

Rx

HEALTHY
PEOPLE.

HEALTHY
COMMUNITIES.

A Toolkit for
Effective Conversations
About **Transgender**
Healthcare Access

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

A Toolkit for Effective Conversations About **Transgender** **Healthcare Access**

Co-Authors:

Meredith Fenton, Fenton

Robert Perez, Fenton

Amy Simon, Goodwin Simon Strategic Research

Phyllis Watts, Ph.D., Wild Swan Resources

With the staff and leaders of Transgender Law Center and Basic Rights Oregon

Basic Rights Oregon will ensure that all lesbian, gay, bisexual and transgender Oregonians experience equality by building a broad and inclusive politically powerful movement, shifting public opinion, and achieving policy victories. basicrights.org

Transgender Law Center changes law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression. We envision a future where gender self-determination and authentic expression are seen as basic rights and matters of common human dignity. transgenderlawcenter.org

Our communications and research partners:

Fenton is a social change communications agency that uses the power of stories, media and technology to make the world a better place. Our clients are nonprofits, foundations and companies pioneering true sustainability. Our campaigns change behavior, advance policy, build communities and transform thinking by using a range of communications tools—pr, advertising, social media, video, design, research and everything in between. fenton.com

Goodwin Simon Strategic Research is a national public opinion research firm that uses cutting-edge research methodologies to unpack emotional reactions and develop effective message frameworks on socially sensitive issues. Together, partners Paul Goodwin and Amy Simon bring more than 50 years of experience and a fresh, innovative approach to polling, social and political marketing, policy analysis, and communications for clients in the political, public, and private sectors. Research Associate Rebekah Orr also contributed to this work. goodwinsimon.com

Wild Swan Resources is a consultancy founded by Phyllis Watts, Ph.D., a consulting psychologist with over three decades of clinical and organizational consultation experience. For the past decade she has worked on broader social issues by consulting extensively on emotionally complex policy and political campaigns. Her insights were considered essential in developing a fundamentally different approach to messaging for marriage equality and the 2012 wins. wildswan.com

CONTENTS

Welcome Letter	2
Findings and Recommendations Overview	4
Research Methodology	5
Landscape Analysis	7
Recommendations	9
Build Understanding	9
Begin with Basic Human Values	12
Tell Stories	17
Use Strategic Messengers	22
Foster Familiarity	25
Contextualize Health Care Coverage in Conversations and Stories.....	26
Additional Tips	30
Handling Inappropriate Questions	30
Notes on Language	31
Appendix	32

“ Since coming out as transgender, I’ve felt and seen the importance of health care access. I hope that we continue to have the conversations necessary to win and protect not just health care rights, but all the rights our communities need.”

-tash shatz
Trans Justice Program Manager,
Basic Rights Oregon



Photo courtesy of Basic Rights Oregon



Inclusive healthcare messaging can have a high impact on how health services are utilized in clinics and hospitals alike.

We need healthcare services that are affordable, accessible, and culturally competent in order to improve health outcomes and the quality of lives of transgender people.”

-Cecilia Chung, San Francisco Health Commission

Welcome

Our two organizations—Basic Rights Oregon and Transgender Law Center—are working tirelessly to ensure that transgender, gender non-conforming, and genderqueer people are able to live healthy, productive lives free from discrimination.

Taking charge of your own health, in consultation with your doctor, is fundamental to living a life of dignity. Too often, insurance companies deny coverage to transgender people—making it impossible for transgender people to take control of their health and well-being.

Working mostly behind the scenes, directly with companies and governments, we have won significant victories to ensure that transgender people have access to the health care coverage they need. In 2012, Basic Rights Oregon worked with Oregon Health and Sciences University, one of Oregon’s largest employers, to remove transgender-specific exclusions from their employee benefits plan. Transgender Law Center has helped major corporations extend benefits to their transgender employees, and led advocacy that resulted in the removal of discriminatory transgender exclusions from health plans regulated by the State of California.

However, when we take these conversations into the general public, we are often met with confusion, discomfort, or even hostility.

At the root of these negative reactions is the simple fact that too many people are unfamiliar with transgender, gender non-conforming, and genderqueer people and issues. That in today’s health care system non-transgender people feel increasingly unable to access the health care they need presents an added challenge. Rather than eliciting shared understanding over the inability to access care, the discussion of health care for transgender people can erode sympathy and understanding by triggering a scarcity mentality. People turn it into a zero-sum game, in which health care for transgender people is in direct competition with their and their family’s own health care needs.

We know that some of the current language and messaging used by our movement falls short when it comes to alleviating confusion and discomfort, which is why we embarked on this important research project. And whether we’re working toward winning health care, non-discrimination, relationship recognition, or other key issues, effective messaging on transgender communities strengthens our work immediately and in the long term.

To protect our policy victories and secure new wins, we must start the conversation with language that audiences can understand, and help create bridges to understanding and, eventually, empathy.

This toolkit is the culmination of six months of research on how to frame conversations about transgender folks and health care access in accessible, everyday language. The recommendations and tips featured in this resource demonstrate the most powerful approach, to date, to advance the American public's understanding and support for the importance of transgender health care access.

As you review the toolkit and the research, some of the language and ideas expressed by everyday Americans may be difficult for you to read. To be honest, we found some of the focus group comments and findings to be heartbreaking, reminding us both that we still have much work to do. Keep in mind that a majority of Americans are starting this conversation with little to no understanding of what it means to be transgender. Their perspectives and prejudices can be sobering, but we are heartened by the progress that we were able to make in moving people to increased understanding and openness.

We are deeply grateful for our research team—Goodwin Simon Strategic Research, Wild Swan Resources and Fenton—who led the research and developed this toolkit. We want to thank our funders who made this work possible and have done so much to advance equality for all. We also are indebted to the countless transgender people and their allies who have been advocating for transgender people and their health for years.

We look forward to conversations with you about the findings and recommendations offered in this toolkit. Please contact us if you have questions or ideas—we welcome your input.

We envision a future where transgender people can fully participate in society while living their lives with dignity and authenticity. The path toward that vision might be long and sometimes bumpy. We hope this resource will provide tools and support that will hasten progress on our journey toward health and justice for all of our communities.



Masen Davis, Transgender Law Center



Jeana Frazzini, Basic Rights Oregon

To protect policy victories and secure new wins, we must start the conversation with language that audiences can understand and help create bridges to understanding and shared humanity.



All photos courtesy of Basic Rights Oregon except bottom right courtesy of Francisco Sapp

FINDINGS AND RECOMMENDATIONS OVERVIEW

FINDINGS

■ At the core of our findings is the simple truth that many Americans are still unfamiliar with people who are transgender. Yet, communicating in a certain sequence can increase understanding and build bridges to move non-transgender people forward in their acceptance and support.



Many Americans still struggle to understand what it means to be a transgender person.



To win support for transgender people and their health care access, we must continue to promote understanding, compassion and empathy for transgender people.



It is important to use messengers who reflect the identity and background of your audience.



Structuring conversations about transgender people and their health in a strategic sequence and flow can effectively build empathy and understanding.



When you acknowledge your audience's potential confusion and discomfort, it helps them move past it towards empathy and support.



Engaging supporters and advocates in the health field is vitally important.

RECOMMENDATIONS

■ Based on our research, we've made six recommendations for how to frame conversations about transgender people. Each one is explored in-depth in this toolkit. It is important to note that the recommendations go hand in hand with each other, providing a map of the most effective sequence and elements to use in conversations about transgender health care coverage.

1 Build Understanding

2 Begin with Basic Human Values

3 Tell Stories

4 Use Strategic Messengers

5 Foster Familiarity

6 Contextualize Health Care Coverage in Conversations and Stories

RESEARCH METHODOLOGY

Research Objectives

Basic Rights Oregon and Transgender Law Center have been able to secure policy victories by working with policy champions behind the scenes. The two organizations wanted to make sure they could defend and build upon these victories. To do so, they need to grow public support for inclusive health benefits for transgender people. Our research focused on the following:

- Analyzing how advocates and opponents were framing the debate about inclusive health benefits;
- Understanding the psychological dynamics that both facilitated or hindered support for inclusive health benefits; and
- Testing a messaging approach that would foster understanding, encourage empathy, and build support for inclusive health benefits.

