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Improving Access to Gender-Affirming Care: A Welcome Packet

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GRNS 426 DNP Project Seminar III

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Abstract

BACKGROUND: Transgender and gender diverse (TGD) individuals face unique challenges in accessing healthcare such as stigma, bias, fear of rejection, limited access to providers, and lack of information on where to seek care. There is evidence that creating an inclusive clinic atmosphere improves access and leads to a more positive healthcare experience

AIMS: The global aim of this project is to improve access to gender-affirming care for students at a New England university. Specific aims were to assess stakeholder needs for content inclusion and develop a new patient welcome packet based on the needs assessment.

METHODS: The Plan Do Study Act method of quality improvement was used in this project. A needs assessment was conducted to identify stakeholder needs and expectations for packet design. Resources and content for the packet based on stakeholder needs were compiled and evaluated for quality.

RESULTS: A group of 18 stakeholders were contacted directly for needs assessment survey. By the end of the survey period, 10 responses were completed resulting in a 55.6% response rate. Out of the 15 topics presented in the survey, 9 were identified by $\geq 50\%$ of respondents as areas of interest for TGD students.

CONCLUSIONS: Implications for further study include assessing the packet's use by primary care providers and assessing the impact of the packet on patients' perceived inclusiveness of the clinic.

Keywords: access to care, gender-affirming care, gender diverse, primary care, transgender, patient education

Improving Access to Gender-Affirming Care: A Welcome Packet

In the United States, approximately 1.4 million adults and 150,000 youth identify as transgender or gender diverse (TGD) (Herman et al., 2017). Despite recent improvements in TGD visibility and representation in media (McLaren et al., 2021; Roberts, 2021), public acceptance of gender minorities remains mixed. When surveyed, 38% of adults in the United States say that greater acceptance of TGD people is generally good while 32% disagree and believe it is bad for society (Brown, 2022). This gulf is reflected in legislation put forth by state policymakers. In 2021, bills in 33 states were filed that sought to restrict the ability of TGD youth to access healthcare, school facilities, and school athletics (Fenway Health, 2021). In early 2022, Texas governor Greg Abbott directed the state's child welfare agency to investigate reports of gender-affirming care as child abuse (Branigin, 2022).

These political maneuvers are harmful and go against recommendations of the American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG; ACOG, 2021). What's more, the provision of gender-affirming interventions to TGD youth has been associated with improved health outcomes, including lower rates of depression and suicidality (Tordoff et al., 2022). Even non-medicalized interventions such as chosen name use have been linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior in TGD youth (Russell et al., 2018). It is therefore essential for healthcare professionals to reduce barriers to gender-affirming care to improve the health of TGD individuals.

Available Knowledge

Gender-Affirming Care: Barriers to Access

Gender-affirming care supports and validates one's gender expression. It involves a spectrum of services such as hormone therapy, speech therapy, laser hair removal, mental health

services, or surgery (Cleveland Clinic, 2021). Unfortunately, many TGD individuals face obstacles when seeking care. Barriers to access include lack of appropriately trained providers, financial burdens, and insurance issues, as well as bias within the medical field, fear of rejection, and lack of information on how to acquire care (Puckett et al., 2018). Providers trained in gender-affirming care who wish to serve TGD individuals can reduce some of these barriers through the creation of inclusive and affirming healthcare environments.

Best Practice for Creating an Inclusive Environment for TGD Individuals

In 2021, ACOG published an updated committee opinion on the care of TGD individuals with recommendations for creating an inclusive healthcare environment. It includes such recommendations as ensuring images and artwork displayed are representative of all individuals who may seek care, making at least one gender neutral restroom available, training office staff on how to apologize for mistakes if they happen, and creating a system where affirmed names, pronouns, and gender markers are used with every patient interaction (American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice & American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, 2021). TGD patients indicate that these types of interventions improve access to medical services (Torres et al., 2015) and lead to more positive health care experiences (Daly & Champion, 2021).

Resource Evaluation: How to Assess the Quality of Online Health Information?

In early informal discussions, stakeholders expressed a desire to include vetted links to online resources in their patient education resources. Researchers have developed validated tools to evaluate the quality of online health-related websites. One such tool, the Quality Evaluation Scoring Tool (QUEST), was developed to be used with a range of health information. It addresses six criteria: authorship, attribution of sources, conflict of interest, how current the

content is, language in support of the patient-provider relationship, and tone. See **Figure 1** for the full QUEST criteria. When used to evaluate a randomized sample of articles containing information about Alzheimer disease, QUEST showed high levels of inter-rater reliability and high convergent validity (Robillard et al., 2018). This validated tool was used to evaluate the quality of online health information resources included in the new patient welcome packet.

