

What your Lesbian, Gay, Bisexual, Transgender, and Questioning patients would like you to know





Learning Objectives

Take a sexual history using language preferred by LGBT/Q patients

Discuss sexual health issues with patients using non-judgmental questions about sexual practices and behaviors

Identify some common barriers to healthcare for LGBT/Q patients

List strategies to create a safe and welcoming environment for LGBT/Q patients





Drian Juarez

Program Manager
Grinder for Equality (G4E)

Founder of the LA LGBT Center's Transgender Economic
Empowerment Project (TEEP)

Member of the West Hollywood Transgender Advisory Board:
The first government-recognized board in the nation to
advise a city council on transgender issues

Board President of Gender Justice LA

Vice President of Programming
Trans Can Work

Drian@TransCanWork.org

Twitter: @drianica2012

Instagram: drianica

Drian Juarez

Who I am..

- Immigrant
- Grass Roots Organizer since '05
- HIV Health Educator
- Founder/Former Program Manager of the Transgender Economic Empowerment Project (TEEP)/Los Angeles LGBT Center
- West Hollywood Transgender Advisory Board Member
- Grindr for Equality Program Manager
- Identity Pronouns: She, Her, Hers, They, Them, Theirs

The root

At what point did you
choose to be a boy or
girl?

Creating the Space



- Over the past seven years, EPL West had the pleasure of hiring 40 self-identified TGNC individuals.
- 25% of this group was able to navigate the pathway to a management position.
- For the first time, many individuals felt they were working on a level playing field while in their true gender identity.

TRANS CAN WORK

501(c)(3) Non Profit Organization

Workplace Education & Job Seeker Services

- 400 Workplace Partners in 2019
- 1800 Gender Diverse Clients Engaged in 2019
- 600 Received Direct Support
- 200 Full Time Employment
- CWA Approved CTI Trainer/Consultant

Health Care Nightmares

“I have been harassed and physically assaulted on the street. One time, I didn’t go the hospital until I went home, changed [out of feminine] clothes, and then went to the emergency room in male mode. I had a broken collar bone as a result of that attack.”

Health Care Nightmares

“My experiences in dealing with hospital personnel after my rape was not pleasant and lacked a lot of sensitivity to trans issues.”

LGBTQ

Highlights Diversity

L Lesbian

G Gay

B Bisexual

T Trans/Transgender

Q Queer/Questioning

...and it's growing

Major terms to highlight:

“Patients [need] a setting of respect and trust. This requires referring to the transgender patient by their preferred name and pronoun, reassuring the patient about confidentiality, educating clinic staff and colleagues regarding transgender issues, and respecting the patient’s wishes regarding potentially sensitive physical exams and tests...Familiarity with commonly used terms and the diversity of identities (including fluid, non-binary identification) within the transgender community is essential.”

Transgender/Trans:

Transgender/Trans: An umbrella term used to describe a continuum of individuals whose gender identity is different from their assigned sex at birth

Queer:

Queer: A term used to refer to the entire LGBTQ community. A term for individuals that identify as a sexual minority. A term that straight allies use to self-identify, acknowledging their connection to the community

Questioning:

Questioning: A term used to refer to individuals who present on a continuum or who may have fluid presentations that may change from day to day.

Non-Binary:

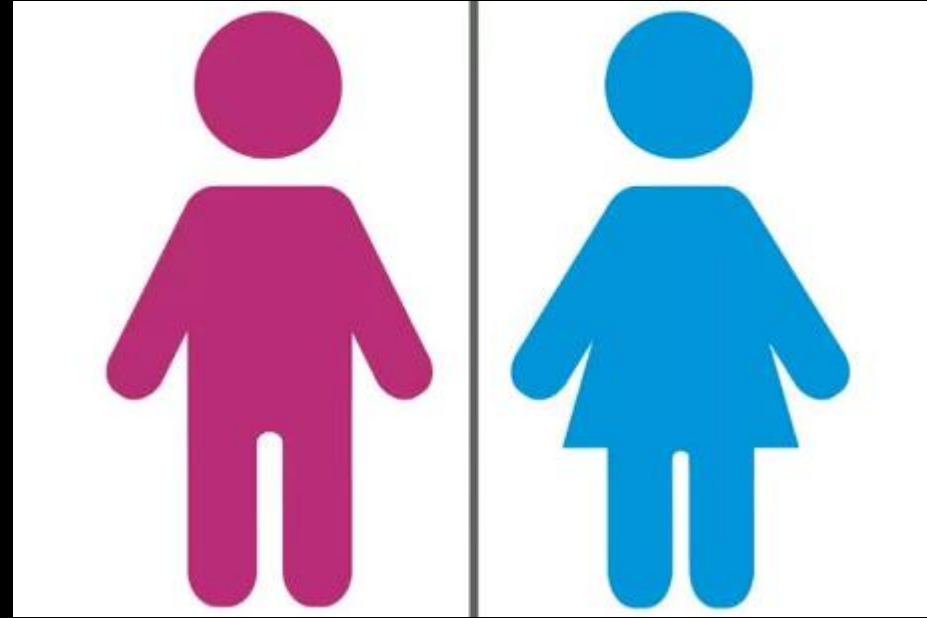
Non-Binary: Some societies – like ours – tend to recognize just two genders, male and female. The “gender binary,” is the idea that there are only two genders because binary means “having two parts” (male and female). Therefore, “non-binary” is a term people use to describe genders that don’t fall into one of these two categories. Non-binary people are nothing new. Non-binary people aren’t confused about their gender identity or following a new fad – non-binary identities have been recognized for millennia by cultures and societies around the world.

Assigned Sex

Biological/physiological characteristics that define an individual as male or female at birth.

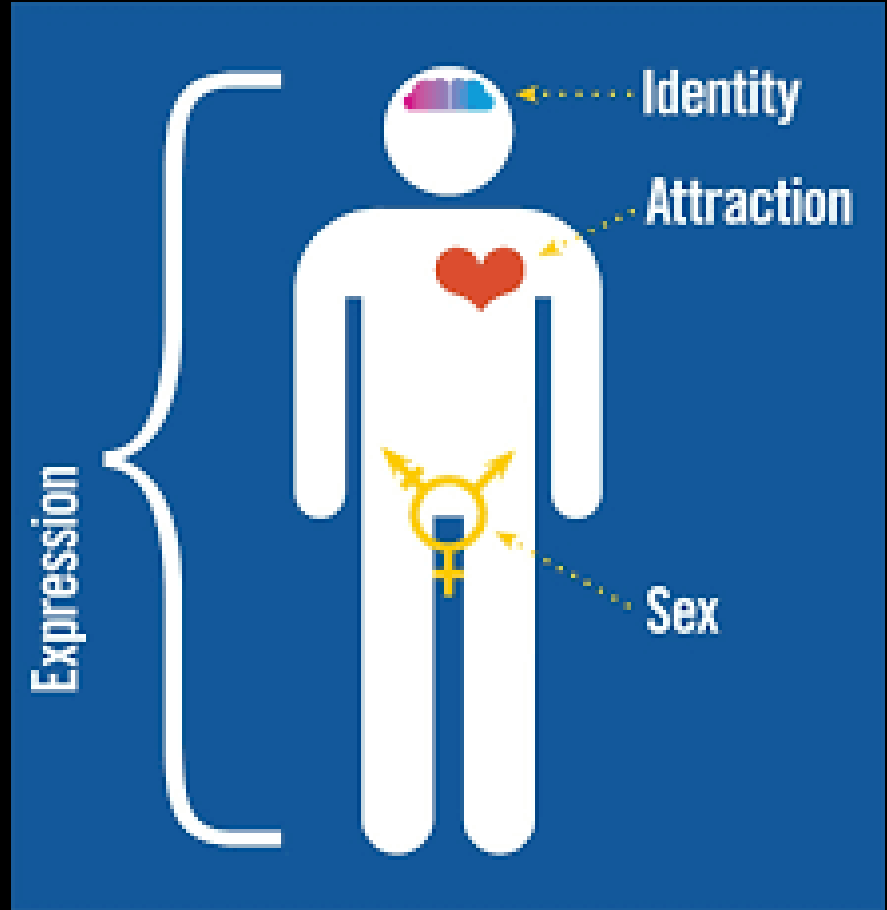
Intersex

A term used for a variety of conditions in which a person is born with reproductive anatomy that doesn't fit the typical definition of male or female