To achieve the above objectives, our research approach included the following:

Media audit

We grounded our research in a thorough review of media coverage of transgender people and transgender health care issues. We reviewed nearly 200 articles from mainstream print outlets in California, Oregon, and national sources. In addition, we reviewed over 800 articles from online and alternative sources, including LGBT newspapers and mainstream blogs. With these, we evaluated both the coverage as well as the public reaction via comments to the news stories.

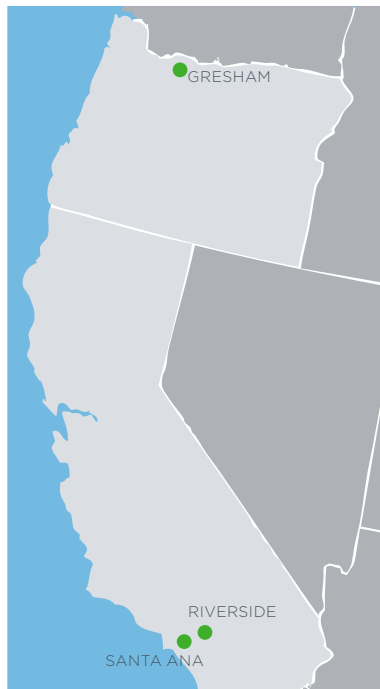
Psychological Analysis

After the media audit, we analyzed and explored underlying psychological themes and dynamics of the written articles and comments included in the media audit. This analysis focused on understanding the dynamics that too often hinder support for transgender people and health care coverage. Doing so allowed us to discern potential opportunities and message strategies to leverage for the focus groups.

“For transgender people—just like everyone else—health care is a fundamental need. Talking about what good health and health care mean for transgender people is absolutely critical to making sure that transgender people can get the health care they need, when they need it.”

-Kellan Baker

Associate Director, LGBT Research and Communications Project at the Center for American Progress



Los Angeles Times

Transgender pride festival celebrates freedoms but carefree

Last month's talk on a transgender woman in Hollywood ongoing discrimination and dangers. Still, he's not

June 06, 2013 | By Carl Swisher, Los Angeles Times

Facebook | Email | Print | Twitter | LinkedIn

In late May, a transgender woman named Vidua was violently attacked while walking on Hollywood Boulevard, a reminder of the sharp-edged danger still facing the transgender community.

"As much progress as there has been, we have to live with one eye open, always looking over our shoulders," Rodriguez Leizaola, 47, said Saturday afternoon as he stood in a courtyard a few blocks from the scene of the attack. He is one of about 600 transgender people in Los Angeles.

Voters split on transgender proposal, poll

June 06, 2013 | By Chris Megerian



When Sarah became

October 07, 2012 | By An

The New York Times

Notions of Gender

ties with the other gender, what to do?



A transgender story:



Photo © Brian Jackson

Regional focus groups, media audits and stakeholder interviews were some of the tools we used to achieve our research goals.

Additionally, we did a thorough psychological analysis of the eight focus groups conducted in Oregon and California. This analysis was undertaken after each set of two groups, so that we could understand the difficulties participants were experiencing and the opportunities to build support, and revise and refine our messaging for the next set. Through this iterative approach, we were able to develop much more effective messaging strategies.

Review of Public Opinion Research

Our team analyzed a wide variety of existing research on public attitudes toward transgender people and issues of transgender equality. Our team looked at all applicable available qualitative and quantitative public opinion research as well as academic studies that included questions about transgender people or issues conducted over the past decade.

Stakeholder Interviews

We conducted 15 one-on-one interviews with advocates, policymakers, human resource specialists, business leaders, and medical professionals to inform our work.

Focus Groups

Our team conducted four rounds of focus groups in Oregon and California. In each round, we hosted two groups- one for women and one for men. The groups in Oregon (Gresham) were conversations with white, moderate, somewhat conservative to somewhat liberal, straight, non-transgender individuals. Those in Southern California (Santa Ana and Riverside) took place with Latino, moderate, somewhat conservative to somewhat liberal, straight, non-transgender individuals.

In the focus groups, we tested a variety of messages, messengers, stories and short first-person videos featuring both transgender and non-transgender people. After each round of focus groups, we revised and strengthened our language and approach based on what we learned. Examples of these materials will be shared in this resource as well as in the appendix.

Often, as committed advocates, it is easy for us to believe that simply presented facts and information will help others understand and agree with our goals. We want to put out the full truth of our issues or identities and demand understanding. However, our research showed us that this approach isn't the most effective way to achieve our goals.

The Empathy Gap

To succeed in the long term, we must continue to promote compassion and empathy for transgender people. Empathy is the capacity to understand and be sensitive to another's experience. It is important to understand that empathy does not require one to agree with the other person or their point of view. Empathy simply means you can understand where they are coming from even if you disagree. We will discuss empathy in-depth in our first recommendation beginning on the next page.

We believe it is important to build the public's ability to understand the shared humanity of transgender people. Because so few people personally know someone who is transgender, the lack of understanding and familiarity contributes to their discomfort. People often react to their discomfort by rejecting the source of discomfort. To increase public support we must both build understanding and enable people to own their discomfort as something that is happening inside of them. This current lack of understanding interferes with empathy. The recommendations in this toolkit are aimed to equip advocates and activists with frameworks for talking about transgender people and their health care in a way that can help to overcome this empathy gap by promoting understanding and support—building eventually towards empathy.



Psychological Dynamics to Understand

by Phyllis Watts, PhD of Wild Swan Resources

As a psychologist, I often think about social change in terms of how we win a deep and intentional shift in the public psyche. Healthy psychological change is slow, incremental, and takes incredible effort. I believe that a conversation about how to talk about transgender health care access will be most successful when it's rooted in a deep understanding of the psychological dynamics at the core of our work.

It's important to know that all humans are social animals and share certain basic needs. One of those needs is to be recognized and accepted for who we are. While this is true for all of us, it is especially true for transgender individuals at this moment in their history.

Equally true, however, is the core human need to identify and relate. When we have the, "Wow, that's like me" experience, our ability to understand and feel empathy is greatly enhanced. At this moment in history, a vast majority of Americans do not yet identify with transgender people largely because so many non-transgender individuals believe they have never met a transgender person. To leverage the ability to persuade non-transgender policymakers and the general public, it is important to find ways to build identification.

At times, strategies we recommend to increase identification with transgender people may be at odds with transgender individuals' valid need to be accepted for their authentic and whole selves. This can be quite challenging, and is a constant challenge for advocates working within the transgender movement. But at the end of the day, we believe that communicating in ways that build identification with transgender people will foster empathy, which in turn will help secure important policy victories that will improve the health, dignity, and well-being of transgender people.

RECOMMENDATIONS

RECOMMENDATION 1: BUILD UNDERSTANDING

Empathy—the capacity to understand and be sensitive to another’s experience—is critical to our efforts to build public support for inclusive health care coverage for transgender people. Our forthcoming recommendations, including the need to tell stories, are focused on fostering empathy for transgender people among our target audiences.

Empathy is critical because it is a precursor to altruistic behavior (a person taking an action that benefits others, even if it doesn’t benefit them personally). Helping people to understand transgender people increases their capacity for empathy and their capacity to support health care coverage for transgender people.

As transgender people and supporters, it’s also important that we approach our communications efforts from a place of empathy toward those for whom gender identity, and what it means to be transgender, is both confusing and a source of discomfort.

We recognize that being empathic to non-transgender people’s confusion and discomfort may be difficult for transgender people and their supporters. Many transgender people and their supporters, who perhaps once felt confusion or discomfort, left it behind on our life’s journey toward acceptance and celebration of transgender people. Being empathic toward those who are confused, especially those who show discomfort, can feel like taking a step backward when our lives are focused on forward momentum.

