that they are currently forced to navigate.

"While trying to get on testosterone, they definitely put a hold on it because I hadn't told my therapist that I was trans. And the reason I hadn't told my therapist I was trans is because—I mean, I don't know how she didn't get [that I was trans], because I changed my name and my pronouns. But like, she just didn't. But I never outwardly told her, just because I didn't struggle with it. I was really happy when I found out I was trans and like figured all that stuff out because I could be more affirmed."

In order to address these serious healthcare inequities and barriers to care faced by TNG youth in Wisconsin, this report offers the following recommendations for all healthcare providers, health systems, policymakers, educational institutions, community-based groups, and individual advocates:

1. **Provide thorough education and training about TNG youth identities, experiences, needs, and health to all healthcare providers.**
2. **Identify and eliminate systemic, policy, procedural, and practice barriers to care for TNG youth within all health systems**
3. **Ensure both private and public insurance coverage for TNG-specific and transition-related healthcare of all kinds.**
4. **Replace gatekeeping models of providing TNG-specific and transition-related healthcare with patient-centered models, including informed consent models of care.**
5. **Establish policy, systems, and/or services to address and minimize parental/guardian rejection or lack of support as a barrier to healthcare for TNG youth.**
6. **Develop services to help TNG youth navigate healthcare systems, advocate to get their needs met, and access affirming resources.**

Together, we can make high-quality and competent healthcare affordable, affirming, and accessible for all TNG youth in Wisconsin!

Survey Design & Sampling Procedure

A total of 311 TNG youth completed the 2017 Wisconsin Transgender Youth Community Needs Assessment survey. This survey was approved by the Education and Social/Behavior Science Internal Review Board at the University of Wisconsin-Madison (IRB approval # 2016-0405). The survey was conducted through a secure online system based at the University of Wisconsin-Madison.

Additionally, five (5) focus groups were completed in four locations throughout Wisconsin with a total of 56 TNG youth to add further context to the quantitative survey responses. As approved by the UW IRB, TNG youth respondents to the survey and participants in the focus group were compensated for their time and no parental/guardian consent was required for minors under age 18 for either part of the study, in order to minimize the risks to respondents. The survey instrument can be found at the end of this report (Appendix 1), as the survey responses are the primary source for this report. The focus group protocol is also included in this report (Appendix 2), and the voices of TNG youth included throughout this report come primarily from the focus group responses.

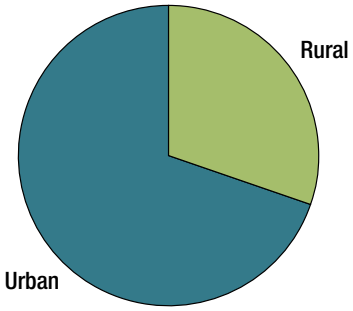
This survey was a community-based participatory research (CBPR) study. It was developed in collaboration with TNG youth throughout Wisconsin, including design and approval of the survey and the questions for both the online instrument and focus group protocol, outreach, focus group facilitation, and data analysis.

The online survey responses were collected through convenience sampling techniques, including initial respondent-driven sampling (RDS) and, once the RDS outreach was completed, targeted outreach to community partners—individuals, healthcare providers, and community-based organizations—that primarily work with TNG youth and/or youth populations more likely to include TNG youth, including LGBTQ+ youth and runaway/homeless youth. Through this intentional, two-part sampling, the final 311 respondents represent a diverse sample of TNG youth in Wisconsin. The demographics of the youth sample are included in the next section of this report.

Demographics

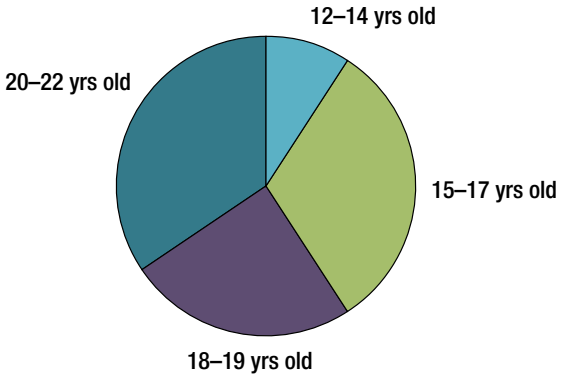
LOCATION

69.5% of respondents live in urban areas of Wisconsin, while 30.5% live in rural areas. Urban areas are densely populated and developed areas of 50,000+ people and small to medium cities, while rural areas include small “micropolitan” areas, unincorporated areas, and otherwise sparsely populated and developed parts of the state.



AGE

The respondents are between the ages of 12-22 years old: 9.4% are 12-14 years old, 31.5% are 15-17 years old, 24.8% are 18-19 years old, and 34.2% are ages 20-22 years old.



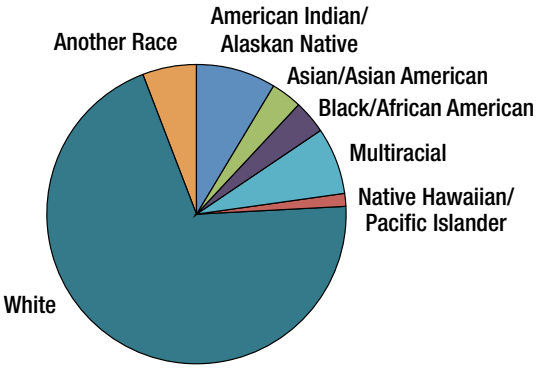
Additionally, 55.0% of the respondents are typical middle and high school age (12-18 years old), while 45.0% of the respondents were typical post-secondary school age (19-22 years old).

RACE & ETHNICITY

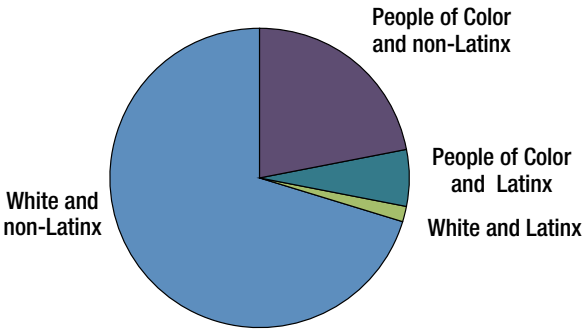
Race and ethnicity were collected in a single question with the possibility of multiple selections by respondents in order to account for the multiple ways that individual respondents think of themselves racially and ethnically.

The data are presented here based first on the Federal definitions of race-only, and then including both race and Latinx or non-Latinx ethnicity. All Latinx respondents in this sample did select at least one race category.

69.8% of the respondents are white, and 30.2% of respondents are people of color. Of the nearly 1/3 of respondents who are people of color, 8.7% are American Indian or Alaskan Native, 7.0% are Multiracial, 3.5% are Black/African American, 1.6% are Native Hawaiian/ Pacific Islander, and 5.9% selected another race not listed here.



With the consideration of both race and Latinx ethnicity, 7.7% of the respondents are Latinx, 69.8% are non-Latinx white, and 21.9% are non-Latinx people of color.

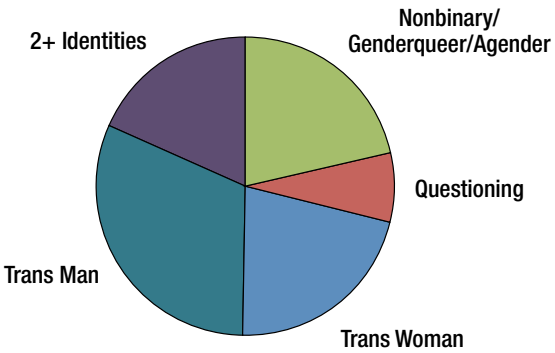


GENDER

Although many surveys report both gender and sex assigned at birth, this report will only provide information about gender identity, in order to center TNG youth respondents' experiences and voices. Many cisgender people—including healthcare providers—consider sex assigned at birth to be more "real" than gender, and this report aims to decenter this particular belief and the biases that stem from this. TNG youth are authentic and "enough" in their gender identities, no matter the sex they were assigned at birth: transgender women are women; transgender men are men; nonbinary and gender expansive/nonconforming people are full, valid and complete in their genders.

As described previously in the Glossary of this report, the language around gender and identity for TNG people continues to evolve and change. Although the language presented in the Gender Identity question in the online survey gave 9 options to choose, youth respondents selected multiple categories and many wrote-in additional identities not otherwise included in the options provided. The following description and chart showing the general categories of identities is a simplification and does not fully represent the myriad complex ways respondents understand and name their genders.