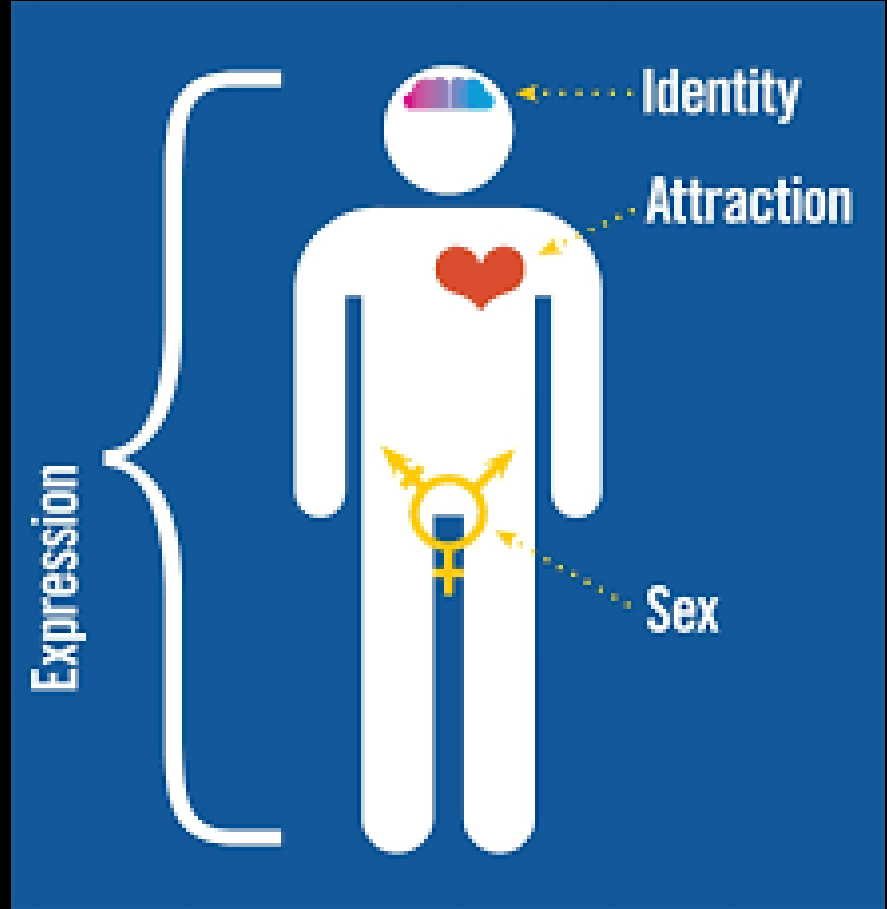
Gender Identity

The socially constructed roles, behaviors, activities and attributes that a given society considers appropriate as masculine or feminine



