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Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

K. Greer Russell

Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

Please do not modify the content section, nor remove the hyperlinks.

[Please note that in brackets throughout this template you will see instructions about information to include in each section. Please delete the instructions that are found in brackets, including this message, and replace the bracketed instructions with the relevant content for each section].

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: healthcare, Transgender, Baltimore, Maryland, quality of healthcare, healthcare resources, discrimination, LGBT

Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

Goal Statement: This portfolio aims to identify methods of education for healthcare staff and advocate for more readily available resources that provide transgender affirming healthcare.

Significant Findings: The transgender community makes up of approximately 252,000 people in the state of Maryland. This community struggles with getting access to, as well as, receiving adequate and competent healthcare. There is a large lack of resources that provide LGBT specific healthcare practices, other providers and first responders are not properly trained on LGBT healthcare, and a large number of health insurance providers will refuse to pay for LGBT care. Negative perceptions and beliefs about transgender individuals leads to more discrimination by healthcare providers. Utilizing transformative learning would be beneficial in correcting this problem by providing education and decreasing negative perceptions and beliefs.

Objectives/Strategies/Interventions/Next Steps: The first step would be to conduct more research in quality of healthcare with transgender individuals. This research should be designed to also observe trends regarding healthcare quality changes over different intersectionalities. Examples of this would be African American transgender healthcare quality get compared to Caucasian transgender healthcare quality and/or differences in quality based on female or male presenting individuals. The second step would be to coordinate with the Chase Brexton medical

system to develop and plan educational programs for first responders and all healthcare staff. They are the leading medical system in Maryland that provides LGBT affirming care for both physical and behavioral health. The third step would be to start providing the programs to current providers while performing constant evaluations of the content and success in order to improve their quality and accuracy. The fourth step includes expanding the programs to student health care professionals in universities and community colleges. Earlier training would help to decrease stigma and discriminatory behaviors by challenging preconceived notions and beliefs about the transgender community before the student finishes the program and starts practicing. Thus, decreasing the number of instances of discriminatory and incompetent health care. The fifth step requires you to utilize the data from evaluating the success rate of the programs and provide the results to government representatives. This would increase awareness as well as advocate for public policy mandating competency training in LGBT healthcare.

INTRODUCTION

Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

More recently, we have seen an increase in awareness of the transgender community nationwide. Despite the transgender community starting to receive representation in popular entertainment media, politics, and within our own localities, there is still a large number of people who have negative perspectives and beliefs about the transgender community and their rights. The transgender community is under constant scrutiny and has to battle for basic human rights on a daily basis. Our politicians are trying to revoke the rights of transgender individuals to use bathrooms that align with their gender identity as opposed to their sex assigned at birth,

prohibit transgender individuals from serving in the military, trying to allow health insurance companies to not cover transgender affirming healthcare procedures and medications, and many other various ways to harm the transgender community. Working within the healthcare system, there are a large number of people who are uneducated on how to work with the transgender community in an affirming way and providing the best quality of care. They constantly misgender or use dead names with transgender patients, refuse to provide scripts for hormone therapy, refusing to write letters for transgender patients to receive gender reassignment surgeries, and purposefully providing inadequate care as a form of discrimination. This portfolio aims to identify methods of education for healthcare staff and advocate for more readily available resources that provide transgender affirming healthcare.

PART 1: SCOPE AND CONSEQUENCES

Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

Transgender individuals face discrimination on a daily basis, including within the healthcare industry. The quality of care can be inadequate due to lack of training for healthcare professionals, negative personal perceptions about transgender individuals from healthcare professionals, and inability to obtain health insurance or have an insurance provider that will not cover transgender affirmative healthcare procedures and medications. Approximately 4.2% of Maryland's adult (18+) population identifies with one or more aspects of the LGBTQ+ community (Movement Advancement Project, n.d.). This equates to approximately 252,000 people in the state of Maryland. There is no information on what percentage of these individuals identify under the transgender umbrella. Our current presidential administration has been working hard to dismantle any LGBT protections, more specifically targeting transgender

individuals and their rights to healthcare protections with insurance and discrimination. This has increased the prevalence of discrimination against transgender patients and could potentially affect access to health insurance that would cover the necessary procedures and prescriptions for gender transitioning.

