



## **Transgender Youth: Addressing Access to Care and Sports Participation *Policy Guidance* June 2021**

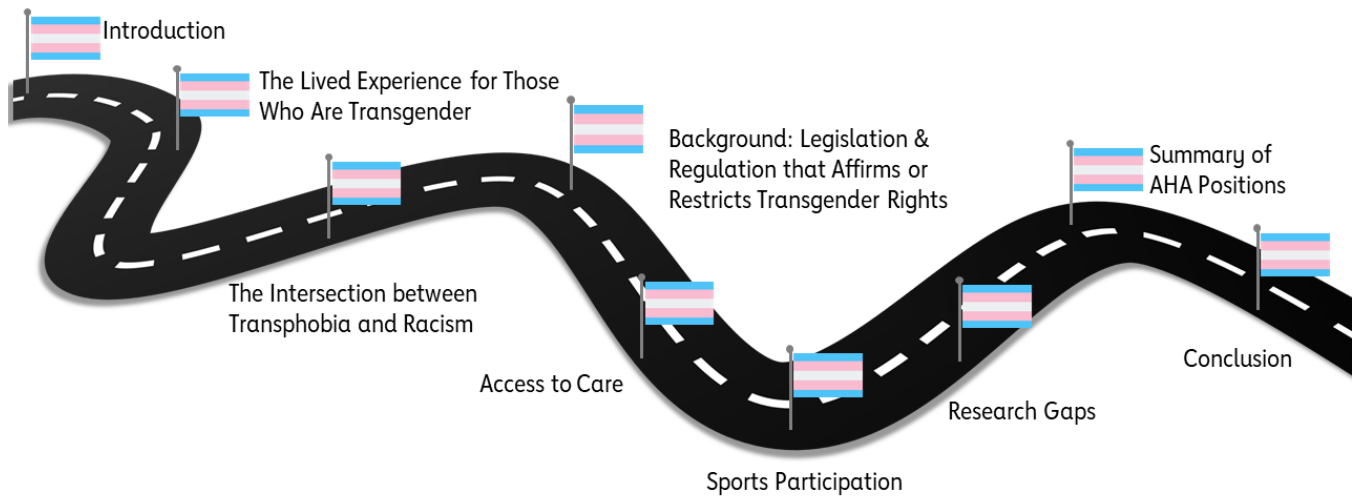
### **Summary**

The American Heart Association believes every person deserves the opportunity for a full, healthy life and is committed to advancing cardiovascular health for everyone by identifying and removing barriers that stand in the way of this goal. Physical activity is one of the most important lifestyle behaviors people can incorporate into their lives to improve physical health, mental health and overall well-being.<sup>1</sup> Everyone, including children and adolescents, can gain the health benefits of physical activity.<sup>1</sup> Given this, the American Heart Association supports efforts to eliminate policies that discriminate against participation in physical activity and sports participation based on sex, including sexual orientation or gender identity.

The American Heart Association also has a strong history of leading efforts to improve access to care in the United States. The Association believes that all efforts to create barriers to accessing care are harmful to patients and increase inequities. Care plans and treatments should be evidence-based and determined by providers, patients and their families, not by legislative or regulatory bodies. Transgender youth benefit from clinical care including mental health treatment and physical interventions that are gender-affirming.<sup>2</sup> Access to care oriented to a patient's specific needs, including affirmation of gender identity or gender expression, must be preserved and protected.

Fair and inclusive policies that protect transgender individuals and their health helps ensure every person thrive and develop to their full potential.

## Policy Guidance Road Map



**\*\*Please see Important Definitions of Terms Used in this Policy Guidance on Page 13.**

### Introduction

Those who are transgender have a personal identity and gender that does not correspond with their birth sex. Sex is determined by biology, regulated by chromosomes, anatomy and hormones. A person's gender identity, their inner sense of being male, female, some combination of these two, or neither, does not always correspond to their assigned sex at birth. Transgender does not refer to surgery or medical transitioning through hormones or pills, but rather a person's identity and how they feel. There are approximately 1.4 million adults and nearly 150,000 youth who identify as transgender,<sup>3,4</sup> an estimate extracted from state level surveillance systems as federal, population-based surveys do not capture gender identity. Twenty states and the District of Columbia are estimated to have a higher percentage of transgender-identified adults than the national average.<sup>3</sup>

### Lived Experience

Because of socio-cultural traditions, pre-conceptions, or beliefs, those who are transgender are often "othered," discriminated against and stigmatized.<sup>5</sup> Youth who identify as transgender or gender diverse have an increased likelihood of mental health implications (anxiety, depression, body dysmorphia, self-harm, suicide), experiencing homelessness, domestic violence, sexual violence,<sup>6</sup> substance use, high-risk sexual behaviors,<sup>7</sup> and

lack of affordable and culturally-competent care.<sup>8</sup> There are higher rates of health conditions including HIV, depression, interpersonal violence, cardiovascular disease, and substance abuse in transgender adults.<sup>9 10 11</sup> Many transgender individuals delay healthcare treatment because they fear stigmatization or believe healthcare

professionals lack knowledge and experience working with LGBTQ individuals; this delay in care may also increase morbidity and mortality.<sup>9</sup> Additionally, research has shown that LGBTQ individuals receive healthcare services that are often not as appropriate or effective as those provided to non-LGBTQ individuals.<sup>12</sup>

*Lived Experience: Transitioning*

*“As a trans teen, I faced great difficulty (and am still facing it) in finding a primary care physician, gynecologist and endocrinologist who were willing to provide me with medical care. While there were issues that they would have readily treated a cis gendered woman for, I was refused treatment because of my trans status. This extended from the front office staff to the doctors themselves. When I did get an appointment, my mother often had to accompany me into exam rooms to ensure my personal safety.*

*There were also no mental health counselors with a background in trans care. This form of care is essential to trans youth (and adults) who face a much higher rate of suicide and substance abuse due to marginalization.*

*I hope that the AHA can help to promote the need for medical practitioners to provide competent and compassionate care for trans youth. Their struggle is difficult enough without health care professionals being put at criminal risk for providing equitable health care.”*

