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HEALTHY COMMUNITIES.

A Toolkit for Effective Conversations About Transgender Healthcare Access
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Basic Rights Oregon will ensure that all lesbian, gay, bisexual, transgender, and queer 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:
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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. Senior Research Director Rebekah Orr and Research Associate Eric Cameron 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

Wonder: Strategies for Good leads audience research and develops messaging and storytelling strategies that create breakthrough moments for people and organizations trying to make the world a better place. Driven by a passion to understand what motivates your target audience, our approach to strategic communications stands out because we're both messaging strategists and researchers. wonderforgood.com
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
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 2013, following years of education and collaboration with Basic Rights Oregon, the state of Oregon banned many private insurers from excluding medically necessary health care for transgender Oregonians. The following year, Basic Rights Oregon successfully advocated for transgender inclusive coverage within the state’s Medicare program, the Oregon Health 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 evoking 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, or other key issues, effective messaging on transgender communities strengthens our work immediately and in the long term.

This toolkit is the culmination of more than three years of research on how to frame conversations about transgender folks and health care access in accessible, everyday language. We began this project with six months
of research in 2013, and learned that with general audiences we could make tremendous progress building awareness of transgender health care needs and support for coverage of hormone therapy. This was an incredibly encouraging finding at the time. However, we also found that conversations around gender-affirming surgeries presented a persistent challenge.

Since this toolkit was first published in 2013, we’ve seen major growth in public awareness of transgender people and their needs and hoped this changing landscape would translate into greater support for transition-related surgery coverage. We held additional focus groups and an online bulletin board in 2015 to explore pathways to make progress on this issue. We learned that, among general audiences, surgery continues to be a more challenging topic than we had hoped, which prompted us to step back and look for narrower groups of people who are open to this conversation and more available for building support. Our new recommendations for taking a layered approach to talking about surgery with different audiences are discussed in detail in this updated toolkit.

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. Starting with such a low level of understanding also meant that, in this phase of research, we were not able to explore how these conversations differ when discussing the health care needs of gender non-conforming or non-binary people. Broadening these conversations will be critically important as this work continues.

We are deeply grateful for our research team—Goodwin Simon Strategic Research, Wild Swan Resources, Wonder, 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.

Kris Hayashi,
Transgender Law Center

Nancy Haque,
Basic Rights Oregon
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.

- Build Understanding

- Begin with Basic Human Values

- Tell Stories

- Use Strategic Messengers

- Foster Familiarity

- 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 care coverage for transgender people. Our research focused on the following:

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

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.

“...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
Senior Fellow, LGBT Research and Communications Project at the Center for American Progress
Additionally, we did a thorough psychological analysis of the fourteen 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 2013 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 addition, we conducted three more rounds of focus groups in California in 2015, again hosting one women’s group and one men’s group each round. In Southern California (Riverside) we conducted one round of groups with Latino, moderate, somewhat conservative to somewhat liberal, straight, non-transgender individuals, and another round with white, moderate, somewhat conservative to somewhat liberal, straight, non-transgender individuals. We also held a round of focus groups in the Bay area (Pleasanton) with a younger and more ideologically liberal recruit of white, somewhat liberal to very liberal, straight, non-transgender individuals who know a transgender person.

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.

Online Bulletin Board

Following our 2015 focus groups, we conducted a three-day online bulletin board with 27 participants from Oregon and California, somewhat liberal to very liberal, who know at least one transgender person. This bulletin board included 15 white participants, nine Latino participants, two African-American participants and one Asian participant. Over the course of three days, participants logged in to our online bulletin board at least once a day, answered survey questions, watched videos, and provided feedback on a series of infographics related to transgender health care needs. The materials tested can be found throughout the toolkit and in the appendix.
Lack of Familiarity

National public opinion research has found that three in four Americans know one or more lesbian or gay people. However, only one in ten people report that they know a transgender person. This lack of personal familiarity persists despite growing transgender media visibility. Knowing someone plays a critical role in fostering understanding and building support for public policies that ensure fairness, health, and well-being. When it comes to public conversations about the health and well-being of transgender people, there can be a significant empathy gap.

Gender and gender identity are extremely personal experiences. For the majority of the American public however, that personal experience is something basic, given, and unchangeable. Therefore, when they hear about the transgender experience, it just doesn't resonate for them. They feel confused, and they struggle to understand. This reality can provoke many people to respond to information about transgender people and issues by becoming even more confused and then emotionally distancing themselves. That is not the response we are looking for.

Word Cloud

At the start of each focus group, participants were given a handout with the word “transgender” on it and asked to write down words and phrases that came to mind when they hear the word “transgender.” We asked participants to do the same thing in the first activity of the online bulletin board. Below is a word cloud of the words participants wrote down in our initial round of focus groups in 2013. The larger the word in the image below, the more often that word was used. As we mentioned, it can be hard to see some of the words that come to mind when people think about transgender people.

Looking at the word cloud gives a sense of the starting place that many Americans found themselves in 2013 when it comes to knowing or understanding transgender people and experiences. When participants use words like confused, confusion, and confusing, they are referring both to their sense that transgender people are confused about who they are and also about their own confusion around transgender people.
The word cloud below shows the combined responses of our moderate participants from our 2015 focus groups in Riverside.

While some of the same themes we saw in 2013 emerge here—such as “different,” “change,” and “confusion/confused”—the word cloud also reflects the major shift we’ve seen in transgender media visibility over the last few years, with “Bruce Jenner,” “Caitlyn Jenner,” and “Orange is the New Black” being frequently mentioned.

This final word cloud shows the responses of our younger progressive participants from Pleasanton focus groups and the California/Oregon online bulletin board.

In this cloud, “identity” stands out as the most frequent response. More participants refer to Jenner as Caitlyn, and other words listed—including “stigma,” “hardship,” “discrimination,” “violence,” and “lack of medical care”—reflect a deeper understanding of the challenges many transgender people face. Other words like “brave,” “friend,” and “human/people” reflect a much more positive and empathic perspective toward transgender people.
Often, as committed advocates, it is easy for us to believe that simply presenting 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 later in the toolkit.

We believe it is important to build the public’s ability to understand the shared humanity of transgender people. Since so few people personally know someone who is transgender, the lack of understanding and familiarity contributes to their discomfort. Even among people who know a transgender person, the ability to empathize with their experiences is still limited. 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 toward empathy.

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**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, and because of their own lived experiences with gender as binary and unchanging. 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. Even so, 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.
Hastening a Tipping Point

Diffusion of innovation is a change theory model of how to build public support for inclusive coverage for gender-affirming health care. The theory explains how new ideas spread through a population. It begins with a small band of innovators—people who are leading breakthrough change in their field of expertise. In this context, innovators are folks like you.

For the innovators’ breakthrough idea to take off, early adopters are needed to take the idea for a test-drive. Early adopters are those who had the first iPhone before they became ubiquitous and who always have the new version before anyone else. On social issues, early adopters are open-minded and tend to also have sway within their social circles. In other words, not only are early adopters the first on a scene when a new idea gets introduced into a community, they also play an important role in getting others—the early majority—to follow their lead.

Taking the phone analogy a bit further, the early majority are those who get the latest version of the iPhone, but only after the initial bugs have been worked out. They are open to change, but slower to embrace it than early adopters. Those in the late majority, are—metaphorically speaking—still using their flip phone. They understand they may have to change someday, but generally resist doing so until something significant moves them to do so. The laggards are the folks who are not only the last to come along (they’re holding fast to their landline and maybe even their rotary dial phone), but those who actively resist and reject change and tend to see change as a threat to their beliefs and way of life.