Figure 1

QUEST criteria for online health information assessment

Authorship	(Score x 1)
<hr/>	
0 – No indication of authorship or username	
1 – All other indications of authorship	
2 – Author’s name and qualification clearly stated	
Attribution	(Score x 3)
<hr/>	
0 – No sources	
1 – Mention of expert source, research findings (though with insufficient information to identify the specific studies), links to various sites, advocacy body, or other	
2 – Reference to at least one identifiable scientific study, regardless of format (e.g., information in text, reference list)	
3 – Reference to mainly identifiable scientific studies, regardless of format (in >50% of claims)	
For all articles scoring 2 or 3 on Attribution:	(Score x 1)
<hr/>	
Type of study	
0 – In vitro, animal models, or editorials	
1 – All observational work	
2 – Meta-analyses, randomized controlled trials, clinical studies	
Conflict of interest	(Score x 3)
<hr/>	
0 – Endorsement or promotion of intervention designed to prevent or treat condition (e.g., supplements, brain training games, foods) within the article	
1 – Endorsement or promotion of educational products & services (e.g., books, care home services)	
2 – Unbiased information	
Currency	(Score x 1)
<hr/>	
0 – No date present	
1 – Article is dated but 5 years or older	
2 – Article is dated within the last 5 years	
Complementarity	(Score x 1)
<hr/>	
0 – No support of the patient-physician relationship	
1 – Support of the patient-physician relationship	
Tone (includes title)	(Score x 3)
<hr/>	
0 – Fully supported (authors fully and unequivocally support the claims, strong vocabulary such as “cure”, “guarantee”, and “easy”, mostly use of non-conditional verb tenses (“can”, “will”), no discussion of limitations)	
1 – Mainly supported (authors mainly support their claims but with more cautious vocabulary such as “can reduce your risk” or “may help prevent”, no discussion of limitations)	
2 – Balanced/cautious support (authors’ claims are balanced by caution, includes statements of limitations and/or contrasting findings)	

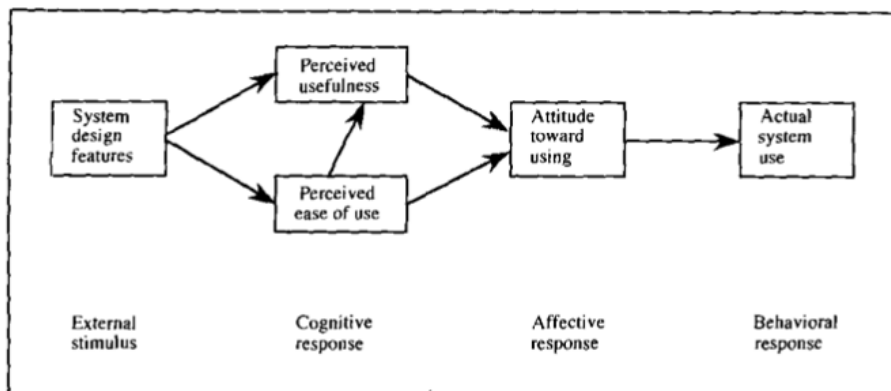
Rationale

The Technology Acceptance Model (TAM) is the theoretical framework that serves as the basis for this quality improvement project. TAM was developed to describe the causal

relationships between system design features, perceived usefulness, perceived ease of use, attitude towards using, and ultimate usage behavior. According to Davis (1993), ultimate usage behavior and adoption of a new system is directly affected by the individual's attitude towards using the system. Their attitude is influenced by two forces: how useful the new system is perceived to be and its perceived ease of use. Both of those factors are directly impacted by the design features of the system. Thus, the behavioral response to the new system, utilization, is indirectly affected by an external stimulus, system design features. A representation of the TAM is presented in **Figure 2**.

Figure 2

The Technology Acceptance Model



The new patient welcome packet was developed with content informed by the stakeholder needs assessment. According to the TAM, this will improve the providers' attitude towards the document as a resource and eventual utilization of the resource in their practice.

Specific Aims

The global aim of this project was to improve access to gender-affirming care for students at a New England university. Specific aims include:

- 1) Assess stakeholder needs for content inclusion and design of a new patient welcome packet for a campus-based clinic.
- 2) Develop a packet containing gender-affirming language and resources that 50% of providers at the clinic perceive as potentially useful in their practice.