**Catherine Thomas-Smith, Esq.**

Transitioning can be social, which typically includes changing of hairstyles, dress, name or pronouns to match one’s self-affirmed gender identity, and can include medical transitioning, which includes pills, hormones, or even surgery. The World Professional Association for Transgender Health (WPATH) and the American Academy of Pediatrics both support affirming care that supports the needs of the patient. Transitioning is often very important to those who are transgender because it allows them to live full and authentic lives, allowing others to see and interact with them in ways that are consistent with how they see themselves.<sup>9</sup> Helping a transgender person develop their identity can improve their mental health and quality of life and reduce gender dysphoria.<sup>13 14</sup> Indeed, transgender youth who are supported in their gender identity and have socially transitioned have similar rates of depression as their cis-gender peers, and mildly elevated levels of anxiety,

while transgender youth who have not socially transitioned or are not supported have significantly elevated levels of depression and anxiety compared to their cisgender peers.<sup>15</sup>

### **Intersectionality of transphobia and racism**

Intersectionality, a critical theoretical public health framework, is often used to examine how multiple social identities of an individual interact at the micro level of their lived experiences to reflect a reinforcing system at the macro social structural level such as racism and transphobia. Intersection of these identities often represents societal marginalization and disadvantage of specific communities resulting in negative health outcomes.<sup>16</sup> Intersecting systematic factors such as racism and classism place youth of color that identify as transgender at a higher risk of discrimination, victimization, excessive school discipline, and poor experiences within the healthcare system.<sup>17</sup> Currently, there is a lack of robust research examining the lived experiences of youth of color that identify as transgender or gender diverse, but early research suggests that these youth may feel extreme marginalization, similar to that of adults of color who identify as transgender who often experience racism, sexism, and transphobia.<sup>7 18</sup> A 2019 study examining the healthcare experiences of individuals of color who identify as transgender found that all participants reported negative experiences with healthcare providers and cited providers' assumptions about people of color who identify as transgender as a key factor of their negative experiences. Although many participants sought care from LGBTQ-friendly healthcare locations, many feared experiences of racism there, while those who preferred providers of color feared experiences of transphobia when revealing their gender identity.<sup>18</sup> Additionally, Black transgender youth are at an increased risk for negative health outcomes as they are also subjected to anti-Black racism. Anticipated stigmatization and lack of gender affirmation were significant factors in delay of primary care among Black transgender and gender diverse youth.<sup>18</sup>

It is equally important for healthcare providers and healthcare resources to recognize different gender categorization. Some societies and cultures acknowledge people who encompass gender identities and essences

beyond male and female, such as *Two-Spirit* individuals among Native American cultures, *Fa'afafine* individuals in the American Samoa/Samoan diaspora community, and *māhū* individuals in Hawaiian communities.<sup>19</sup>

Transgender individuals, whether they have socially or medically transitioned or not, may struggle with accessing relevant health care due to fear of discrimination based on transgender identity, which is compounded by racial minorities delaying healthcare due to fear of discrimination based on race.<sup>20 2</sup> Discrimination is an adverse childhood experience (ACE) and there is a growing body of evidence to suggest ACEs and cardiovascular risk factors in adulthood are linked.<sup>21</sup> Delaying or not seeking care has significant health implications in the transgender community. Transgender adults who delay healthcare due to fears of discrimination have worse general health and mental health, higher odds of having depression, suicidal ideation or suicide attempts.<sup>22</sup>

It is important for healthcare providers to provide care that is gender-affirming,<sup>23</sup> youth-friendly and emphasizes cultural humility.<sup>24</sup> Additional support is needed in schools, family systems, and communities that aims to address the intersection of multiple social identities to mitigate negative health outcomes experienced by youth of color who identify as transgender or gender diverse.<sup>17</sup> Future research is needed to explore the lived experiences and health outcomes of youth of color who identify as transgender compared to their White and cisgender peers.

### **Background on Legislation and Regulation at Different Levels of Government**

At the Federal level, the Biden administration is addressing equal access to healthcare and treatment for LGBTQ patients. In January 2021, President Biden signed an Executive Order preventing and combating discrimination based on gender identity or sexual orientation.<sup>25</sup> Subsequently, the US Department of Health and Human Services (HHS) reversed a policy of the previous administration that allowed healthcare providers to deny care to LGBTQ patients. In May 2021, HHS gave notice it would interpret the Affordable Care Act's Section 1557, which bars discrimination on the basis of sex, to include discrimination based on sexual orientation or gender identity. This position is in line with a June 2020 US Supreme Court ruling<sup>26</sup> that determined that the

Civil Rights Act's prohibition of employment discrimination on the basis of sex includes sexual orientation and gender identity. The American Heart Association, with several other patient-centered organizations, had offered a friend of the court brief in a case against the Trump administration rule.

At the state level, states are taking varying approaches to transgender health – from protecting LGBTQ rights to limiting rights including access to health care or youth sports participation. Several states have adopted protections for people who are transgender, including employment, public accommodations, housing, credit, and schools. According to the Movement Advancement Project, 25 states have laws that ban insurance exclusions for transgender healthcare.<sup>27</sup>

Since January 2021, 22 states have also introduced bills to deny guidelines-based, gender-affirming medical care to transgender youth.<sup>28</sup> In March 2021, Arkansas<sup>29</sup> became the first state to pass legislation denying gender-affirming care for youth and nine other states are considering similar bills.<sup>30</sup> Access to gender-affirming care is in jeopardy for an estimated 45,000 transgender youth across these states.<sup>28</sup> The Texas Senate introduced legislation<sup>31</sup> which would allow gender-affirming medical treatment for transgender youth to be considered child abuse under state law.

At least 35 bills have been introduced in 31 states in 2021 to exclude transgender youth from participating in athletics—up from 29 bills in 2020 and two in 2019.<sup>32</sup> In 2020-2021, seven states have passed laws that ban transgender youth from participating in school sports. These bills are mainly in K-12 schools, but a few have included college level sports. Most bills do not provide penalties for transgender athletes, however, in Minnesota, the bill allows for transgender athletes who compete in women's sports to face criminal charges.<sup>32</sup> President Biden's executive order in January 2021 prohibited discrimination based on gender identity in school sports, which may prevent the enforcement of some state laws.<sup>32</sup> Support for the state legislation to prohibit sports participation has been led by Republicans. However, some governors from the party have pushed back, mentioning government overreach.<sup>33</sup><sup>32</sup> Maps of each state's legislation addressing access to care and school sports participation are in Appendix A.

