
Gender Affirming and Inclusive Considerations for Disease Intervention Professionals

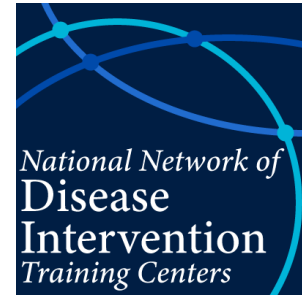


TABLE OF CONTENTS

- I. Background
- II. Important Definitions
- III. Gender Unicorn and the Gender Triangle: important Infographics to support your understanding of sexual orientation and gender identity
- IV. Key Considerations About Transgender and Gender Diverse Persons
 - a. It's important to know that there is not one way to be trans
 - b. Don't assume and ask questions, when collecting information about an individual's sexual history
 - c. Use the correct gender pronouns when referring to individuals you serve
- V. Making Disease Intervention Interviews More Gender Affirming and Inclusive
 - a. Ask for name and pronoun when meeting a new person
 - b. Avoid making assumptions about those you serve
 - c. Ask only questions that are relevant to supporting the needs of those you serve
 - d. Use gender-inclusive and affirming language
 - e. If you make a mistake during an interview: acknowledge it, apologize, and move on
- VI. Additional Considerations for Making Disease Intervention Work More Gender Affirming and Inclusive
 - a. Use body-first language when speaking with those you serve (ex.: people with penises vs. male bodies)
 - b. Disease Intervention Professional Training and Materials Should Reflect the Diversity of Experiences of Those in their Community
- VII. Resources

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BACKGROUND

As the backbone of public health's disease intervention efforts, disease intervention professionals enact critical activities used to prevent and control many infectious diseases. Particularly of note, disease intervention professionals use their skills in problem-solving, negotiation, and communication, to assist in identifying individuals at risk for STIs, increase STI awareness, and provide timely treatment.

Among those at increased risk of HIV and STIs, are Transgender and other Gender Diverse Persons, who experience high rates of stigma and socioeconomic and structural barriers to care that negatively affect health care usage and increase susceptibility to HIV and STIs.

Additionally, Transgender and other gender-diverse persons, face many challenges when accessing medical services including lack of insurance, discrimination from providers, as well as providers that may have limited experience and information about working with gender-diverse people. For example, a lack of inclusive and affirming care has been found to discourage health-seeking behaviors, as well as causing Transgender and gender-diverse people of color to delay seeking medical care. Anticipated or experienced stigma and discrimination have also been associated with sexual and gender minorities not following medical recommendations from providers. Gender-affirming health care services support individuals on their risk reduction journey and lead to better health outcomes for Transgender and gender-diverse youth and adults.

This document seeks to provide you as a disease intervention professional with key considerations to mitigate the effects of stigma and discrimination, by providing recommendations you can utilize to support transgender and other gender-diverse persons. This resource focuses on gender-affirming and inclusive strategies. However, these can be used with all individuals you serve regardless of sexual orientation and gender identity, as they promote non-judgmental and open communication.

Sources: [Providing Affirmative Care for Patients with Non-binary Gender Identities](#) (National LGBTQIA+ Health Education Center), [Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#) (UCSF); [Patient-Centered Care for Transgender People: Recommended Practices for Health Care Settings](#) (CDC); [Principles of Gender-Inclusive Puberty and Health Education](#) (Gender Spectrum/GLSEN); [Sexually Transmitted Diseases \(STDs\)- Disease Intervention](#) (CDC); [Detection of STIs in Transgender and Gender Diverse Persons](#) (CDC)

IMPORTANT DEFINITIONS (In alphabetical order)

Bisexual: A person attracted to people of the same and other genders.

Cisgender people - People whose assigned sex and gender identity are the same.

Disease Intervention Professionals - are public health professionals who use contact tracing and case investigation to prevent and control infectious diseases.

Disparities- Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

Hormone therapy- Many transgender men and women seek hormone therapy as part of the transition process (see gender-affirming care).

Gay: People attracted to the same gender.

Gender affirming - Adjective used to refer to behaviors or interventions that affirm a transgender person's gender identity (e.g., a physician using cross-sex hormones for a transgender patient may be called gender-affirming, as can the use of a correctly gendered pronoun.)

