Key Take Away Points
Day 1

- Gender diversity is not pathology, and gender affirmation is a determinant of transgender health
- Children and adolescents tell us about their gender, we need to follow their lead
- There are many ways of affirming gender
- We stabilize co-occurring mental health problems so transgender people can move forward with personalized gender affirmation
- We can tailor evidence-informed behavioral health practices based on the minority stress framework
Day 1

- Surgical assessment focuses on medical decision making capacity and informed consent.
- Transgender health services ought to be integrated into primary care for direct access.
- An anatomical inventory, and treating the anatomy that is present, is key to good care.
- We are beginning to learn and develop ways to affirm and support fertility.
- Gender-affirming hormone therapy is not much different than care we provide all patients (e.g. diabetes).
Day 2

- Children and adolescents who are affirmed in their gender have better health outcomes and psychosocial functioning.
- Care teams working with family systems and services is a key part of success for transgender youth.
- Marginalization contributes to HIV risk, harm reduction approaches and integration of gender-affirming care with HIV care is the best practice.
- There is individual variability in whether transgender people seek gender-affirming surgery, and which surgeries.
Day 2

- Gender-affirming sexual health care is about listening to people, reflecting language, reflecting topics with an open mind.
- De-transitioning is not necessarily tied to regret, and can be part of someone’s gender journey; helping people make informed decisions at each stage and self-determination are key.
- Transgender experience is different depending on someone’s racial and cultural identities; people of color experience unique disparities and also resilience.