## Access to Care

Access to appropriate, gender-affirming, culturally-sensitive health care is critically important for transgender youth.<sup>23</sup> Several medical societies have released guidelines for appropriate clinical care. The Endocrine Society, the Center of Excellence for Transgender Health at the University of California – San Francisco, the World Professional Association for Transgender Health (WPATH), and the American Academy of Pediatrics all support providing gender affirming care, use of pubertal hormone suppression at the earliest signs of puberty or after counseling, and recommend sex hormone treatment to occur at age 16, after pubertal hormone suppression therapies, though there is some suggestion that this could start at an earlier age. Gender affirming surgeries are recommended typically after age 18, or after sex hormone treatment, though there is little noted evidence to support a certain age for breast surgeries in transgender males, meaning ages for these surgeries may occur earlier.<sup>34 7 14</sup> These medical societies' guidelines indicate the importance for providing, rather than denying, care for transgender youth. More detail of each organization's recommendations is in Appendix B.

### *Maintaining access to care for transgender youth*

The American Heart Association has a strong history of leading efforts to improve access to care in the United States. The second principle of the Association's Principles for Adequate, Accessible, and Affordable Health Care is "All people living in the United States should receive high-quality, affordable, patient-centered health care."<sup>35</sup> High-quality patient-centered health care focuses and respects an "individual's specific health needs and desired health outcomes" in determining health decisions between a provider and patient.<sup>36</sup> Access to care that affirms a patient's specific needs, including affirmation of gender identity or gender expression, should be prioritized as patient-centered health care. Legislation that presents barriers for young transgender and gender non-conforming people to access gender-affirming care removes the ability for providers to make decisions alongside patients to meet specific health needs is contrary to the Association's health care principles on access to high-quality health care.

Legislation or policies that remove access to existing culturally competent care and providers, and criminalize efforts to provide gender-affirming care for youth would exacerbate gaps in health and well-being between transgender and cisgender youth. Transgender youth benefit from clinical care including mental health treatment and physical interventions that are gender-affirming.<sup>2</sup> Similarly, access to care options like puberty-delaying hormone treatments can decrease distress and suicidality of transgender youth.<sup>37</sup> Continuous access to gender-affirming care for transgender youth can save lives and improve overall health and well-being.

It is the Association's position that all efforts to create barriers to accessing care are harmful to patients and increase inequities. Care plans and treatments should be determined by providers, patients and their families, not by legislative or regulatory bodies. Maintaining access to care and improving cultural competence for providers is necessary for improving health outcomes for transgender youth in the U.S.

### **Transgender Sports Participation**

Physical activity is one of the most important lifestyle behaviors people can do to improve physical health, mental health and overall well-being.<sup>1</sup> Everyone, including children and adolescents, can gain the health benefits of physical activity.<sup>1</sup> Increased physical activity improves bone health, weight status, cardiorespiratory fitness, and cardiometabolic health.<sup>38 1</sup> Additional benefits include improved cognitive function and reduced risk of depression.<sup>1</sup>

Children and adolescents can be physically active in many ways, including comprehensive school physical activity programs and organized sports.<sup>39</sup> The American Academy of Pediatrics (AAP) defines organized sport as physical activity that is directed by adults or youth leaders and involves rules and formal practice.<sup>40</sup> Organized sports participation has become a large part of children's and adolescents' lives and has contributed to many positive outcomes that are not limited to physical gains, including improving social skills like teamwork, cooperation, perseverance, self-confidence and problem solving.<sup>41</sup> Acquisition of these important skills goes well into adulthood and should be available to every young person, regardless of their gender identity.



Policies restricting transgender athletes' opportunity to participate in sports and recreation according to their gender identity can be stressful and do not facilitate a safe or affirming space for them.<sup>42</sup> Lack of acceptance and affirmation increases mental health risks. A 2020 survey found that 28% of transgender youth whose pronouns are not affirmed attempted suicide in the past year.<sup>43</sup> Due to participation in sports being associated with higher physical activity and better subjective health in young adulthood,<sup>38</sup> denying transgender youth the opportunity to participate in a sport that corresponds with their gender identity exacerbates existing vulnerabilities, decreases both mental and physical health, and compounds the existing structural challenges and stigma that place transgender youth at greater risk of poor overall health.

Policies that restrict a transgender child's ability to participate in athletics as their self-affirmed gender are not grounded in evidence. For prepubescent youth, there is no difference in athletic performance or advantage based on sex so there is no reason to separate transgender youth by biological sex.<sup>44</sup> For pubescent and post-pubescent adolescents, evidence differs on the exact advantage transgender women and girls may have, if any, over their cisgender peers. One study noted that transgender women are not the only ones with higher levels of testosterone and androgen concentrations, noting that women with polycystic ovary syndrome and other hyperandrogenic disorders tend to have improved performance in sports.<sup>44</sup> One 2017 systematic review found no direct or consistent evidence that transgender women have an athletic advantage over their cisgender peers at any stage of their transition.<sup>45</sup> Another systematic review found that hormone therapy reduces strength, lean body mass and muscle area in transgender women, though after 36 months of hormone therapy these values are still higher than the average cisgender women's values.<sup>46</sup> It should be noted that this study did not test the effects on athletic achievements. Most studies have noted significant variation in athletic ability of transgender people, as athletic ability is not solely determined by testosterone and androgen levels, but also athletic ability, height, age and duration of puberty onset, and other factors.<sup>47-49</sup> This means that not all biological males are better at sports than all biological females, especially at the non-elite level. Making uniform policies that require transgender girls to participate with biological males is not grounded in evidence.