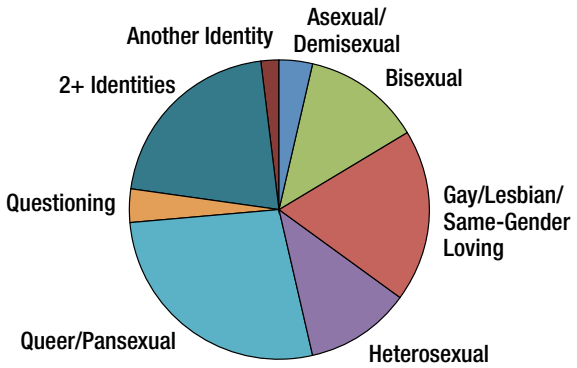
21.5% of respondents are transgender women, 31.2% are transgender men, 21.5% are nonbinary (including genderqueer and agender individuals), 7.4% are currently questioning and exploring their genders, and 18.3% of respondents selected and/or wrote-in at least 2 categories to describe their gender and, for the purposes of this report, will be broadly classified as gender expansive/nonconforming. This means that at least 39.8% of the respondents identify outside of the gender binary.



SEXUAL ORIENTATION

Similar to gender identity, the language about sexual orientation continues to change rapidly, particularly among youth. The description of the data and the chart below are a simplification of the full complexity of the respondents' identities reported and likely how the respondents understand themselves.

The largest number of respondents (27.0%) are queer or pansexual, while 20.6% selected and/or wrote-in two or more categories to describe their sexual orientations. 18.6% of the respondents are gay, lesbian, and/or same-gender loving, 12.5% are bisexual, 3.9% are asexual or demisexual, 3.5% are in the process of questioning and exploring their sexual orientation, and 1.9% have a single identity that is not included in the other categories presented. Only 11.3% of the respondents are heterosexual/straight.



SCHOOL & EMPLOYMENT

Of the 311 respondents, 251 are in school (80.7%) and 60 are not currently students (19.3%).

Of the youth currently in school, nearly 1 in 3 (33.1%) are also employed full-time, 2.3% are employed part-time, and 5.6% are actively looking for work, while 59.0% are only attending school. Of the students who are employed or looking for work, slightly less than half are under the age of 18 (45%), while more than half of the youth who are only attending school are under the age of 18 (55%).

Of the 60 youth who are not currently students, 23.3% are employed full-time, 50.0% are employed part-time, and 11.7% are actively looking for work, while 15% are either unable to work or have left the workforce for another reason. Additionally, 2/3 of these respondents are age 18 or older.

HOMELESSNESS

20.7% of the respondents reported that they are currently experiencing homelessness. Based on self-report of current living arrangements (e.g., couch-surfing, living in an unfinished basement or building hallway, or other unstable and/unsafe living arrangements), this number is likely closer to 26.7% of respondents. This is between 8-15 times higher than the estimated rate of youth experiencing homelessness in Wisconsin (1.7%-3.5%).[19, 20] These results align with national data that indicate a significantly higher rate of homelessness among TNG youth throughout the United States, compared to their cisgender peers, both heterosexual and LGBQ+ (lesbian, gay, bisexual, queer, and questioning).[21]

It is important to note that only 2.6% of the respondents would qualify as "literally homeless" (U.S. Department of Housing and Urban Development/HUD Category 1), which is the criterion required for access to many housing, transitional living, and support programs. At least 24.1% of the respondents would qualify as "unaccompanied youth" under age 24 (HUD Category 3), and it is unclear how many respondents may be facing an "imminent risk of homelessness" (HUD Category 2).[22]

[19] Smith, A. (2017). Who is homeless in Wisconsin? A look at statewide data. Retrieved from http://wisfamilyimpact.org/wp-content/uploads/2017/01/FIS35-Adam-Smith.pdf

[20] Benson, M., Bettin, C. & Keonig, B. (2016). 2015 Dane County Youth Assessment overview report. Retrieved from http://wisfamilyimpact.org/wp-content/uploads/2017/01/FIS35-Adam-Smith.pdf

[21] Choi et al. (2015).

[22] US Department of Housing & Urban Development. (2017). At-a-glance criteria for defining homelessness. Retrieved from https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Findings

BARRIERS TO CARE - OVERVIEW

Respondents were asked directly about the impacts of 11 specific barriers to care on their ability to access the kinds of healthcare that they need overall. **The five barriers identified by TNG youth respondents as having the most impact on accessing care are:**

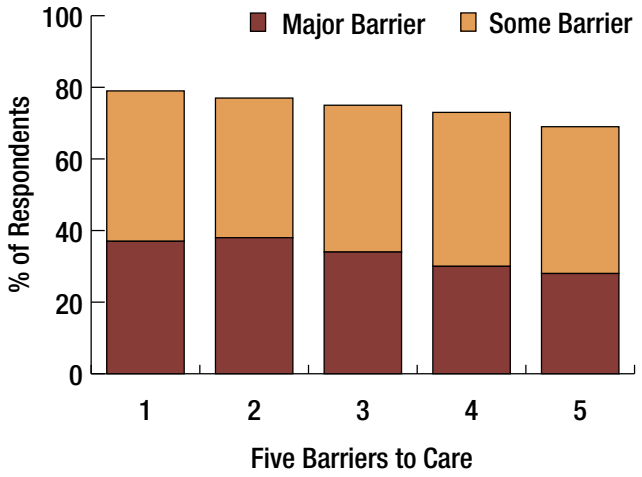
1 – Lack of providers who are competent and knowledgeable about TNG identities and health

2 – Information about TNG care is not readily available

3 – Lack of health insurance coverage for TNG people

4 – Lack of professional support to help navigate the healthcare system

5 – Lack of family and/or parental/guardian support



The barriers identified as having less impact on access to care are: **youth discomfort disclosing TNG identity** to the providers, **past experiences of discrimination/ harm from providers** based on youth's TNG identity, youth **concerns about the confidentiality** of services, **youth discomfort discussing sex/sexuality**, **days and hours** of services, and **location** of services. However, more than 60% of respondents still identified each one of these 6 barriers as significantly limiting their access to healthcare.

Each of these 11 barriers to care are discussed in more detail throughout the following sections of the survey findings.

HEALTHCARE AVAILABILITY

Respondents were asked a series of questions regarding available resources in their communities, which of these resources they have utilized, and which resources are needed, specifically for TNG youth. The results specifically focused on health and healthcare are presented here.

Existing Competent Resources

Health resource/service	Exists in respondent's community
Healthcare providers who are competent in TNG health	32.2%
Mental health specialists who are competent with TNG clients	41.8%
Hormonal transition options	26.7%
Surgical transition options	14.5%
HIV resources	26.0%
Holistic health and healing resources	11.6%
Fertility preservation resources	9.0%

More than 2/3 of respondents indicated that no medical providers who are competent to work with TNG youth about their unique health needs are available, and nearly 60% indicated that no TNG-competent mental health resources existed in their communities.

Additionally, for youth who wish to use puberty blockers or gender-affirming hormones to medically transition, nearly 3 in 4 have no access to these options, while more than 85% of youth would not be able to access gender confirmation surgery.

Respondents indicated that other health resources that were available for TNG youth were also very limited.

Youth Utilization of Existing Resources

Health resource/service	Has utilized this resource/service
Healthcare providers who are competent in TNG health	19.9%
Mental health specialists who are competent with TNG clients	29.3%
Hormonal transition options	11.3%
Surgical transition options	3.2%
HIV resources	1.9%
Holistic health and healing resources	4.2%
Fertility preservation resources	1.0%

In Wisconsin, 80.1% of TNG youth do not have a medical provider of any kind that is competent in their health needs as a transgender, nonbinary, or gender expansive/nonconforming person. This means that more than 4 in 5 TNG youth in this state receive preventative, general, specialty, urgent, and emergency medical care from medical providers who do not know how to effectively work with them, who do not understand their healthcare needs, and who provide care that does not affirm their identities and bodies.

There are also large differences between the number of youth indicating that a particular resource exists in their community and the number of youth who actually utilize these resources. Some of this difference may be about individual need and choice; for example, if youth are not interested in parenting children that are biologically related to them in the future, those individuals would likely not choose to use available fertility preservation resources. Additionally, not every TNG youth will want to use hormones or have surgery for their individual transition, or they may be waiting for a time in the future to access these options.

However, much of this difference is also likely related to barriers youth respondents face when attempting to access care, which were described by youth participants in all 5 of the focus groups, including: a lack of parental/guardian support, no insurance coverage, the high costs of services, providers who are not competent with nonbinary youth, and past negative experiences with healthcare providers.

"I know people who are like younger and trans, and it's just—it makes things harder if you're in a situation where you don't—you can't be at home…or if your parents kick you out, it sucks."