Gender-affirming care- Transgender people may seek any one of a number of gender-affirming interventions, including hormone therapy, surgery, facial hair removal, interventions for the modification of speech and communication, and behavioral adaptations such as genital tucking or packing, or chest binding. All of these procedures have been defined as medically necessary by the World Professional Association for Transgender Health. Not all transgender people seek all interventions, and some may seek none.

Gender attribution - The act of categorizing people we come into contact with as male, female, or unknown. Gender attribution is questionable because it can lead to misgendering people unintentionally because one can never know a person's gender identity just by looking at them.

Gender diverse persons- The term "gender-diverse" is used to refer to persons whose gender identity, including their gender expression, is at odds with what is perceived as being the gender norm in a particular context at a particular point in time, including those who do not place themselves in the male/female binary; the more specific term "trans" is used to describe persons who identify with a different sex than the one assigned to them at birth.

Gender expression - How an individual chooses to present their gender to others through physical appearance and behaviors, such as style of hair or dress, voice, or movement.

Gender identity - is a person's internal sense of self and how they fit into the world, from the perspective of gender. Historically "sex" has referred to the sex assigned at birth (i.e., male or female) based on assessment of external genitalia, as well as chromosomes and gonads. In everyday language is often used interchangeably with gender, however there are differences, which become important in the context of transgender and other gender-diverse people. Below are terms associated with gender identity that are important for disease intervention professionals to know.

Gender inclusive - Gender-inclusive language means speaking and writing in a way that does not discriminate against a particular sex, social gender, or gender identity, and does not perpetuate gender stereotypes.

Gender-neutral - not referring to either sex but only to people in general.

Gender non-conforming – is a person whose gender identity differs from the sex they were assigned at birth; it also includes those whose physical appearance or behaviors don't align with societal expectations of their gender (a feminine boy, a masculine girl, etc.).

Gender Pronouns- Pronouns are words that refer to either the people talking (like *you* or *I*) or someone or something that is being talked about (like *she*, *they*, and *this*). Gender pronouns (like *he* or *them*) specifically refer to people that you are talking about.

Gendered terms- when a gender is assigned to a term. ex: female genitalia, male anatomy

Lesbian: A woman who is attracted to people of the same gender.

LGBTQIA+ - Acronym for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and more.

Misgendering - refers to the experience of being labeled by others as a gender other than the one you are.

Non-binary - **Individuals who do not identify their gender as man or woman.** Other terms to describe this identity include genderqueer, agender, bigender, gender creative, etc.

Pansexual: People who are attracted to people of all genders and sexes.

Patient-centered - In patient-centered care, an individual's specific health needs and desired health outcomes are the driving force behind all health care decisions and quality measurements. Patients are partners with their health care providers, and providers treat

patients not only from a clinical perspective, but also from an emotional, mental, spiritual, social, and financial perspective.

Queer- is sometimes used to express that sexuality and gender can be complicated, change over time, and might not fit neatly into either/or identities, like male or female, gay or straight. However, the word “queer” has a history to it that’s hurtful — “queer” used to be (and sometimes still is) used in a disrespectful or judgmental way. Disease intervention professionals should not refer to anyone as “queer” unless the person self-identifies this way.

Same-gender loving - A term some prefer to use instead of lesbian, gay, or bisexual to express attraction to and love of people of the same gender.

Sex- An individual’s biological status as male, female, or something else. Sex is assigned at birth and associated with physical attributes, such as anatomy and chromosomes.

Sexual orientation - refers to a person’s sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction (lesbian, gay, bisexual, etc.)

Sexual identity- is how a person labels themselves based on their attraction to others.

Sexual and gender minorities - Sexual and gender minority (SGM) populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included.

Sexual Orientation and Gender Identity (SOGI) - Sexual orientation and gender identity (SOGI) are important dimensions of individual self-perception and behavior and can have a great impact on health and health care. Sexual orientation and gender identity are different facets of a person’s identity. Everyone has a gender identity and a sexual orientation, but a person’s gender does not determine a person’s sexual orientation.