Additionally, policies that discriminate against transgender people based on safety concerns for cisgender people do not address, and may build upon, the larger problem that LGBTQ+ students are more likely to feel unsafe in athletics and activities surrounding athletics such as locker rooms and bathrooms, largely due to discrimination from their peers or inaction from their teachers and coaches.<sup>50</sup> Collegiate and elite organizations such as the NCAA and the International Olympic Committee have policies allowing transgender athletes to participate in the sport that aligns with their affirmed gender, yet many states ban transgender youth from participating in sports, making it difficult for transgender people to play at the elite or collegiate level as they grow older due to lack of experience at an earlier age in the sport.<sup>51, 52</sup> Transgender youth who are excluded from the sports team that aligns with their gender report alienation from all teams, and many end up not playing sports at all.<sup>53</sup> Appendices C and D outline athletic organizations', and state athletic organizational policies on transgender policies that are important in guiding competition opportunities at all levels of sport.

### **Future Research Agenda**

More research will help frame the lived experiences of those who identify as transgender and the resulting impact on health and well-being. Broadly, NIH is spending about \$274 million on LGBTQ and sexual and gender minorities research.<sup>54</sup> This research allocation has increased steadily in recent years. However, the NIH Strategic Plan to Advance Research on the Health and Well-Being of Sexual and Gender Minorities for FY 2021-25<sup>55</sup> makes no mention of transgender youth, their access to care or transgender youth sports participation, or the intersectionality of youth transgender identity, racism, and other stigmatization. Further research is needed to optimize treatment strategies for transgender youth and adolescents with more robust data to support optimal care and evidence-based guidelines for transgender and gender diverse individuals with evaluation of health and psychosocial outcomes. Research should also explore the socio-economic and systemic factors that negatively affect the lived experiences and health outcomes of transgender individuals of color. More comprehensive surveillance should be funded, especially in large national population-based surveys, that captures gender identity, life experiences (e.g. stress, homelessness, violence, self-harm, substance abuse, interpersonal relationships) and comprehensive health outcomes.

## Summary American Heart Association Positions

The American Heart Association supports transgender rights for equitable access to health care and opportunities to participate in physical activity and sports. Societal marginalization and discrimination often result in negative health and psychosocial outcomes, and access to appropriate, gender-affirming, culturally-sensitive health care and sports participation are critically important for transgender youth and adults and their lifelong health and well-being.

Issue	The American Heart Association Supports	Key Points
Support of Transgender Rights	Transgender rights for equitable access to health care and opportunities to participate in physical activity and sports and acknowledges that societal marginalization and discrimination often result in negative health and psychosocial outcomes.	<ul style="list-style-type: none"> <li>• The American Heart Association is committed to giving every person the same opportunity to live a full, healthy life, and incorporates health equity in all our public policy and advocacy work.</li> <li>• Support is needed in schools, family systems, and communities that addresses the negative health outcomes experienced by youth and adults who identify as transgender or gender diverse.</li> <li>• Because of socio-cultural traditions, pre-conceptions or beliefs, those who are transgender are often discriminated against or stigmatized.</li> <li>• Youth who identify as transgender or gender diverse often have an increased likelihood of mental health issues, homelessness, domestic violence, sexual violence, substance use and high-risk sexual behaviors and lack affordable and confidential care.</li> <li>• There are higher rates of health conditions including HIV, depression, interpersonal violence, cardiovascular disease, and substance abuse in transgender adults which may increase morbidity and mortality.</li> </ul>
Access to Care	Access to appropriate, affordable, culturally-sensitive health care for all people living in the United States, including transgender youth and adults. Treatment should be guided by evidence-based clinical guidelines.	<ul style="list-style-type: none"> <li>• Legislation that presents barriers for young transgender and gender non-conforming people to access gender-affirming care removes the ability of providers to make decisions alongside patients to meet specific health needs.</li> <li>• Removing access to existing culturally competent care providers and criminalizing efforts to provide gender-affirming care for youth would exacerbate gaps in health and well-being between transgender and cisgender youth.</li> </ul>

		<ul style="list-style-type: none"> <li>• Transgender youth benefit from clinical care including mental health treatment and physical interventions that are gender-affirming.</li> <li>• Care plans and treatments should be determined by providers, patients and their families, not by legislative or regulatory bodies.</li> <li>• Maintaining access to care and improving cultural competence for providers is necessary for improving health outcomes for transgender youth in the U.S.</li> </ul>
Access to Organized Sports	The American Heart Association supports inclusive, fair, gender-affirming policies that provide access to physical activity and sports participation for <u>all</u> students.	<ul style="list-style-type: none"> <li>• Physical activity and sports participation provide lifelong benefits for mental, physical and emotional health.</li> <li>• Fair and inclusive practices enable transgender student-athletes to participate on school sports teams in gender-affirming ways.</li> <li>• For prepubescent youth, there is no difference in athletic performance or advantage based on biological sex which means at this age transgender youth should be able to participate in their affirmed gender.</li> <li>• For elite-level, competitive sports during and after puberty, guidance from the relevant governing bodies assures participation in the most gender-affirming way and addresses fair competition.</li> <li>• <a href="#">Pre-participation screening</a> of <u>all</u> athletes should follow national standards and guidelines. Policies, programs, training, and continuing education that increase provider knowledge of prescreening for transgender athletes should be implemented.</li> <li>• School-based sports remain an integral part of education and development for young people, contributing to health, well-being, leadership skills, and social and emotional learning.</li> <li>• Fair and inclusive participation creates an environment where all athletes can thrive and develop to their full potential.</li> </ul>

**Conclusion**

The American Heart Association supports transgender rights and will assist key partners who are advocating to eliminate discrimination based on sex, including sexual orientation or gender identity. The association does not support legislation or regulation that limits access to patient-centered, culturally-appropriate, affordable health care or reduces access to physical activity and sports participation. Fair and

inclusive policies that protect transgender rights support lived experiences that allow people to thrive and develop to their full potential.

**Acknowledgements:** The American Heart Association’s policy research team would like to acknowledge several staff members, including Rhianna Kern, Cristina Murphy, Tyra Satchell, Reyna Radcliffe, its Employee Resource Group led by Kathy Young, and the team at George Washington University, including Katie Horton and Paige Organick-Lee who were integral in developing this policy guidance.

**Definitions:**

**Cisgender:** A person whose gender identity matches their sex assigned at birth.

**Gender:** A socially constructed phenomenon that takes into account the psychological, behavioral, social, and cultural aspects of being male or female. A person’s gender identity can be the same (cisgender) as their sex, or different (transgender, genderqueer, or gender nonconforming).