"Something that I know that kind of hinders my resources is just like being someone who's in a low-income community and just has been in poverty their whole life…A lot of the stuff, at least that I know of, is usually out of pocket, and people have to save up for months, years."

"I know that a lot of my friends who are trans or nonbinary, like when they try and transition, the insurance at the beginning may cover it, but then suddenly it'll drop it."

"Even going to [provider who specializes in TNG youth healthcare], I got misgendered and dead-named a lot… it's just really stressful… even places that specialize in trans people don't validate your identity."

Needed Resources

Health resource/service for TNG youth	Is needed in respondent's community
Healthcare providers who are competent in TNG health	39.2%
Mental health specialists who are competent with TNG clients	36.7%
Hormonal transition options	33.8%
Surgical transition options	41.8%
HIV resources	20.9%
Holistic health and healing resources	31.2%
Fertility preservation resources	33.8%

At least 1 in 3 respondents indicate that additional, accessible medical, mental health, medical/surgical transition options, and fertility preservation resources are needed in their communities. Additionally, no other non-health/healthcare resource needs were rated higher than access to competent medical providers and access to surgical transition options.

Primary Concerns

Respondents were asked to identify the most important issues facing TNG youth in their communities, including questions about survival resources, legal resources, health concerns, healthcare needs, and violence or safety concerns. The top three were:

1 – Access to TNG-competent healthcare providers (55.6%)
2 – Access to puberty blockers or gender-affirming hormones (46.6%)
3 – Mental health access/concerns (41.5%)

Taken together, the responses to these two questions about needed resources indicate the significance of the healthcare access gaps that exist for TNG youth throughout Wisconsin.

HEALTHCARE ACCESS

Location of Providers

63.3% of respondents attempted to access medical and/or mental healthcare services to meet their needs as a TNG youth, whether the services they received were actually affirming of their identity or competent regarding their health needs.

Of these TNG youth, 1 in 4 have traveled outside of their community to find providers, with more than 10% needing to travel out of state to access care. On average, youth who traveled within Wisconsin in an attempt to find competent care spent 60 minutes en route; youth who traveled out of state to attempt to access care spent an average of 175 minutes—or nearly 3 hours—en route to a provider.

Competent Provider Access

The majority of respondents have poor access to healthcare that meets their needs as TNG youth, although mental healthcare access is better than both primary medical care and TNG-specific or transition-related medical care.

4 of 5 respondents have NO access to TNG-competent healthcare providers.

3 of 5 respondents have NO access to TNG-specific or transition-related medical care or referrals.

2 of 3 respondents have NO access to TNG-specific or transition-related medical care through their primary care provider.

5 of 10 respondents have NOT disclosed their identity to their primary care provider.

1.5 of 10 respondents have NOT disclosed their identity to their mental health care provider.

Not Receiving Necessary Care

In the last year, nearly 1 in 3 (27.6%) of TNG youth respondents were not able to access necessary healthcare. The reasons for not receiving this care include:

Lack of family or parental/guardian support:

- *"I needed to be hospitalized for mental health reasons, but my parents refused to take me."*
- *" I don't feel that I know how to access health care on my own without going through my guardian."*
- *"I want to take T and get top surgery very badly, and I've only just now told my therapist. She helped me tell my parents and…they don't actually accept me as trans."*

Lack of insurance coverage:

- *"Trying to find a gender therapist on state insurance [Medicaid] is impossible."*
- *"I had no health insurance for 3 months."*
- *"I am on [university-based health insurance], and do not get mental health services covered."*
- *"I have very severe ADHD, but never receive care because I do not have access to health insurance."*

Prohibitive costs of care:

- *"When I went to another clinic and my health insurance didn't go through, so I couldn't make an appointment because the cost was so high I couldn't afford it, even with the sliding scale fee."*
- *"I needed a check-up to further my HRT [hormone therapy], but could not afford the appointment as I am uninsured."*
- *"I can't afford healthcare. I don't go to the doctors at all."*

Lack of provider competence/poor treatment by providers:

- *"I rarely go to the doctor when I need to, even for serious issues, because all health care professionals I've met and talked with have disrespected my identity or dismissed it completely."*
- *"I broke my foot in August and avoided getting medical treatment because of the lack of trans competent doctors …I rolled my car three times off [the highway], but did not go to the emergency room until three days after, due to an intense uncertainty about emergency room doctors, nurses, and staff's competency with trans people. I struggle and have struggled with mental health including self-harm and suicidal tendencies, but have not received treatment due to a lack of nonbinary-competent therapists in the area."*
- *"I was extremely suicidal but could not find a therapist who was knowledgeable about transgender issues."*
- *"Rarely treated like a human when I do need help, therefore I avoid it unless it is ER-level help."*

Gatekeeping by providers:

- *"I never like outwardly told [therapist's name] I was trans just because I didn't struggle with it. I was really happy when I found out I was trans and like figured all that stuff out because I could be more affirmed, and then [my doctor] was like, 'Well, if you haven't gotten like six months of therapy with your therapist regarding being trans, you know, you probably shouldn't go on testosterone.' And I'm like, 'Well, you know, it wasn't an issue for me. But, okay.'"*
- *"I've tried multiple times to find an informed consent[23] clinic to start hormones and was met with dead ends."*
- *"[Health center name] also kind of makes me jump through a lot of hoops to get what I need. They had to go back and forth with everything, and I got asked if I was really sure on lots of different occasions."*
- *"I have to go to a psychologist to get a "letter" legitimizing my transness before I can even start any sort of surgical transition or legal action to change my name or gender marker."*

Other reasons:

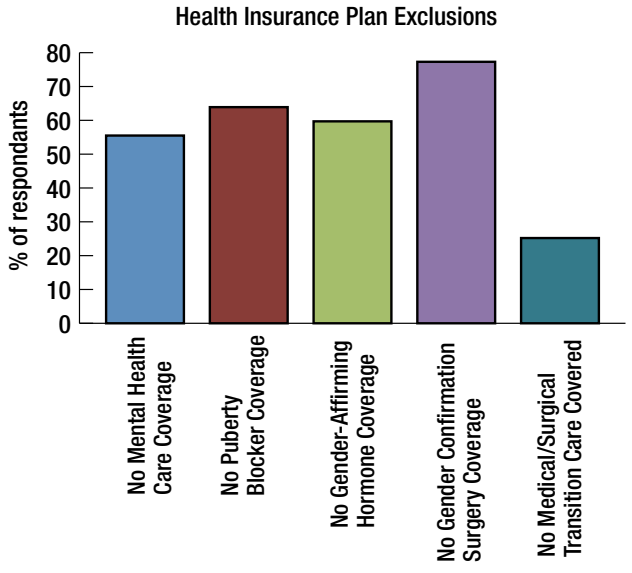
- *Distance to provider: "My provider is in [large city in another state], and sometimes I wish I could go to my doctor to talk about trans-related concerns, but driving over an hour to see a doctor isn't something I can do regularly."*
- *No regular access to care: "I was beat up and had 2 ribs broken while walking home one night. I went to the ER for treatment, but, after I was discharged from there, I did not have any doctor to follow up with."*
- *Delays in care: "I've been trying to get on testosterone for quite a while now, and I'm frustrated. While the doctors we're going to are supportive and trying to help, and I'm very lucky, but I still feel frustrated by all the delays."*
- *Schedule conflicts/no available appointments: "My current doctor's schedule is not compatible with mine. Plus, the office sometimes doesn't answer my calls or answer back my multiple voicemails."*

[23] The Informed Consent Model of access to transition-related medical care does not require that TNG individuals be diagnosed with Gender Dysphoria by a therapist or to otherwise prove TNG identity with a therapist or psychiatrist prior to being able to access puberty blockers, gender-affirming hormones, and/or gender confirmation surgeries.

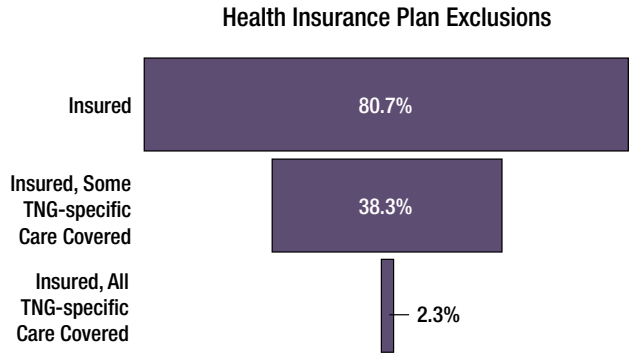
Insurance Coverage for Transition-Related Care

In July 2016, Rule 1557 of the Patient Protection and Affordable Care Act (sometimes also referred to as the Affordable Care Act, ACA, or Obamacare) was determined to bar discrimination in insurance coverage based on gender identity, which meant that insurance plans must cover TNG-specific and transition-related medical care (e.g., mental health care, puberty blockers, gender-affirming hormones, gender confirmation surgeries, and all other preventative, general, specialty, urgent, and emergency medical care for TNG people).[24] However, this interpretation of Rule 1557 is currently on hold per a Federal Court ruling in December 2016, while it is challenged in court by five states, including Wisconsin. For TNG people across the United States, this means that medically necessary transition-related care currently can be denied and will likely not be covered by their insurance, and they may also be denied coverage for other necessary care (mental health, preventative, general, specialty, urgent, and emergency), if there is a diagnosis or billing code for Gender Dysphoria or another TNG/gender-related code associated with that healthcare visit or otherwise included in their medical chart.