Our job is to spread our innovation—to make it go as far and fast as possible. By focusing our efforts to build support for gender-affirming health care primarily on early adopters, especially those early adopters who hold sway within their social circles, we can build the early majority and hasten a tipping point moment in support of inclusive health coverage.

DIFFUSION OF INNOVATION MODEL

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Know your Audience

Using the diffusion of innovation model and what we know from the field of psychology, we can see that knowing where our audience fits on the continuum and understanding their psychological readiness and capacity for change is an important part of our ability to effectively build support for gender-affirming health care.

Early adopters and those we hope to bring into the early majority are starting in different places in terms of their openness to change and their awareness of and comfort with transgender people. So to be effective, we need to approach them differently.

Profile of early adopters on gender-affirming health coverage

In this context, early adopters are younger (generally ages 45 and under) liberals who personally know gay, lesbian, bisexual, and transgender people (and may be gay, lesbian, or bisexual themselves). On the whole, they value diversity, fairness, acceptance, and inclusion and see themselves as the kind of people who side with and stand up for those who are marginalized in society. They also tend to be more progressive on issues of gender and sexuality. They know much more than the average person about what it means to be transgender, but often that knowledge is more broad than deep and they are largely unequipped to engage in conversations on this topic with friends or family who may be in the early majority. The political and cultural orientation and identity of this group makes them ready and open. Our job is to leverage and elevate their existing values and identity to expand the universe of motivated social influencers on this topic and to equip them with the personal stories, information, and the values-based case for policy solutions we want them to advance—including coverage for hormone therapy and gender-affirming surgeries. Our primary objective with early adopters should be to build a base of support for gender-affirming surgeries. See page 37 for in-depth recommendations on this subject.

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Early adopters are often younger liberals who personally know LGBT people. They value diversity, fairness, acceptance, and inclusion, and know much more than the average person about what it means to be transgender.

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Profile of early majority on gender-affirming health coverage

Those in the early majority tend to be politically moderate and often older than early adopters. While they recognize the world is changing and see themselves as fair-minded, they also have some concerns about the pace and nature of social change on a range of different topics. They personally know gay and lesbian people (and largely support the freedom to marry and non-discrimination protections), but often have significantly less (if any) personal exposure to, or relationships with, transgender people than early adopters. As a result, they tend to have a more flawed mental image of what it means to be transgender and experience more confusion and discomfort when the topic of transgender people comes up. For this audience, building familiarity with transgender people in general and support for coverage of hormone therapy should be the primary goal in the short term. See page 37 for more on hormone therapy coverage.
In our first phase of 2015 research, we attempted to persuade moderate voters to support inclusive coverage for gender-affirming health care. While we made progress on hormone therapy, asking this group to be supportive of gender-affirming surgeries pushes them further than they are able to go at this time. Upon reflection, it was clear that we were attempting to move those in the early majority group before a sufficient supportive base of early adopters on this topic had been built—even among liberal voters. To be effective, we need to build that base of early adopters and social influencers, while also working to bring along those in the early majority where we have opportunities to do so.

Often, we want people to be where we want them to be—now. It can sometimes feel frustrating to take this kind of approach, which is often more slow and incremental than we would like. Sometimes this feels confining, as though we are not able to tell our full story or as if we are “coddling” our audience. It’s understandable to feel that way, and yet it is important to know that by focusing on the audience that is most ready to move, in the ways that they are most ready to move, we maximize our ability to leverage exponential shifts in public opinion and understanding now and in the long term, and minimize resistance to our message.

Opportunities for Progress

Our research showed, encouragingly, that by understanding our audience and using a tailored approach for early adopters and early majority voters, there are opportunities to make significant progress.

At the beginning and end of our focus groups, we asked participants to rate their support for requiring insurance companies to provide the same level of health insurance coverage for gender-transition related health care—including surgeries and hormone therapy—that insurers provide for other health care services. Participants could choose any number on a scale of 1-9 (with 1 being strongly oppose and 9 being strongly favor). We first asked them to rate their support for coverage of hormone therapy and then again for coverage of surgeries.

On the next page are diagrams showing the shift in support among different audience segments after participants were exposed to messaging and information based on the approaches outlined in this toolkit. As you can see, the shift among the early adopters in support for coverage of surgeries is significant. The early majority remain largely negative and fixed regarding surgery coverage, though we did see positive but incremental progress among the early majority on hormone therapy coverage.
Support for Coverage of Gender-Affirming Surgeries

**EARLY ADOPTERS***: Significant Shift in Support

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**EARLY MAJORITY**: Remain Largely Negative and Fixed

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While not shown in the tables above, we did see the early majority move in support of hormone therapy coverage. See page 37 for our in-depth recommendations for talking about hormone therapy and surgery with these different audiences.

* 2015 Oregon/California Bulletin Board Participants  ** 2015 Riverside White/Latino Focus Group Participants
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 familiarity and 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 comprehensive health care coverage for transgender people, including gender-affirming care.

As transgender people and supporters, it’s also important to 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 or unfamiliar, 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 this topic and the experiences of transgender people can feel new, unfamiliar, and sometimes 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 overly triggered, the brain is unable to process the message we want our audiences to consider.

We saw this happen over and over again in our research. When we failed to acknowledge that transgender issues may be unfamiliar or 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—particularly our moderate early majority—become paralyzed by their own discomfort or lack of understanding and simply can’t move past it. Even early adopters who know a transgender person can still experience confusion about transgender health care needs. Progressive allies may feel ashamed for not being fully informed, which can decrease their openness to conversation if this confusion isn’t acknowledged. Fortunately, acknowledging that confusion and discomfort exist in a straightforward way can help people get “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 or lack of information over what it means to be transgender can also cause people to become bogged down by continually wrestling with this question. With little to no experience to draw from, they “fill in the blanks,” often based on assumptions, misinformation, and often negative stereotypes or depictions of transgender people.

By providing an easy-to-understand description for “transgender,” we were able to make progress on lessening discomfort 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. That is why we want to talk specifically about the description that was developed through research, 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 through our research on the next page.

Challenges Around “Wrong Body” Language

In our focus groups and bulletin board, 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. Many people feel it invokes judgment or has a negative moral overtone. While “wrong body” language is not useful, we saw some indication among early adopters that painting a picture of misalignment between body and identity could be effective in helping them to better understand. For example, this statement from Karis, a transgender woman, resonated with early adopter audiences: “For me, transition-related care is a cure for being born misaligned. If you can imagine a girl growing up and just developing a full beard. As soon as that realization came through, the hopelessness set in.”
How to describe “transgender”

Given the confusion and lack of knowledge about transgender people 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 publicly about transgender people and issues. Throughout the research 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.

“**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.”

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 considerable confusion and was outright rejected by some focus group participants, including those who had demonstrated a willingness to be supportive of transgender people and issues.

“**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—especially from an early age—helped people understand transgender identity as core rather than a phase. Descriptions that talked about “knowing” were much more effective than those that talked about ‘feeling’ different.

“**Many/Some**” Definitions that reference that “some” undergo surgery and “many” take hormones are helpful ways to talk about medical transition without getting bogged down in the details. These words acknowledge that not all transgender individuals take the same steps when it comes to medical transition. 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 cues audiences that there is a recognized medical understanding about the need for gender-affirming care.
As we noted earlier, when we are confused or experiencing something unfamiliar that seems in some way threatening to how a person understands life, the part of our brain called the amygdala moves into high gear and 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 and stay open to more communication. Appealing to shared human values is the next step.

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 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.

**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” by Andrew Solomon, which chronicles the stories of parents raising children who are very 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.*

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.