Sexually Transmitted Infections - Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs), are very common. STDs pass from one person to another through vaginal, oral, and anal sex.

Transgender - A person whose gender identity differs from the sex that was assigned at birth. This may be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex.

Two-Spirit- Though Two-Spirit may now be included in the umbrella of LGBTQ, The term "Two-Spirit" does not simply mean someone who is a Native American/Alaska Native and gay.

Traditionally, Native American two-spirit people were male, female, and sometimes intersex individuals who combined activities of both men and women with traits unique to their status as two-spirit people. In most tribes, they were considered neither men nor women; they occupied a distinct, alternative gender status. In tribes where two-spirit males and females were referred to with the same term, this status amounted to a third gender. In other cases, two-spirit females were referred to with a distinct term and, therefore, constituted a fourth gender.

Most Indigenous communities have specific terms in their own languages for the gender-variant members of their communities and the social and spiritual roles these individuals fulfill; with over 500 surviving Native American cultures, attitudes about sex and gender can be very diverse. Even with the modern adoption of pan-Indian terms like Two-Spirit, not all cultures will perceive two-spirit people the same way, or welcome a pan-Indian term to replace the terms already in use by their cultures.

The disruptions caused by conquest and disease, together with the efforts of missionaries, government agents, boarding schools, and white settlers resulted in the loss of many traditions in Native communities. Two-spirit roles, in particular, were singled out for condemnation, interference, and many times violence. As a result, two-spirit traditions and practices went underground or disappeared in many tribes.

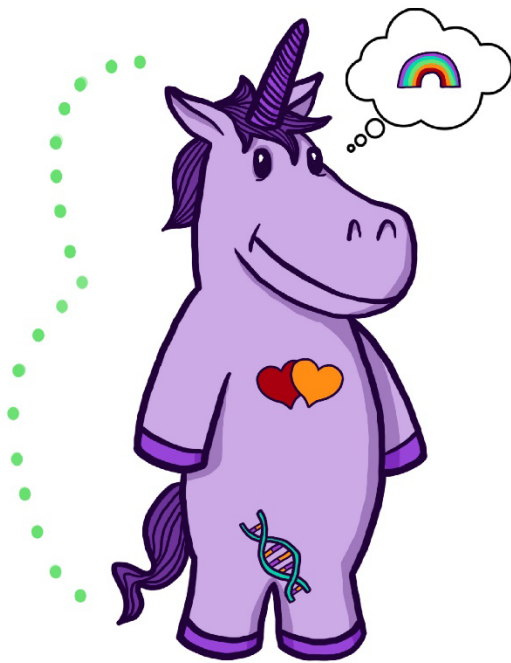
Today, lesbian, gay, bisexual, and transgender native people throughout North America are reviving the two-spirit role and its traditions. National gatherings of two-spirit people have been held since the early 1990s, and regional gatherings are held in many parts of the country.

Sources: [Gender-inclusive language \(UN\)](#), [Glossary of Transgender Terms \(John Hopkins University\)](#), [Sexually Transmitted Diseases- Disease Intervention \(CDC\)](#), [Gender Diversity Terminology \(Penn State University\)](#), [Adolescent and School Health Terminology \(CDC\)](#), [Pronouns Matter \(UCSF\)](#), [Gender-neutral Definition \(Merriam-Webster\)](#), [Overview of gender-affirming treatments and procedures \(UCSF\)](#), [Hormone therapy for transgender patients \(Translational Andrology and Urology\)](#), [Adolescent and School Health-Health Disparities \(CDC\)](#), [The struggle of trans and gender-diverse persons \(United Nations Human Rights\)](#); [What Is Patient-Centered Care? \(New England Journal of Medicine\)](#); [About Sexual & Gender Minority Research Office \(NIH\)](#); [Sexually Transmitted Diseases \(CDC\)](#); [Two-Spirit \(Indian Health Service\)](#); [Glossary of terms \(Human Rights Campaign\)](#); [Sexual orientation and gender identity \(APA\)](#)

GENDER UNICORN AND THE GENDER TRIANGLE: IMPORTANT INFOGRAPHICS TO SUPPORT YOUR UNDERSTANDING OF SEXUAL ORIENTATION AND GENDER IDENTITY