Yet meeting confusion and discomfort with understanding and empathy is important. **Empathy and understanding are the gateways to progress with audiences whose support we need to advance public policies in which health care coverage for transgender people is guaranteed.** This became very apparent in our focus groups in Oregon and California. When we did not first acknowledge in our early messaging that understanding the transgender experience can feel confusing, it was difficult for people to “hear” our message, let alone accept it.

What do we mean by “hear” a message? It simply means that when something is confusing or uncomfortable for us, the amygdala—the part of our brain that regulates big negative emotions like fear, anxiety, and anger—kicks into high gear. Those big negative emotions are like noise that can shut down our higher order, thinking brain. As long as the amygdala is active, the brain is unable to process the message we want our audiences to consider.

We saw this happen over and over again in our focus groups in Oregon and California. When we failed to acknowledge that their experience of being exposed to transgender people and issues can feel confusing, people were unable to be supportive of health care coverage for transgender individuals. They remained emotionally stuck and confused. However, we can effectively start people on a journey towards understanding by beginning conversations with two simple yet essential elements—naming and normalizing confusion, and describing what it means to be transgender. We discuss both on the following page.

Naming and Normalizing Confusion

When first exposed to transgender people or issues, many non-transgender people become paralyzed by their own discomfort and lack of understanding and simply can't move past it. Fortunately, acknowledging that this discomfort exists in a straight-forward way can help get people "unstuck." We found that two simple statements did the trick.

Understanding what it is like to be a transgender person can be hard, especially if you have never met a transgender person.

We just don't know what it is like for others unless we have walked a mile in their shoes.

These statements help people let go of the pressure they feel to find a metaphor or experience in their own life that will help them understand. Essentially, it gives them permission to move on without having to understand.

Describing "Transgender"

The confusion over what it means to be transgender can also cause people to become bogged down by continually wrestling with this question. With no experiences to draw from, they "fill in the blanks", often based on negative stereotypes or depictions of transgender people.

By providing an easy-to-understand description for "transgender", we were able to make progress on lessening fear and confusion and increase understanding and openness.

We understand that a description for transgender goes to the very heart of the lived experiences of transgender people and supporters. That is why we want to talk specifically about the description that was used, why it worked, and how, for some, it may feel like it is missing key ingredients. We talk in greater detail about the most effective and easy-to-understand description that we found on the next page.



Why the "Wrong Body" Frame Doesn't Work

In our focus groups, some participants spontaneously raised the idea of "being in the wrong body" early in the discussions. In addition, in the first series of groups we also tested "wrong body" as one of several potential ways to describe what it means to be transgender. In the end, we found that it is not an effective phrase for describing transgender people, even though it has been used often in the media and in organizing.. Many people feel it invokes judgment or has a negative moral overtone. Furthermore, participants who had initially used this language readily abandoned it when offered other ways of describing transgender, such as the one we recommend in this toolkit.



How to describe “transgender”

Because of the confusion and lack of knowledge prevalent in our society, it is crucial that we describe what it means to be transgender in accessible, simple terms. Advocates should include a description of what it means to be transgender as often as possible in press materials and when speaking publically about transgender people and issues. Throughout the focus groups we tested a diverse variety of definitions and language to describe “transgender.”

A transgender person is someone

whose sex at birth is opposite

from who they

know they are

on the inside.

Many transgender people are

prescribed

hormones by their doctors to change

their bodies. Some

undergo surgery

as well.

“At birth” Including a mention of birth was important because it gave audiences the sense that being transgender is something you are born with, as opposed to a “lifestyle choice.”

“Opposite/Different” Since non-transgender people think about gender as binary, saying “opposite” worked best. It’s the term they most frequently use and intuitively understand. We recognize, however, that many transgender people and supporters are more comfortable saying “different” than “opposite” so we offer both as options here.

“Know they are” We found descriptions that talked about what transgender people knew about themselves were much more effective than those that talked about ‘feeling’ different.

“Many/Some” Descriptions that reference that “some” undergo surgery and “many” take hormones are helpful because they reinforce the “transformation” that many people imagine transgender people go through. In addition, it helps to acknowledge that not all transgender individuals take the same steps when it comes to medical treatments. It can also be helpful to qualify the description to say, “Some undergo surgery or take hormones to change their bodies, while some do not.”

“Prescribed by doctors” This is an important cue to include. People new to understanding what it means to be transgender felt that medical treatments prescribed by doctors were more legitimate and therefore easier to support. Additionally, the inclusion of doctors in the description validates the reality of transgender people.

Finally, we should note that some transgender people and supporters use “assigned at birth” to describe the lived experience of how their gender was perceived based on their body at birth. While this reflects the real lived experience of many transgender people, this language created confusion and additional discomfort among focus group participants, including those who had demonstrated a willingness to be supportive of transgender people and issues.

RECOMMENDATION 2: BEGIN WITH BASIC HUMAN VALUES

As we noted earlier, when we are confused, the part of our brain called the amygdala reacts with negative emotions like fear and anger. Letting audiences know that it is okay to be confused is the first step in helping people calm their amygdala and access their thinking brain. Appealing to shared human values is the next step.



Photo: Meredith Fenton

Using imagery of transgender people in familiar contexts can calm the amygdala.

and empathy, and calm negative emotions like fear and discomfort. We have outlined each of the values, how we tested them in messages or in stories, and why they worked.

According to neuroscientist, Gregory Berns, “familiarity calms the amygdala.” Appealing to shared human values is one important way to create a sense of familiarity, which helps to calm an overactive amygdala. That’s because human beings regularly have to make moral decisions about the world. Instinctively, they look to their personal values systems to guide their moral attitudes and actions. When we build our message on their pre-existing values systems, they can more readily move to hear our message.

Appealing to each of the values below helps to build support for health care coverage by fostering understanding and empathy for transgender people.

Based on our research, we found three core values that helped to foster understanding

Human Value: The Love of Family

How our audiences mentally process this value:

“I don’t fully understand what it must be like to be transgender, but I do know that every transgender person is someone’s son or daughter. If I had a child who was transgender, I would hope that she or he would be treated fairly and with respect.”

As part of our research, we read “Far from the Tree,”¹ by Andrew Solomon, which chronicles the stories of parents raising children who are different from themselves. He dedicates one chapter to families with transgender children.

Many of the transgender stories in “Far from the Tree” have a common element—a parent or parents who struggled to reconcile their child’s gender identity with a binary view of gender and how they have always known their child. Solomon writes:

Parents who support their child’s transition...must refer to that child by a new name; they must use new pronouns; and they must switch the words son and daughter. “He’s my daughter,” one mother explained to me as she introduced her transgender son.

¹ Solomon, Andrew. *Far From the Tree: Parents, Children and the Search for Identity*. New York: Scribner, 2012. Print.

In “Far from the Tree,” not every parent is able to support their child’s transition or desire to live their life as their authentic gender.

Placing transgender people within the context of their families helps to provide a familiar context in which to understand transgender people.

Those who do come to accept their child often do so after some struggle—some for a short time, others for much longer. These parents seem to find comfort in loving their child for who they are. For instance, he tells the story of Bettina and Greg Verdi, a Northeastern Italian Catholic couple.

At five, Paul [now Paula] said to Bettina, “Mom, I want to go to school as a girl, dress like a girl, have a girl name, have girl toys. I want to be a girl.” Bettina was terrified.

After coming to accept their daughter’s gender identity and attending conferences to become educated, the couple has moved toward acceptance—although not without some emotional difficulty.

Greg began crying. “I just struggled,” he sobbed. “Because it was my little boy. I want my child to be happy. But I found the pictures of us as a family before all this, and I miss that little boy. Just once in a while, it still hurts.” I asked Bettina whether she ever felt that way. “No,” she said, after a minute’s thought. “What I regret is that time with Paula that I didn’t have. I miss my daughter’s infancy, spending all my energy on someone else who never existed.”

We tested several stories of parents or family members who first struggled with and then came to accept their transgender child or sibling. Here is an excerpt from one (read full narratives in the appendix):

Our youngest son was only three years old when he first started telling us that he was a girl. Mario loved playing dress up but only wanted to wear dresses. He would put on his sisters’ scarves and skirts. When dress up time was over, Mario would get upset and he never wanted to leave the house in his boy’s clothes.