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 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, 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 30 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. Since 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 or a need to completely understand 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.

Since Americans are far less familiar with transgender people on a personal level, 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 hear. 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.

Even so, it is helpful to know where people are starting from, because we can then communicate with people in a way that allows us to connect their own personal values about fairness and how you treat others with the progress we want to make in the world.

We found that the idea that “it’s not for us to judge” was a core value that allowed participants to move toward supporting health care coverage for transgender people while not forcing them to move further 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 greater understanding. 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 to 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 is a moral lesson learned in their faith tradition.

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.”

Among the great religions of the world there are commandments against judgement
Christians and non-Christians alike are probably familiar with some variation of the following Bible verse from the Book of Matthew:

*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?*

“Judge not” 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.

As with all messaging that we have developed, we looked for values deeply rooted in our culture and lived experience in the world. 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 (see below). 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.

**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.
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.

Narratives and videos featuring personal stories of transgender people—together with family, coworkers, and neighbors—increased understanding of what it means to be transgender.

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.
Since so few Americans think they know someone who is transgender, telling the stories of transgender people embedded in the context of family, work, and community is of utmost importance. In our research, we found time and time 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 together with family, coworkers, and neighbors, participants expressed surprise, and then they moved to become more supportive, as their understanding of what it means to be transgender deepened.

**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, 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 basic health care for transgender people that is routinely covered for non-transgender people.

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 basic health care for transgender people that is routinely covered for non-transgender people. 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.

In our 2015 online bulletin board with early adopters from Oregon and Washington, we tested another version of a microstory about disparities in transgender health care access, this time in the form of an infographic.
Participants were shocked and upset about the 39 percent statistic, which was driven home by Nina’s first-hand microstory about being refused treatment because she is transgender. We explore early adopters’ responses to this denial of care infographic in greater depth on page 42.

Stories That Work Well

Stories that Embed Transgender People in Their Families, Coworkers, & Neighbors

There is a sense among participants that life for transgender people is difficult and isolated. Many describe their image of transgender people as lonely, rejected by their family and society, and misunderstood. They can easily imagine how family and friends would have a difficult time accepting someone as transgender. They often don’t imagine transgender people as employees who contribute to the workplace. When we show transgender people in the context of their family, friends, coworkers, faith communities, and neighbors—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 evoke the value of the love of the family and build a sense of shared humanity. For all these reasons, it is crucial that we do not show transgender messengers alone in video or print materials.

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. These types of stories show audiences how someone that they identify with changed and that they too can change their understanding and stance on transgender issues. To this end, think about how to use stories that feature:

- The journey of a transgender person as they go from not living as the person they know themselves to be 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;
- Coworkers or employers who were unfamiliar or uncomfortable with transgender people, but who came to see that their transgender coworker still shared the same core values and work ethic;
- Doctors who at first didn’t know much about transgender patients, did their own research, and now are advocates who help their patients live healthy lives.

Stories that Show Positive Outcomes

Some of our stories demonstrate that in the process of 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 should 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.

Throughout our research, participants frequently stated their misguided, though genuine, concerns that transgender people would make hasty decisions to pursue medical transition that they would later come to regret. By helping to reframe transition in a way that strongly emphasizes the positive outcomes for the transgender person—in terms of health, happiness, relationships, and participation in society—we can do much to ease these concerns.

In our online bulletin board, we tested the infographic below featuring Jace, a transgender man, together with his family.

The message that his medical transition enabled him “to be a more productive member of society, a better employee, a better friend, and a better son” was particularly impactful for early adopters, and strengthened their support for transition-related coverage, including surgeries.

Stories about Learning and Growth

In our research, we found that when non-transgender people began talking about this topic, they often realize that they don’t know as much as they thought they did, or what they thought they knew was wrong. As mentioned earlier, naming and normalizing this confusion or lack of information is key to helping people get “unstuck.” By telling the stories of other people with little transgender familiarity seeking information and educating themselves, we were able to model a pro-active approach to learning that our participants could admire.

Including these behavioral cues showing non-transgender characters educating themselves was helpful for early majority audiences with limited transgender familiarity, but also helpful for our early adopters. For example, in our online bulletin board, we tested the video excerpted below, which features two progressive allies Diane and Steven:

I think we’ve always thought of ourselves as pretty progressive and open-minded… We’ve always been big supporters of gay rights and of marriage equality. Recently there’s been a lot more talk in the news, on Facebook, and even in our group of friends about transgender people, and I think that’s still pretty new for a lot of people… I realized I knew very little about transgender people and the struggles they face.
After normalizing that transgender issues are still new to many people, including progressive allies, Diane and Steven go on to model how they learned more about transgender health care disparities by talking to Steven’s transgender coworker and doing their own research. Diane and Steven’s story is explored in greater detail in the appendix.

**Stories that Highlight Struggle**

As we’ve discussed, many Americans are genuinely struggling to understand what it means to be transgender. In order to identify with the stories about transgender people, 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.

Be sure that the level of struggle referenced in the story reflects where your own target audience is at on this topic; if the audience is deeply in struggle, the story should match that experience. It’s also important that the story shows how that character came to resolve that struggle—perhaps through education, prayer, or conversation with a trusted source. If the resolution of the struggle is not explained, the audience may not find the story credible.

**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. Given that nearly everyone has a personal or close-to-personal story about being denied coverage for something they feel is essential to their well-being, messaging that leaves out other health care denials quickly becomes personal and comparative, and can lead to zero-sum thinking in which expanding transgender coverage is perceived to mean less coverage for non-transgender people. For more on this topic, see page 37.

**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, videos should begin by establishing values shared by the messenger and the target audience, to help foster identification.

After that, 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 confusion, discomfort, 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. It is important that journey stories with non-transgender messengers include the events that prompted them to change on this issue.

Show that “after” a person’s transition, they are not changed in important fundamental ways—they are still a loving uncle, supportive sister, or good coworker—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.

One Family’s Journey Toward Acceptance

The video begins with a black screen, stating that Karis is a transgender woman, meaning that she was born with a male body, but from a very early age always knew herself to be female.

“It’s been very consistent throughout my whole life. I always knew I was different,” says Karis.

Karis’ mom Lurissa, seated next to her on the couch, describes what it was like for them when Karis came out as transgender.

“When Karis came out to me, Karis and I went out to Red Robin, and over a hamburger she said, ‘Do you know what transgender means?’ And all these things that had happened in her childhood and teenage years suddenly made sense to me. When she went home, I just fell down and started crying, because I didn’t, I didn’t know... I don’t know anything about this. I just know that it was going to be a rough road for her.”

Karis’ mom then describes the steps she took to educate herself.

“I got some books, and started reading and started learning, and then the fear set in. Because you read all these terrible statistics, and it was, it was terrifying as a mom. Knowing how many are assaulted, the suicide rate, all of those things.”

Karis’ stepdad talks about how he felt when he found out Karis was transgender. “I sat back and thought about it for a few minutes. And I looked at Lurissa and I said ‘Well, you know, we’re just gonna have to change the way that we feel about things.’ We needed to roll up our sleeves.”

Above all else, Karis’ mom says love of family comes first.

“Number one is my kids,” says Lurissa. “There’s no way that I would ever ever turn my back on my child, no way. This is not a choice, this is how she was born. And we didn’t have words for it when she was younger, but it was a relief to finally understand what’s been going on all this time.”

Before we began our focus groups, we hypothesized that stories like Karis’ 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 Karis and her 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 Karis’ mom when she said, as a parent, you love and support your child no matter what.
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. 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 toward compassion and support.