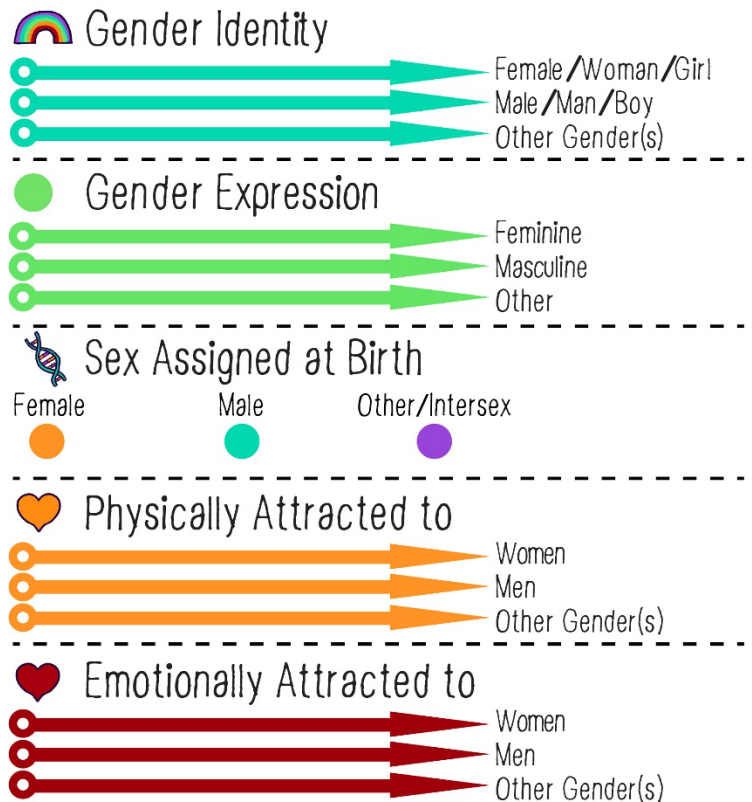
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