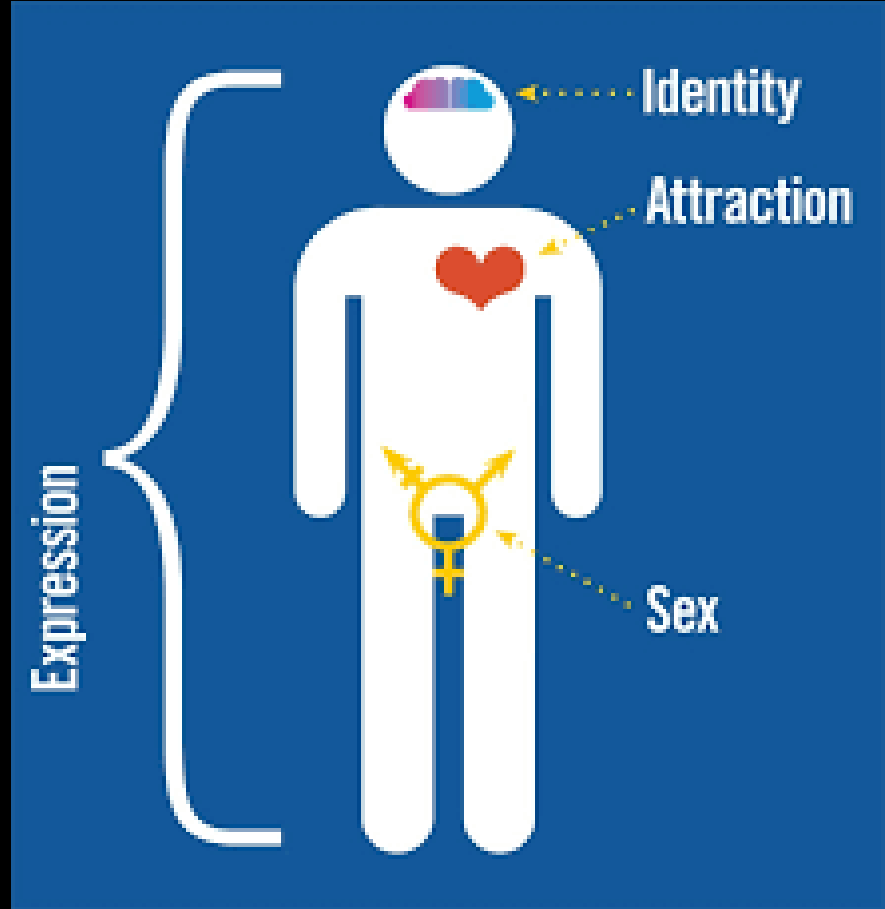
Gender Expression

How we communicate
our gender

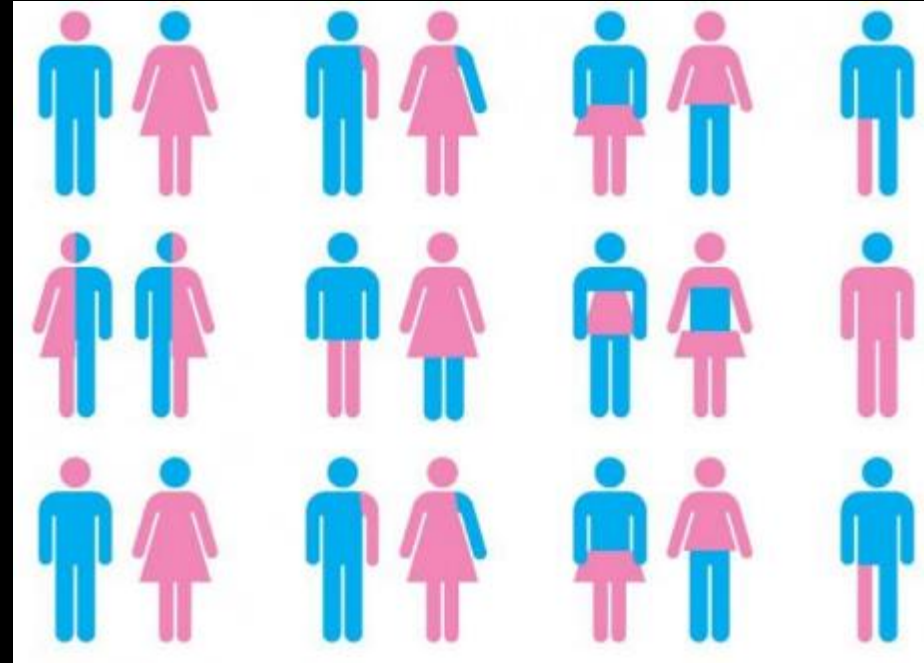


Sexual Orientation

A person's physical, romantic and/or emotional attraction to members of the same gender and/or different gender



We all have them!



Heteronormativity

Is the belief that people fall into distinct/complementary genders (man and woman) and assumes that heterosexuality is the only sexual orientation or norm and that sexual and/or marital relations are only fitting between people of opposite sexes. Consequently, a heteronormative view is one that involves alignment of biological sex, sexuality, gender identity and gender roles. Often linked to heterosexism and homophobia.

Gender Identity & Sexual Orientation Continuum

Gender Identity/Sexual Orientation *Continuum*

Sex

Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally observable.

Male Intersex Female

Gender Identity

Internal sense of who we are that cannot be objectively measured.

Male Third Gender Female

Gender Expression

External presentation that usually expresses how we want our sex and/or gender identity to be perceived

Masculine Androgynous Feminine

Sexual Orientation

Sexual, romantic, affectional attraction to others

Female Female & Male Partners, transgender people Male

Transfeminine Transition

Gender Identity/Sexual Orientation Continuum



Sex

Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally observable.



Gender Identity

Internal sense of who you are, not objectively measured.



Gender Expression

External presentation that usually expresses how we want our sex and/or gender to be perceived.



Sexual Orientation

Sexual, romantic, affectional attraction to others



Transmasculine Transition

Gender Identity/Sexual Orientation Continuum

Sex

Physical traits, such as hormonal, chromosomal, and genital characteristics that are generally observable.