For the 251 respondents who have health insurance, less than half (47.4%) have coverage for some kinds of TNG-specific and/or transition-related care. The exclusions in each of these plans can be found in the chart below.



Only 5.9% of these respondents have insurance coverage for all TNG-specific and transition-related healthcare. This means that although 80.7% of total respondents have health insurance, only 2.3% have insurance coverage for all their potential needs as TNG youth. **The 97.8% of respondents without this coverage would have to pay out-of-pocket for necessary healthcare, if they were able to afford the care at all.**



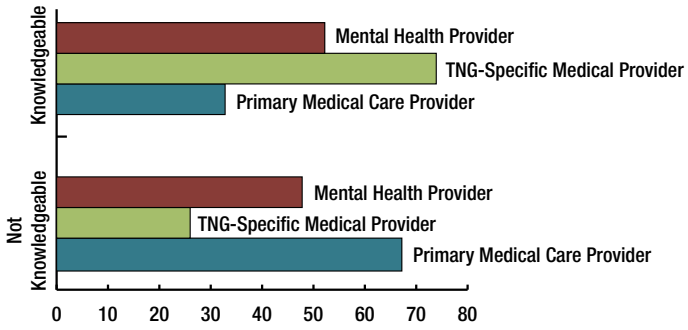
PROVIDER COMPETENCE

"Finding competent doctors for binary [trans] and nonbinary people sucks."

Provider Knowledge

Respondents rated their current healthcare providers with regard to how knowledgeable and competent they are regarding TNG youth and health.

While only 32.8% of respondents rated their primary healthcare provider as knowledgeable about TNG health and healthcare needs, respondents were much more likely to rate both their TNG-specific providers (73.9%) and mental health providers (52.2%) as knowledgeable.



[24] US Department of Health & Human Services (2016). Retrieved from https://www.hhs.gov/sites/default/files/2016-06-07-section-1557-final-rule-summary-508.pdf

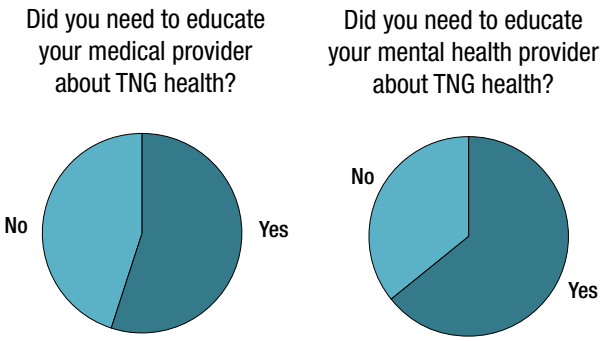
Education By Youth Patients

"I have to educate doctors [about TNG health] a lot, and I think that's terrible."

"My doctor was like, 'I don't know. I don't know anything about [TNG people].' And so that was really frustrating, because I was like, 'You're a doctor. You're supposed to take care of me. Help.'"

In both the focus groups, participants described frustrating experiences being put in the position of educating medical and mental health professionals about the basics of TNG identities, needs, and health in order to get the care that they needed, even when that care was not related to their TNG identity and/or transition. When the provider was a gatekeeper to their care, the situation was particularly challenging and the participants expressed feeling "forced" to educate their providers.

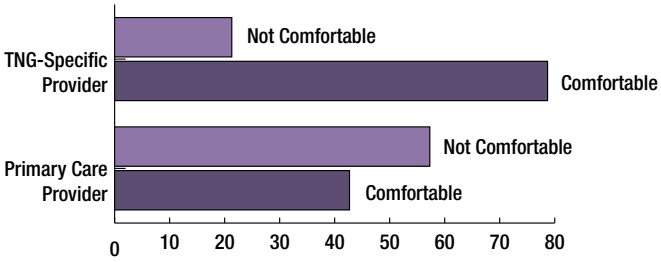
This need to educate providers—even those rated as more knowledgeable—was also reported by survey respondents. Even though mental health providers were generally rated as more likely to be knowledgeable than medical providers, respondents still provided education to mental health providers (64.3%) more often than medical providers (55.1%): Because TNG youth are more likely to be out to their mental health provider than their medical providers, it is possible that this could explain at least part of why respondents are more likely to have provided education to those providers.



YOUTH PATIENT COMFORT

"I experience a lot of stress as a closeted nonbinary person as I play a guessing game as to who will react positively or negatively if I come out to them. I've decided that for the most part, it is too scary to try to come out to most people, and I really wish that weren't the case."

Respondents were much more comfortable disclosing their TNG identity and discussing their healthcare needs with TNG-specific medical providers (78.3%) than general medical providers (42.7%).



Respondents also rated what healthcare providers of all kinds could do to help them feel welcome and respected as a TNG youth, which could increase their comfort disclosing their TNG identity and openly discussing their health needs. These recommended practices were rated as follows:

Recommended Practice for Providers	Rank
Using TNG youth's correct name	1*
Using TNG Youth's correct gender pronouns	1*
Not requiring TNG youth to educate them on what TNG means	3
Providing information about medical transition options	4
Helping to find resources that support TNG people	5
Providing information about community resources for TNG people	6
Helping TNG youth talk to their parent(s)/guardian(s) about their gender identity	7

**Tied for most recommended practice*

"The most stressful thing about having to like go to the doctors is probably like when they're like, 'No, no, you have to use your real name.'"

In addition to youth indicating in this survey that healthcare providers using their correct, chosen name and pronouns are the most effective ways to help them feel affirmed and comfortable, recent research also indicates that this has significantly positive effects on the mental health of TNG youth, including reduced depression and suicidality.[25]

YOUTH EXPERIENCES OF HARM BY PROVIDERS

"So I was gonna go into residential treatment for a while…My mom let them know that I'm trans, and they said that it is a program for girls, and they said that I would have to be referred to as one of their girls, and then they'd have to use she/her pronouns and my dead name. And so, I really needed that treatment, but I did not go. Because I couldn't do that for 3 months. I could not—I could not be misgendered for that long—I couldn't do that."

"I've been harassed by doctors because of my gender, so now I don't go even though I need to."

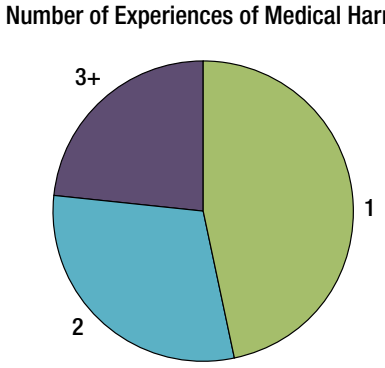
All medical and mental health providers affirm that, by entering their specific field and providing healthcare, they will abide by the ethical codes of their professions and the key principle to "do no harm" to their patients and clients.

Unfortunately, the majority of respondents who disclosed their TNG identity to medical providers (N=225) and mental health providers (N=256) experienced at least one negative experience related to being a TNG person:

78.7% experienced harm from a medical provider, and 64.1% experienced harm from a mental health provider.

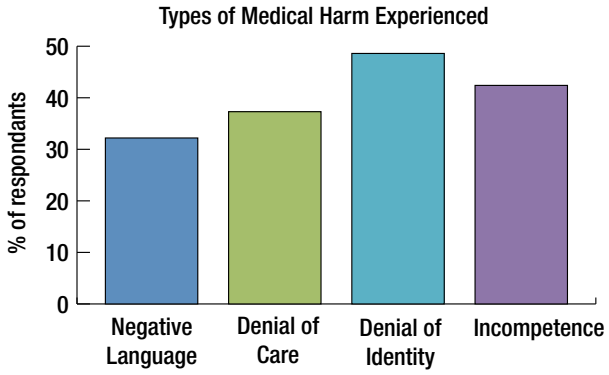
In Medical Settings

Respondents reported more negative experiences related to their TNG identity perpetuated by medical healthcare providers. Of the 78.7% of respondents who experienced harm due to their TNG identity, more than half experienced multiple instances of harm, with nearly 1 in 4 experiencing 3 or more instances.