Providers acknowledged that incorporating the welcome packet into their current practice had the potential to inform patients of the services available at the campus-based clinic and connect them to additional gender-affirming resources. Stakeholders indicated that the creation of a new patient welcome packet allow providers to disseminate helpful information easily and quickly to their TGD patients. It is proposed that this will improve student knowledge of gender-affirming care and where they may access those interventions. In addition, by providing information about the healthcare needs of TGD individuals and other resources for TGD individuals, the provider may demonstrate competency in trans-related care and communicate a welcoming environment for patients.

Methods

Context

During informal discussions with stakeholders, providers at a campus-based clinic in northern New England identified the need for webpage detailing the spectrum of gender-affirming services available at their facility. One provider stated that some students come to the clinic requesting a referral to initiate or continue gender-affirming hormone therapy, unaware that this service is available through providers at the clinic itself. In addition, providers expressed a desire for a convenient list of vetted gender-affirming resources they could share with patients. After discussions with university administration about the limitations of website design and

content inclusion, a decision was made to create a new patient welcome packet instead of a website.

Providing patients with health information that is complete and current enhances the patient-provider relationship, empowers patients to participate in their care, and fosters an atmosphere of trust (American Academy of Family Physicians, 2000). For providers caring for TGD patients, a new patient welcome packet of targeted educational materials will allow providers to communicate a welcoming environment. A possible additional effect may come if patients in turn share the welcome packet with their peers, furthering the spread of vetted health information.

The Centers for Medicare and Medicaid Services (CMS) created a toolkit to aid in the creation of patient education materials. It provides extensive guidance and methods for creating written materials that are easy for the reader to understand and use (CMS, 2021). For this project, *Part 4: Guidelines for Writing* served as the blueprint for creating the new patient welcome packet. This section of the toolkit provides direction for choosing content, organization (grouping, sequencing, and labeling), writing style, and engaging, motivating, and supporting readers.

The Patient Education Materials Assessment Tool (PEMAT) is an evidence-based tool developed to assess both printable and audiovisual patient education materials for understandability and actionability (Shoemaker et al., 2014). This instrument was used to evaluate the finished welcome packet upon its completion. See Appendix C for the full PEMAT scoring criteria for printed materials.

Interventions

The interventions in this project were planned as four Plan-Do-Study-Act (PDSA) Cycles. The PDSA model for quality improvement involves planning multiple cycles of improvement and collecting useful, meaningful measures. Results of each change cycle are reviewed to determine needed modifications (Pelletier & Beaudin, 2017). In this model, each cycle is informed by the preceding cycle.

Cycle 1 was designed to identify and survey stakeholders for their expectations for the welcome packet content and design through a needs assessment. An organizational assessment was completed to identify key stakeholders and organizational limitations for new patient welcome packet content. Stakeholders included the medical director of the campus-based clinic, primary care providers, counseling and psychiatry providers, leaders of the LGBTQ+ center on campus, and TGD students.

Cycle 2 consisted of compiling and evaluating content for the welcome packet. This built upon the information gathered in the first cycle. It also involved finding similar welcome packets, patient education materials, and additional resources for inclusion.

During Cycle 3 the welcome packet was compiled, and the resources identified in the previous cycle were vetted for inclusion.

Next, Cycle 4 was developed as a means of returning to the original group of stakeholders for evaluation of the welcome packet. Returning to the framework of the Technology Acceptance Model, it was planned to survey the campus-based clinic providers on the packet's perceived usefulness and ease of application to practice.

Study of the Interventions and Outcome Measures

In Cycle 1, a target sample of approximately 20 stakeholders was identified. These stakeholders were surveyed to determine what would be most useful to them in welcome packet content and design. A Qualtrics survey was created with open-ended and multiple-choice questions. Survey results were analyzed using frequencies and summarized at the end of this cycle. A minimum of 50% response rate to the survey was the target outcome measure of this cycle. A high response rate was expected given the focused stakeholder selection process.

Cycle 2 involved searching for resources to meet the needs of the stakeholders. Such resources included links to local community organizations and support services, educational resources on the healthcare needs of TGD individuals, and information on changing gender markers. The QUEST criteria were used to assess the quality of all links to online health information resources included in the packet. Links were considered for inclusion if they achieved a QUEST score of at least 15 out of the possible 28 points. This minimum was chosen by this author after the using the criteria to review a sample five high- and low-quality health information websites.

In Cycle 3 the new patient welcome packet was designed and vetted resources were included as external links. The packet was also evaluated for overall quality using PEMAT criteria. Target scores of 50% for actionability and 50% for understandability were chosen as the threshold for success for the first draft of the welcome packet. The PEMAT user guide does not define the score at which patient education materials are considered understandable or actionable. Instead, its authors suggest using PEMAT to rate many materials to get a sense of what score correlate to high and poor quality materials (Shoemaker et al., 2013). Using PEMAT to assess the first draft of the welcome packet will provide a baseline and allow for serial

assessments to be made with each subsequent draft with the goal of improving overall actionability and understandability.