One day Mario came to us and told us he was transgender. He explained that he had waited his whole life to feel like a boy, but that he now knew it would never happen, that he was really a girl on the inside.

We were scared and confused. We wanted our child to be happy, but we couldn’t imagine what would happen if he told people that he was a girl. We were scared for his safety and what might happen to him. We took it upon ourselves to learn more and got connected to Dr. Barajas who specializes in these issues.

Just 6 months after beginning hormones, I barely recognized my child. It wasn’t how she looked that changed the most. She was happy again—something I hadn’t seen in so many years.

Stories like these tested extremely well for several reasons.

First, these journey stories help to normalize the confusion and discomfort that many feel while also pointing to people and families who worked through those negative feelings to love their child for who she or he is. This works because the love of a child is a broadly shared experience. Even those who do not have children are hardwired with innate nurturing instincts.

Second, it helps to show that transgender people are connected to families. For many, it can seem radical to change your physical body to align with your gender identity. Placing transgender people within the context of their families helps to provide a familiar (therefore, amygdala-calming) context in which to understand transgender people.

Third, in the stories we tested, we always included secondary characters who demonstrated acceptance and support for their transgender family member. For instance, when Miguel Florez, whose story is on page 19, shared his experience coming out as transgender to his family, he said that his mother and sister were quite upset. He also added that his extended family was quite supportive. This helps to model social acceptance.

Finally, the theme of rejection or estrangement (whether temporary or permanent) of a unique child is common within literature and popular culture. Harry Potter was regularly castigated by the Dursleys for his wizarding ways. Billy Elliot was misunderstood by his father and brother for his desire to dance. In *Pariah*,



Photo: ©Warner Bros. Pictures

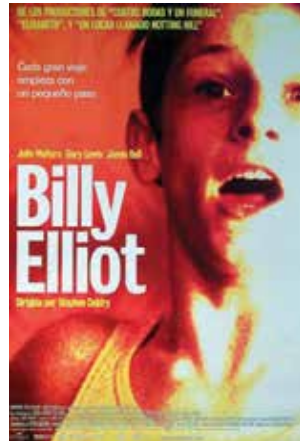


Photo: ©BBC Films



Photo: Chicken & Egg Pictures

The theme of rejection or estrangement (whether temporary or permanent) of a unique child is common within literature and popular culture.

Alike comes into conflict with her mother as she expresses her sexual orientation and masculine gender presentation.

These stories have not only taught us to empathize with the social outcast, but to recognize that their emotional fortitude and character come as a result of embracing their difference in a world prepared to respond with confusion, fear and even hostility. They also center the main character's journey within their families, which evokes the "love of family" value.

We recommend that advocates feature messengers who can share the stories of their families, especially those that involve an emotional journey for a parent or other family member. Parents or siblings who have gone through this emotional journey are especially powerful messengers. Transgender messengers sharing their own family journey stories also proved to be quite powerful. We discuss more about messengers beginning on page 22 of this toolkit.

Human Value: Until You Walk a Mile in Their Shoes

How audiences mentally process this value:

"It's hard for me to imagine what it would be like to be transgender. I really don't get it, but I imagine it must be hard. We just don't know what it is like for others unless we have walked a mile in their shoes."

"Until you walk a mile" is a human value communicated through a proverb. Proverbs allow people to easily share folk wisdom and moral standards. Because they are short, sweet and often metaphorical, they are easy to understand and remember.

There seem to be variations of the walk a mile proverb across cultures. There are many references to this Native American proverb: "Do not judge your neighbor until you walk two moons in his moccasins."

The lyrics in Joe South's song, "Walk a Mile in My Shoes," an appeal to racial compassion and empathy say a lot about the moral wisdom behind the proverb:

If I could be you, if you could be me

For just one hour

If we could find a way to get inside

Each other's mind

If you could see you through my eyes

Instead your ego

I believe you'd be, I believe you'd be surprised to see

That you've been blind

Author Harper Lee channels this morality through Atticus Finch in *To Kill a Mockingbird*: “You never really know a man until you understand things from his point of view, until you climb into his skin and walk around in it.”

The staying power of this piece of morality over time and across cultures suggests that it is rooted in innate human qualities.

On a psychological level, using this message can short circuit any disruptive emotions by cueing the listener to think about something they genuinely believe. It allows them to move away from judgment and toward empathy.

The “until you walk a mile” proverb helps people to let go of the inability to understand.

As noted earlier, only one in ten Americans know someone who is transgender. This presents a unique challenge. This is in contrast to the three out of every four Americans who know a person who is lesbian, gay, or bisexual. The high percentage of Americans who know someone who is lesbian or gay has fostered empathy, accelerated social acceptance, and hastened policy and political victories.

Because Americans are far less familiar with transgender people—and we have yet to benefit from a loveable transgender character on a network sitcom—we must look for other ways to nurture empathy. The “until you walk a mile” proverb helps people to let go of their inability to understand while not forcing our audiences to arrive at complete understanding or acceptance.

Human Value: Not for Us to Judge

How audiences mentally process this value:

“When I’m honest with myself, the idea of being transgender makes me feel uncomfortable. Despite my discomfort, it’s not for us to judge.”

Based on both our review of reader comments during our media audit and our focus groups, we have seen the discomfort, sometimes even fear and anger, which people bring to their experience of being exposed to transgender people.

As transgender people and supporters, this can be very difficult to reconcile. After all, we want to be

accepted for who we are, and we want to protect and uphold the dignity of our colleagues, family members, or significant others.

But it is helpful to know where people are starting from, because we can then craft messages that allow our target audiences to reconcile their own personal values with the progress we want to make in the world.

For those who struggled more, we found that the idea that “it’s not for us to judge” was a core value that allowed participants to move towards supporting health care coverage for transgender people while not forcing them to move farther than they are capable of at this time.

That doesn’t mean that these folks will remain static in their discomfort. It has been our experience that this is often an emotional journey with many stages along the way toward being supportive. It is possible to nurture comfort and acceptance over time, but only if we can start them on that journey today.

In our focus groups, we saw the power of “judge not” in how it helps our target audiences to get started on their journey toward acceptance. There are several reasons why embedding this value in messaging works.

First, most people want to see themselves as good and try to live true their values. Big negative emotions like fear and anger get in the way of people being their best selves. As we have previously discussed, a familiar value, like “not judging,” appeals to one’s positive sense of self identity and helps to calm the amygdala so that negative emotions don’t shut down the rational, thinking brain.

Second, messages that include a “not for us to judge” values statement give the listener a behavioral cue (See below) or reminder of something they have likely learned earlier in life. For many, this was a moral lesson learned in their faith tradition. It is also a strong moral value for those who are not religious. It gives people the opportunity to gain perspective and step back from disruptive emotions like fear and anger, and activate a core human drive that most people have—to walk the talk by living the values to which they aspire.



Behavioral Cues

Behavioral cues are messages within messages that have been designed to “cue” the listener to think about something in a different way, typically in a way they already are familiar with, such as with our reminder about not judging others. They facilitate the listener moving into more thoughtful reasoning. Another is, “when you think about it...” which actually cues the person to pull back, get perspective, and think. Strategically using behavioral cues can greatly enhance the ability of the listener to stay in their thinking brain, draw on core values they already believe, and move toward support for transgender health care coverage.

As with all messaging that we have developed, we looked for values deeply rooted in our culture and lived experiences in the world. Among the great religions of the world, there are commandments against judgment. The Jewish leader Hillel admonished, “Do not judge your fellow man until you reach his place.”

The Qu’ran instructs, “Their judgment is on my Lord, if you could know.”

Christians and non-Christians alike are probably familiar with some variation of the following Bible verse from the Book of Matthew which Jesus delivered to his disciples, warning them against hypocrisy during his Sermon on the Mount:



Among the great religions of the world there are commandments against judgement

Do not judge, so that you may not be judged.

For with the judgment you make you will be judged, and the measure you give will be the measure you get.

Why do you seek the speck in your neighbor's eye, but do not notice the log in your own eye?