Some messengers, by the nature of their personal journeys with a transgender person in their life (mother, brother, daughter) or professional background (doctor, coworker), are important moral messengers. That’s because a messenger’s experiences help them to embody human values and give them a unique moral authority to deliver certain messages.

For our progressive early adopter audiences whose support is vital to building a base of support for gender-affirming surgeries, certain messengers are particularly important. We’ll break out these differentiations in detail below.

**Feature racially and ethnically diverse messengers.**

One finding in our research with early majority moderates is about the importance of using messengers who reflect the identities and backgrounds of your audience. For example, in our focus group with Latino Californians, we found that people responded more supportively to doctors, families, and transgender messengers who were also Latino. Using spokespersons 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.” At the same time, we also found that using a racially diverse mix of messengers is important for all audiences, so that no one group feels they are being targeted on this particular issue.

In our 2015 research, we found that it is especially important for progressive early adopter audiences to hear from a mix of racially diverse messengers. It signals to them that gender-affirming health care aligns with their other progressive values, including their very strong belief in racial and ethnic diversity.

**Transgender people are crucial messengers for this issue.**

The heart of any public education campaign on gender-affirming surgeries begins with transgender people and the important people in their lives. Transgender people are the true experts on the experience of what it is like to be transgender in the United States. People need and want to hear directly from
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.
transgender people in part because most voters know few if any transgender people. Giving people the opportunity to see imagery of and hear messages from transgender people helps increase understanding and promote empathy.

While early adopters are more likely to know someone who is transgender, they still likely have very little familiarity about what it means to be transgender. As a result, early adopters do what all human beings do where there is an absence of information. They fill in those gaps of knowledge with myths and misinformation. Featuring transgender people helps to disrupt those inaccurate impressions and begins to replace them with an accurate, nuanced understanding of what it means to be transgender.

We showed multiple videos of transgender people who shared their personal stories. People in our focus groups and bulletin board most strongly related to transgender messengers who they perceived as happy and comfortable in their own skin, and who seemed like average, everyday Americans. Throughout our research, we found it important to feature a mix of transgender men and transgender women.

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 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.

It is also 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 heartbreaking to see, and underscores the need for continued message research and development that connects non-transgender people to the experiences of gender non-conforming and non-binary people.

From a psychological perspective, this finding makes sense given that 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.

**Non-transgender messengers provide important pathways to identification and social modeling.**

In our research, messages delivered by doctors, coworkers, and 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.

This was true for early adopters as well. In our tested materials, family members and coworkers modeled the type of positive behaviors we want others to have in relation to transgender people – comfort and ease, a caring manner, and genuine support. In other words, early adopters who are non-transgender look to other non-transgender messengers for cues on how they should relate to transgender people.

**Doctors**

As is the case with almost any health-related issue, doctors serve as crucial message validators—people whose professional identities made them effective messengers. People were also 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.

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.

In our 2015 research, we tested a set of videos and short print ads that featured doctors who specialize in gender-affirming surgeries. These doctor messengers helped participants to understand gender-affirming care as a genuine health need rather than cosmetic in nature. For more on the doctor messenger materials tested in our 2015 research, see page 42.

**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. When spotlighting a story of a transgender person with her or his parents, whenever possible, try to feature both parents. An absent parent signals to voters that the missing parent is perhaps uncomfortable with their transgender child.

**Coworkers and Employers**

Including coworkers as messengers alongside transgender people helps to elevate the message that people who do the same job should be treated the same. These workplace messengers can also help remind people that transgender people, like everyone else, need to make a living to support themselves and their families. In workplaces, we often come together with diverse people in pursuit of a common goal. This framing helps our audience focus in on the work ethic and productivity of transgender people, and situates transgender people as members of the team.

Throughout our research, we often found employers to be unexpected and effective messengers. Employers have a stake in treating all employees equally, and promoting a healthy, happy workforce is good for business. Employer messengers often were effective in delivering the message that people who pay into the same insurance system should be able to receive the same benefits. They also helped to calm concerns
about transgender employees raising insurance rates for all employees or somehow creating disruptions in the workplace.

State Insurance Commissioner

State insurance commissioners, with whom early adopters are likely to have at least passing familiarity, also proved to be effective messengers, in part, because they are seen as a watchdog whose position is meant to prevent insurance companies from taking advantage of policyholders. They are seen as neutral, experienced and authoritative. Since each state has just one insurance commissioner, it will be important to evaluate if that individual has the right mix of other characteristics before using them as a messenger.

Progressive Allies

Finally, other self-described liberals or progressives with whom our early adopters can identify, especially those who make the connection between their support for the freedom to marry for same-sex couples and gender-affirming surgeries, were effective messengers at persuading early adopters. Messengers who seem especially conflicted or unfamiliar with transgender issues may be unrelatable to these early adopters, who will resist identifying themselves with messengers who seem bigoted or backwards. It is important when speaking to this audience to find racially diverse messengers who can speak to the importance of gender-affirming care, including surgeries, within the context of other progressive values.
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 familiar they become, the more prepared they will be to become supporters in our work for justice.

In his book about parental acceptance of differences 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.”

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’.

Over the last few years, we have seen that transgender people and characters are increasingly visible across the media environment. However, some audiences also see this as a glamorization or celebritification of transgender identities, which can interfere with their ability to see transgender people as everyday people similar to themselves, with similar values, needs, and obligations. Therefore, we believe it should be a continued priority for transgender advocates to find new and creative ways to leverage media to foster understanding, creating more opportunities for non-transgender audiences to see and hear from everyday transgender people from all walks of life.

We also 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, and they genuinely want to learn.

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

We must continue working hard to create more opportunities for non-transgender audiences to see and hear from everyday transgender people from all walks of life.

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, an additional framework that helped move people toward 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 that 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 LGBT loved one 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 the Affordable Care Act—or Obamacare—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 New York City considered taking away their Big Gulps by banning large size sodas. 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.

Another shared value held by many is that health care is a core need for all people to be successful and productive members of society. Many can tell personal stories of how the inability to access care or the denial of care for themselves or loved ones had a terrible impact not only on physical health, but on family and personal relationships, success at school and work, and personal finances.

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.

While people want others to have the health care they need, they often care more about whether their own access to care or cost of care will be negatively impacted. Understanding this dynamic and inoculating against it in our messaging approaches, therefore, is vital.

During the first phase of research in 2013, our focus groups also showed that persuading moderates to support coverage for transition-related surgeries was tough to do, given where people were. In our effort to secure inclusive health care coverage for transgender people, that roadblock felt pretty discouraging. However, 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 then, given where we started. In 2015, we returned to our research to better understand a path forward on transition-related surgeries. We were disappointed to find that it remains difficult to persuade moderates to support coverage of gender-affirming surgery. However, we are also encouraged to find that there are significant pathways to building an early majority by leveraging the social influence of early adopters.

Even as we work to implement strategies to build public support for health coverage of transition-related surgeries, we must also work to build a sense of shared humanity with transgender people using the approaches described in this toolkit—including among early adopters who, despite greater awareness and openness, still have relatively limited understanding of and exposure to transgender people. To do so, we should share powerful stories about transgender people's lives that can decrease confusion and discomfort, increase understanding, and foster familiarity.

This public education work to foster greater understanding of what it means to be transgender should happen as part of efforts to strengthen support for transition-related health coverage. There should also be separate efforts to build familiarity and understanding of transgender people separate from any public policy considerations, as we know it can be more complicated and difficult to foster familiarity and shared humanity with transgender people when we are simultaneously asking our audience to support a policy proposal like transition-related health coverage or access to public facilities, particularly in an engaged campaign environment.