Cycle 4 involved presenting the providers at the clinic with the new patient welcome packet. A multiple choice Qualtrics survey was used to assess the perceived usefulness of the tool and how well it meets their needs identified in Cycle 1. A goal of 50% of respondents stating that the new patient welcome packet will be useful in their practice was set as a marker of success.

Ethical Considerations

This quality improvement project was assessed using the University of Vermont Institutional Review Board (IRB) Self-Determination Tool. Projects that meet the federal designation of research include those that involve systematic investigations that develop or contribute to generalizable knowledge. Quality or operational improvement projects are ones that contribute to practice specific knowledge and are not generalizable. According to the policy defining activities which constitute research at the University of Vermont/University of Vermont Health Network, this work met criteria for operational improvement activities not requiring IRB review. Results of the IRB Self-Determination Tool are presented in Appendix E.

Results

Cycle 1

A group of 18 stakeholders were initially identified and contacted directly via email to respond to an anonymous needs assessment survey. The survey link was also shared independently by stakeholders to others who expressed interest in the project. This was welcomed by the project leader as a means of increasing the robustness of the needs assessment by including more voices. The survey allowed stakeholders to choose their role at the university. This allowed for a breakdown of responses by stakeholder type. Response rate was calculated by

dividing the total number of responses by the number of stakeholders directly contacted. See Table 1 for the overall survey response rate and rates broken down by stakeholder group.

Table 1

Survey Response Rate

Stakeholder Group	Total Contacted Directly	Total Responses	Response rate
Healthcare providers at the campus-based clinic	13	5	38.5%
Undergraduate students	0	0	N/A
Graduate students	1	1	100%
LGBTQ+ center staff	2	2	100%
Other	2	2	100%
Total	18	10	55.6%