**Gender-affirming care:** Medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient. Gender-affirming medical care holistically views and aids a transgender person’s physical, mental, and social health needs.

**Gender diverse:** An overarching term used to describe the ever-changing labels used to describe individuals whose gender identity, expression, or perception does not conform to traditional binary norms and stereotypes.

**Gender dysphoria:** The condition of feeling one's emotional and psychological identity as male or female to be opposite one's biological sex.

**Gender non-conformity:** Not conforming to gender roles. Gender refers to the behavioral, cultural, and psychological traits typically associated with males and females. However, this view is limiting since people can be male, female, transgender, genderqueer, gender non-binary, gender non-conforming, or agender.

**Homophobia:** Dislike of or prejudice against people who are homosexual.

**LGBTQ:** An initialism that stands for lesbian, gay, bisexual, transgender, and queer (or questioning).

**Sex:** Typically, sex is assigned at birth or during ultrasounds based on appearance of external genitalia. In some cases, external genitalia are ambiguous. Sex is divided into two main mutually exclusive categories, male and female, and also intersex.

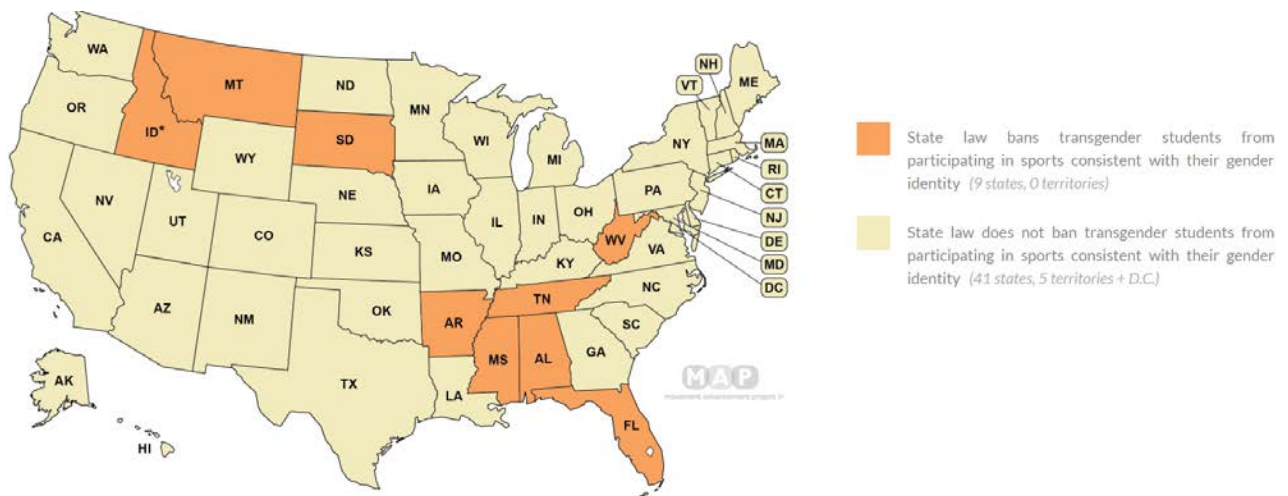
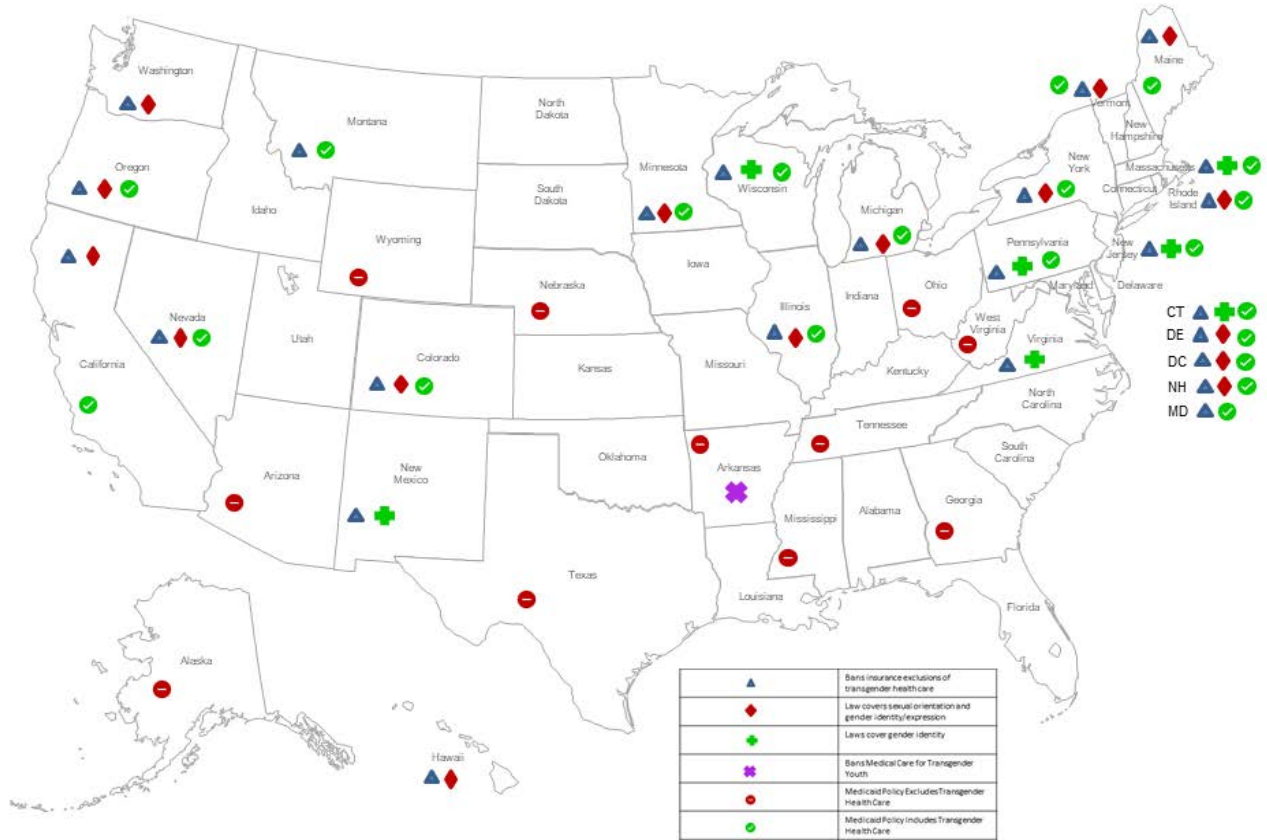
**Transgender:** Transgender is a term that includes the many ways that people's gender identities can be different from the sex they were assigned at birth. Transgender is often shortened to trans. Those who are transgender are included in the LGBTQ community.