This value is similar to, but slightly different from the “walk a mile in someone’s shoes” message we talked about previously. Both are built around reminders of existing deeply-held values.

In focus groups, we tested all of these resonant values in a larger story about a brother coming to accept his transgender sibling.

“It has taken a lot of patience, conversations with my wife and family, and hard work, but at the end of the day I have come to accept Al as Al. I will never truly understand being transgender without having walked a mile in his shoes. What I do know is that it is not for me to judge.”

This messaging works because it is a behavioral cue. It acts as a reminder of something people already know and typically believe—that we cannot really know someone else’s experience unless we too have had that experience. Furthermore, this particular excerpt also evokes the “love of family” and “until you walk a mile” values making it particularly compelling and digestible for our audiences.

RECOMMENDATION 3: TELL STORIES

Most advocates or grassroots activists have relied on storytelling to build support for an issue. We do it because, intuitively, it seems like an effective way to make our case. Psychological and neuroscience research has now confirmed what many of us have felt in our gut for years.

A study at the University of North Carolina, Chapel Hill explored the influence of stories on individual beliefs. When information was labeled as a ‘fact,’ it actually increased critical thinking and disbelief. However, when information was shared in the form of a story, the opposite occurred—people more easily accepted the ideas as true.

Telling stories strengthens support for a cause and helps people accept new ideas. Real-world stories featuring compelling, relatable and trustworthy messengers are one of the most strategic tools we can use to change hearts and minds about transgender people and issues.

In fact, our own research for this toolkit once again has proven the power of stories. In our first round of focus groups, we shared a series of stand-alone messages with participants. For example:

We all need different things to be healthy. While one person needs medicine to treat their asthma, another person needs ongoing support for diabetes. Transgender people also have unique health care needs. Unfortunately, insurance companies too often refuse to cover a transgender patient's unique health care needs such as hormones. This leaves transgender people with big gaps in their coverage making their health care costly or even out of reach.

The focus group participants rejected this simple message. They pushed back saying that everyone has special health care needs so why should transgender people receive special treatment? Using messages without stories turned our participants into nay-sayers and kept them in the critical side of their brain.

In the next round of focus groups, we embedded the same exact message into a story told from the perspective of a doctor working with a transgender patient.

This time, focus group participants not only believed that transgender people indeed might have genuine health care needs, but expressed their support for transgender individuals having health care coverage. Using stories helped participants to understand while calming the fear and confusion they might feel about transgender people.

Because so few Americans think they know someone transgender, telling the stories of transgender people and their families is of utmost importance. In our research, we found time and again that many people have no real picture of who transgender people really are. When we shared narratives and videos telling the stories of transgender people, the focus group participants expressed surprise, and then they moved to become more supportive, as their understanding of what it means to be transgender deepened.

Narratives and videos featuring personal stories of transgender people increased understanding of what it means to be transgender.

Microstories—Bite Sized Storytelling

A microstory is a short, story-based content piece that is embedded in a larger piece (like a fundraising appeal or advertisement) or within a set of talking points. Advocates working on transgender health care will often need to talk about the broad landscape of health care, proposed or potential legislation, or data about the health realities for transgender people. No matter the setting, this type of fact-driven information will be strengthened by the inclusion of microstories.

For example, as you share data about the health outcomes for transgender people, include examples.

You could say:

Despite the American Medical Association's recommendation that insurers cover all necessary care for transgender people, many insurance carriers routinely refuse coverage for necessary care by excluding transgender-related care, and such exclusions are frequently used as an excuse by insurance companies to avoid covering even routine care.

But it will be more effective if you say:

Despite the American Medical Association's recommendation that insurers cover all necessary care for transgender people, many insurance carriers routinely refuse coverage for necessary care by excluding transgender-related care, and such exclusions are frequently used as an excuse by insurance companies to avoid covering even routine care. For example, Lydia was 52 years old when she had a heart attack and was rushed to the emergency room where she was treated and lived. After she was released, the insurance company refused to cover her emergency room care because they claimed her heart attack may have been related to the hormone treatment Lydia was using to help her gender transition. Lydia's story is just one example of how insurance companies too often prevent transgender people from accessing even routine or life-saving care.

Stories That Work Well

Journey Stories

Our research demonstrated that people respond extremely well to 'journey stories,'—stories in which a main character changes over the course of the story. Showing how someone has changed over the course of their experiences makes a story more believable and accessible. To this end, think about how to use stories that feature:

- ▶ The transformation of a transgender person as they go from not being their authentic selves to becoming a healthier, happier individual;
- ▶ Family members of transgender individuals who started out feeling confused and scared, but were moved to become more supportive;
- ▶ Doctors who at first didn't know much about transgender patients, did their own research, and now are advocates that help their patients live healthy lives.



Photo: ejwhite

These types of stories help audiences understand that they too can change their understanding and stance on transgender issues. In addition, people don't really understand how transition changes a person. Some of our stories demonstrate that after gender transition people don't change in important fundamental ways as human beings. They remain a loving uncle, a supportive sister, a reliable coworker. At the same time, stories help people to understand that transgender people are able to change in other important ways—because they are able to live more productive and healthier lives.

Stories that Highlight Struggle

As we've discussed, many Americans are genuinely struggling to understand the concept of being transgender. In order to identify with the stories about transgender people, therefore, audiences need to see that others who are well-intentioned people have also struggled.

When a parent or sibling of a transgender person talks about their own struggle with acceptance, it validates the audience's own challenges with understanding. Once they feel validated, they are more able to listen with an open mind and heart.

When in focus groups we shared stories that spotlighted the struggles that transgender people experience in living an authentic life, it helped increase understanding among our participants.



One Family's Journey Toward Acceptance

"As a kid, I was always playing the boy whenever we played house," Miguel shared. "We'd pick names, I'd be like, 'I'm Mike! I'm Bob!' And so as a kid, I just, I always felt more kind of at home with the boys."

Miguel was raised as a girl in New Mexico. As a child, Miguel was a tomboy but later came to identify as a transgender man. After realizing that he was transgender in his 20s, he decided to let his mom and sister know.

"Um, so coming out to my family was the hardest and the scariest," Miguel volunteered. "I finally came out to them over Thanksgiving when I was visiting at home."

He sat down with his mom and his sister, and told them.

"One of the first things my mom said was she was worried I was going to look like a freak," he shared. "My mom never uses that language. She doesn't talk like that about people. Ever."

He continued, "Nobody was real thrilled about it...I feel like the worst part of it was that they were afraid of what other people would think."

For a short while, Miguel stopped visiting his family. But he slowly had a change of heart.

"I started realizing my relationship with them was important enough to me to just try to go with their pace," he said. "It was hard because it's hurtful to feel like I'm not seen and not taken seriously."

While his mom and sister struggled with his gender identity, he got a more accepting response from his larger family.

"My extended family—I have a huge family—responded beautifully," he said with a small smile. "Immediately, they were calling me 'he' or they were calling me 'mijo' instead of 'mija.'"

Seeing how Miguel's larger family accepted him helped his mom and sister.

"I feel like my immediate family, getting to see how my larger family responded helped them to relax into me, feeling like it was ok and it wasn't going to reflect poorly on them."

With his transition, Miguel's body changed, and so did his emotional well being. Who he was at his core didn't change, which was a tremendous source of comfort for his family.

"It's about my voice being lower, it's about having facial hair—being able to have facial hair," he said confidently. "As a kid, when I would play, it's how I pictured myself."

"Now I'm in my masculine body, and I feel at home," he said with a sense of calm. "Over time, people have gotten to see I'm still me."

Before we began focus groups, we hypothesized that stories like Miguel's would be effective at strengthening support for health care coverage for transgender people. We were pleased to see just how effectively these stories worked to calm fear and anxiety and to build understanding.

In particular, people appreciated the journeys taken by both Miguel and his family toward acceptance. As we discussed in our first recommendation, acknowledging the characters' discomfort allows our target audiences to work through their own discomfort and confusion while they work to understand transgender people. Our focus group participants also identified with Miguel—as a son, as a sibling, and as someone they could imagine being a part of their own families.