**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.

**Start by building support for coverage of hormone therapy.**

In order to build support among the broadest coalition of voters, we recommend focusing general public conversations and education efforts first on building support for hormone therapy. Among early majority audiences (older moderates with less exposure to transgender people), going beyond hormone therapy at this time is likely to trigger resistance, rather than openness. In addition, despite stronger initial support among early adopters (younger liberals who have greater exposure to and comfort with LGBT people) for coverage of
hormone therapy, we also need to build and solidify this support among this audience in order for them to more effectively influence their social circles on this topic.

While building support among the broadest cross-section of voters, we describe later in this section how and why we can do more targeted work to build a base of support for coverage of transition-related surgeries among some audiences.

**Why start with hormones?**

Many in our early majority audience see being transgender as 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, many feel that allowing transgender people access to hormone treatment seems like it more appropriately solves the “problem” than does surgery.

Furthermore, many moderates in the early majority as well as some early adopters have significant concerns about transgender people “regretting” transition related surgeries. For them, hormones feel less extreme and less permanent and therefore safer. It is also seen by these audiences as significantly less expensive and therefore less likely to have a negative impact on their own health care costs or the health care costs of others.

**TIP:** Be specific when discussing hormones. 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.

**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 moderate early majority 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. Please note that the names and quotations used in this article are fictional and were written for testing purposes.

**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 health care needs are on “the same side.”

Make the Case for Coverage of Surgeries

In both phases of research, we found that moderate voters were largely not ready to support health coverage that included transition-related surgeries. We say “not ready” because public opinion research measures a moment in time. Where people are today in their support on an issue is not where they will necessarily be tomorrow. Consider the growth in public support for the freedom to marry from 2008 when California
voted to take away the freedom to marry to June 2015 when the Supreme Court legalized the freedom to marry and polls showed a majority of support for marriage equality across the country.

To ensure that we can foster greater public support for coverage of all transitioned-related care, including surgeries, we recognized a need to first begin building a base of support among more liberal voters, including those who are supporters of other LGBT issues or who know transgender people—our early adopters.

When talking about surgeries among early adopters, here are some effective approaches that advocates and supporters can use in conversations and public education efforts to build support for surgeries.

**Define the problem**

Our research showed that moderate audiences struggled and were resistant to support health coverage that included transition-related surgeries. Yet, we also saw that more liberal audiences can also be conflicted in their support for coverage of surgeries. Some liberal voters worry that surgery is irreversible and are concerned about transgender people making a hasty decision that they will later regret. Some also struggle to determine for themselves which gender-affirming surgeries are cosmetic and which are medically necessary to allow a transgender person to align their body with the gender they know themselves to be. Furthermore, many know little about health care struggles that transgender people face or the impact of the inability to access transition-related health care.

It's important to help audiences understand the problem and to help them differentiate from cosmetic surgery.

One important and effective approach is to have the problem articulated by transgender people themselves, as we did in a video featuring a transgender man, Elliot, and his coworker.

"It was very, very hard for me early on to know that I was a man and then go out in the world and to not have anybody be able to see me that way. It hasn't always been an easy path for me. My health insurance has never covered my hormones so I have had to scrimp and save and cobble together the money and that has been a huge financial burden. I know what a lot of people have said, you know that transition-related health care is elective or like cosmetic surgery. But, the way that your body matches up with your gender and matches who you are is profoundly different than something like a nose job. I get that it's hard for people to understand—being transgender isn't really like anything else."
Another effective approach is to employ third-party messengers to clearly frame this as a health issue, as a small business owner did in one infographic we tested:

> Helping my employees stay healthy is good for business. So it’s frustrating to learn that insurance companies exclude transition care...

Doctors are also powerful messengers in helping to frame access to gender-affirming care as a health issue. The ad we tested that featured a fictional doctor with the headline “Transgender Healthcare Is Lifesaving” signals the importance of the issue to our liberal audience. The doctor goes on to say that the “inability of transgender people to access transition-related medical care has serious consequences. More than 40 percent of transgender people report attempting suicide, due to the lack of support and social rejection, including serious barriers to getting the medical care they need. But suicide rates drop by 80 percent when they have access to transition-related health care. Put simply, ensuring that transgender people can access the health care that allows them to live as the person they have always known themselves to be can be lifesaving.”

Among liberal audiences, it is also important to contextualize the lack of access to gender-affirming surgery to the broader health disparities faced by transgender people, including lack of doctor training, insurance discrimination, and denial of care.

Liberal audiences were moved most significantly when they learned that transgender people were denied basic health services and were turned away by health providers simply for being transgender. In fact, it proved so powerful, we recommend that you embed the need for gender-affirming care—like transition-related surgeries—within the context of discrimination that transgender people face in healthcare settings, including lack of doctor training and harassment and denial of care by providers.

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Demonstrating the consequences for lack of gender-affirming health coverage, including the ways in which transgender people experience discrimination and disparities in coverage, was emotionally potent for liberal audiences.

For liberal audiences, facts also proved to be quite powerful—and in some cases shocking. Liberal voters were outraged to learn that it is legal to discriminate against transgender people when it comes to health coverage in 40 states in America.

Note that facts are powerful, but audiences want to know the source, so including citations is vital to the power and credibility of the facts you share.

► Show Positive Outcomes

Human beings can have difficulty in fast-forwarding to an imagined future of how the world might be different or better if they support an issue. It’s our job to show them how their support for gender-affirming health coverage can improve the lives of transgender people. As noted above, unless we do so, our audiences will fill in their gaps of knowledge with myths, misinformation, or the misguided messages of the oppositions.

The most powerful way to show positive outcomes is by sharing the stories of transgender people who have had access to gender-affirming care and how it has positively transformed their lives.

Stories that are most successful in moving people are those that embed transgender people within the context of their family or work life. Voters wanted to hear not only from transgender people, but to hear from the important people in their lives—like family members and coworkers. It’s helpful to include images and interviews that show transgender people together with their family members and coworkers so that our audiences can see the genuine comfort that coworkers and family members who are not transgender have with the transgender person in their life.

We tested messages and stories that included positive outcomes in both phases of research. In our first phase of research among more moderate voters, we tested a story featuring Miguel. Demonstrating how his emotional well-being improved moved audiences in a meaningful way.
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.”

Another powerful example of how to do this effectively comes from a video tested of a young transgender woman named Karis, filmed together with her mom and stepdad (See page 53).

**Karis:** For me, for me, the transition related care, including hormones, surgeries, whatever, is a cure for the terrible disease of being born misaligned. Everything that happened after puberty. It felt like I had some sort of weird disease, if you can imagine a girl growing up and just developing a full beard. As soon as that realization came through, and just the hopelessness set in.

**Mom:** But seeing the transformation now. As soon as she started taking hormones and doing, starting the physical transition, she turned into a completely different person. Outgoing, confident...

**Karis:** Physically transitioning has helped me to see the value of my life.

In this instance, it was not only the alleviation of Karis’ hopelessness and coming to see the value of her life that was important, but also the acceptance of and support of her evangelical Christian family.

The short story below, featuring Jace, strengthened support among liberals for transition-related coverage, including surgeries. Particularly impactful was the message that his medical transition enabled him “to be a more productive member of society, a better employee, a better friend, and a better son.”

> **This is Who I Am**

> “Being able to medically transition and have insurance coverage for the health care I need not only allows me to live as the man I’ve always known myself to be, it also enables me to be a more productive member of society, a better employee, a better friend, and a better son.”