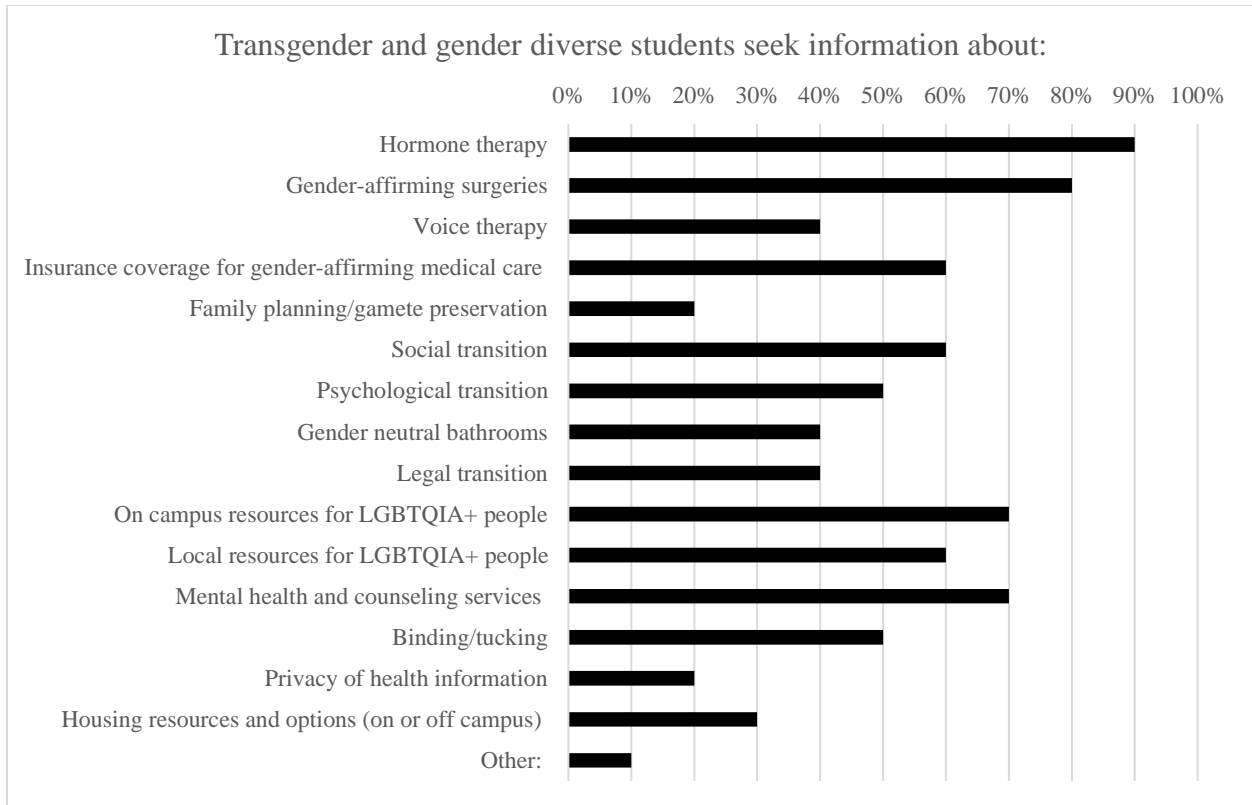
Cycle 2

The needs assessment survey allowed respondents to identify the topics that they believed TGD university students are interested in learning more about. There was also an option to free write other topics not presented in the survey. Of the 15 topics presented in the survey as potentially interesting to students, there were 7 topics that 50% or more of respondents identified as areas of interest to TGD students. This included hormone therapy, gender-affirming surgeries, insurance coverage for gender-affirming medical care, social transition, psychological transition, on-campus resources for LGBTQ+ people, local resources for LGBTQ+ people, mental health and counseling services, and binding/tucking. See Figure 3 for the full list of topics presented in the survey and the percentage of respondents who indicated that TGD students were interested in learning more about each topic.

Only one respondent, a healthcare provider at the campus-based clinic, chose to write in a response stating “I think they are interested in most of the above. They only bring up the things above with me. I raise many of these with them if they ask or not ie [sic] banking sperm/eggs.”

Figure 3

Topics of interest for TGD students (n=10)



In Cycle 2 the new patient welcome packet was developed to include information identified in the needs assessment survey. There were 4 online health information resources that were included as links in the packet’s final version. These websites were evaluated using the QUEST criteria presented above. See Appendix D for those resources and their respective QUEST scores.

Cycle 3

In the third PDSA cycle the first version of the new patient welcome packet was evaluated using the PEMAT scoring guide. In the category of understandability, the packet was given 9 out of 13 possible points for an understandability score of 64.3%. For actionability, the packet was given 3 out of 5 possible points for an actionability score of 60%.

Cycle 4

Cycle 4 was not able to be completed prior to the close of this DNP project period and data on the packet's perceived usefulness and ease of application to practice is not available at this time. In conjunction with the project site mentor, it was decided to spend additional time in Cycles 2 and 3 prior to presenting a final draft to the clinic providers. This extra time was necessary to better meet the providers' needs for content inclusion and breadth of information included in the packet.

Discussion**Summary**

This QI project used the conceptual framework of the Technology Acceptance Model and 4 PDSA cycles to complete a needs assessment and develop a new patient welcome packet for those seeking gender-affirming care at a university-based clinic. Stakeholders were surveyed for content inclusion to enhance the packet's perceived usefulness and ease of use. Of the list of potential content areas for inclusion in the packet, $\geq 50\%$ of respondents indicated that TGD students seek information on the following topics: hormone therapy, gender-affirming surgeries, insurance coverage for gender-affirming medical care, social transition, psychological transition, on-campus resources for LGBTQ+ people, local resources for LGBTQ+ people, mental health and counseling services, and binding/tucking.

The new patient welcome packet was developed to include these topics and the writing was guided by recommendations from CMS. The packet was given an understandability score of 64.3% and an actionability score of 60%.

Interpretation

The creation of patient education materials tailored to the needs of TGD patients has the potential to increase healthcare workers ability to communicate a welcoming and affirming environment in their clinic. Sharing such information also will improve patient knowledge of gender-affirming care and where they may access such interventions. Further study is needed after tool implementation to evaluate its use in practice. This could be performed by conducting a chart review to determine how often it was share with patients or through interviews with providers at the university-based clinic.

Similar patient education resources have been developed by many other universities. For example, the University of Maryland (UMD) shares resources for its TGD students both online and in a downloadable document. UMD's resources communicate clearly the process of initiating hormone therapy, that gender-affirming procedures and treatments are covered by the student health insurance plan, and the clinic's commitment to following the World Professional Association for Transgender Health (WPATH) guidelines for initiating hormone therapy (UMD Health Center, 2023).