**Transphobia:** Intense dislike of or prejudice against transgender people.

**Transitioning:** When transgender people begin making changes to match the way they feel inside.

# Appendices

## Appendix A: Summary Map of State Transgender Legislation on Access to Care



Movement Advancement Project: [Movement Advancement Project | Bans on Transgender Youth Participation in Sports \(lgbtmap.org\)](https://lgbtmap.org)

**Appendix B: Summary of Major Clinical Guidelines**

<b>Table: Clinical Guidelines</b>	<a href="#"><u>Endocrine Society</u></a>	<a href="#"><u>Center of Excellence for Transgender Health at UCSF</u></a>	<a href="#"><u>WPATH</u></a>	<a href="#"><u>American Academy of Pediatrics</u></a>
<b>Pubertal hormone suppression (puberty blockers)</b>	Recommended for youth with gender dysphoria or gender incongruence. Treatment should begin after first exhibited physical changes of puberty, and include fertility preservation counseling.	Should be initiated at the early stages of puberty, along with estrogen for transfeminine youth.	First, there should be a full exploration of psychological, family and social issues. Criteria for hormone suppression include: demonstrated long-lasting and intense patterns of gender nonconformity or dysphoria, gender dysphoria has emerged or worsened with onset of puberty, and coexisting psychological, medical, or social problems interfering with treatment have been addressed.	The American Academy of Pediatrics generally follows the Endocrine Society’s or WPATH guidelines.  AAP also recommends that pediatricians also use the correct pronouns and provide empathetic and competent care in a gender-affirming space.
<b>Sex hormone treatment</b>	Recommended age is at least 16, but treatment can be done in certain circumstances after consulting multidisciplinary team.	Recommended age is at least 16, but treatment can be done in certain circumstances. This decision should include length of time youth has been on puberty blockers, and social and emotional challenges through puberty delays.	Sex hormone therapies should be initiated after pubertal hormone suppression therapies. Treatment decisions should ideally include the adolescent, family, and treatment team.	They recommend that electronic health records, billing systems, and insurance plans that affirm the gender identity, and that
<b>Gender affirming surgeries</b>	Should occur after one year of consistent and compliant hormone therapy, a social role change, and satisfaction with hormonal treatment. Surgeries involving gonadectomy/hysterectomy should be after patient is 18 years old. There	All types of genital surgeries are not recommended until age 18. However, certain surgery requests due to drastic emotional and social tolls can be evaluated on a case-by-case basis.	Surgeries should occur after successfully sex hormone therapies and puberty blockers.	pediatricians have a role in advocating for and developing relationships with schools and community organizations, policy makers, and laws to protect transgender



	is no evidence to recommend age for breast surgeries for transgender males.			youth from discrimination.
<b>Evaluation and mental health</b>	Mental health providers diagnosing gender dysphoria or gender incongruence should have training in child developmental psychology and psychopathology, competence in using the DSM and/or the ICD, and ability to undertake or refer for appropriate treatment, ability to assess the youth's understanding and social conditions relevant to hormone therapies, and knowledge of medication criteria. Decisions regarding transition should be made with the mental health provider.	Mental health support should provide a safe and welcoming space for young people to discuss and explore their gender, and any mental health challenges that may exist. Transgender youth may benefit from ongoing therapy during both pubertal suppression and the first few years of gender-affirming hormone administration, and perhaps, beyond. Mental health care should not be required for health care access.	Mental health professionals should meet the competency requirements for mental health professionals working with adults, be trained in childhood and adolescent developmental psychopathology, and be competent in diagnosing and treating the ordinary problems of children and adolescents. Mental health professionals should assess gender dysphoria, provide family counseling and supportive psychotherapy, assess and treat other mental health concerns, refer adolescents for physical interventions, educate and advocate on behalf of the children and their families, and provide them with information and referrals for peer support.	Pediatricians should use a gender-affirmative care model, which incorporates providers from medicine, mental health and social services.

**Appendix C: Athletic Organizations Policies for Sports Participants Who Are Transgender**

<b>Table: Athletic</b>	<b>Organization</b>	<b>Allow transgender people to participate</b>	<b>Policy limitations or specifications</b>
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Organizational policies		in sports with their self-affirmed gender	
Elite and collegiate organizations	<a href="#">International Olympic Committee</a>	Yes	Transgender individuals who transitioned before puberty can participate with their affirmed gender. Transgender athletes who transitioned after puberty are eligible to participate in competition as long as gender affirming surgeries, including gonadectomy (at least two years ago), legal recognition of their sex, and external genitalia changes have been completed, and hormonal therapy is undergone.*
	<a href="#">NCAA</a>	Yes	A transgender male who has received a medical exception for treatment with testosterone may compete on a men's team. A transgender woman being treated with testosterone suppression may compete on a men's team but may not compete on a women's team until completing one calendar year of testosterone suppression treatment.
	<a href="#">National Intramural-Recreational Sports Association (NIRSA)</a>	Yes	None
K-12 Organizations	<a href="#">Society of Health and Physical Educators (SHAPE)</a>	Yes	There is no need to separate kids in grades K-5 based on sex. Grades 6-8 do not need to be separated based on sex in PE, intramurals and athletics for safety. Grades 9-12 should be encouraged to participate in mix-gender sports and sex-separate activities according to self-affirmed gender identity.
	<a href="#">LGBT Sports Foundation</a>	Yes	None
	<a href="#">National School Boards Association</a>	Yes, dependent on state law and state athletic association policies	None
	<a href="#">National Federation of State High School Associations (NFHS)</a>	Yes, dependent on state law	Recommends following the National Center for Lesbian Rights' <a href="#">model high school policy</a> , which allows transgender students to compete with their gender identity.
<a href="#">National Association of Secondary School Principals</a>	Yes, dependent on state athletics association policies	None	

Medical Societies	<a href="#">American Academy of Pediatrics</a>	Yes	None
	<a href="#">American Medical Association</a>	Yes	None

\*Note: The International Olympic Committee has [announced](#) that they will update this guideline after the Tokyo Olympics.