A study conducted by Ahmed Mirza and Rooney (2018) concluded on a national level that 29% of transgender individuals reported a healthcare professional refused to see them due to their gender identity; 12% reported providers refused to provide gender transitioning related healthcare; 23% reported providers intentionally misgendered or used the wrong name to address them; 21% reported the providers used derogatory and harsh language with them; 29% reported non-consensual touching from health care providers. The participants of the study all reported that this had happened within the span of the prior year. Maryland has lacked in collecting data on the healthcare quality of LGBT persons. Research online will only show you laws that Maryland has in place to protect LGBT individuals. However, this does not mean that those laws are followed. There is a large lack of resources, with only one healthcare service openly advertising for LGBT affirming medical and mental health care.

Chase Brexton Health Services is Maryland's largest provider of LGBT affirmative care. They have multiple locations within and surrounding Baltimore. The Washington Post reported that a transgender individual living on the Eastern Shore area of Maryland had to rely on black market hormone therapy due to lack of resources until she discovered Chase Brexton (Schmidt, 2019). However, the closest location to the Eastern Shore is still several hours away. Schmidt (2019) also reported that a large number of Maryland residents have to travel to Washington D.C for care at a center there who performs similar services to Chase Brexton.

The consequences following the lack in quality of care and resources can be life threatening. Transgender individuals will avoid setting up appointments due to fear of being discriminated against and facing macro- and micro-aggressions due to their gender identity and expression. Discrimination and bullying lead to devastating mental health affects as well. This lowers self-esteem, creates feelings of hopeless and helplessness, isolation, and fear for one's well being and safety. These are all risk factors for increasing depression and suicidal ideation. Maryland Coalition of Families (2017) reported that approximately 40% of transgender adults report having made a suicide attempt at some point in their life, with 92% of those reporting that at least one of those attempts was made before the age of 25 years old.

The goal of this portfolio is to increase education and awareness of transgender affirmative health care practices among health care providers in order to create a more open and welcoming environment for transgender individuals and decrease healthcare discrimination. Successfully educating and raising awareness in this environment will ultimately increase both the physical and mental well being of transgender individuals, as well as increase competency and effectiveness in health care professionals.

PART 2: SOCIAL-ECOLOGICAL MODEL

Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

In this section, the social-ecological model will be utilized to demonstrate the risk and protective factors associated with the treatment of transgender individual in the health care system. On the individual level, the risk factors are expressed gender identity as female, minority race/ethnicity, older age, disability, low-income, less education, genetic predisposition to medical and mental health illnesses, and perceived negative personal outlook on healthcare. A study done by Katari, Bakko, Hecht, and Kinney (2020) found that individuals who were

disabled, had lower levels of income, were biracial or African American, and were of an age 25 and older while also identifying as transgender or non-binary were more likely to receive denials for medical care. Negative beliefs about healthcare will deter an individual from seeking out medical care; thus, causing medical problems to continue without treatment and can result in severe consequences, including death. Protective factors on the individual level includes presenting as male, higher income, younger age, being white/Caucasian, and education level of a Bachelors degree or higher.

On the interpersonal level, protective factors can include support from peers and family, their positive attitudes and beliefs about transgender health, and access to health insurance under the age of 26 from a parent/guardian or access to healthcare from a spouse if they do not have their own health insurance. Risk factors include no peer or familial support, their negative attitudes and beliefs resulting in discrimination, violence, and isolation of the transgender individual, as well as, lack of access to healthcare and housing due to no interpersonal support. Another risk factor is if the transgender individual appears to be non-conforming to traditional binary genders and does not “pass” as their expressed gender to their peers. This leaves the individual more susceptible to interpersonal violence and sexual assault by individuals with negative perceptions and beliefs regarding transgender people. This occurs in the healthcare setting as well as the community with 28% of 6,000 transgender individuals reporting being harassed by their medical staff and 2% reporting physical violence (White Hughto, Reisner, & Pachankis, 2015).

The school system plays a large role in the support of transgender youth, while school nursing plays an even bigger role. Transgender students are more likely to develop UTIs as a result of not feeling comfortable or safe utilizing public restrooms, as well as other physical and

mental health complications due to stress from discrimination and bullying (Cicero & Wesp, 2017). School nursing being properly educated and trained on providing transgender care is a protective factor for transgender youth health, as well as being able to advocate with peers and parents about open-mindedness and respect for transgender students. Another protective factor was found in a study conducted by Bowers, Lewandowski, Savage, & Woitaszewski (2015) where school psychologists reported high positive attitudes and beliefs towards their transgender students, implying that there is adult support for transgender youth in the school system. Positive support has been linked to overall improved and better health mentally and physically. Risk factors can include improperly educated and trained school nursing staff, discriminatory school policies against transgender students preventing them from utilizing the bathrooms that align with their gender identity, and the school's potential lack of intervention in bullying prevention.