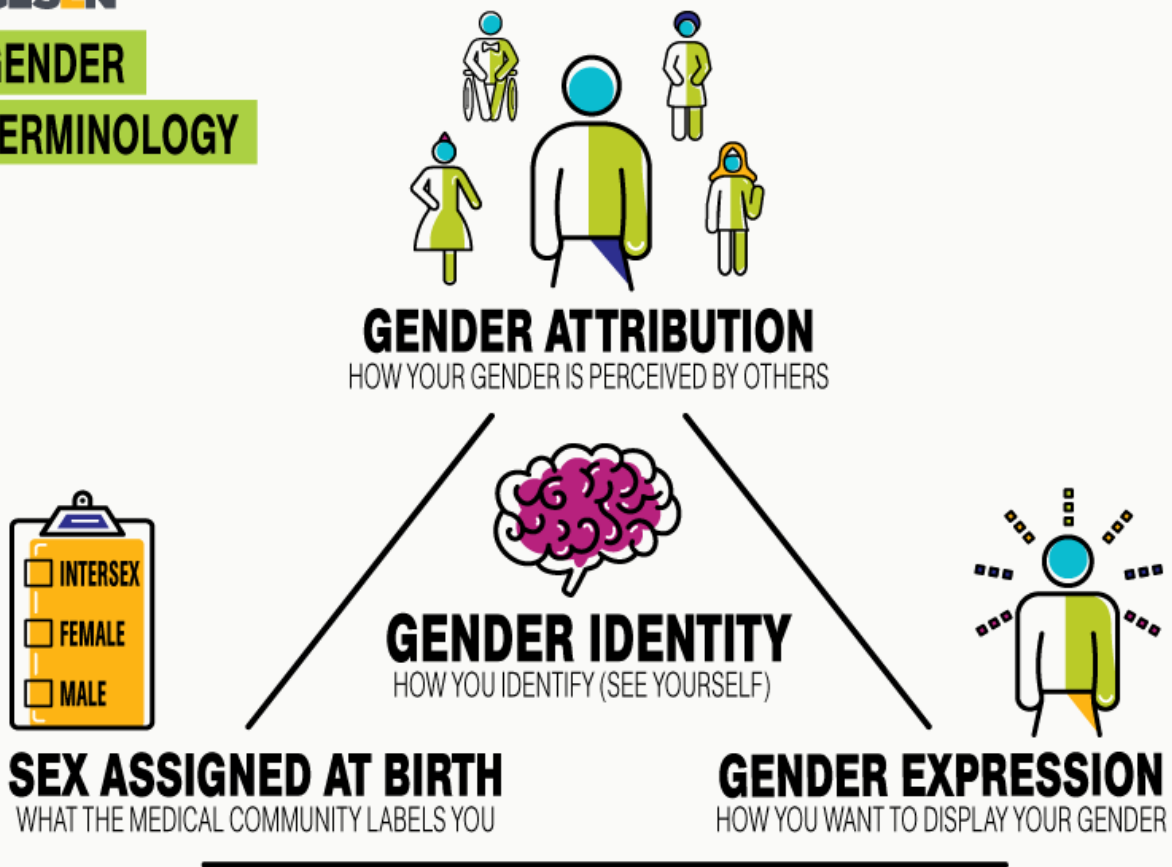


Source: Trans Student Educational Resources, 2015. "The Gender Unicorn."

<http://www.transstudent.org/gender>.

GLSEN

GENDER TERMINOLOGY



Source: [Gender Triangle \(GLSEN and InterACT\)](#)

KEY CONSIDERATIONS ABOUT TRANSGENDER AND GENDER DIVERSE PERSONS

As a disease intervention professional, you will identify those at risk of HIV/STI transmission, identify their partners for exposure notification, and provide risk reduction counseling, as well as referrals and linkages to supportive services. To effectively perform these activities, have open conversations about sexual behaviors and sexual anatomy.

The following are important considerations to keep in mind when working with people who are transgender or gender diverse.

It's important to know that there is not one way to be trans

- Many—but not all—transgender people make changes to their bodies and/or physical appearance. This is sometimes called gender affirmation.
 - These changes can include modifications to clothing, hairstyles, and mannerisms.
 - Many will change their first name, and they may want others to refer to them by pronouns that correspond to their gender identity.
 - It is estimated that about 60% to 70% of transgender people take hormones and that about 20% to 40% have had one or more gender-affirming surgeries to alter their physical characteristics.
 - Decisions about medical or surgical treatments depend on personal choice and cost.
- Transgender people may be at any stage of the transition/gender affirmation process when seeking care.
 - Some may not be taking hormonal therapies or have had surgery.
 - Others may be using hormones but not have had surgery, and still, others may have undergone one or more surgeries.
 - When medically necessary (e.g., taking a sexual history), as a disease intervention professional you may consider asking about current anatomy and what, if any, hormonal or surgical interventions have been undertaken.

Don't assume and ask questions, when collecting information about an individual's sexual history

- Ask questions about sexual behavior and current anatomy, **do not assume** based on looks. Ex: "Tell me about the type of sex you have? What body parts did you use?"
- Since anatomy, behavior, and identification may change over time, it is important to assess for changes that may impact STI exposure.
- To learn more about a specific person's experience and behaviors that may lead to increased exposure to STIs, ask **open-ended questions**:
 - "What kind of sex are you having? Who are you having sex with?" "What types of sex are you having?"
 - "What parts of your body do you use for sex?"

Sources: [Taking a Sexual History](#) (CDC); [Transgender patients and the physical examination](#) (UCSF); [Transgender people and sexually transmitted infections \(STIs\)](#) (UCSF); [Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#) [Transgender Care](#) (UCSF); [Patient-Centered Care for Transgender People: Recommended Practices for Health Care Settings](#) (CDC); [Non-Binary Gender Identities: Providing Affirmative Care](#) (University of Arizona)

Use the correct gender pronouns when referring to individuals you serve

Pronouns are used in everyday speech and writing to take the place of people's names. We frequently use them without thinking about it. Often, when speaking of someone in the third person, these pronouns have a gender implied. These associations are not always accurate or helpful.