Such clear demonstrations of healthcare provider knowledge of the health needs and concerns of TGD patients have the potential to improve overall health status of this population. According to data from the 2015 United States Trans Survey, perception of healthcare provider knowledge of TGD people had the greatest impact on overall healthcare utilization in the past year, followed by health insurance status and healthcare costs (Lerner et al., 2022). Future

research is needed to demonstrate how the presence of TGD focused websites and patient education resources impact the healthcare utilization of TGD populations. Possible outcomes include increased uptake of preventative care services and reduce overall disease burden.

Limitations

This QI project was initially limited in scope by requirements around website design and thus resulted in a transition to creating a new patient welcome packet. When choosing a primary care provider, a majority of Americans use the internet to research their options (Perrault & Hildenbrand, 2018). By applying recommendations for creating a welcoming environment to their web presence, the university-based clinics may extend the reach of their welcoming and inclusive message and recruit new patients. A new patient welcome packet has a more limited reach because it only becomes available to the patient once they have already established care with the clinic.

Finally, completion of PDSA Cycle 4 was hindered by stakeholder availability and the hard endpoint for this DNP project timeline. This restricted the amount of feedback that could be incorporated into the final packet.

Conclusion

TGD individuals are at high risk for both mental and physical health problems. In the United States, these disparities are worsened by a healthcare system that consistently and systematically underserves TGD individuals (Griffin et al., 2019). Creating a welcoming healthcare environment has the potential to improve health outcomes for TGD people by expanding access to medical services and creating more positive healthcare experiences (Daly & Champion, 2021; Torres et al., 2015). This QI project demonstrated a method for assessing

stakeholders' needs for TGD-related patient education materials and developing materials according to evidence-based guidelines.

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Appendix A

DNP Project Committee Form



THE UNIVERSITY OF VERMONT
COLLEGE OF NURSING
AND HEALTH SCIENCES

Appendix A

Doctor of Nursing Practice (DNP) Project Committee Form

Student Name: Kelsey Rumley
Project Title: Improving Access to Gender Affirming Care
Creating a Resource Website

Committee Membership

Jana Lewis PhD RN 2/24/22
DNP Project Advisor Signature & Credentials Date
(UVM Graduate College Faculty)

Sharon J. Glazer, MD 2/23/2022
Agency Mentor Signature & Credentials Date

UVM Student Health Services
Organization

Kelsey Rumley February 17, 2022
Student Signature Date

It is the student's responsibility to complete this form and return by email to the Department of Graduate Nursing by the published due dates. gradnursing@med.uvm.edu

Approved by UVM DON Graduate Education Committee 2020, Reviewed & Approved 12/10/2020

THE UNIVERSITY OF VERMONT DEPARTMENT OF NURSING
216 ROWELL HALL | 106 CARRIGAN DRIVE | BURLINGTON, VT 05405
PHONE 802-656-2018 | WWW.UVM.EDU/CNHS/NURSING

Appendix B

Doctor of Nursing Practice (DNP) Project Approval Form

Appendix C

Doctor of Nursing Practice (DNP) Project Proposal Approval Form

Student Name: Kelsey Rumley

Project Title: Improving Access to Gender-Affirming Care by Creating a F

Part I Project Abstract Proposal: Upon approval of your project advisor, complete the following summary and submit a copy to the committee for review. Schedule the comprehensive exam with your community mentor and advisor.

Please write a brief summary (<300 words) of the DNP project you are proposing to implement. Include the problem description, supported by evidence, the project aims, interventions, and outcome measures.

BACKGROUND: Transgender and gender diverse (TGD) individuals face unique challenges in accessing healthcare. They face barriers such as stigma, bias, fear of rejection, limited access to providers, and lack of information on where to seek care. There is evidence that creating an inclusive clinic atmosphere improves access and leads to a more positive healthcare experience. In addition, trans-affirming language on provider websites may also increase a TGD individual ' s likelihood to seek care. By creating clinic website with gender-affirming language and resources, clinics may create extend the reach of their welcoming and inclusive message to new patients. In addition, providers may share the link with their current TGD patients to disseminate information and resources.

AIMS: The global aim of this project is to improve access to gender-affirming care for students at a New England university. Specific aims are 1) assessing stakeholder needs for content inclusion and design of a website for a campus-based clinic, and 2) developing a pilot website containing gender-affirming language and resources.

METHODS: The Plan Do Study Act method of quality improvement will be used in this project. A needs assessment will be conducted to identify stakeholder needs and expectations for website design. Resources and content for the website based on stakeholder needs will be compiled and evaluated. A pilot website will be designed and evaluated for quality, and stakeholders will be surveyed to assess the pilot website ' s perceived usefulness. Outcome measures include a 10% response rate to the stakeholder needs assessment survey and 50% of providers surveyed stating the pilot website will be useful in their practice.