On the community level, Maryland has several protective factors. Maryland COMAR 10.67.05.01 has been revised to include gender identity as a protected class when accessing Medicaid benefits, stating that the MCO provider must provide access to healthcare services (State of Maryland, n.d.). The Maryland COMAR regulation 10.67.06.26-3 states that an MCO must provide "medically necessary gender reassignment surgery and other somatic specialty care for members with gender identity disorder" (State of Maryland, n.d.). Another protective factor is Maryland is home to one of the largest LGBT healthcare service providers on the east coast of the United States. The majority of Maryland has liberal political views which allows for legislation and attitudes towards the transgender population to be mostly positive. Risk factors on the community level is a lack of legislation stating that there are repercussions to inappropriate discrimination and abuse of healthcare workers towards transgender individuals, improper delegation of healthcare services and providers in low income and impoverished neighborhoods,

and inadequate coverage of Medicaid services requiring large out of pocket costs to the consumer.

PART 3: THEORIES OF PREVENTION

Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

Transformative learning theory was created and designed by Jack Mezirow. This theory specifies that humans make meaning of their lives through their own personal interpretations instead of following the beliefs and viewpoints of others (Bouchard, 2018). The goal of this theory is to acquire new information that challenges the individual's prior knowledge, thus encouraging a change in perspective. Heiden and Harpel (2013) found that undergraduate students had "limited frames of reference based on their own cultural values" and that transformative learning activities challenged those ideas and beliefs into developing more culturally sensitive perspectives (pp. 26). These transformative learning activities allow the student to make personal connections to topics and allow time for personal reflection.

It was reported by Lim, Brown, and Jones (2013) that nursing staff only received approximately 5 hours of education that related to topics regarding LGBT-related healthcare practices. A large portion of education strictly focuses on the LGB portions of the population and does not thoroughly include information regarding transgender and gender non-conforming individuals. Two of the most commonly reported issues expressed by transgender patients are the provider's lack of knowledge on LGBT healthcare and transphobia. These two topics played a large role in negative patient-provider interactions based on the study done by Baldwin, Dodge, Schick, Light, Schnarrs, Herbenick, and Fortenberry (2018).

Transphobia exists due to individual misconceptions and personal perceptions of transgender individuals. Transformative learning theory seeks to dismantle previous perceptions and beliefs into formulating new pathways of perception and changing overall outlook on particular topics. The World Professional Association for Transgender Health (WPATH) provides healthcare standards that combat negative perceptions and misconceptions of transgender individuals within the healthcare system on a global scale. Their mission is to provide evidence-based resources for education, research, and public policy that is centered around transgender health equality practices (World Professional Association for Transgender Health, 2020).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

The transgender community has adversely been impacted by a lack of healthcare resources and incompetent health care providers. Transgender identifying individuals who are also people of color receive even less healthcare resources and inadequate care than those who are Caucasian. Kattari, Walls, Whitfield, and Langenderfer-Magruder (2015) noted that transgender racial minorities reported higher rates of discrimination in healthcare settings more than Caucasian transgender individuals with doctors, in hospital settings, in emergency rooms, and with EMTs and paramedics. EMTs and paramedics can set the tone for medical care. They are typically the first responders to a crisis and emergency situations. Nearby to Baltimore in Washington DC, an African American transgender woman has been critically injured in a motor vehicle accident. Once EMS providers discovered that she had been born male, they made discriminatory and derogatory remarks and delayed care resulting in her death (Jalali, Levy, and

Tang, 2015). These occurrences happen often due to the lack of resources and training available to all health care providers, including mental health and first responders. According to a study done by researchers at Johns Hopkins University regarding the training received by Maryland EMS providers about LGBT issues, two-thirds of training programs reported not teaching LGBT issues, often citing that there is a lack of time in their curricula, lack of resources available to them, and a “perception of unsubstantiated need” (Jalali, Levy, and Tang, 2015, pp.165).