The types of harmful instances related to their TNG identities that respondents experienced included:

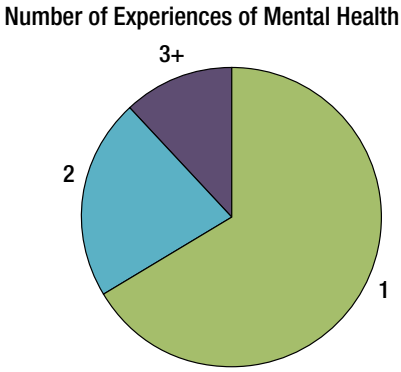
1) **negative language** that belittled, insulted or ridiculed them as a TNG person;
2) **denial of care** by refusing to discuss their needs as TNG youth, refusing to examine them, refusing to initiate care, or ending care;
3) **denial of identity** by directly and indirectly discouraging, questioning, or refusing to acknowledge their TNG identity; and
4) **incompetence** from providers who said they could not provide care to TNG people due to a lack of knowledge or experience.



[25] Russell, S.T., Pollitt, A.M., Li, G., & Grossman, A.H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. Journal of Adolescent Health. doi:10.1016/j.jadohealth.2018.02.003

In Mental Health Settings

Respondents reported fewer negative experiences related to their TNG identity perpetuated by mental health providers. Of the 64.1%% of respondents who experienced harm due to their TNG identity, more than 1/3 experienced multiple instances of harm, with more than 1 in 10 experiencing 3 or more instances.



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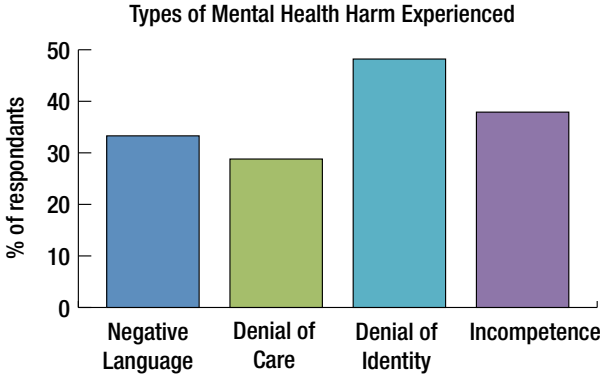

Moving Healthcare Forward In Wisconsin – A Call To Action

The 2017 Wisconsin Transgender Youth Community Needs Assessment survey found that there is a serious need for accessible, affirming, and affordable healthcare for transgender, nonbinary, and gender expansive/ nonconforming (TNG) youth throughout the state of Wisconsin. TNG youth face considerable barriers to accessing the medical and mental health care that they need, for both general health needs and necessary transition-related care.

This study and report make one thing particularly clear: TNG youth need health and healthcare policy, providers, institutions, and systems to catch-up to where the youth are, provide them with the exceptional healthcare they need, and eliminate the barriers that they are currently forced to navigate.

In order to address these serious healthcare inequities and barriers to care faced by TNG youth in Wisconsin, this report offers the following recommendations for all healthcare providers, health systems, policymakers, educational institutions, community-based groups, and individual advocates:

1 Provide thorough education and training about TNG youth identities, experiences, needs, and health to all healthcare providers.

"There's a lot of doctors who will only like help if you're a binary trans person. And if you're not, if you don't seem binary enough or something– like they don't understand that non-binary is a real thing."

"Healthcare professionals should become educated on trans issues, and then take the next step to show their patients what they have learned about these things to eliminate stress."

TNG youth in Wisconsin have very limited access to competent providers for all of their necessary care. Current providers must intentionally seek education and training to increase their competency to provide their services in affirming ways for TNG youth, regardless of

whether they provide TNG-specific or transition-related healthcare. Competence in working with, and affirming the identities and experiences of, TNG youth is not a specialty practice: every health provider should have the skills, knowledge, and support to provide affirming, competent, and high-quality care to their TNG youth patients.

Additionally, there is a significant need in Wisconsin for primary care medical providers and appropriate specialty providers (e.g., surgeons, urologists, gynecologists, endocrinologists, among others) to provide transition-related care, which will require that they find appropriate training to gain the skills and knowledge necessary to do so. Mental health providers must also gain the skills necessary to provide affirming counseling and support services to TNG youth, as well as recognize and affirm the validity of all TNG youth, regardless of whether they experience gender dysphoria and/or meet the clinical criteria for that diagnosis.

College/university curricula must also be updated to train future medical and mental health providers. Research indicates that current medical students receive an average of 5 hours of education about LBGTQ (lesbian, gay, bisexual, transgender and queer) health, with little to none of that instruction time specifically addressing TNG health needs.[26] Focused education about TNG health, including training regarding providing both overall affirming care (regardless of focus or specialty) and appropriate transition-related care must be included as part of core medical school and other healthcare professional (e.g., nursing, OT/PT, technicians, PA, MA, etc.) curricula. Similar changes must be made to the core curricula for mental health professionals (e.g., social work, art therapy, counseling, psychology, etc.).

2 Identify and eliminate systemic, policy, procedural, and practice barriers to care for TNG youth within all health systems.

"It's something very simple, but it bothers me quite a lot when I go to like the doctors or the hospital—I do a lot—they don't ask about pronouns, and if you tell them, they don't use them, because it's not what's written in their sheets or whatever. It's just like a small thing that makes me feel a lot more comfortable with the doctor."

"Find ways to make ALL healthcare more available to trans and gender non-conforming people."

There is a clear need for improved access to competent and affirming healthcare for TNG youth. Healthcare organizations and individual hospitals, clinics, and providers must insure that all interactions that TNG youth have with the system are as affirming, respectful, and competent as possible. In order to achieve this, healthcare systems and providers must:

- Ensure that all staff, not just medical/mental health providers and direct care staff, have received appropriate training about providing affirming, best practice services to TNG youth. Importantly, all staff must also then be held accountable to these best practice standards, including retraining, disciplinary action, and termination if these standards are violated;
- Implement and enforce antiharassment and antidiscrimination policies for staff and patients that include gender identity and gender expression, in addition to sex and sexual orientation;
- Update paper forms and/or Electronic Medical Records (EMR/EHR) systems to collect both chosen name and pronouns for all patients/clients and make these easily accessible to all staff and providers to use when interacting with TNG youth patients/clients. Additionally, collect gender identity and sexual orientation information for all patients to more accurately represent patient populations and identify inequities in treatment and health outcomes;
- Create greater access to medical and mental health care services by increasing funding for and availability of TNG-specific services, reducing delays in scheduling and wait-times for appointments, and ensuring that the hours of services are accessible for TNG youth who are likely in school and/or working; and
- Make both general and transition-related medical and mental health care affordable and accessible for TNG individuals who are uninsured, underinsured or have insurance which denies covered for transition-related care, including free and/or sliding-scale services.

Additionally, healthcare organizations and individual hospitals, clinics, and providers should seek ongoing training and/or consulting services that are focused on identifying and ameliorating additional barriers to providing exceptional healthcare to TNG youth.

[26] Obedin-Maliver, J., Goldsmith, E.S., Stewart, L., White, W., Tran, E., Brenman, S.,…Lunn, M.R. (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. JAMA, 306(9), 971-977.

3 Ensure both private and public insurance coverage for TNG-specific and transition-related healthcare of all kinds.

"Just the huge amounts that we're having to pay to get a medically necessary procedure for us to live our lives is ridiculous…Insurance coverage should definitely be a priority in the coming years, in my opinion."

"I guess the thing that I would need most would be having insurance cover surgeries at all or anything, because like—I don't know if I'm ever going to get anything, because I don't have money."

TNG youth struggle to afford necessary medical and mental health care. For the TNG youth who need it, transition-related healthcare—including mental health support, puberty blockers, gender-affirming hormones, and gender confirmation surgeries—are essential and necessary care. Individual and organizational advocacy efforts at the local, state, and national levels must focus on insuring all people and removing TNG-specific and transition-related care exclusions in private and public insurance plans. Additionally, healthcare providers and systems must appeal rejections of any and all care, reaffirming that the care is necessary and appropriate for their TNG youth patients.

4 Replace gatekeeping models of providing TNG-specific and transition-related healthcare with patient-centered models, including informed consent models of care.

"I wanted to start hormones, which needs a referral letter from your current therapist. My therapist wouldn't write me that letter. I couldn't find a doctor to work with me without one."

"Here in Wisconsin, where we don't really have those resources…I know one doctor [name] does informed consent, thank god. I wish everyone, everywhere did that. 'Hey, you want to go on hormones? This is what it'll do. Do you consent to this? Perfect.' Then you go on. That would be ideal to have as a standard worldwide."

