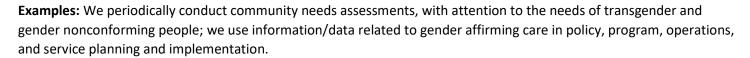
# Seven Focus Areas for Assessing Gender Affirming Care in an Organization

Adapted from: Indicators of Cultural Competence in Health Care Delivery: An Organizational Cultural Competence Assessment Profile, The Lewin Group for HRSA, DHHS, 4/2002.

### 1. Organizational Values

- Leadership, investment, and documentation
- Information/data relevant to cultural competence
- Organizational flexibility



#### 2. Governance

- Community involvement and accountability
- Board development
- Policies



**Examples:** We have partnerships with organizations that serve transgender and gender nonconforming people and/or LGBTQ people; we have a diverse governing body or policy influencing group, with representatives from the population and community we serve, including transgender and gender expansive representatives.

## 3. Planning and Monitoring

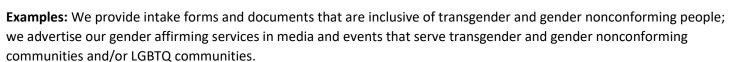
- Client/community and staff input
- Plans and implementation
- Collection and use of cultural-competence related information/data



**Examples:** We routinely involve community members in working groups/committees to consider new services and protocols, including transgender and gender expansive community members; we monitor and evaluate implementation and results of gender affirming care plans/activities/initiatives as part of quality improvement activities.

#### 4. Communications

- Understanding different communication needs and styles of clients
- Oral communication
- Written communication
- Communication with community
- Intra-organizational communication







### 5. Staff Development

- Training commitment
- Training content
- Staff and provider performance



**Examples:** We routinely train clinical (medical, behavioral and mental health, and dental), front desk, and administrative staff and providers on gender affirming communication and care; the training we provide addresses the intersections between gender and other identities (i.e., race, ethnicity, ability, sexual orientation, class, immigration, etc.).

#### 6. Infrastructure

- Finances/budget
- Staffing
- Technology
- Physical facility/environment
- Linkages



**Examples:** Our health center provides confidential spaces where staff and providers can build trust and facilitate disclosure of gender-related information; staff and providers are trained to use, sensitively collect, and input gender identity and the names and pronoun(s) used by the patient, into the organization's information system (i.e., EHR) in a consistent, standardized way.

#### 7. Services

- Client/family/community input
- Screening/assessment/planning
- Follow-up



**Examples:** Our staff and providers engage patients in shared decision making regarding their health care, including care related to gender transitions; our staff are trained and feel competent applying knowledge of potential protective and risk factors associated with intersections between gender and other identities (i.e., race, ethnicity, ability, sexual orientation, class, immigration, etc.).

# **Stages of Change**

(Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992)

- **Precontemplation/Not Ready**: Minimal or no thought has been given to change. May be uninformed or unaware of the reasons for or importance of change.
- **Contemplation/Getting Ready**: Intention to change but possibly ambivalent. Aware of both the benefits and risks of change.
- Preparation/Ready: Strong intention to change. Developing a plan or systems to implement change.
- Action/Making change happen: Adjustments may be made to more strongly reinforce the support for change.
- Maintenance/Keeping change going: Reassessing and continuing to improve over time.

Intention(s)			



Resource Guide: CardeaServices.org/GenderAffirming Independent Study Series: CardeaServices.org/TransCare