Upon performing a review of research, there is a concerning lack of research done on health care quality that takes intersectionality into consideration with transgender people of color. This would be the ideal first step towards raising awareness of and increasing cultural relevance in treating this particular community. Intersectionality plays an important role in identifying and emphasizing how multiple factors such as race, gender, socio-economic status, etc. all play a role together in the oppressive experiences that individuals have endured (Agénor, 2020). Once more research has been conducted, education programs can be further honed to appropriately reflect the results of that research. Another mechanism that would increase the cultural relevance of prevention programs would be to have the educators be professionals that are well versed in and knowledgeable of the inequalities and discrimination that transgender people of color face within the health care system.

All health care providers must follow ethical guidelines. As stated in the paragraph above, the professionals working for a prevention program must be knowledgeable and culturally competent despite personal beliefs and values. This is explicitly stated in the American Counseling Association’s ethical codes A.4.b Personal Values, B.1.a Multicultural/Diversity Considerations, and C.5 Nondiscrimination. Ethics code A.4.b states that counselors need to remain self aware of their own personal beliefs and biases while remaining respectful of diverse

populations: B.1.a states that counselors need to constantly remain culturally competent: C.5 states that counselors will not engage in or allow discrimination to occur in any form or towards any individual (American Counseling Association, 2014). The American Medical Association has their own code of ethics for healthcare professionals such as physicians. The principles of medical ethics states that a medical professional must be dedicated in providing competent medical care while taking into consideration diversity and respecting human rights; take responsibility for the care of the patient; and support the provision of access to health care for every individual regardless of race, ethnicity, gender, socio-economic status, educational background, etc. (American Medical Association, n.d). Both professional associations mandate that informed consent must be provided to all clients/patients and confidentiality must be upheld. The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that also states that all providers must keep client/patient information confidential.

PART 5: ADVOCACY

Quality of Healthcare Resources for Transgender Identifying Individuals in Baltimore, MD

Mental health counselors are responsible for intervening with and advocating for their clients on multi-faceted levels. The underlying cause of negligence and inadequate transgender healthcare and research on transgender health is due largely to ignorance and negative attitudes found on multiple systemic levels. For the purpose of this paper, this section will focus on the institutional, community, and public policy levels.

Institutional Level

Schools, houses of worship, and various forms of community organizations make up the environments that are considered at this level. Counselors must consider these environments as

places that can either contribute to or hinder the inequities that individuals may face due to their identities. In schools particularly, studies have shown that students who identify as LGBT have a much higher risk for suicidal ideation, depression, sleep disorders, and eating disorders (Lessard, Puhl, & Watson, 2020). These heightened risks may result in more long term health problems. These risks are much higher due to discrimination and bullying experienced by LGBT students from their peers, teachers, and school administrators. One advocacy action that has been taken to address this problem is the creation of Gay-Straight Alliances (GSA) within schools. While the name only mentions sexual orientation, this student group provides support and advocacy for all members of the LGBT community and their allies. McCormick, Schmidt, and Clifton (2015) found that GSA groups promoted the feeling of connectedness with their school, feelings of hope, the normalization of their experiences, appreciation of diversity, appreciation of themselves as individuals, direction on how to initiate and maintain relationships, and assistance/support for the coming out process.

Community Level

The underlying cause of prejudice is typically due to negative personal beliefs, values, and norms. Western culture is founded on a patriarchal, cisnormative, heterosexual ideology. This ideology developed based upon the interpretation of various religious texts. Samarau, Mathers, and Cragun (2018) found that LGBT individuals who were believers and active in their respective faiths reported that the religion often dictates women follow particular roles for the benefit of men. It is this belief of a patriarchal society with strict gender roles that perpetuate the feelings of discomfort that prejudiced individuals feel when discussing the transgender community. Deviations from society's definitions of gender norms are faced with backlash. Negative attitudes regarding transgender individuals are more prevalent among individuals who

are actively religious, with the individuals who report higher levels of religiosity also demonstrating higher levels of transprejudice, while their non-religious counterparts demonstrated lower levels of transprejudice (Campbell, Hinton, and Anderson, 2019). Advocacy action on this level would require these strict gender roles and beliefs to be largely contested. Throughout history, we have seen a gradual increase in gender equality; however, there is still a large portion of indiscrepancies between the treatment of the binary genders. There is an even larger discrepancy between cisgender and transgender/gender non-conforming individuals. Sumerau, Mathers, and Cragun (2018) received suggestions from their research participants that a gender egalitarian faith be developed, as well as promoting the opportunity for one to explore and choose their preferred identities. Allowing this to occur will decrease the negative belief system within Western civilization.