Male

Intersex

Female

Gender Identity

Internal sense of who we are. Cannot be objectively measured.

Male

Gender

Feminine

Gender Expression

Representation that usually expresses how we want our sex and/or gender identity to be perceived

Masculine

Androgynous

Feminine

Sexual Orientation

Sexual, romantic, affectional attraction to others

Female

Female & Male Partners, transgender people

Male



Transitioning

Not a *one-size-fits-all* process

Social

- Name
- Pronouns
- Expression

Legal

- Name
- Gender Markers

Medical

- Hormones
- Surgery

Religious/ Cultural

- Ceremonies
- Clothing

Transition is different for everyone.

Generation Z: 13 - 20 years old

- 48% exclusively heterosexual
- 56% knew someone who went by gender neutral pronouns
- 44% always bought clothes designed for their own gender
- 70% support gender neutral bathrooms

Millennials: 21 - 34 years old

- 65% exclusively heterosexual
- 43% knew someone who went by gender neutral pronouns
- 54% always bought clothes designed for their own gender
- 57% support gender neutral bathrooms



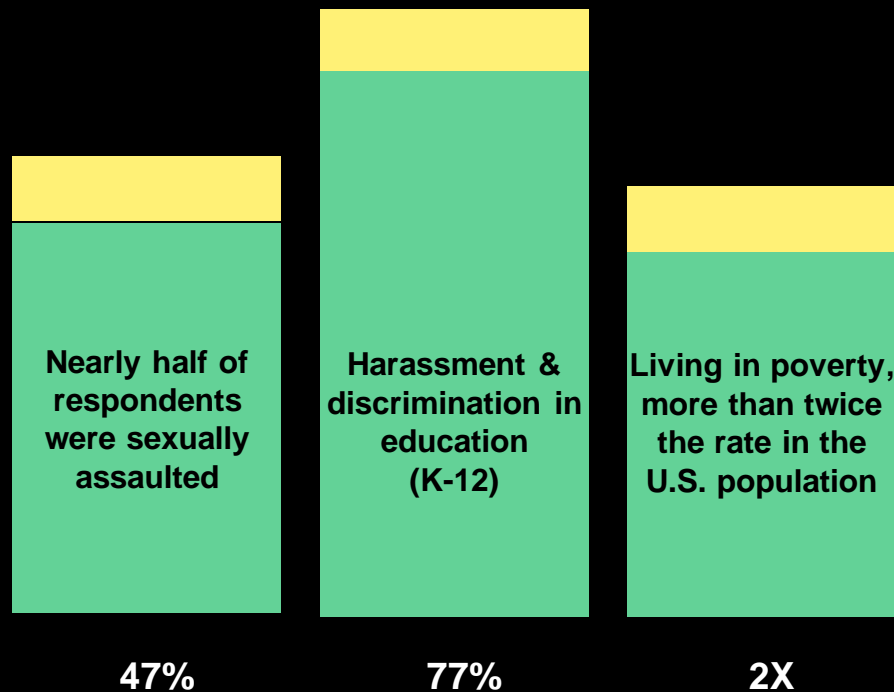
- Male
- Female
- Neither

Non-Binary Trans* People



The consequences of living in a heteronormative- binary society

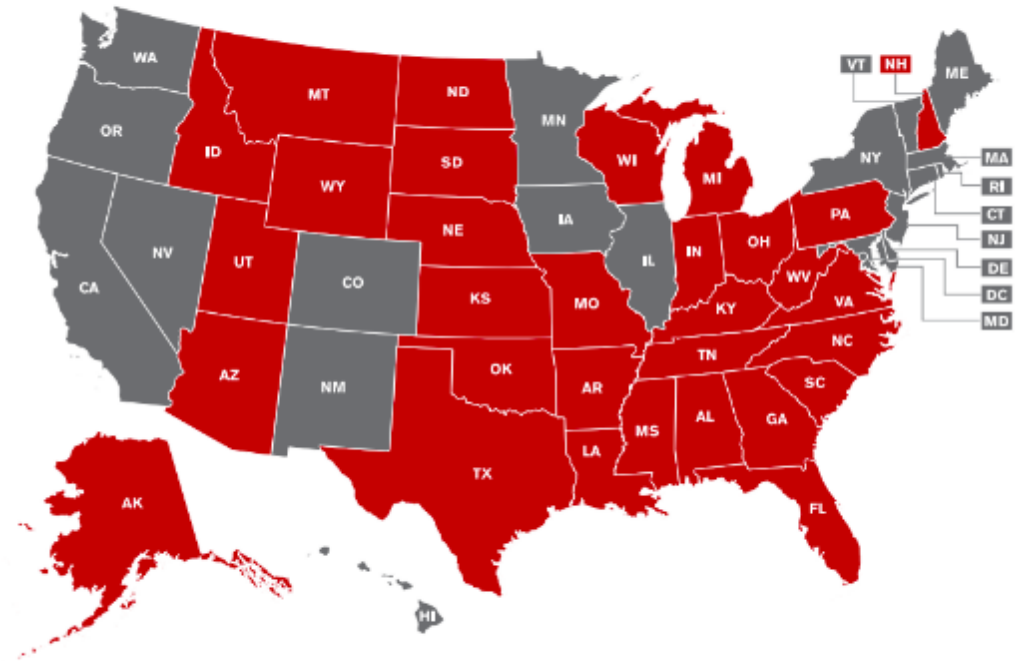
2015 US Transgender survey



#31 REASONS: STATES THAT LACK FULLY INCLUSIVE NON-DISCRIMINATION PROTECTIONS

31 states lack explicit protections against discrimination in employment, housing, and public accommodations on the basis of both sexual orientation and gender identity

Human Rights Campaign



States that lack explicit protections against discrimination in employment, housing, and public accommodations on the basis of both sexual orientation and gender identity



How does this impact your work?

Providing inclusive health care.

Do:

1. Transgender should always be used as an adjective. For example, “The patient identifies as a **transgender** woman.”
2. When you are not sure what pronoun to use stick to the person's **first name** or “**they**.”
3. **When relevant** it's ok to ask a person's “preferred” name (if it's different from their **legal name**) and/or what pronoun they use-never ask what's your “real name.”

Providing inclusive health care.

Do:

4. **If you make a mistake** on the pronoun – **acknowledge** the mistake – **apologize** – **be honest** about your familiarity – let the person know that **moving forward** you will use the preferred pronoun.