Healthcare for TNG youth must be patient-centered and as low barrier as possible. Informed Consent Models of transition-related healthcare access allow TNG patients to access the essential medical care that they need without needing to get approval from a therapist or other mental health provider. Even the World Professional Association for Transgender Health (WPATH), which produces clinical guidelines for transition-related care and have recommended that providers require mental health diagnosis of Gender Dysphoria in the past, has updated its Standards of Care to be more flexible and reduce gatekeeping.[27] WPATH now recognizes that Gender Dysphoria is not a requirement for TNG people to access transition-related medical care, and it further affirms the importance and validity of Informed Consent Models of care for TNG adults:

> *A number of community health centers in the United States have developed protocols for providing hormone therapy based on an approach that has become known as the Informed Consent Model (Callen Lorde Community Health Center, 2000, 2011; Fenway Community Health Transgender Health Program, 2007; Tom Waddell Health Center, 2006). These protocols are consistent with the guidelines presented in the WPATH Standards of Care, Version 7. …In the Informed Consent Model, the focus is on obtaining informed consent as the threshold for the initiation of hormone therapy in a multidisciplinary, harm-reduction environment. Less emphasis is placed on the provision of mental health care until the patient requests it, unless significant mental health concerns are identified that would need to be addressed before hormone prescription.*[28]

For TNG youth who are age 18 or older, care should be provided according to Informed Consent Model guidelines, with hormone treatment initiated as soon as possible after informed consent regarding effects and possible risks is obtained from the patient.

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[27] World Professional Association for Transgender Health. (2011). Standards of care for the health of transsexual, transgender, and gender nonconforming people, Version 7. Retrieved from https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf

[28] Ibid, pp 35-36

For TNG youth who are minors, the process for obtaining medical consent should be as low-barrier as possible. Although WPATH and other organizations continue to recommend psychological assessment of adolescents to determine that each youth patient fully understands the effects and risks of both puberty blockers and/or gender-affirming hormones and are able to assent to these treatments, the assessment should be focused on these topics and identifying current concerns that could impact care, rather than an extended psychiatric and personality assessment. Significant mental health concerns identified in the assessment (e.g., active suicidality) should not be treated as counterindications to initiating transition-related care; instead appropriate supports and/or treatment should instead be integrated into the individual care plan.

Additionally, access to any required assessment for minor TNG patients should be offered onsite by an affirming and competent mental health provider, any waitlist for onsite assessment should be minimized or eliminated, assessments by non-system/external mental health experts should be accepted, the time between assessment and initiation of treatment should be as short as possible, and best efforts to reduce the impacts of parent/guardian rejection on treatment should be made (see recommendation #5, below). Ideally, minor TNG patients should be able to complete any required mental health assessment, create an individual care plan with their provider and parent(s)/guardian(s), and receive their prescription for puberty blockers or gender-affirming hormones during the same visit. This is particularly important for those youth who are traveling a significant distance to access care or if TNG-specific and transition-related care within a health system/center is only provided by a small number of providers or only during specific, limited clinic day(s)/hour(s).

5 Establish policy, systems, and/or services to address and minimize parental/guardian rejection or lack of support as a barrier to healthcare for TNG youth.

"I think, especially for people whose, you know, blood families are really crappy, like being able to name someone in your chosen family as like an emergency contact…you know, you have a chosen family because your birth family kicked you out, like what are you supposed to do in that situation?"

"Over six months ago, I felt I needed support/information/understanding and hormones, but my parents didn't think it was necessary. I still didn't get it."

"Make more mental health professionals available for students who are and, more importantly, ARE NOT out to parents."

Healthcare and other organizations invested in the health of TNG youth must determine means to increase minors' access to necessary support and care. This may require reevaluation of how TNG-specific and transition-related healthcare is classified to determine how much of this care qualifies as sexual/reproductive healthcare and could, therefore, be provided without parental/guardian consent. Further, healthcare organizations and providers should not require more than one parent/guardian to consent to transition-related care to initiate treatment.

Importantly, providers must not disclose a TNG youth's identity to a parent/guardian, unless the young person asks for assistance having that conversation. Additionally, questions and discussions about gender identity, sexual orientation, and sexuality must take place between the provider and youth alone, without parents, guardians, or caretakers in the room, as should education/counseling about community resources, support services, and medical transition options for TNG youth.

Additionally, healthcare, community-based and youth-services organizations working with TNG youth need to determine what services, programs, and resources they could provide to these young people and their parents, families, guardians, and/or caregivers to facilitate youths' access to care. These services must be provided at low or no cost to have the greatest impact on these health inequities.

6 Develop services to help TNG youth navigate healthcare systems, advocate to get their needs met, and access affirming resources.

"There is something—it's not established in Wisconsin yet, but I think it's called the Trans Buddy System—and basically a person accompanies you to the doctor or the ER, and they help talk to whatever provider is there, or

parents, and help, you know, educate them, and speak for you, and I think that would be really nice to have in this state."

"People to educate healthcare providers on the barriers facing trans youth, and how to help them overcome those barriers instead of adding to them."

Services, support, and/or programs must be implemented to increase TNG youths' health literacy and self-advocacy skills related to accessing healthcare and both responding to and coping with experiences of harm, including discrimination, rejection, and inadequate care. In addition, health navigation and advocacy services—whether internal to specific healthcare systems or based in community/advocacy organizations outside of healthcare systems—should be developed and evaluated for effectiveness with TNG youth in Wisconsin.

Finally, affirming and supportive resources to meet the health, healthcare, and other needs of TNG youth should be identified and made widely available directly to TNG youth, as well as to the adults and professionals who support them.

Achieving these recommendations to address the serious healthcare inequities facing TNG youth will take coordinated efforts and advocacy from healthcare organizations & providers, educational institutions, community-based organizations & coalitions, and individual advocates & organizers, including TNG youth and the adults who support and care about them.

Together, we can make high-quality and competent healthcare affordable, affirming, and accessible for all TNG youth in Wisconsin!

Appendix 1: Survey Instrument

Q1 Research Consent & Information Sheet
❍ I consent to start the survey

Q2 Do you live all or part of the year in Wisconsin?
❍ Yes
❍ No

Q3 How often do you access any services in your community? (services include community, school or organization events, resources, and support or social groups)
❍ Daily
❍ 3-4 times a week
❍ Once a week
❍ A few times a month
❍ Monthly
❍ Yearly
❍ Never

Q4 Are resources available in your community to address social support of transgender and gender nonconforming (TGNC) youth? (i.e. support groups, social opportunities, educational events, helplines)
❍ Yes
❍ No
❍ I don't know

Q5 Which of these resources do you use? (select all that apply)
❍ Support groups
❍ Social opportunities (i.e. social events or activities for TGNC youth)
❍ Educational events (i.e. lectures, presentations, classes, information sharing)
❍ Helplines (phone or chat)
❍ Other, Please specify: _____

Q6 Which resources do there need to be more of in your community? (select all that apply)
❍ Support groups
❍ Social opportunities (i.e. social events or activities for TGNC youth)
❍ Educational events (i.e. lectures, presentations, classes, information sharing)
❍ Helplines (phone or chat)
❍ Other, Please specify: _____

Q7 Which of these resources are available for TGNC youth in your community? (select all that apply)
❍ Name change resources
❍ Health care providers who are competent in transgender health
❍ Mental health specialists who are competent with transgender clients
❍ School staff who are supportive of transgender students
❍ Coming out resources
❍ HIV resources
❍ Holistic health and healing resources
❍ Hormonal transition options
❍ Surgical transition options
❍ Resources regarding housing and homelessness
❍ Resources regarding employment and job support
❍ Resources for parents of transgender children
❍ Resources for preserving fertility / becoming a parent in the future
❍ None of the above
❍ Other, Please specify: _____

Q8 Which of these available services do you use? (select all that apply)
❍ Name change resources
❍ Health care providers who are competent in transgender health
❍ Mental health specialists who are competent with transgender clients
❍ School staff who are supportive of transgender students
❍ Coming out resources
❍ HIV resources
❍ Holistic health and healing resources
❍ Hormonal transition options
❍ Surgical transition options
❍ Resources regarding housing and homelessness
❍ Resources regarding employment and job support
❍ Resources for parents of transgender children
❍ Resources for preserving fertility / becoming a parent in the future
❍ None of the above
❍ Other, Please specify: _____

Q9 Please give the name and location (city, state, and/or zip code) of the organization that provides the resources you use for each of the resources you selected in the previous question.