#### Appendix D: State Athletic Associations' Policies for Transgender Athletes

State School Athletic Association	Allow participation with self-affirmed gender	Policy limitations, specifications, or clarifications
<a href="#">Alabama High School Athletic Association</a>	No	Students must participate as the gender identified on their birth certificate
<a href="#">Alaska School Activities Association</a>	Schools determine gender and eligibility	Students at schools with no written policy may only participate with their sex assigned at birth.
<a href="#">Arizona Interscholastic Association</a>	Yes	Student must contact the school indicating that the student has a gender identity different than the sex on their birth certificate, which leads to an appeal process with letters of support from the student, their parent or guardian, a school administrator, and a qualified health care provider.
<a href="#">Arkansas High School Activities Association</a> * Only 2019-2020 handbook available	No	Uses birth certificate to determine participation in girls or boys teams.
<a href="#">California Interscholastic Federation</a>	Yes	Student may participate on the team with their gender identity. The student must notify the school that the students' gender identity is different than the gender listed on their registration records, and the school must contact CIF for an appeal.
<a href="#">Colorado High School Activities Association</a>	Yes	Student or parent must contact school that the student has a gender identity different than their sex assigned at birth, and list events the students wants to participate in. The transgender student will participate with their gender identity.
<a href="#">Connecticut Interscholastic Athletic Conference</a>	Yes	The student and their school will determine the students' gender identity, but students can participate on a team that is consistent with their gender identity.
<a href="#">Delaware Interscholastic Athletic Association</a>	Yes	Students can participate on a team other than their assigned sex at birth in accordance with the school's policy that meets standards by the board of directors, and is subject to an appeal process.
<a href="#">Florida High School Athletic Association</a>	Yes	Students can participate on teams consistent with their gender identity and expression, regardless of the gender listed on a student's birth certificate and/or records.

<a href="#">Georgia High School Association (GHSA)</a>	Unclear	The GHSA <a href="#">bylaw 1.47</a> states that each school will make determinations on the students' gender. However, the GHSA's <a href="#">interpretation</a> is that a students' gender is determined by their birth certificate.
<a href="#">Hawaii High School Athletic Association</a>	No policy	No policy on transgender athlete participation, though schools have general inclusive policies to respect students' gender.
<a href="#">Idaho High School Activities Association</a>	Yes, medical restrictions	Transgender male athletes taking medically prescribed hormone treatments may only participate on male teams. Transgender female athletes not taking hormone treatment may only participate on male teams. Transgender female athletes taking hormone treatments may participate on male teams at any time, but must complete one year of hormone treatment before competing on female teams.
<a href="#">Illinois High School Association (IHSA)</a>	Yes	Student or parent will contact the school administrator that they have a different gender identity than school registration card, and the school must collect medical documentation and gender identity advantages for their sport, and contact the IHSA for approval.
<a href="#">Indiana High School Athletic Association</a>	Yes	Students must participate on teams that match their sex assigned at birth. However, students with "a non-conforming gender" may obtain a waiver and participate as a transgender student.
<a href="#">Iowa High School Athletic Association (Boy's Association)</a>	Yes	Transgender males can compete on male teams as long as he consistently identifies as male at school, home, and socially.
<a href="#">Iowa Girls High School Athletic Union (Girl's Association)</a>	Yes	Transgender women can compete as female as long as she consistently identifies as female at school, home, and socially.
<a href="#">Kansas High School Activities Association</a>	Allows individual schools to determine appropriate team	Schools are responsible to determine the appropriate gender team for the student. Once a student is identified as transgender, they will participate in that gender category in all sports.
<a href="#">Kentucky High School Activities Association</a>	Effectively, no (Gender affirming surgeries are not recommended until age 18 (unless in extreme cases), and since most high school students	To participate on the sports team that aligns with their gender identity, the student must have undergone sex reassignment before puberty, OR after puberty including: gender affirming surgeries (including gonadectomies) have been completed, and hormonal therapy has been administered for "a sufficient length of time to minimize gender-related advantages". If a student stops taking hormonal treatment, they must participate with their sex assigned at birth.

	will have graduated or nearly graduated by age 18, this is effectively banning transgender students from participation)	
<a href="#">Louisiana High School Athletic Association</a>	Effectively, no (Gender affirming surgeries are not recommended until age 18 (unless in extreme cases), and since most high school students will have graduated or nearly graduated by age 18, this is effectively banning transgender students from participation)	Students must compete according to the gender on their birth certificate, unless they have undergone sex reassignment. Sex reassignment must have undergone sex reassignment before puberty, OR after puberty which includes gender affirming surgeries (including gonadectomy), hormonal therapy for “a sufficient length of time to minimize gender-related advantages in sports”, and participation in the students’ gender identity must be at least two years after all surgical and anatomical changes have been completed.
<a href="#">Maine Principal’s Association</a>	Yes, with unclear caveat	Students can participate consistent with their gender identity, “unless such participation would result in an unfair athletic advantage or would present an unacceptable risk of injury to other student athletes”.
<a href="#">Maryland Public Secondary Schools Athletic Association</a>	Yes	Students can participate in athletics consistent with their gender identity. They must contact their school indicating their