Mistaking or assuming people's pronouns without asking first, mistakes their gender and sends a harmful message. Using someone's correct gender pronouns is one of the most basic ways to show your respect for their identity.

SUBJECT	OBJECT	POSSESSIVE	POSSESSIVE PRONOUN	REFLEXIVE
She	Her	Her	Hers	Herself
"She got tested"	"I interviewed her"	"Her test results"	"The medical chart is hers"	"She swabbed herself"
He	Him	His	His	Himself
"He got tested"	"I interviewed him"	"His test results"	"The medical chart is his"	"He swabbed himself"
They	Them	Their	Theirs	Themselves
"They got tested"	"I interviewed them"	"Their test results"	"The medical chart is their"	"They swabbed themselves"
Ze (or Zie)	Hir	Hir	Hirs	Hirself
"Ze got tested" ("zee")	"I called hir" ("heer")	"Hir pencil"	"That is hers"	"Ze trusts hirself"

Source: [Pronouns Matter \(UCSF\)](#)

MAKING DISEASE INTERVENTION INTERVIEWS MORE GENDER-AFFIRMING AND INCLUSIVE

Ask for name and pronoun when meeting a new person

- Use gender-neutral pronouns when pronouns are unknown.
 - Don't assume how someone would like to be referred to just by looking at them.
- Introduce yourself and ask how the individual would like to be referred to. If the individual's pronouns are unknown, you can also use the pronouns "they/them" to refer to them until you find out what pronouns that person uses.
- Alternatively, you can use their name instead of using pronouns. Ex: Instead of saying "What is her address?" use "What is Tanya's address?"
- Someone's legal name may be different than the name they go by. If you need to ask for identifying documents, ask for their chosen name since it might be different than those documents.
- Since pronouns may change between meetings with individuals you serve, be open to the possibility of their names, pronouns, and/or gender (identity and expression) changing over the course of your interactions with them.

Sources: [Quick tips for medical providers of transgender patients](#) (University of Iowa); [Communicating With Patients Who Have Nonbinary Gender Identities](#) (The National Center for Biotechnology); [Collecting Sexual Orientation and Gender Identity Information](#) (CDC); [Full Spectrum: Educators' Guide to Implementing LGBTQ+ Inclusive Sex Ed](#) (Vermont Agency of Education, Outright Vermont, Planned Parenthood of Northern New England)

Avoid making assumptions about those you serve

- It is important to avoid assumptions about the sexual orientation or the gender identity of those you serve, as well as the gender identity of their partners.
- Transgender people may be of any sexual orientation, and their partners may be cisgender men or women or other transgender people.
- In addition, as with all individuals you serve, it is crucial to avoid assumptions regarding the types of sexual activity (e.g., oral, anal, vaginal, or no sexual activity at all) that transgender people engage in. Disease intervention professionals can begin to elicit this information with open-ended questions.
 - Whether or not the individual is taking hormonal therapy and/or has undergone gender-affirming interventions may affect the answers to these questions.
- Disease intervention professionals and other providers should not assume that an individual has an increased chance of exposure on the basis of gender identity; rather, a risk assessment should be based on each individual's sexual history.
- Discuss sexual behaviors that increase the probability of exposure by focusing on their sexual behaviors, not their identity (anal sex may lead to an increased chance of exposure to STIs because of the permeability of mucous membrane and proneness to tear during sex).

- Take cues from the language those you serve use when they share information about their body and behaviors.

Sources: [Non-Binary Gender Identities: Providing Affirmative Care](#) (University of Arizona); [Full Spectrum: Educators' Guide to Implementing LGBTQ+ Inclusive Sex Ed](#) (Vermont Agency of Education, Outright Vermont, Planned Parenthood of Northern New England); [Taking a Sexual History](#) (CDC)

Ask only questions that are relevant to supporting the needs of those you serve

- Only ask for information that is needed to provide care.
- Provide reasons for asking before asking questions that may be of sensitive or private nature.
- As with all of those who you serve, consider assuring transgender people that the questions being asked are important for their medical care and well-being.
- Disease intervention professionals and other providers should also remind them that the answers will be kept confidential.