> - Jace W., Transgender Man

In the same way that facts help demonstrate the problem for liberal audiences, they are also effective in demonstrating the positive outcomes that come from gender-affirming health care. Stories combined with one or two facts that show positive outcomes are a powerful combination to persuade liberal audiences. (In fact, research showed the piece above featuring Jace may have been even stronger if it also included a supporting fact or statistic).

In particular, liberal voters were moved when they heard that “suicide rates drop by 80% after receiving transition-related treatment.” Liberal voters were also more supportive of gender-affirming care after hearing that “transgender people report greater well-being, confidence, and life satisfaction.”
Connect the Dots

As experts and advocates, our public education materials, messages, and stories suffer from the curse of knowledge. That is, we forget what it’s like not to know what we currently know and fail to communicate in ways that build understanding.

We need to take the time and care to explain important concepts in greater depth than we would when we are talking with our peers. We have seen in this research that there are certain pieces of information that voters, even liberal voters, need to be supportive of transition-related health care. When those dots remain unconnected or when important pieces of information are missing, voters remain uncomfortable and un-persuaded about the need to support gender-affirming health care.

To connect the dots, we must:

1. Be specific about doctor denial of care.

As noted above, liberal voters were outraged to hear that transgender people were denied care. We were able to strengthen support for gender-affirming care, including surgeries, by connecting denial of care with lack of health coverage for hormone therapy and surgeries.

However, our early adopter liberals also need specificity. First, we must make it clear that transgender people are regularly denied basic health care because doctors are uncomfortable with or do not want to treat transgender people (not because they feel they would be better served by a more qualified physician, for example). Liberal voters not only see this as discrimination, but they believe it contradicts the oath that doctors take to care for all people.

2. Describe what we mean by basic health care.

Next, we need to be clear that transgender people are being denied basic health care and spell out what we mean by that by using examples:

> In 37 states, there are no laws to stop a doctor from discriminating against a transgender person for even their basic health needs—like chest pains or treatment for the flu or pneumonia.

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Without this specificity, many wonder whether transgender people are being denied “basic transgender health care” or something that is basic for all of us. Furthermore, when talking about the denial of transition care that is “routinely covered for others,” we need to spell out what we mean. Most cannot imagine what “transition care” would also be provided to non-transgender people. For liberals, it can be important to include references to things like breast reduction surgeries, hysterectomies, or other familiar procedures (although note that this was not helpful for more moderate audiences).

3. **Link access to gender-affirming surgeries and positive outcomes.**

   As noted above, voters need to understand the positive outcomes that come from gender-affirming care. However, their lack of information about the impact of the denial of care means that they don’t always understand the link between access to gender-affirming surgeries and outcomes like improved socio-economic status and well-being. It isn’t enough to say that these are positive outcomes, we have to say why. For example:

   *When transgender people have access to gender-affirming surgery and health care, a more gender conforming appearance can often make it easier to get a job and make transgender people less vulnerable to violence or harassment by those who target people with gender non-conforming appearances.*

4. **Distinguish between gender-affirming surgeries and cosmetic surgeries.**

   Our research has shown that liberal and moderate voters often conflate and confuse gender-affirming surgeries with cosmetic surgeries. To do so, frame gender-affirming surgeries as life-saving and reinforce by using a mix of trusted messengers including doctors, policy experts, transgender people (with family or coworkers), and employers who offer health insurance because they want their employees to be healthy.

5. **Outline the steps that transgender people take before surgery.**

   Even liberal voters who most honor and respect people’s personal autonomy about health and their bodies, were comforted to know that medical best practices before gender-affirming surgeries require a set of steps including counseling, getting a second opinion from another doctor, and a period of time in which the transgender person has lived as their gender to which they are medically transitioning. As advocates who are working to lessen the barriers to gender-affirming surgeries, it may feel frustrating to hear that even liberal audiences need to hear about these steps before medical transition. Yet, it can help to understand that this largely comes from a deep place of concern for the well-being of transgender people and a fear that unscrupulous doctors might exploit coverage for their own financial gain. It’s also important to understand where most voters are starting the conversation and not give them too much detail, given the information and familiarity they have with what it means to be transgender.
How to Build a Case for Surgery Coverage when Time is Limited

Building support for coverage of gender-affirming surgeries is a process that takes time and often requires a mix of different messages and messengers. However, when you are just starting a conversation or have limited time to share information—for example, in an initial meeting with a legislator—here are a few suggestions about how to put our recommended approaches to work.

- **Describe what it means to be transgender.** See page 17.
- **Name and normalize lack of familiarity.** See page 16.
- **Embed transgender health care in a broader context.** For example: “Many Californians have important health care needs that go unmet because insurance companies too often put profits ahead of the health and well-being of people. Whether it’s treatment for a person with diabetes, a child with autism, or a transgender Californian, it’s wrong to deny people the health care coverage they need to live healthy, full, and productive lives.”
- **Define the problem.** There are many ways to make the case for transgender-related health care coverage. When you have limited time, choose one or two key facts or microstories to define the problem. For example: “In 40 states it’s still legal for health insurance companies to exclude coverage for transition-related health care, even when the same treatments are covered for non-transgender people.” Or using the microstory approach, “I’ve personally had doctors refuse to treat me at all, even for regular preventative health screenings, simply because I am transgender—and sadly my experience is not unusual.”
- **Show positive outcomes.** It is not enough to define the problem, you also need to show positive outcomes to accessing care. This can be done using quick facts or microstories. For example, “Suicide rates drop 80 percent after transgender people receive transition-related treatment, and transgender people report greater well-being, confidence, and life satisfaction.” Or, “Being able to medically transition and have insurance coverage for the health care I need enables me to be a more productive member of society, a better employee, a better friend, and a better son.”
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 it is too personal lets them know there are boundaries they need to respect and then following with general and important information educates them. 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 LGBTQ Taskforce and the National Center for Transgender Equality found that 50% of transgender people report having to teach their medical providers about transgender care.

For transgender people who are in a position to choose to advocate for transgender issues, one of the most difficult challenges can be remaining active 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?”

Be a good friend to yourself. Take 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.

### Avoid

- The term “trans;” use transgender instead.
- Using cisgender as most people aren’t familiar with this term; use non-transgender instead.
- 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.
- The term “gender-affirming” when talking to more moderate early majority audiences. The term does resonate, however, when talking to more progressive early adopters.
- The term “authentic self” as it is not meaningful to many non-transgender audiences; instead use words like “having the world see me as I see myself” or “living as the man/woman I have always known myself to be.”
- Relying on terms that are too insider; phrases such gender binary, assigned at birth, gender presentation, gender non-conforming, transmasculine/feminine, or gender identity and expression aren’t accessible to broad audiences yet.

### Instead

- 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 saying LGBT, FTM, or MTF, say or spell out these terms’ meaning every time you use them.
- 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 A: Deconstruction of Videos

Please note that these videos were created for testing purposes. Not all video messengers are using their real names.

Video Transcript: David & Elliot

David and Elliot work as engineers at a local tech company.

David: Elliot and I got to know one another when we both started working at a software company. When I learned that he was transgender, I was pretty surprised. I hadn’t really known any transgender people before so it took some getting used to. But we became friends, and I learned more about his experiences as a transgender person.

Elliot: Most people in the world who are born female feel female, and most people in the world born male feel male. Sometimes there’s someone like me. I’m a transgender man. That means I was born with a female body and raised as a girl, but from a very young age I knew myself to be male.

Elliot: Transition is a process that takes time and it can be awkward at first – not just for me, but also the people in my life. It was very hard for me early on to know that I was a man and then to go out in the world and have nobody able to see me that way.