Public Policy Level

Maryland has slowly been taking active steps towards more inclusivity of transgender individuals. Currently, Maryland allows individuals to change their gender marker on their State I.D., including the option “X” for non-binary individuals as of October, 2019 (State of Maryland, n.d.). Maryland also currently has protective laws in place to prevent discrimination based on gender identity and expression in the workforce. While these are great advancements for transgender equality, there are still large issues on the federal level. Within the past few years, there have been arguments on whether transgender individuals can use the bathrooms associated with their gender identity or if they should be mandated to use the bathroom associated with their sex assigned at birth. Transgender individuals have had to experience rapid changes in whether they should be allowed to serve in the military or if they should be banned. There have been attempts made to allow health insurance companies to deny gender-transitioning procedure

claims without repercussions. Scout (2016) notes that transgender individuals posting on social media using the bathrooms associated with the sex they were assigned at birth instead of their gender identity has been a useful advocacy tool to combat the anti-transgender bathroom bills. These photos show transgender men with their full beards having to utilize women's bathrooms, transgender women fully dressed in feminine clothing and makeup having to utilize the men's bathrooms. This showcases how unnatural it looks for transgender individuals to be forced to use the bathrooms that reflect the sex marker designated on their birth certificates. We have been seen rejected bathroom bills and less discussion surrounding the bathroom use problems since this trend had started.

The common denominator on all three levels show that personal beliefs and norms are a leading cause of transprejudice. This is a system wide occurrence that needs to be dismantled in order to begin promoting proper gender equality while increasing positive attitudes and relationships with transgender identifying individuals. Increasing the positive attitudes and outlook regarding transgender individuals will ultimately result in more protective legislation for transgender individuals, decreased rates of prejudice and discrimination within society as well as the healthcare system, and increase in the training, resources, and the understanding/compassion of our medical and mental health providers.

REFERENCES

- Agénor, M. (2020). Future Directions for Incorporating Intersectionality Into Quantitative Population Health Research. *American Journal of Public Health, 110*(6), 803–806.
<https://doi-org.ezp.waldenulibrary.org/10.2105/AJPH.2020.305610>

American Counseling Association. (2014). *Code of Ethics*.

<https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

American Medical Association. (n.d.). *Code of Medical Ethics*. Retrieved October 7, 2020, from

<https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-overview>

Ahmed Mirza, S., & Rooney, C. (2018). *Discrimination Prevents LGBTQ People From Accessing Health Care*. Center for American Progress.

<https://www.americanprogress.org/issues/lgbtq-rights/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/>

Baldwin, A., Dodge, B., Schick, V. R., Light, B., Schnarrs, P. W., Herbenick, D., & Fortenberry, J. D. (2018). Transgender and genderqueer individuals' experiences with health care providers: What's working, what's not, and where do we go from here? *Journal of Health Care for the Poor and Underserved*, 29(4), 1300-1318. doi:<http://dx.doi.org.ezp.waldenulibrary.org/10.1353/hpu.2018.0097>

Bouchard, J. (2018). Transformative Learning. *Transformative Learning -- Research Starters Education*, 1.

Bowers, S., Lewandowski, J., Savage, T. A., & Woitaszewski, S. A. (2015). School Psychologists' Attitudes Toward Transgender Students. *Journal of LGBT Youth*, 12(1), 1–18. <https://doi-org.ezp.waldenulibrary.org/10.1080/19361653.2014.930370>

Campbell, M., Hinton, J. D. X., & Anderson, J. R. (2019). A systematic review of the relationship between religion and attitudes toward transgender and gender-variant people. *International Journal of Transgenderism*, 20(1), 21–38. <https://doi-org.ezp.waldenulibrary.org/10.1080/15532739.2018.1545149>