Part 2 Proposal Approval Rubric: Completed by the project advisor and committee completed during the oral comprehensive exam.

Measure	Satisfactory	Unsatisfactory
Identify a clinically relevant problem and define the nature and significance of the problem.	X	
Critically appraise and synthesize the evidence that supports the DNP project	X	
Develop and articulate a rationale for the DNP project using best evidence.	X	
Develop and articulate specific aims for the project.	X	
Describe the DNP project intervention, outcome measures, and procedures for data analysis.	X	
Highlight the relationship between the DNP Essentials, NONPF competencies and the DNP project.	X	

Comments:

Laura Lewis 5/4/22
 UVM Faculty DNP Project Advisor Signature, Credentials & Date

Sharon J. Glazer, MD 5/5/22
 Community/Agency Mentor, Credentials or UVM Faculty Signature & Date

Kelly Ruddy 05/03/2022
 Student Signature & Date

Upon satisfactory completion of the comprehensive exam, it is student responsibility to upload this form into the blackboard and e-mail to copy to the Department of Graduate Nursing.

Appendix C

PEMAT-P (scoring guide for printed materials)

Adapted from CMS, (2021, December 1). *Toolkit for Making Written Material Clear and Effective*.

1. Understandability

Item #	Item	Response Options	Rating
Topic: CONTENT			
1	The material makes its purpose completely evident.	Disagree=0, Agree=1	
2	The material does not include information or content that distracts from its purpose.	Disagree=0, Agree=1	
Topic: WORD CHOICE & STYLE			
3	The material uses common, everyday language.	Disagree=0, Agree=1	
4	Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree=0, Agree=1	
5	The material uses the active voice.	Disagree=0, Agree=1	
Topic: USE OF NUMBERS			
6	Numbers appearing in the material are clear and easy to understand.	Disagree=0, Agree=1, No numbers=N/A	
7	The material does not expect the user to perform calculations.	Disagree=0, Agree=1	
Topic: ORGANIZATION			
8	The material breaks or "chunks" information into short sections.	Disagree=0, Agree=1, Very short material ⁱ =N/A	
9	The material's sections have informative headers.	Disagree=0, Agree=1, Very short material ⁱ =N/A	
10	The material presents information in a logical sequence.	Disagree=0, Agree=1	

11	The material provides a summary.	Disagree=0, Agree=1, Very short material=N/A	
Topic: LAYOUT & DESIGN			
12	The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.	Disagree=0, Agree=1, Video=N/A	
Topic: USE OF VISUAL AIDS			
15	The material uses visual aids whenever they could make content more easily understood (e.g., illustration of healthy portion size).	Disagree=0, Agree=1	
16	The material's visual aids reinforce rather than distract from the content.	Disagree=0, Agree=1, No visual aids=N/A	
17	The material's visual aids have clear titles or captions.	Disagree=0, Agree=1, No visual aids=N/A	
18	The material uses illustrations and photographs that are clear and uncluttered.	Disagree=0, Agree=1, No visual aids=N/A	
19	The material uses simple tables with short and clear row and column headings.	Disagree=0, Agree=1, No tables=N/A	

Total Points: _____

Total Possible Points: _____

UNDERSTANDABILITY SCORE (%): _____

(Total Points / Total Possible Points x 100)

2. Actionability

Item #	Item	Response Options	Rating
20	The material clearly identifies at least one action the user can take.	Disagree=0, Agree=1	
21	The material addresses the user directly when describing actions.	Disagree=0, Agree=1	
22	The material breaks down any action into manageable, explicit steps.	Disagree=0, Agree=1	
23	The material provides a tangible tool (e.g., menu planners, checklists) whenever it could help the user take action.	Disagree=0, Agree=1	

24	The material provides simple instructions or examples of how to perform calculations.	Disagree=0, Agree=1, No calculations=NA	
25	The material explains how to use the charts, graphs, tables, or diagrams to take actions.	Disagree=0, Agree=1, No charts, graphs, tables, or diagrams=N/A	
26	The material uses visual aids whenever they could make it easier to act on the instructions.	Disagree=0, Agree=1	

Total Points: _____
Total Possible Points: _____

ACTIONABILITY SCORE (%): _____
 (Total Points / Total Possible Points x 100)

*A very short print material is defined as a material with two or fewer paragraphs and no more than 1 page in length.

Appendix D

Table of QUEST scores for links to online health information.