Use gender-inclusive and affirming language

- Avoid gendered terminology such as "ma'am" or "sir" until you know their pronouns.
 - Gender is more than just our body; it includes our identity and our expression of our identity. Other important definitions to keep in mind:
- Patterns DO NOT equal Rules
 - Sex assigned at birth and gender identity, expression, and attribution do not always align.
 - Just because most people with penises may identify as male, it does not mean that all people with penises are male.
- Use "sex assigned at birth" and not "biological sex".
- Use external and internal condoms instead of male and female condoms (respectively).

Sources: [Providing Affirmative Care for Patients with Non-binary Gender Identities](#) (National LGBTQIA+ Health Education Center, Fenway Institute); [Principles of Gender-Inclusive Puberty and Health Education](#) (Gender Spectrum, GLSEN, Human Rights Campaign); [Affirmative Services For Transgender And Gender Diverse People](#) (National LGBTQIA+ Health Education Center, Fenway Institute)

If you make a mistake during a disease intervention services interview: acknowledge it, apologize, and move on

- If a mistake happens (ex: using the wrong pronoun, getting their name wrong, etc.), acknowledge the mistake, apologize, and move on (Don't make it about you!)
- To avoid using the wrong pronoun or name, use gender-neutral terms until you know how they refer to themselves.

- Follow the lead of the individual you are supporting when discussing their bodies, use their language to refer to themselves, their bodies, and the people they engage with.

Sources: [Non-Binary Gender Identities: Providing Affirmative Care](#) (University of Arizona); [Providing Affirmative Care for Patients with Non-binary Gender Identities](#) (National LGBTQIA+ Health Education Center, Fenway Institute); [Communicating With Patients Who Have Nonbinary Gender Identities](#) (The National Center for Biotechnology).

ADDITIONAL CONSIDERATIONS FOR MAKING DISEASE INTERVENTION WORK MORE GENDER-AFFIRMING AND INCLUSIVE

Use body-first language when talking to those you serve (ex.: people with penises vs. male bodies)

When discussing sex or sexual health, consider using body-first language. Meaning, focus on anatomical terms (ex. vagina), conditions, and symptoms rather than gender-ed language (ex. female genitalia). Examples:

INSTEAD OF	TRY	EXAMPLE
Man with... Males with... Male-bodied people...	Person with ____ People with ____ Anyone with ____	If a person has a lesion on their penis, they should be tested for syphilis and other STIs.
Woman who has... Female who has... Female-bodied people...	Person who has ____ People who have ____ Anyone has ____	We recommend that anyone who has a cervix should consider having a pap test according to...
Women may become... Male pattern balding... Women may experience...	____ may occur ____ can begin You may experience ____	Pregnancy may occur without contraception.

Sources: [Gender Inclusive Language Clinical settings with new clients](#) (TransCare BC- Canadian Provincial Health Services Authority); [Communicating With Patients Who Have Nonbinary Gender Identities](#) (Annals of Family Medicine); [Principles of Gender-Inclusive Puberty and Health Education](#) (Gender Spectrum, GLSEN, Human Rights Campaign); [Full Spectrum: Educators' Guide to Implementing LGBTQ+ Inclusive Sex Ed](#) (Vermont Agency of Education, Outright Vermont, Planned Parenthood of Northern New England)

Disease Intervention Professional Training and Materials Should Reflect the Diversity of Experiences of Those in their Community

Educational materials should also be affirming and inclusive of transgender and gender-diverse persons. Disease intervention professional training materials need to take into account the unique needs of transgender and gender-diverse persons. Additionally, educational materials (pamphlets, presentations, etc.) are tools that disease intervention professionals use to provide sexual health education to individuals they serve; transgender and gender diverse persons deserve to feel represented in the educational materials used by disease intervention professionals. The following recommendations support gender-affirming and inclusive resources:

- To ensure that the lived experiences of all individuals you serve are reflected in your program, materials should focus on anatomy, conditions & symptoms (instead of gendered terms.)
- When using case studies in disease intervention professional training, include equal Lesbian, Gay, Bisexual, Transgender (LGBT), and non-binary representation in case studies/examples
 - Make sure that these case studies or sample interviews include equal representation of LGB, transgender, **and gender diverse** people, as you do of cisgender people (people whose gender identity matches their sex assigned at birth).
 - When adding LGBT **and non-binary** people in case studies, ensure that you provide both examples of behaviors that expose them to STIs, as well as examples of positive behaviors so that LGBT **and non-binary** people are not only presented in a negative light.
 - This balance should be used for all people, as those you serve often have both behaviors that increase exposure to STIs, as well as behaviors that can support treatment.
 - If giving examples of disparate health outcomes for transgender and gender diverse, Black, Indigenous, and other people of color (Asian, Latinx, etc.), ensure to discuss the many factors and social determinants of health that contribute to disparities like lack of access to healthcare.

Sources: [Full Spectrum: Educators' Guide to Implementing LGBTQ+ Inclusive Sex Ed](#) (Vermont Agency of Education, Outright Vermont, Planned Parenthood of Northern New England)

Source: [Taking a Sexual History](#) (CDC)

RESOURCES:

- **Sexually Transmitted Infections Treatment Guidelines, 2021: Transgender and Gender Diverse Persons**
<https://www.cdc.gov/std/treatment-guidelines/trans.htm>
- **Patient-Centered Care for Transgender People: Recommended Practices for Health Care Settings**
 - Comprehensive list of clinical guidelines for the treatment of transgender and non-binary individuals
 - Best practices for collecting sexual health histories of gender-diverse people<https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html>
- **Delivering HIV Prevention and Care to Transgender People (lgbtqiahealtheducation.org)**
 - Statistics about the burden of HIV for transgender women
 - Discussion of barriers faced by transgender women of color when seeking healthcare
 - Tips for discussing sexual health with transgender women
 - Sample of questions to use when asking about sexual risk
 - Term glossary, discussion of gender-affirming procedures trans people may have engaged inhttps://www.lgbtqiahealtheducation.org/wpcontent/uploads/2018/03/Delivering_HIV_Prevention_Care_Transgender_People.pdf
- **Providing Affirmative Care for Patients with Non-binary Gender Identities (National LGBTQIA+ Health Education Center)**
 - Best practices when working with non-binary people
 - Case studies to illustrate best practices
 - Examples of pronouns
 - Definition of terms helpful when working with gender-diverse people<https://www.lgbtqiahealtheducation.org/wp-content/uploads/2017/02/Providing-Affirmative-Care-for-People-with-Non-Binary-Gender-Identities.pdf>
- **GLAAD Media Reference Guide (11th Edition)**
<https://www.glaad.org/reference/trans-terms>

- **The Gender Book (The Creators)**

- To educate everyone (for example: doctors, friends, schoolteachers, family, and individuals who are exploring their gender) about gender...
- A free & widely disseminated resource that points readers towards comprehensive sources.
- To alleviate societal oppression & misunderstanding of gender minorities through education.

<https://thegenderbook.com/>

- **Quick tips for medical providers of transgender patients (University of Iowa)**

- The TRANSCARE approach
- Recommendations on how to begin creating a transgender-positive environment

<https://uihc.org/health-topics/quick-tips-medical-providers-transgender-patients>

- **Best practices for Communicating With Non-Binary Patients (The National Center for Biotechnology)**

- Case scenario that illustrates ways to interact respectfully and affirmatively with nonbinary people throughout the
- patient care experience.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6231935/>

- **Non-Binary Gender Identities: Providing Affirmative Care (University of Arizona)**

- Introduction to terminology
- Best practices for working with non-binary people
- Case studies to illustrate best practices

<https://practicetransformation.umn.edu/clinical-tools/non-binary-gender-identities-providing-affirmative-care/>

- **Sexually Transmitted Infections Treatment Guidelines, 2021 Transgender and Gender Diverse Persons**

<https://www.cdc.gov/std/treatment-guidelines/trans.htm>

- **Gender Identity and Sexual Identity in the Pacific and Hawai'i: Introduction (University of Hawai'i- Manoa)**

<https://guides.library.manoa.hawaii.edu/Pacificsexualidentity>

- **Two-Spirit Health Resources (U.S. Indian Health Services)**

<https://www.ihs.gov/lgbt/health/twospirit/>