		gender identity, and are subject to an Appeal Review Committee.
<a href="#">Massachusetts Interscholastic Athletic Association</a>	Yes	Students can participate according to their gender identity.
<a href="#">Michigan High School Athletic Association (MHSAA)</a>	No policy	Note: <a href="#">MHSAA</a> does not have policy on transgender athletes, but the State of Michigan <a href="#">Department of Education</a> requires that students participate in classes and intramural sports according to their gender identity
<a href="#">Minnesota High School Sports League</a>	Yes	Students can participate consistent with their gender identity. Students must alert the school, and an appeal must be submitted to the league, including transcript, statements from the parents/guardian, friends or teachers affirming their gender.
<a href="#">Mississippi High School Athletic Association (MHSAA)</a>	No policy	MHSAA has <a href="#">no policy</a> regarding transgender athletes, but Mississippi’s Governor Reeves just signed <a href="#">SB 2536</a> , banning transgender women from playing sports: this law goes into effect July 1 2021.
<a href="#">Missouri State High School Activities Association</a>	Yes, medical restrictions	Transgender athletes not taking medical/hormone treatment must play with their sex assigned at birth. Transgender males taking medical/hormone treatment can compete on men’s teams. Transgender females taking hormone suppression medication can participate on women’s teams after one year of documented suppression, providing medical documentation afterwards that “appropriate hormone levels” are maintained.
<a href="#">Montana High School Association</a>	No policy	
<a href="#">Nebraska School Activities Association</a>	Yes, medical restrictions	Transgender students must notify the school and go through review to participate on the team with their gender identity. Transgender females have to submit medical documentation of one year of hormonal therapy or sexual reassignment surgery and physiological testing demonstrating to a committee that the transgender female student does not possess physical or physiological advantages over cisgender female peers.
<a href="#">Nevada Interscholastic Activities Association</a>	Yes	Students can participate on a gender specific sports team consistent with their gender identity. Schools must determine eligibility based on current school records and daily life activities that confirm the students’ gender identity.
<a href="#">New Hampshire Interscholastic Athletic Association</a>	Yes	Students can participate in sports according to their gender identity. School districts shall determine a student’s eligibility to participate based on the gender identification of that student in current school records and daily life activities in the school and community for that sport season.
<a href="#">New Jersey State Interscholastic Athletic Association</a>	Yes	Transgender students can participate with their gender identity, or their sex assigned at birth, but not both.
<a href="#">New Mexico Activities Association</a>	No	Students must compete with their gender listed on their birth certificate.

<a href="#">New York State Public High School Athletic Association</a>	Yes	Transgender students can participate according to their gender identity. Students must notify Superintendent to confirm with the school their gender identity, including documentation from parents, guardians, guidance counselors, or medical professionals.
<a href="#">North Carolina High School Athletic Association</a>	Yes	Transgender students must submit the Gender Identity Request Form, which includes letters from the students' friends, teachers, or parents, medication list, and written verification from the students' healthcare professionals related to their gender. After approval from committee, the transgender student can participate according to their gender identity.
<a href="#">North Dakota High School Athletic Association</a>	Yes, medical restrictions	Transgender students not taking hormone treatment must participate according to their sex assigned at birth. Transgender males who have undergone treatment with testosterone for gender transition may compete with boys, but not girls. Transgender females treated with testosterone suppression medication must be treated for one year before they can compete on women's teams.
<a href="#">Ohio High School Athletic Association</a>	Yes	Transgender students can participate with the team that matches their gender identity, though they must be compliant with OHSAA policies.
<a href="#">Oklahoma Secondary School Activities Association</a>	Yes, medical restrictions	Transgender male students not taking testosterone may choose to participate either on boys or girls' teams. Transgender male students taking testosterone may only compete on boys' teams. Transgender female students not taking hormone therapy (or therapy for less than 1 year) may only participate on male teams. Transgender female students who have taken one year or more of hormone therapy may participate on boys' teams.
<a href="#">Oregon School Athletic Association</a>	Yes	Transgender students can participate according to their gender identity. They must contact their school to notify them of their intent to participate.
<a href="#">Pennsylvania Interscholastic Athletic Association</a>	Yes	When a students' gender is questioned or uncertain, the students' principal makes the decision regarding the students' gender.
<a href="#">Rhode Island Interscholastic League</a>	Yes	The transgender student and their school can determine their gender identity, based on school records and the students' daily life activities.
<a href="#">South Carolina High School League</a>	No policy	
<a href="#">South Dakota High School Activities Association</a>	Yes	Students can participate in sports according to their gender identity. The transgender student and parent/legal guardian must contact their school notifying them that the student has a different gender identity than the school's registration information. The school must then collect statements from the student, their parents, and friends or teachers affirming the

		students' consistent gender identity, and written verification from a health care professional, to then notify SDHSAA.
<a href="#">Tennessee Secondary School Activities Association</a>	No policy	
Texas: <a href="#">University Interscholastic League</a>	No	Gender is determined from the student's birth certificate.
<a href="#">Utah High School Activities Association</a>	Yes	Transgender students can participate on the sports team that aligns with their gender identity. School districts and schools must confirm this gender identity based on the students' school records and their daily life activities.
<a href="#">Vermont Principals' Association</a>	Yes	Students can participate on the sports team that aligns with their gender identity. The superintendent will confirm the gender identity.
<a href="#">Virginia High School League</a>	Yes	Students can participate on the sports team that aligns with their gender identity.
<a href="#">Washington Interscholastic Activities Association</a>	Yes	Students can participate on the sports team that aligns with their gender identity. Schools are responsible to work with the student athlete to determine eligibility, and help with the appeal process.
<a href="#">District of Columbia State Athletic Association</a>	Yes	Students can participate on teams that align with their gender identity. Students must notify the school of their gender identity change.
<a href="#">West Virginia Secondary School Athletic Commission</a>	No policy	
<a href="#">Wisconsin Interscholastic Activities Association</a>	Yes	The students' school is responsible for determining student eligibility to participate in athletics. This determination must include statements from the student and parent, documentation from teachers or friends affirming their gender, and written verification from a health care professional confirming their gender identity. Transgender males who have started hormone therapy can only play on male teams. Transgender males who have not started hormone therapy may participate on female teams. Transgender females must have one calendar year of documented testosterone suppression therapy are eligible to participate on a female team. Transgender females who have not completed a year of testosterone suppression therapy must participate on male teams.
<a href="#">Wyoming High School Athletic Association</a>	Yes	Students can participate on the sports team that aligns with their gender identity. The student must notify the school, who confirms this, and notifies WHSAA.



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