 Scoring Categories

Resource	Authorship	Attribution	If attribution score 2-3: Type of study	Conflicts of interest	Currency	Complement	Tone	Total QUEST Score
https://translifeline.org/binding-guide/	0	3	0	0	0	1	3	7
https://health.clevelandclinic.org/safe-chest-binding/	0	6	2	3	2	1	6	20
https://www.healthline.com/health/transgender/tucking	2	6	0	6	2	1	6	23
https://www.pointofpride.org/tucking	0	0	N/A	3	0	1	6	10

Appendix E

IRB Self-Determination Tool Results

Wednesday, May 4, 2022 at 10:40:10 Eastern Daylight Time

Subject: Research Not Requiring IRB Review
Date: Wednesday, May 4, 2022 at 9:51:04 AM Eastern Daylight Time
From: Research Protections Office
To: Kelsey Rumley



The University of Vermont

Research Protections Office

To: Kelsey Rumley, RN
From: Research Protections Office
Date: May 4, 2022
Sponsor: Departmental Funding
RE: Improving Access to Gender-Affirming Care by Creating a Resource Website

Thank you for completing the Research Not Requiring IRB Review Self-Determination Tool. The **proposed activity DOES NOT meet the regulatory definition of research** under 45 CFR 46.102(d):

(d) Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

Therefore, this research **does not require IRB review and approval.**

Note: If this is a sponsored project (projects that are managed through SPA), please be prepared to provide a copy of this document to the SPA Award Acceptance Officer.

Determinations made utilizing the self-determination tool require that for any publications, conferences, sponsors, etc., the project be accompanied by the following statement "According to the policy defining activities which constitute research at the University of Vermont/University of Vermont Health Network, this work met criteria for operational improvement activities exempt from IRB review."

Recipient Data:
Time Finished: 2022-05-04 07:51:01 MDT
IP: 65.183.158.21
ResponseID: R_bmiqLpXm13eiGUp
Link to View Results: [Click Here](https://qualtrics.uvm.edu/CP/Report.php?SID=SV_3VtN1eDdM0oeTrw&R=R_bmiqLpXm13eiGUp)
URL to View Results: https://qualtrics.uvm.edu/CP/Report.php?SID=SV_3VtN1eDdM0oeTrw&R=R_bmiqLpXm13eiGUp

Response Summary:

Demographic Information Provide the title of the project.
 Improving Access to Gender-Affirming Care by Creating a Resource Website

Provide a summary of the project.

BACKGROUND: Transgender and gender diverse (TGD) individuals face unique challenges in accessing healthcare. They face barriers such as stigma, bias, fear of rejection, limited access to providers, and lack of information on where to seek care. There is evidence that creating an inclusive clinic atmosphere improves access and leads to a more positive healthcare experience. In addition, trans-affirming language on provider websites may also increase a TGD individual's likelihood to seek care. By creating clinic website with gender-affirming language and resources, clinics may create extend the reach of their welcoming and inclusive message to new patients. In addition, providers may share the link with their current TGD patients to disseminate information and resources. **AIMS:** The global aim of this project is to improve access to gender-affirming care for students at a New England university. Specific aims are 1) assessing stakeholder needs for content inclusion and design of a website for a campus-based clinic, and 2) developing a pilot website containing gender-affirming language and resources. **METHODS:** The Plan Do Study Act method of quality improvement will be used in this project. A needs assessment will be conducted to identify stakeholder needs and expectations for website design. Resources and content for the website based on stakeholder needs will be compiled and evaluated. A pilot website will be designed and evaluated for quality, and stakeholders will be surveyed to assess the pilot website's perceived usefulness. Outcome measures include a 10% response rate to the stakeholder needs assessment survey and 50% of providers surveyed stating the pilot website will be useful in their practice.

Type your name and credentials as you would like them to show on the email certification.

Kelsey Rumley, RN

Provide the sponsor name. If not sponsored, enter departmental funding.

Departmental Funding

Provide your email to receive a record of self-determination of Research Not Requiring Prior IRB...

kelsey.rumley@uvm.edu

1. What is the primary intent of this project?
To improve a practice or process in the delivery of care or improve or assess a specific program; OR
2. Does the project aim to improve delivery of care, services, or educational practices for all...
Yes
3. Does the project test interventions, treatments, or practices that are not currently considere...
No
4. Is the intent of the project to design or develop a new standard of medical care or new educat...
No
5. Does the project involve suppressing any aspect of medical care or withholding standard educat...
No
6. Will the project team be blinded to any aspect of the intervention?
No
7. Will persons (including patients, investigators, students, faculty or staff) be exposed to ris...
No
8. Will the project involve a research design (i.e. randomization) that overrides clinical or edu...
No
9. Is the project funded by an entity that requires IRB review and approval and that will not ac...
No