Elliot: I started to medically transition when I was about 20 years old. As part of that, my doctor prescribed hormones—specifically testosterone. It hasn’t always been an easy path for me. My health insurance has never covered my hormones so I have had to scrimp and save and cobble together the money, and that has been a huge financial burden. But there has never been a single moment that I have ever regretted being able to live in this world as a man.
David: You know, to hear about what Elliot has gone through and to learn that our health insurance doesn’t cover the health care he needs is really upsetting. We both earn our insurance through our jobs; we both pay into it. It seems unfair to me that he’s not getting his health needs covered.

Elliot: I know what a lot of people have said, “You know that transition-related health care is elective or like cosmetic surgery.” But, the way that your body matches up with your gender and matches who you are is profoundly different, than something like, a nose job. I get that it’s hard for people to understand—being transgender really isn’t like anything else.

David: But even though people may not understand that doesn’t mean that the insurance industry should exclude coverage for transgender people. Why should they pay for hormone therapy for one person but deny that to someone else just because they are transgender? If doctors know that transitioning—whether that is surgery or hormones or whatever—is going to help people and is what they need to be able to live a full life, then health insurance should help to cover that just like they would help to cover anyone else’s health care.

Elliot: To be able to physically transition had a serious impact on my ability to get a job, to be a great coworker, to be a better son, to be a full member of society.

David: We’re all different. We all come from different backgrounds and have different struggles. And we all need different things to be healthy. But it’s not for us to judge others. When it comes to health care and health insurance coverage, Elliot should be treated the same as anyone else.

Video Transcript: Dr. Garcia

Dr. Maurice Garcia is a surgeon who provides medical care for transgender people.

I became a physician because of a commitment to helping other people.

I do surgeries for people who feel that they weren’t born with the body that they see themselves in their mind’s eyes, you know that they should have. They feel that they’re a man or a woman but they have a body that’s not in line with that. And I perform surgeries to help make their body on the outside in line with their body on the inside.

Dr. Garcia hears from transgender people about the challenges they face in getting medical care.

I was the 4th or 5th or 6th urologist that they’d seen, because other urologists in the community or surgeons had sort of passed them on.

Some were treated very poorly, and in a way that I think that we would not be proud of as physicians. So that left me with a sense of obligation to do my best and hopefully make up for that here forward.

For the first visit the patients have with me, they’ve been looking forward to seeing a surgeon that has even the promise of offering them the surgery they haven’t
been able to get for their whole life. It’s a big deal for them, and many just as with anything in medicine, they come with a family member, a partner, a sibling.

The guidelines for those surgeries are, according to the World Professional Association for Transgender Health, is that the individual should be living in the identified-with gender for a minimum of one year. They should be continuously on hormones -- either masculinizing or feminizing depending on their gender, perceived gender -- also for a minimum of one year. And they should have two referral letters from mental health professionals. These are referral letters that again to speak to the stability of their decision, and also their psychosocial readiness, meaning their personal readiness for it.

There are numerous examples of why gender confirming surgery can and should be viewed as medically necessary. I think in very general terms, it has been shown to significantly improve the quality of life of transgender people that undergo gender confirming surgery. By quality of life, I mean quality of life in a profound [way]-- with respect to depression, anxiety, function in society.

Some insurance companies and some organizations have talked about excluding, denying patients access to transgender surgery, where transgender surgery is put on the same shelf so to speak as cosmetic surgery. I think a surgery that puts your body in line with something as basic and as profound as your own gender is very different.

The reason is that cosmetic surgery tends to be superficial, small differences in our appearance: our hairline, wrinkles, coloring, etc. Whereas gender confirming surgery, really the aim of that is to put something, put a patient or a person’s own gender identity in line with their body. That’s profoundly different from fixing wrinkles or hairlines.

I think it speaks to the importance of this surgery and the sort of life-changing, quality-of-life-improving nature of this surgery,

Many participants are uninformed about the details of transition. The information provided was helpful for many in allaying concerns about a lack of checks and balances, and transgender people getting good care. Participants found it helpful to know there is a structure in place before surgery is performed.

The distinction between cosmetic surgery and gender-affirming surgery was important. For our progressive early adopter audience, the term “gender-affirming” was positively received.

Dr. Garcia’s affirmation that gender-affirming surgery is life changing, necessary, and positive for patients was helpful and important to our participants.
Karis is a transgender woman. She was born with a male body, but from a very early age always knew herself to be female.

**Karis:** It’s been very consistent throughout my whole life. I always knew I was different.

**Mom:** When Karis came out to me, Karis and I went out to Red Robin, and over a hamburger she said, “Do you know what transgender means?” And all these things that had happened in her childhood and teenage years suddenly made sense to me. When she went home, I just fell down and started crying. Cause I didn’t, I don’t know anything about this. I just know that it was going to be a rough road for her.

**Mom:** I got some books, and started reading and started learning, and then the fear set in. Because you read all these terrible statistics, and it was, it was terrifying as a mom. Knowing how many are assaulted, suicide rate, all of those things.

**Stepdad:** I sat back and thought about it for a few minutes. And I looked at Lurissa and I said that, “Well, you know, we’re just gonna have to change the way that we feel about things.” We needed to roll up our sleeves and act.

**Mom:** Number one is my kids. There’s no way that I would ever ever turn my back on my child, no way.

**Mom:** This is not a choice, this is how she was born. And we didn’t have words for it when she was younger, but it was a relief to finally understand what’s been going on all this time.

Participants related to the family’s journey—Lurissa and Eric seemed like normal parents.

Many empathized with Karis’ mom learning about the challenges faced by transgender people.

The tone of this story overall was surprising and unexpected, disrupting participants’ flawed mental template of disclosure leading to tragic rejection.

Participants liked the stepdad’s “roll up our sleeves” attitude.
Recently, Karis began the initial stages of gender-transition medical treatment, which her health insurance helps to cover. She is taking hormones prescribed by her doctor. Later, she plans to have voice therapy and surgery that will stop her body from producing testosterone.

Karis: For me, for me, the transition related care—including hormones, surgeries, whatever—is a cure for the terrible disease of being born misaligned. Everything that happened after puberty, it felt like I had some sort of weird disease. If you can imagine a girl growing up and just developing a full beard. As soon as that realization came through, and just the hopelessness set in.

Mom: But seeing the transformation now. As soon as she started taking hormones and started the physical transition, she turned into a completely different person. Outgoing, confident.

Stepdad: This is not something that involves one's vanity. It involves one's psyche as far as getting to finally be what they should have been all along.

Karis: Physically transitioning has helped me to see the value of my life.

Stepdad: I could never truly long ago understand why somebody would want to transition from man to woman. It's educated me. I've come to accept her as my daughter. You know, I choose not to even use the word trans. She's my daughter.

Stepdad: We still are a family of faith. When we talk about how does faith cement this for me? I can sum it up in one word: the Bible is love. I firmly believe that. You know, Jesus told us to love one another as He has loved us. He just said, love all. Love one another.

Video Transcript, Progressive Couple Journey: Diane and Steven

Steven: I think we've always thought of ourselves as pretty progressive and open-minded.

Diane: Treating other people the way you wanted to be treated and standing up for people who were treated unfairly was definitely something my parents taught me from an early age, and I think that's part of why we've always been big supporters of gay rights and of marriage equality.

Steven: Recently there's been a lot more talk in the news, on Facebook, and even in our group of friends about transgender people, and I think that's still pretty new for a lot of people.
Diane: Which has made me reflect a lot on our own journey because if you asked either of us, we of course would have said, “Transgender people should be treated the same as anybody else.” But, like a lot of people, we did not personally know anyone who was transgender.