Stories with an Antagonist

Our culture's strongest stories often include a good villain. From the Wicked Witch of the West to the evil Galactic Empire in Star Wars, people unite around a common enemy. Our research illustrated that on issues of transgender health care, insurance companies make for good antagonists when used in the right context. Many Americans strongly relate to the idea that insurance companies put profits ahead of the health and needs of patients.

When conversations about companies denying transgender health care coverage are embedded in stories about broader health care denials, it can lead people to be more supportive. However, in our research it isn't useful and can actually be counter-productive to talk about transgender health care denials outside of a broader context.

Stories that Embed Transgender People in Their Families

There is a sense among participants that life for transgender people is difficult and isolated. Many describe transgender people as lonely, rejected by society, and misunderstood. They can easily imagine how family and friends would have a difficult time accepting someone as transgender. When we show transgender people in a family context, through visual images and narratives it helps to dismantle stereotypes about transgender people as loners or societal outcasts who are rejected or unloved and can help to elicit the value of the love of the family and build a sense of shared humanity.



Showing transgender people with their families builds a sense of shared humanity.

Stories in an Effective Sequence

Throughout our research, we looked at the sequencing in stories we tested to develop the most successful approach. We repeatedly saw that information presented in the wrong sequence triggered negative emotional reactions. To be effective, stories have to be told in a particular order.

First, we must name and normalize confusion and describe what it means to be transgender to calm anxiety and confusion.

Next, by spotlighting core values we help to provide familiar frames for processing unfamiliar information and difficult emotions and remind people of positive values that generate sympathy instead of fear or judgment.

When telling a journey or transformation story, introducing important validating sources like the American Medical Association or family members provides moral authority and objective credibility.

Show that "after" a person's transition, they are not changed in important fundamental ways—they are still a loving uncle or supportive sister—but have changed in other important ways—they are happier and healthier and living a more productive life.

Using a values-based moral of the story helps to reinforce the original values frame they already know and believe and provide cues for people about how to understand what they have heard.

RECOMMENDATION 4: USE STRATEGIC MESSENGERS

One of the basic rules of communications is that the messenger is just as important as the message. For different audiences as well, different messengers will be more or less successful. If an audience can not identify with a messenger, the message may not resonate.

Some messengers, by the nature of their lived experience (mother, brother, daughter) or professional background (doctor, coworker), are better able to convey moral values. That's because a messenger's experiences help them to embody human values and gives them a unique moral authority to deliver certain messages.

To guarantee health care coverage for all transgender people also demands special attention to messengers. People have an innate desire to see themselves as fair, kind people.

However, when they feel confused or unnerved about something or someone, their amygdala (the part of the brain focused on danger and survival) overwhelms their brain's ability to be empathic and engaged. That is where a relatable messenger can provide a sense of calm and normalcy and then build a bridge towards compassion and support.

Transgender people are crucial messengers for this issue. They are the true experts on the experience of what it is like to be transgender in the United States. Giving people the opportunity to see imagery of and hear messages from transgender people helps increase understanding and promote empathy.

It is important to note that when we showed videos or images of transgender people, our focus group participants, who themselves were not familiar with transgender people or issues, had an easier time relating to those who were gender-conforming or who "passed." As transgender people and supporters, this was heart-breaking to see, and underscores the need for continued message research and development that connects non-transgender people to the experiences of gender non-conforming people.

From a psychological perspective, it makes sense as non-transgender people tend to see gender in black and white terms, so their confusion and discomfort emerged very quickly when the messenger did not read as their identified gender. This made it much more difficult for them to hear what the messenger was saying, let alone to be persuaded by it.



Our movements need to continue to support and elevate the voices of transgender messengers.

Photo courtesy of Basic Rights Oregon

We showed multiple videos of transgender people who shared their personal stories. People in the focus groups strongly related to some transgender men, in particular, because each one was comfortable in his skin, had an easygoing personality and read as male.

Additionally, it is very effective to place transgender people's stories within a context that audiences can relate to. For example, transgender messengers should speak about their families, their faith, their workplaces, and their unique talents, to help paint a fuller, richer



Transgender messengers should speak about their families, their faith, their workplaces, and their unique talents, to help paint a fuller, richer picture of transgender lives.



picture of transgender lives. This helps create a shared identity with non-transgender audiences who can relate to being a brother, a daughter, a coworker or church-goer.

Another finding in our research is about the importance of using messengers who reflect the identities and backgrounds of your audience. For example, in our focus groups with Latino Californians, we found that people responded most supportively to transgender messengers, doctors, and families who were also Latino. Using spokespeople who reflected the Latino community cued the audience that transgender health is an issue that impacts their community directly and isn't just "other people's problem."

Non-transgender messengers offer important validation. In our research, messages delivered by doctors and the family members of transgender people were extremely successful. Moral validator messengers can be especially useful when they share that they, too, struggled at first to understand their transgender patients, coworkers or loved ones. This tactic helps normalize people's initial discomfort to help them move to a more accepting place.

Doctors

As is the case with almost any health-related issue, doctors are crucial messengers. People were comforted when they read or heard about the American Medical Association's support for transgender health care.

For example, we created a short video featuring a doctor talking about the first time he encountered a transgender patient. He talked about how he consulted specialists and the AMA to learn more about being transgender in order to best help his patient.



Doctors can provide crucial validation and comfort.

Our focus group participants responded very positively to this video. They found the doctor relatable, believable and trustworthy. When the doctor observed the positive psychological and emotional effects that hormone therapy had on his patient, people in the focus group were more supportive of ensuring that transgender people had access to this treatment than in previous focus groups' discussions of hormones.

Doctors also help to validate that denials of transgender individuals' medical needs is a real problem. In early focus groups, we tested materials that described how transgender patients had been denied coverage for procedures that other individuals are covered for—for example, being denied coverage for surgery after a heart attack. Participants didn't believe that such a thing could happen.

However, when a story about a patient being denied life-saving care was told by a doctor, focus group participants sympathized and felt that the denial was unfair and unjust.

Family members

Family members of transgender people, particularly parents and siblings, proved to be effective messengers. Those messengers should spotlight how they worked past lack of familiarity, confusion and/or fear for the difficulties their loved one may face. This approach helps to validate people's desire to be empathetic and calm fear and confusion so that audiences can become supportive. Furthermore, family members as messengers evoke the "love of family" value that we found provided a strong framework for these conversations.

RECOMMENDATION 5: FOSTER FAMILIARITY

As we work to advance policies that allow transgender people to participate fully in American society, we must continue to promote positive images of transgender people. The more people see transgender characters on TV or meet someone in real life, the more prepared they will be to become supporters in our work for justice.

In his book about parental acceptance of difference in their children, Andrew Solomon shares the stories of many parents and families who had to come to accept a transgender son or daughter. In one story, a father deeply struggled when his wife began to embrace their child's gender identity. He calls his eighty year-old father who tells him not to blame himself saying, "These things happen. I saw it on TV."



Positive and real portrayals of transgender people on television are important.

Another mother portrayed in the book took many years to accept her transgender son, even years after other family members had adopted his chosen name and pronouns. But eventually, she shared, "I watched things on television about it. I started understanding more."

These anecdotes demonstrate the value of mainstream media coverage of transgender people in shifting public opinion to recognize transgender identities as real and normal. Therefore, we believe it should be a continued priority for transgender advocates to find new and creative ways to leverage media to foster familiarity.

Secondly, we need to create opportunities for people to ask their 'dumb' questions. Most people want to be thoughtful and avoid hurting others. Yet, as we have stressed throughout this toolkit, they have genuine questions and points of confusion when it comes to transgender people.

Therefore, we need to provide people the space to ask appropriate questions. (We say more on page 30 about how to handle inappropriate questions.)

The more people see transgender characters on TV or meet someone in real life, the more they can recognize shared humanity.

Finally, it is useful to remember that certain frameworks, values, and stories will be more accessible to the public.