5. **PEOPLE ARE WHO THEY SAY THEY ARE** – It is important to **trust** that someone's decision to present themselves as gender diverse is not made lightly or without due consideration.
6. **Validate** people's gender expression. It is important to refer to a trans person by the pronoun appropriate to that person's gender identity.

Providing inclusive health care.

Do:

7. **Use non-gender specific language:** “Do you have a partner”, instead of: “Do you have a boyfriend/girlfriend.”
8. **California law** states that trans people are able to use the bathroom that is in alignment with their identity – **NO ONE HAS THE RIGHT TO PREVENT SOMEONE FROM USING THE BATHROOM.**
9. **Educate yourself** and others about transgender experiences and concerns.

Providing inclusive health care.

Do:

10. **Ensure privacy** – treat a trans* person's identity as private and confidential.
11. **Be non-judgmental**, open, professional. Provide client-centered care (e.g., meet the person “where they are”.)

Providing inclusive health care.

Don't:

1. **Avoid** “Susan was born a man.”
2. **Don't make assumptions** about people's identity.
3. Do not assume that someone who is transgender is **also lesbian, gay or bisexual**, or that the person will transition to become heterosexual.

Providing inclusive health care.

Don't:

4. **Do not say** “she wants to be called,” “she calls herself,” “she goes by Susan,” or other phrases that cast doubt on the transgender person's identity.
5. **Never ask** transgender people about how they have sex or what their genitals look like. This is inappropriate in every situation.
6. **Never use words such as** “it” or “whatever” when referring to someone who is transgender.



Navigating health care systems

Patient intake forms

1. Assigned sex at birth
What was your sex at birth?
 - A. Female
 - B. Male
 - C. Intersex
2. Current gender identity
What is your gender?
 - A. Female
 - B. Male
 - C. Genderqueer or not exclusively male or female

Patient intake forms

3. Do you identify as transgender or transsexual?
 - a. Yes
 - b. No
 - c. Don't know

4. How do you describe yourself?
 - a. Female
 - b. Male
 - c. Transgender
 - d. Do Not Identify as Female, Male, or Transgender

Patient Guarantor

Patient Same as Guarantor

Prefix First Middle Last Suffix
 Test Patient

Address

City/State

Country

Homeless Effective Date
 Status

Phone 1

Phone 2

Birthdate 50 Yrs SSN

Marital Status

Gender Occup.