_____

Q10 Which of these resources are needed in your community? (select all that apply)

❍ Name change resources
❍ Health care providers who are competent in transgender health
❍ Mental health specialists who are competent with transgender clients
❍ School staff who are supportive of transgender students
❍ Coming out resources
❍ HIV resources
❍ Holistic health and healing resources
❍ Hormonal transition options
❍ Surgical transition options
❍ Resources regarding housing and homelessness
❍ Resources regarding employment and job support
❍ Resources for parents of transgender children
❍ Resources for preserving fertility / becoming a parent in the future
❍ None of the above
❍ Other, Please specify: _____

Q11 Out of the following issues, choose the five you think are the most important for TGNC youth in your community.

❍ Homelessness and access to housing
❍ Access to trans-competent healthcare providers
❍ Sexually Transmitted Infection and HIV services / resources
❍ Access to hormone blockers or hormones
❍ Access to information and resources related to fertility
❍ Resources for families with transgender youth
❍ Healthy eating
❍ Tobacco (in any form)
❍ Alcohol use and abuse
❍ Illegal drug use and abuse (i.e. prescription drugs not prescribed to you, street drugs)
❍ Violence toward transgender people
❍ Bullying
❍ Racism
❍ Mistreatment from police
❍ Safety in schools
❍ Mental health concerns
❍ Trans-friendly exercise facilities
❍ Access to resources for people with non-binary identities

Q12 What is your current relationship with your immediate family?

❍ I do not have one
❍ The relationship is very unsupportive
❍ The relationship is somewhat unsupportive
❍ The relationship is supportive
❍ The relationship is very supportive

Q13 How often do your parent(s) / guardian(s) talk with you about things that are bothering you?

❍ Always
❍ Usually
❍ Often
❍ Sometimes
❍ Rarely
❍ Never

Q14 Not counting your parent(s) / guardian(s) / household adults, how many other adults can you rely on if you have a problem and need help?

❍ No other adults are available
❍ At least one other adult
❍ At least two
❍ At least three
❍ Four or more other adults

Q15 In general, how supportive of your gender identity and expression are the following people?

Not at all supportive (1)
Somewhat unsupportive (2)
Supportive (3)
Very supportive (4)
Not applicable / I am not out to them (5)

My parent(s) / guardian(s)
My sibling(s)
My extended family
My trans friends
My non-trans friends
My temple / mosque / church friends
My co-workers
My employer
My teachers
My school
My classmates

Q16 How often do you encounter police officers in your community?

❍ Never
❍ Rarely
❍ Often
❍ Most days of the week
❍ Daily
❍ Several times a day

Q17 In general, as a TGNC youth, how comfortable would you feel seeking help from police?

❍ Very comfortable
❍ Somewhat comfortable
❍ Neutral
❍ Somewhat uncomfortable
❍ Very uncomfortable

Q18 Are you currently enrolled in school? (school includes homeschooling and public or private schools)

❍ Yes
❍ No

Q19 Do you attend school regularly?

❍ Yes
❍ No, Please explain: _____

Q20 I feel like I belong at my school.
❍ Strongly agree
❍ Agree
❍ Neither agree nor disagree
❍ Disagree, Please explain: _____
❍ Strongly disagree, Please explain:

Q21 I feel close to people in my school.
❍ Strongly agree
❍ Agree
❍ Neither agree nor disagree
❍ Disagree
❍ Strongly disagree

Q22 I feel safe at my school.
❍ Strongly agree
❍ Agree
❍ Neither agree nor disagree
❍ Disagree
❍ Strongly disagree

Q23 Teachers and other adults treat students fairly.
❍ Strongly agree
❍ Agree
❍ Neither agree nor disagree
❍ Disagree
❍ Strongly disagree

Q24 There are adults I can talk to at school if I have a problem.
❍ Strongly agree
❍ Agree
❍ Neither agree nor disagree
❍ Disagree
❍ Strongly disagree

Q25 I feel supported by my peers.
❍ Strongly agree
❍ Agree
❍ Neither agree nor disagree
❍ Disagree
❍ Strongly disagree

Q26 Do you currently have a pediatrician / family doctor / primary health care provider with whom you feel comfortable discussing your health care needs?
❍ Yes, This provider's name is:
❍ No

Q27 Does your primary healthcare provider know about your trans identity or experience?
❍ Yes
❍ No

Q28 How knowledgeable is your primary health care provider about trans-specific health needs?
❍ Not at all knowledgeable
❍ Somewhat knowledgeable
❍ Knowledgeable
❍ Very knowledgeable
❍ I don't know

Q29 How comfortable are you talking about your trans status and trans-specific healthcare needs with your primary healthcare provider
❍ Very uncomfortable
❍ Uncomfortable
❍ Comfortable
❍ Very comfortable
❍ I have not talked with my provider about my gender identity

Q30 Has your primary health care provider provided trans-specific care to you?
❍ Yes
❍ No

Q31 What has your primary health care provider done? (select all that apply)
❍ Prescribed hormones
❍ Prescribed hormone blockers
❍ Provided emotional support or counseling
❍ Provided referrals for trans-specific resources
❍ Provided information about medical transition options

Q32 Do you have a different provider who provides trans-specific care?
❍ Yes, This provider's name is: _____
❍ No

Q33 How knowledgeable is your trans-specific healthcare provider about trans-specific health needs?
❍ Not at all knowledgeable
❍ Somewhat knowledgeable
❍ Knowledgeable
❍ Very knowledgeable

Q34 How comfortable are you talking about your trans status and trans-specific healthcare needs with your trans-specific healthcare provider?
❍ Very uncomfortable
❍ Somewhat uncomfortable
❍ Uncomfortable
❍ Comfortable
❍ Somewhat comfortable
❍ Very comfortable

Q35 During the past 12 months, was there ever a time when you felt that you needed health care but did not receive it?
❍ Yes, Please explain: _____
❍ No

Q36 In your experience with medical providers as a whole, how much do you think each of these limits your ability to see a healthcare provider? (Q40)

Not at all (1) Occasionally (3) Significantly (5)
Rarely (2) Moderately (4)

Location of services
Days and hours of operations
Having to disclose your gender identity
Concerns about confidentiality
Lack of health insurance that covers care for transgender people
Feeling uncomfortable talking about sex and sexuality
Lack of providers who are knowledgeable about transgender identities and health needs
Past experiences of discrimination based on gender identity
Lack of professional support to help navigate the healthcare system
Lack of family / parental support
Information is not readily available about transgender care

Q37 Have you had any personal experiences with these or other barriers that you would like to share?

_____

Q38 Has a medical health care provider (physician, nurse practitioner, physician's assistant) ever:

❍ Refused to see you or ended care because you were trans
❍ Used hurtful or insulting language about trans identity or experience
❍ Refused to discuss trans-related health concerns
❍ Told you that you were not really trans
❍ Discouraged you from exploring your gender
❍ Told you they didn't know enough about trans-related care to provide it
❍ Belittled or ridiculed you for being trans
❍ Told you they thought the gender listed on your ID or forms was a mistake
❍ Refused to examine parts of your body because you are trans
❍ None of the above
❍ Not applicable – I have never told a provider that I am trans

Q39 Have you ever had to educate a medical health care provider regarding your needs as a trans person?

❍ Yes
❍ No

Q40 Rank the following ways a healthcare provider could help you to feel welcome and respected as a transgender or gender nonconforming youth, with the most important at the top.

___ Using the correct gender pronouns
___ Using my correct name
___ Providing information about medical transition
___ Not requiring me to educate them on what transgender means
___ Helping me find resources that support trans people
___ Having information about community resources for transgender people
___ Helping me talk with my parent(s)/guardian(s) about my gender identity
___ Other, Please specify: _____

Q41 I receive or have received mental health care for the following: (select all that apply)

❍ Gender identity / dysphoria / transition
❍ Depression
❍ Anxiety disorder
❍ ADD / ADHD
❍ Eating disorder
❍ Addiction
❍ Bipolar disorder
❍ Schizophrenia
❍ Borderline personality disorder
❍ Oppositional defiant disorder
❍ Stress
❍ Anger management
❍ Grieving or loss
❍ Relationship issues
❍ Suicidal thoughts
❍ PTSD
❍ Other, Please specify: _____
❍ None of the above

Q42 How do you cope with stress? (select all that apply)

❍ I talk with my peers
❍ I am supported by staff of a community-based organization
❍ I talk with community elders
❍ I talk with religious or spiritual leaders
❍ I have supportive parent(s) / guardian(s)
❍ I use creative arts
❍ I am involved in a sports team
❍ I am involved in another group or team
❍ Other, Please specify: _____

Q43 Do you currently have a mental health care provider? (i.e. therapist, counselor, psychologist)