In addition to those we have already discussed, another framework that helped move people towards understanding in our research was using the language of coming out. A majority of Americans now know at least one person who has come out to their family, friends, or coworkers as gay, lesbian, or bisexual. When we shared stories of transgender individuals 'coming out' as transgender, people could relate to the experience of having a family member or close friend come out as gay, lesbian, or bisexual. They could also relate to the journey that their LGB loved ones had to go on to come to a place of acceptance and could understand that, in many ways, coming out was an act of courage. The coming out lens also allowed people to recognize that being transgender is a personal process that takes time, even years, for people to understand and be ready to share with the world.

RECOMMENDATION 6: CONTEXTUALIZE HEALTH CARE COVERAGE IN CONVERSATIONS AND STORIES

Healthcare Landscape

As any observer of the national debate on healthcare reform can attest, there are strongly held views and feelings about health care and health care access in our nation. There is also a broad public discourse about physical and mental health and a huge industry of products and resources to promote health.

One of the values the American people bring to their views about health care is the belief that they, as individuals, should take ownership of their health and well-being. That individualism manifests in different ways.

For instance, many (but not all) strongly believe that a woman, in consultation with her doctor and her faith, should make decisions about her own reproductive health. Others reacted very negatively when told that Mayor Bloomberg would take away their Big Gulps. While political identification likely influences attitudes on both these issues, both emotional reactions are rooted in the belief that decisions about one's health should be made by individuals, not insurance companies or politicians.



Stories about transgender people and their health care providers increase understanding.

Despite many shared values around health and shared struggles in today's health care system, when we engage people on the issue of health care for transgender people it can trigger a scarcity mentality in which sympathy, compassion, and understanding can quickly evaporate.

Our focus groups also showed that persuading the general public to support coverage for transition-related surgery will be tough to do in the near future, given where people are today (as discussed in the sidebar on page 29). In our effort to secure inclusive health care coverage for transgender people, that current roadblock can feel pretty discouraging.

The good news is our research also revealed real pathways to increasing understanding about and sympathy for transgender people and by the end of the focus groups, most participants moved to support coverage of hormone therapy for transgender people. This was significant progress, given where we started.

So what do we do now? The biggest thing we can do right now to build support for transgender health care coverage is to build a sense of shared humanity with transgender people using the approaches described in this toolkit—employ powerful stories about transgender people's lives that can decrease confusion and discomfort, increase understanding, and foster familiarity.

Effective Approaches for Talking About Health Care Coverage

When talking about health, here are some effective approaches that advocates and supporters can use in conversations and public education efforts to advance health care coverage for transgender people.

Focus on building support for hormone therapy.

Although advocates will, of course, continue to work for insurance coverage that includes coverage of transition-related surgery, our stories, conversations and public education efforts are most effective at this moment in time when they focus on hormone therapy. We acknowledge that focusing on hormone therapy may feel like it “boxes us in” or doesn’t allow us to tell the full story or just feels frustrating. We also know, however, that it is an important building block to building support for transition-related coverage in the long term.

Why start with hormones?

Participants sense that being transgender is a mental problem—not a physical one—which makes it difficult for them to support a surgical approach.

Hormone treatment, unlike surgery, is something many are already familiar with and there is widespread awareness that hormones are used to treat many different conditions for non-transgender people, too. Many already understand that hormones are used to treat physical conditions that can have a negative impact on someone’s psychological well-being. In this sense, allowing transgender people access to hormone treatment feels like it more appropriately solves the “problem” than does surgery.

TIP: Be sure to connect the dots. When talking about hormone therapy, remember that the lack of awareness and information about transgender people means we cannot assume even basic levels of knowledge or rely on subtlety and inference to connect with people on these issues. For example, when discussing hormones, it can be important to explicitly say “testosterone” when talking about female-to-male hormone treatment as many participants think of hormones as something only women take. In another example, references to a transgender man needing a hysterectomy were completely confusing and the participants could not understand how that could be.

Embed transgender health care in a broader health care story

In our research we learned that discussing the need for transgender-related health care coverage in isolation creates an us-versus-them mentality that is not helpful. We saw that phrases such as “transgender people have unique healthcare needs” actually diminished, rather than increased, support for meeting those needs. When we talk about transgender people needing health care just as everyone needs health care, we had more positive results.

In focus groups, we showed participants mock news articles discussing the issue of health care coverage in which transgender people were one of many groups denied health care by insurance companies.

Legislators Investigate Denials of Coverage by Insurance Companies

A new state legislative panel is investigating denials of coverage for medical care by insurance companies.

Lucy Alonso has been struggling just to pay for some treatments for her son’s autism, but she can’t afford much.

She testified on Wednesday that when she put in for insurance reimbursement from Providence Health Plans, it denied her claim.

“You know, I lost my faith pretty quickly with the whole insurance industry,” Alonso said. “Providence kept denying us about every medical treatment our doctor recommended.”

Dr. Adam Levin, of the American Medical Association, also testified about how insurance companies regularly reject coverage for transgender patients.

“For years, transgender Californians have been denied coverage of basic care simply because of who they are. Discriminatory insurance exclusions put transgender people and their families at risk for health problems and financial hardship,” explained Dr. Levin.

In some cases, transgender patients are denied coverage for even basic health needs. In one circumstance, a transgender man was refused coverage for bypass surgery after a heart attack. His insurance company pointed to his transgender status and use of hormone therapy as cause for their denial of his claim.

Following his testimony, Dr. Levin told reporters, “People can feel confused about what it means to be transgender. That’s understandable. However, insurance companies too often put their bottom line over the health needs of transgender Californians.”

Levin added, “The American Medical Association recognizes the importance of insurance coverage for appropriate medical care. This kind of care is essential for transgender people to live full and productive lives.”

Assemblymember Mark Hawkins who is chairing the legislative panel commented, “It’s wrong to deny people coverage whether they are a transgender Californian or an autistic child. I hope the health of Californians is all of our first priority.”

When introduced to the importance of health care access for transgender people in the context of health care coverage for others with unique medical needs, audiences could empathize with transgender patients in a more concrete way.

This approach accomplishes two key things.

1. When introduced to the importance of health care coverage for transgender people in the context of health care coverage for others with medical needs and other ways that insurance plans unfairly deny people health care coverage, we can help people understand the need for health care coverage in a more concrete way and evoke sympathy by allowing people to see health coverage for transgender people as something that is not unique or special.

2. Given many of their own experiences with insurance companies, participants do not find it challenging to believe that insurance companies would deny care, even in life-or-death situations, and believe in general that doctors and patients—not insurance companies—should make decisions about what



treatments are necessary. By including denials of coverage for transgender people together with others, it shifts the dynamic from a zero-sum game in which transgender and non-transgender people are in competition with one another, to a narrative in which many people with genuine



Barriers to Coverage for Transition-Related Surgery

Our research showed that people have significant concerns about transition-related surgery. In addition, the male/female binary is core to participants' understanding of themselves and others, and they struggle to understand how transgender people fit in that binary before, during, and after transition, as well as what challenges to that binary may mean for their own sense of themselves as men and women in society.

These concerns, combined with their profound lack of familiarity and discomfort with transgender people in general, will make it difficult in the near term to build public support for insurance coverage of these procedures for transgender people.

As we discuss in other sections, participants sense that being transgender is a mental problem—not a physical one—which makes it difficult for them to support a medical and surgical approach. They cannot come up with any other condition for which a surgical treatment will resolve what they perceive to be mental health problems and do not believe that would work with respect to transgender people either.

In addition, participants see surgery as too extreme. While some participants acknowledge surgery may help some transgender people, they generally see it as cosmetic or elective. In this context, surgery triggers a fear-based reaction that “other” kinds of people receiving “special” health care means fewer health care resources and higher costs for themselves and their families.

Much more research will be required to better understand how to engage people in effective conversations that can overcome barriers to support.

ADDITIONAL TIPS

HANDLING INAPPROPRIATE QUESTIONS

On the whole, many non-transgender people's motivation in asking questions comes from a genuine desire to understand. However, their questions can sometimes be clumsy or downright rude. Yet, when their motivation is sincere, answering questions that are not overly intrusive can go a long way in building understanding which can leverage persuasion for full equality.