Steven: Then, a couple years back, my coworker Christer, who I’d worked with for some time and who we occasionally socialize with, started the process of transitioning from female to male. Even though I was cool with it on one level, I have to admit I was a little shocked at first and it took some getting used to.

Diane: When he first told me about Christie I was really surprised. I was a little anxious at first. I was worried I might say the wrong thing or use the wrong name. It just took a little while for it to sink in and not feel a little uncomfortable. But I definitely believe people should be respected for who they are. There was no doubt about that. Even though it was new for us, we also wanted to be as supportive as we could.

Steven: What I realized is that I knew very little about transgender people and the struggles they face. I was really troubled to learn from Christie, who started going by Chris at this point, how big of a challenge it was for transgender people to get the healthcare they need.

Diane: I think a lot of us, if we think about it at all, think that someone might take a few hormones, they might have “the surgery,” and then that’s it. I think what we learned from Chris is that it’s really more of a process that looks different for everybody. Which of course makes sense, because you might have two people with asthma but they would need totally different treatments. We also learned from Chris, and since then from other transgender people that we’ve come to know, that there are a lot of different kinds of care that transgender people might need—like hormone therapy, or voice therapy, or breast surgery—that insurance companies already help to cover for other people, but refuse to help cover for people who are transgender, even if their doctors say it’s necessary. In a few places that’s changing, but most transgender people have to pay, literally, thousands of dollars out of pocket or go without care that is really vital to their physical well-being and emotional well-being and can even affect their ability to get a job and take of themselves and their families.

Steven: There are a lot of things that insurance companies should be helping to cover and aren’t. This is just one example. But when insurance help to cover the same treatment for one persona and deny it to another, simply because they’re transgender, that’s discrimination and that’s wrong. When I thought about it, we, by and large, have what we need to take care of ourselves and live a healthy life, and I want that for everyone in our community. You know I’ll probably personally never understand what it means to be transgender, we don’t always understand what other people need when we haven’t walked in their shoes. But people don’t have to understand or even agree to believe that we should all be treated equally and fairly.
APPENDIX B: Deconstruction of Infographics

Note that these materials were created for testing purposes only. While the statistics cited are real, not all messengers are real, and most quotations were written by the research team for testing purposes.

"TRANSGENDERN HEALTHCARE IS LIFESAVING."

“Transgender healthcare is lifesaving. The inability of transgender people to access transition-related medical care has serious consequences. More than 40 percent of transgender people report attempting suicide, due to lack of support and social rejection, including serious barriers to getting the medical care they need. But suicide rates drop by 80 percent when they have access to transition-related health care. Put simply, ensuring that transgender people can access the health care that allows them to live as the person they have always known themselves to be can be lifesaving.” – Dr. Peter Lim, M.D.


Having a doctor as messenger lends credibility, but the doctor’s facial expression was problematic for some. Some felt he seemed detached or uncaring.

It was not clear to some participants who was speaking in the pull quote.

The statistic about 40 percent of transgender people attempting suicide was very upsetting for participants. Connecting this issue to access to health care, and describing an 80 percent drop in suicide rates when transition-related care is accessible, was powerful for many.1

Phrases like “allows them to live as person they have always known themselves to be” and “transgender health care is lifesaving” were really core and moving for people. These phrases shifted the way participants frame this issue very quickly.

On this and other infographics, it will be important to cite sources for statistics.

The 40 states statistic was very powerful, but we should make it more clear in the large-print text that discrimination is legal in 40 states.

We heard lots of questions from participants about what “same treatments” means. People wondered how treatments for transgender people could be the same as treatments for non-transgender people.

Excluding coverage for transgender people was definitely seen as discrimination, which was very upsetting for people.

People wanted to know how often this is happening.

Alaska and Hawaii need to be included in the map.

As with other infographics, our statistics need to be cited. Be aware of the changing legal landscape, and update graphics as state policy and laws change. It may be useful to include a notation on your graphic saying “Current as of X date.”

Participants liked seeing Nina pictured with her family, but some were not able to tell which person in the photo was Nina.
The combination of the statistic and story was very shocking and upsetting. Nina’s experience of being refused care was really out of step with how participants thought doctors should behave and what their duties are. The story created good empathy for Nina and other transgender people trying to access care.

The 39 percent statistic should include a citation.²

Be aware that some participants thought doctors might turn away transgender patients because they are inexperienced or uneducated about transgender people—which some thought was actually a caring and responsible thing to do. We need to be clear that this refusal is because of doctors’ discomfort with transgender people.

We need to define basic and preventive care; some participants mistakenly think it is transgender specific.

In our research, we found it helpful to embed denial of care in broader health disparities. That way, it doesn’t just become a question about surgery, but about improving overall care and health parity for transgender people.

We need to define basic care, as well as what care is routinely provided to others but not for transgender people.

The state insurance commissioner was seen as a credible messenger on the topic who lends credibility to the problem of discrimination. Participants liked seeing the insurance commissioner take a leadership role on this issue.

Again, when talking about doctors turning away transgender patients, we need to be clear that it is because of the doctor’s discomfort, and not because they are inexperienced or uneducated and feel the transgender patient could receive better care elsewhere.


Note: This ad was created for testing purposes only. Oregon Insurance Commissioner Laura Cali did not make this statement.
The business messenger was important as a third-party validator. Participants didn’t perceive him as directly having skin in the game, which made his support for transgender workers seem even more notable.

It was important that this messenger worked in an unexpected blue collar industry—not in a field that might be perceived as hip or liberal.

His description of a fair and equal workplace was consistent with many people’s values about how a workplace should be. Many agreed that healthier employees are better employees.

It was helpful to elevate value about treating others the way you want to be treated.

Many agreed that people who earn benefits and pay into the system should get the same coverage. This language also reminds people that people earn and pay for these benefits; these benefits are not just a “handout” from government, employers, or insurers.

Participants related to his journey story about learning this new and upsetting information.
The information presented here was powerful and helpful in illustrating the positive impacts of access to care, but again, we need to cite statistics.

This graphic also raised some questions for participants. People are uninformed about high rates of unemployment and poverty faced by transgender people, and need help in connecting the dots about how access to care relates to employment rates, socioeconomic status, well-being, etc.

Liberal voters were moved when they heard that “suicide rates drop by 80% after receiving transition-related treatment.” Liberal voters were also more supportive of gender-affirming care after hearing that “transgender people report greater well-being, confidence, and life satisfaction.”

We received somewhat mixed responses to this infographic. Some felt it was too impersonal and made transgender people into a number. Others noted that people in their lives and other decision-makers on these issues would find this information important.

For some participants, this graphic helped to alleviate their concerns about transgender-inclusive health care coverage leading to increases in premiums across the board.

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For others, the fact that there was no significant cost made it even more clear that there should be no denial of care—that doing so was based on discrimination and bias, not something else.

Some participants had questions about the other 15 percent of employers who have seen an increase in costs. We need to answer that question for people.

Overall, this infographic was helpful, but we need to be aware of audience and sequencing when employing a graphic like this.

The statistics presented need to be cited.\(^5\)

Participants liked that Jace was with his family doing “normal” things. The image was humanizing and showed transgender people in a relatable context.

Some disliked the phrase “productive member of society.” They felt it was manipulative or that it was appealing to a conservative audience. Others liked it because it showed that transgender people also want to contribute and be a part of society.

Participants liked that Jace was able to be who he is and had a positive outcome.

The absence of any statistics was notable for people since all the other graphics had statistics. As with the Nina graphic, including a combination of storytelling and statistics would be helpful.

APPENDIX C

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 unique 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 malformation—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 medically-necessary procedures that had nothing to do with their transgender identity or hormone treatments.

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 hormones 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.