❍ Yes, This provider's name is: _____
❍ No

Q44 How knowledgeable is your mental health care provider about trans-specific mental health needs?
❍ Not at all knowledgeable
❍ Somewhat knowledgeable
❍ Knowledgeable
❍ Very knowledgeable
❍ I don't know / we have never discussed trans-specific mental health

Q45 Have you ever had to educate your mental health provider about your needs as a transgender or gender nonconforming person?
❍ Yes, I have provided a lot of education
❍ Yes, I have provided some education
❍ Yes, I have provided a little education
❍ No

Q46 Overall, how would you rate the quality of mental health care you received from this provider?
❍ Poor
❍ Fair
❍ Good
❍ Very good
❍ Excellent

Q47 Has a mental health care provider ever:
❍ Refused to see you or ended care because you were trans
❍ Used hurtful or insulting language about trans identity or experience
❍ Refused to discuss trans-related health concerns
❍ Told you that you were not really trans
❍ Discouraged you from exploring your gender
❍ Told you they didn't know enough about trans-related care to provide it
❍ Belittled or ridiculed you for being trans
❍ Told you they thought the gender listed on your ID or forms was a mistake
❍ None of the above
❍ Not applicable – I have never told a provider that I am trans

Q48 While living in Wisconsin, what is the farthest you have traveled for trans-related physical or mental health care?
❍ Within my town, city, or township
❍ To another city in Wisconsin. How many minutes did it take to travel there by car? _____
❍ To another state. How many minutes did it take to travel there by car? _____
❍ I have never received trans-related healthcare

Q49 How would you rate your overall health?
❍ Very healthy
❍ Healthy
❍ Somewhat healthy
❍ Unhealthy
❍ Very unhealthy

Q50 Where do you live?
❍ Zip code: _____
❍ City, Town, or Village: _____

Q51 How old are you?
❍ 12 years old or younger (1)
❍ 13 years old (2)
❍ 14 years old (3)
❍ 15 years old (4)
❍ 16 years old (5)
❍ 17 years old (6)
❍ 18 years old (7)
❍ 19 years old (8)
❍ 20 years old (9)
❍ 21 years old (10)
❍ 22 years old (11)

Q52 What is your current gender identity? (select all that apply)
❍ Transfeminine / Transwoman / Transgender girl / Trans girl / MTF / male to female
❍ Transmasculine / Transman / Transgender boy / Trans boy / FTM / female to male
❍ Genderqueer / genderfluid
❍ Nonbinary
❍ Agender
❍ Questioning / I don't know
❍ Two-Spirit

❍ Male / Man
❍ Female / Woman
❍ Other, Please specify: _____

Q53 What would you say is your current gender presentation? (select all that apply)
❍ Transfeminine / Transwoman / Transgender girl / Trans girl / MTF / male to female
❍ Transmasculine / Transman / Transgender boy / Trans boy / FTM / female to male
❍ Genderqueer / genderfluid
❍ Nonbinary
❍ Agender
❍ Questioning / I don't know
❍ Two-Spirit
❍ Male / Man
❍ Female / Woman
❍ Other, Please specify: _____

Q54 What sex were you assigned at birth?
❍ Female
❍ Male
❍ Other, Please specify: _____

Q55 Have you ever been diagnosed with a difference or disorder of sex development / intersex condition?
❍ Yes
❍ No
❍ I don't know

Q56 What is your sexual orientation? (select all that apply)
❍ Queer
❍ Bisexual
❍ Gay
❍ Lesbian
❍ Asexual
❍ Questioning / I don't know
❍ Heterosexual
❍ Same gender loving / Same gender attracted
❍ Pansexual
❍ Other, Please specify:

Q57 What is your race and ethnicity? (select all that apply)
❍ American Indian or Alaska Native
❍ Asian
❍ Black or African American
❍ Native Hawaiian or other Pacific Islander
❍ White
❍ Multiracial or Biracial
❍ Latino/a/x, Chicano/a/x, Hispanic
❍ Other, Please specify:

Q58 Are you currently experiencing homelessness?
❍ Yes
❍ No

Q59 What are your current living arrangements?
❍ Living in a shelter
❍ Living in a group home facility or foster care situation
❍ Living in campus or university housing
❍ Living with parent(s) / guardian(s) or family in an apartment or house
❍ Staying with friends or family temporarily or couch surfing
❍ Living with a partner, friend, or other person who pays for housing
❍ Living in an apartment or house that I rent
❍ Living in an apartment or house that I own
❍ Living on the street
❍ Other, Please specify:

Q60 Do you get free or reduced lunch at school?
❍ Yes
❍ No
❍ I don't know

Q61 Are you currently: (select all that apply)
❍ A student
❍ Employed part time
❍ Employed full time
❍ Not working or in school and looking for work
❍ Not working or in school and not currently looking for work
❍ Unable to work or attend school
❍ Other, Please specify:_____

Q62 Do you have health insurance?
❍ Yes
❍ No
❍ I don't know

Q63 [If yes, to Q62] Which of these are covered by your health insurance? (select all that apply)
❍ Hormone / puberty blockers for gender transition (leuprolide, histrelin, spironolactone)
❍ Hormones for gender transition (estrogen, testosterone)
❍ Surgery for gender transition
❍ Mental health services
❍ I'm not sure what my insurance covers

Q64 What are three ways to make the results of this study available to trans youth communities?
❍ 1. _____
❍ 2. _____
❍ 3. _____

Q65 What are three types of actions you think we should undertake using the results of this study?
❍ 1. _____
❍ 2. _____
❍ 3. _____

Q66 Now that you've finished the survey, is there anything else you'd like us to know?
- _____
- _____
- _____

Appendix 2: Focus Group Protocol

We know we often use trans, trans and gender nonconforming, or gender diverse to describe people who identify with a gender that is different from assigned at birth. Which of these three should we use for this group today?

Identity

- How would you describe your current gender identity?
- What are other identities you have that are important to you?

Community Needs

- What are some of the needs [**insert gender label**] youth have in your community
  - Clarification: What are your needs specific to your gender identity?
  - Note to researchers: If conversation is not including intersectionality, ask how other identities influence their needs as [**insert gender label**] youth.

Experiences with Community Resources

- What are some experiences you've had finding support in your community?
  - Prompt: Where do you find support in your community? Are there specific places or people you go to?
  - Note to researchers: Did they include initial experiences of finding their first resources?
- What types of community resources do you wish existed in your area?
  - What are some experiences you've had at school?
  - What are some experiences you've had with mental health care or medical providers?
  - Prompt: What worked/what didn't work/how were people supportive/not supportive in those settings?

Circles Activity

We are going to do an activity now. You will not be expected to share everything you write/draw on your page, but we will be talking about this activity as a group.

- Starting in the middle circle, using line, shapes, words, and colors – create an image that shows how you are feeling resourced within yourself. What strengths do you pull from?
- Moving out to the next circle, create an image or words that show who are your closest supporting relationships and places you go where you feel safe as an [**insert gender label**] youth here.
- Moving further out, include people and places in your life that feel less close and supportive to you as an [**insert gender label**] youth.
  - Note to researchers: If youth aren't talking about experiences or activities in which they felt welcomed/supported, use the following prompts.
    - What are some experiences you've had with people in your community who know your gender identity?
    - What are some experiences you've had participating in activities that were welcoming to you as an insert gender label youth in your community?
    - Prompt: What made them welcoming?
- How safe do you feel in your community, school, or home as an [**insert gender label**]?
  - Prompt: What would make these places feel safer?
- What do you think could be helpful for your parents/guardians to learn and know about as it relates to supporting your gender identity?
- What kids of things have adults done that have been helpful or beneficial?
  - Prompt: parents, teachers, coaches, providers, religious people

Resilience & Coping

- We know in communities young people often find creative ways to support each other when resources are not available or accessible. How do [**insert gender label**] youth do that with each other?
  - If youth are confused by this questions, give an example: "for example, youth tend to text each other or use social media to connect during a crisis"
- How can adults help with these efforts?

Community Vision Question

- What would a community look like in which you as an [**insert gender label**] person can thrive?

Mapping Art Exercise

- Prompt: How would you know that the community was thriving? What would you see to indicate that people are getting their needs met?
- Prompt: How would you know your gender identity is being valued in your community?

Wrap up

- Knowing that we are interested in improving the health and wellbeing of [**insert gender label**] youth in Wisconsin, what else should we know?
- **Are there any other things you would like to add to this conversation?**

Department of Pediatrics
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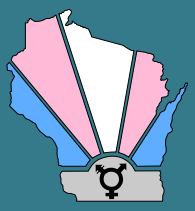

Wisconsin Transgender
Health Coalition

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