- Cicero, E. C., & Wesp, L. M. (2017). Supporting the Health and Well-Being of Transgender Students. *The Journal of School Nursing : The Official Publication of the National Association of School Nurses*, 33(2), 95–108. <https://doi-org.ezp.waldenulibrary.org/10.1177/1059840516689705>
- Heiden, K., & Harpel, T. (2013). Preparing FCS Professionals: Using Simulations to Raise Awareness and Change Stereotypes, Prejudice, and Discrimination. *Journal of Family and Consumer Sciences*, 105(2), 21–28.
- Jalali, S., Levy, M. J., & Tang, N. (2015). Prehospital emergency care training practices regarding lesbian, gay, bisexual, and transgender patients in Maryland (USA). *Prehospital & Disaster Medicine*, 30(2), 163–166. <https://doi-org.ezp.waldenulibrary.org/10.1017/S1049023X15000151>
- Kattari, S. K., Bakko, M., Hecht, H. K., & Kinney, M. K. (2020). Intersecting Experiences of Healthcare Denials Among Transgender and Nonbinary Patients. *American Journal of Preventive Medicine*, 58(4), 506–513. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.amepre.2019.11.014>
- Kattari, S. K., Walls, N. E., Whitfield, D. L., & Langenderfer-Magruder, L. (2015). Racial and Ethnic Differences in Experiences of Discrimination in Accessing Health Services Among Transgender People in the United States. *International Journal of Transgenderism*, 16(2), 68.
- Lessard, L. M., Puhl, R. M., & Watson, R. J. (2020). Gay–Straight Alliances: A Mechanism of Health Risk Reduction Among Lesbian, Gay, Bisexual, Transgender, and Questioning Adolescents. *American Journal of Preventive Medicine*, 59(2), 196–203. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.amepre.2020.02.020>

- Lim, F. A., Brown, J. . D. V., & Jones, B. H. (2013). Lesbian, Gay, Bisexual, and Transgender Health: Fundamentals for Nursing Education. *Journal of Nursing Education*, 52(4), 198–203. <https://doi-org.ezp.waldenulibrary.org/10.3928/01484834-20130311-02>
- McCormick, A., Schmidt, K., & Clifton, E. (2015). Gay-Straight Alliances: Understanding Their Impact on the Academic and Social Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning High School Students. *Children & Schools*, 37(2), 71–77. <https://doi-org.ezp.waldenulibrary.org/10.1093/cs/cdu028>
- Maryland Coalition of Families. (2017). *Addressing the Increased Risk of Suicide among LGBT Youth*. <http://www.mdcoalition.org/blog/addressing-the-increased-risk-of-suicide-among-lgbt-youth>
- Movement Advancement Project. (n.d.). *Maryland's Equality Profile*. LGBT Movement Advancement Project. Retrieved September 7, 2020, from https://www.lgbtmap.org/equality-maps/profile_state/MD
- Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. *Current opinion in endocrinology, diabetes, and obesity*, 23(2), 168–171. <https://doi.org/10.1097/MED.0000000000000227>
- Schmidt, S. (2019). *Many transgender people drive hours to find health care. These advocates are trying to change that*. Washington Post. https://www.washingtonpost.com/gdpr-consent/?next_url=https%3a%2f%2fwww.washingtonpost.com%2flocal%2fsocial-issues%2fmany-transgender-people-drive-hours-to-find-health-care-these-advocates-are-trying-to-change-that%2f2019%2f03%2f17%2f17cadd92-4677-11e9-8aab-95b8d80a1e4f_story.html

- Scout, N. F. N. (2016). Transgender health and well-being: Gains and opportunities in policy and law. *The American Journal of Orthopsychiatry*, 86(4), 378–383. <https://doi-org.ezp.waldenulibrary.org/10.1037/ort0000192>
- State of Maryland (n.d). Access Standards: Addressing Enrollees' Individualized Needs. COMAR 10.67.05.01
- State of Maryland (n.d). Code of Maryland Regulations.
- State of Maryland (n.d). Gender Transition Services. COMAR 10.67.06.26-3
- Sumerau, J. E., Mathers, L. A. B., & Cragun, R. T. (2018). Incorporating Transgender Experience Toward a More Inclusive Gender Lens in the Sociology of Religion. *Sociology of Religion*, 79(4), 425–448. <https://doi.org/10.1093/socrel/sry001>
- White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine*, 147, 222–231. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.socscimed.2015.11.010>
- Williams, S. L., Mann, A. K., Frost, D. M., Smith, S. K., & Turell, S. C. (2017). Perceptions of Healthcare Experiences: Relational and Communicative Competencies to Improve Care for LGBT People. *Journal of Social Issues*, 3, 637. <https://doi-org.ezp.waldenulibrary.org/10.1111/josi.12235>
- World Professional Association for Transgender Health. (2020). *Mission and Vision - WPATH World Professional Association for Transgender Health*. WPATH. Retrieved October 2, 2020, from <https://www.wpath.org/about/mission-and-vision>
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