Employer

Status Date

Last Modified

Mini Registration Additional Contact Info Notes Other Pt Info

Do you identify as Transgender or Transsexual?

Do you think of yourself as (sexual orientation):

What is your Gender?

What was your sex at birth?

Patient Profile

Resp Provider: Joseph Baker MD

A. PATIENT INFORMATION

1. Name: Test Patient

2. Preferred: Test

3. Address: 1 Autumn Street

4. City,State: Boston, MA 02215

5. Alt Address: _____

6. Alt City,State: _____

7. Phone: (617) 111-6666 Home Work Other

8. Phone: _____ Home Work Other

9. Do you think of yourself as: African American/Black
 Asian
 Caucasian/White
 Native American/ Alaskan Native /Inuit
 Pacific Islander
 Other _____

10. What is your ethnicity? Hispanic /Latino(a)
 Non-Hispanic/ Non-Latino(a)

11. What is your annual income? _____

12. What is your family size (including yourself)? _____

13. Patient ID #: 547749

14. Insurance Gender: M F

15. Date of Birth: 11/20/1961

16. Social Security #: XXX-XX-1111

17. Marital Status: Married Single Divorced Widowed

18. Referring Physician: _____

19. Primary Physician: _____

20. Preferred Language: _____

21. Email Address: _____

22. Contact By: _____

23. What is your veteran status? Veteran Not a Veteran

24. What is your gender? Male Female
 Genderqueer or not exclusively male or female

25. What was your sex at birth? Male Female

26. Do you identify as Transgender? Yes Don't Know
 No

27. Do you think of yourself as: Lesbian, Gay or Homosexual
 Straight or Heterosexual
 Bisexual
 Something Else
 Don't Know

B. GUARANTOR

Same as Patient

Name: Test Patient

Address: 1 Autumn Street

C. EMPLOYMENT

Employer: _____

Phone: (617) 111-6666



Creating an inclusive office environment for patients and staff

1. Signs and health-related materials
2. Single occupancy or gender neutral bathroom
3. Ask respectfully about names
4. Post non-discrimination policy
5. Ensure safety in lobby and parking areas

1. Display photos/ads reflecting gender diversity, LGBTQ newspapers, magazines, etc.
2. Designate at least one bathroom as “All Gender”. This can be accomplished with some signage.
3. Call people by preferred name/pronoun.
4. Include ‘gender identity and expression’.

1. Avoid specific gender
2. Politely ask if you are unsure about a patient's preferred name or pronoun
3. Ask respectfully about names

1. "How may I help you today?"
2. "I would like be respectful—how would you like to be addressed?" or "What name and pronoun would you like me to use?"
3. "Could your chart be under another names name?" Avoid: "What is your legal name? What is your real name?"

4. Did you goof? Politely apologize
5. Only ask information that is required

4. "I apologize for using the wrong pronoun. I didn't mean to disrespect you."
5. Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way?



**GENDER
IS
OVER!**
IF YOU WANT IT

R
#LABELS ARE FOR C
30 ✕ ⊗
100%
TRUE

Assessment

A transgender client comes to your health center for care. You are unsure what pronoun to use with the client (e.g., “he” or “she”). Which of the following is the LEAST preferred strategy to use with your transgender client in this situation?

1. Politely ask them what pronoun they prefer
2. Avoid using a pronoun at all
3. Use “it” as a neutral pronoun
4. Use “they” as a neutral pronoun

Policy versus Culture

Policy is what a company says it will do, through training, written procedures, and executive's public statements.

Culture, on the other hand, is what a company actually encourages its employees to do, through formal and informal incentives, subtle messages about which policies are more important, decisions about hiring and promotion, and where executives focus their time and attention.

Resources:

World Professional Association for Transgender Health. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version:

<https://www.wpath.org/publications/soc>

Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care: <https://transcare.ucsf.edu/guidelines>

Endocrine Society's Clinical Guidelines: Treatment of Transsexual Persons:

<https://academic.oup.com/jcem/article/94/9/3132/2596324>

Caring for Transgender and Gender-Diverse Persons: What Clinicians Should Know:

<https://www.aafp.org/afp/2018/1201/p645.html>