When a non-transgender person asks a question that is too intrusive or rude, especially about body parts or surgery, here is one way to redirect the conversation:

"I know you are just interested in understanding, but that question is too personal. Here is what I can tell you, some transgender people take hormones while some have surgery. For each of us it is different, but for all transgender people, access to medical care is really important."

Notice that we **start with acknowledging that their intention is good**. That is important because it helps them to know that you get they are not trying to offend, which then keeps them open and listening when you redirect them. Saying that is too personal lets them know **there are boundaries they need to respect** and then following with general and important information educates, then end with the core issue you are addressing and want them to support.

Self Care for Transgender Advocates

We recognize that many transgender people are put into the position of being teachers whether they like it or not. For example, the National Transgender Discrimination Survey conducted by the National Gay and Lesbian Taskforce and the National Center for Transgender Equality found that 50% of transgender people report having to teach their medical providers about transgender care.¹ For transgender people who are in a position choose to advocate for transgender issues, one of the most difficult challenges can be acting as an ambassador while also taking good care of yourself emotionally.

Try these following in the moment self-care tips:

- ▶ Breathe slowly and deeply when you are starting to feel stressed. When we are stressed, our breathing becomes shallow, which decreases oxygen to our brain and actually makes it harder to think, which increases stress even more.
- ▶ Separate out the intentions of the non-transgender person from the question they are asking. When faced with someone being intrusive, it can be really helpful to remind yourself that they likely mean well, even though their question might be inappropriate. When we can separate intention from action, it helps to decrease irritation and stress.
- ▶ Stay away from negative mind chatter. "Why did I say that," "How could I have messed that up so badly" are the kinds of things we ruminate on if we don't feel great about how we handled something, Those kinds of negative thoughts and second guessing are hurtful and do nothing to increase your confidence. Instead take a learning approach and ask yourself, what can I learn from this so I can handle it differently next time?

¹ Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

- ▶ Be a good friend to yourself. Taking a moment to notice what you did well, as you likely would with a good friend. This builds confidence and increases resilience to keep at it.

NOTES ON LANGUAGE

In addition to all of the language tools this toolkit has provided, it is important to remember to avoid jargon and insider language when discussing transgender people and their health. The concept of being transgender is so unfamiliar in and of itself, using other unfamiliar terms can confuse and even sometimes alienate the very audiences whose support and understanding we need. Therefore, no matter the setting, thinking about language is critical.

DON'T

- ▶ Use the term 'trans;' use 'transgender' instead.
- ▶ Use cisgender as most people aren't familiar with this term; use non-transgender instead.
- ▶ Use the term 'medically necessary' unless you are speaking directly to medical professionals. This is an insider term that doesn't speak to the way that people understand their own health care needs or those of transgender people.
- ▶ Rely on terms that are too insider; phrases such as gender binary, assigned at birth, or gender identity and expression aren't accessible to broad audiences yet.

DO

- ▶ Specify hormone treatments as testosterone or estrogen, rather than speaking generally about hormones because referring to hormones generically has a tendency to confuse those who aren't familiar with hormone treatments for transgender people.
- ▶ Refer to 'transgender people' as often as possible because it reinforces a shared sense of humanity.
- ▶ Spell out acronyms; rather than say LGBT, FTM, or MTF, say or spell out these terms' meaning every time you use them.
- ▶ Lead conversations with coverage for hormone therapy rather than coverage for transition-related surgeries.
- ▶ Use commonly used terms such as masculine, feminine, traditional gender norms, etc.
- ▶ Frame the conversation around health care coverage rather than health benefits or access. Talking about benefits activates a 'special-rights' mindset. The idea of access generates pushback because people believe you can access any treatments or procedures you want or need, you just may need to pay for it yourself.

APPENDIX

During our focus groups, we tested a wide range of stories, videos, photos and articles. The following stories represent the types of narratives that were most successful in engaging our focus groups in conversations about the experiences of transgender people and their families as well as health care access.

Doctor Narrative

I've practiced medicine in Riverside for over 30 years. As a doctor, I believe my job is to help each patient live the healthiest life they can live.

I had worked with a few transgender patients over the years and learned about their health care needs. I think it can be difficult for people, and sometimes even doctors, to understand what it is like to be transgender. The American Medical Association and American Psychiatric Association validate the reality of transgender people and affirm that they need treatment.

Sometimes, I think of being transgender as similar to having a congenital heart problem—a patient is born with it and needs ongoing care to address their health needs to ensure their life-long health.

For many transgender people, being able to access health care is a matter of life and death.

A few years ago, I had a transgender patient in her 50s who was taking hormones as part of her transition to become a woman. She had a heart attack and was rushed to the emergency room where she was treated and lived. After she was released, the insurance company refused to pay for her emergency room care because they said her heart attack may have been related to her hormone treatment. Their policy denies coverage for any transgender-related care.

These situations really frustrate me as a doctor. Though insurance companies sometimes deny coverage, these were life-saving procedures that should be covered regardless of someone's gender identity.

Family Member Narrative

My husband Raul and I are very proud of all of our four children. They are very different from each other, but each of them is a special gift given to us by God.

Our youngest son was only three years old when he first started telling us that he was a girl. Mario loved playing dress up but only wanted to wear dresses. He would put on his sisters' scarves and skirts. When dress up time was over, Mario would get upset and he never wanted to leave the house in his boy's clothes.

Once Mario started attending community college, he became really depressed. He had been a good student in high school, but now he was having trouble with his classes. He stopped spending time with his friends and would barely eat anything at our Sunday dinners. As a mother, there is nothing more painful than seeing your child suffer. We didn't know what to do.

One day Mario came to us and told us he was transgender. He explained that he had waited his whole life to feel like a boy, but that he now knew it would never happen, that he was really a girl on the inside.

We were scared and confused. We wanted our child to be happy, but we couldn't imagine what would happen if he told people that he was a girl. We were scared for his safety and what might happen to him.

Many months after he told us, Raul and I found a group for parents like us where we could share our fears

and learn about the best ways to handle this strange situation. From one of the other parents who had a transgender child, we got connected to Dr. Barajas, a doctor who specializes in these issues.

At the age of 20, our child started using the name Maria. It was hard at first to accept this change. Dr. Barajas also prescribed hormones to Maria. The hormones started to impact Maria right away—she began to grow breasts and stopped growing facial hair.

Just 6 months after beginning hormones, I barely recognized my child. It wasn't how she looked that changed the most. She was happy again—something I hadn't seen in so many years.

This experience has been difficult for our family, but seeing Maria finally happy and healthy is what is most important.

Transgender Messenger Narrative

Since I was two years old and first saw myself in a mirror wearing a dress, I knew that I was different. My mom loved putting frilly dresses and pink bows on me, but I always wanted to dress like my father and brothers. As a child, I only wanted to play with the boys. Deep inside, I knew I was a boy.

Every year, when I blew out the candles on my birthday cake, I'd wish to become a boy on the outside too. In my secret prayers at night I would pray to God that I would wake up the next morning and be a boy.

My parents didn't understand, and we fought a lot in my teenage years. Even though they let me play sports and dress like a tomboy, I felt pressure to be someone that I knew I couldn't be. Our biggest fight was when I turned 16 and they held a big Sweet Sixteen party and insisted I wear a dress. I felt like I was pretending to be a girl when I knew I was a boy.

When I started community college, I became very depressed. I couldn't function. It was difficult to make it through the day, let alone focus and succeed in school.

Thankfully, during this same time, I met another person who was transgender. Like me, he had been born as a girl, but knew he was a man.

It saved my life to meet someone like me. I went to see his doctor, who helped me understand what being transgender meant. I went through a year of counseling, which is required for anyone who wants to change their sex. Then I began to take the next steps in my transition.

Taking the hormone testosterone has made my voice lower, and seeing hair begin to grow on my chin makes me relieved. Being able to live as a man has made me much happier. I just wish that everyone around me understood.

Even though things are better, I still struggle to accept myself. My body doesn't yet match who I know myself to be. Someday I hope that the world will recognize me for who I am.

