

# SAY MY NAME!

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Interacting with LGBTQ+ Workers & Patients



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(he/him/his)  
10/25/2024



# Conflicts of Interest

- No financial conflicts
- Bias – member of the LGBTQ+ community
- Off the table
  - Political opinions/beliefs
  - Religious opinions/beliefs
  - Transition treatment

# Outline

- Understanding unique challenges facing LGBTQ+ community
  - Socially and healthcare
- Learning the language
- Establishing a safe(r), gender-affirming space



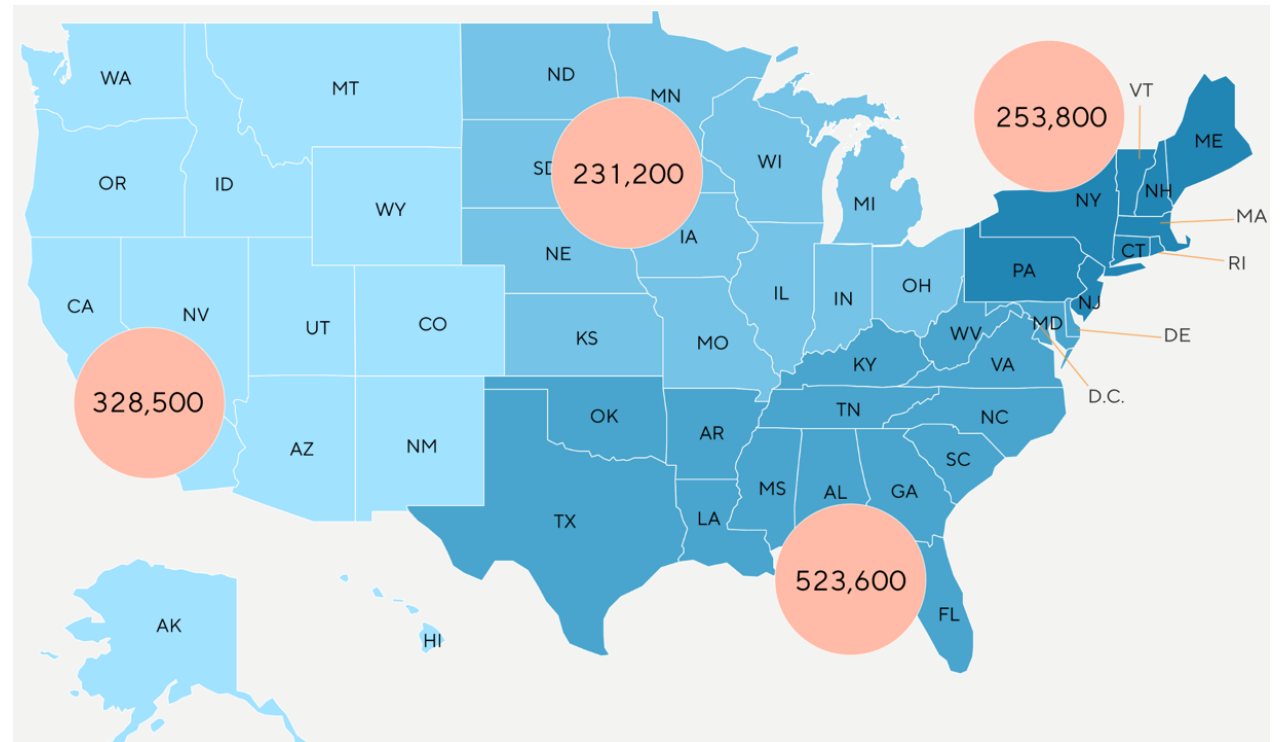
# Introduction

- 20 yr Air Force career
  - DADT ended 9/20/2011
- 2013 US v Windsor – section 3 of DOMA unconstitutional
  - Federal recognition of same-sex marriage
  - Spousal and family benefits granted in military
- Married 3/28/2014
- 2015 Obergefell v Hodges – fundamental right to marry
- 2019 Norfolk Area Pride



# Prevalence

- SGM: 4.5% US population
  - 5.1% of women
  - 3.9% of men
  - ~7-8M employed
- Transgender people – 0.5% US adult population
  - ~1.3M
- 3.3% US high school students
  - 2.2% questioning



# Employed Prevalence

## Gender Identity

- 50.7% cisgender male
- 36.1% cisgender female
- 3.0% transgender male
- 2.4% transgender female
- 5.2% gender non-binary
- 1.6% gender fluid

## Sexual Orientation

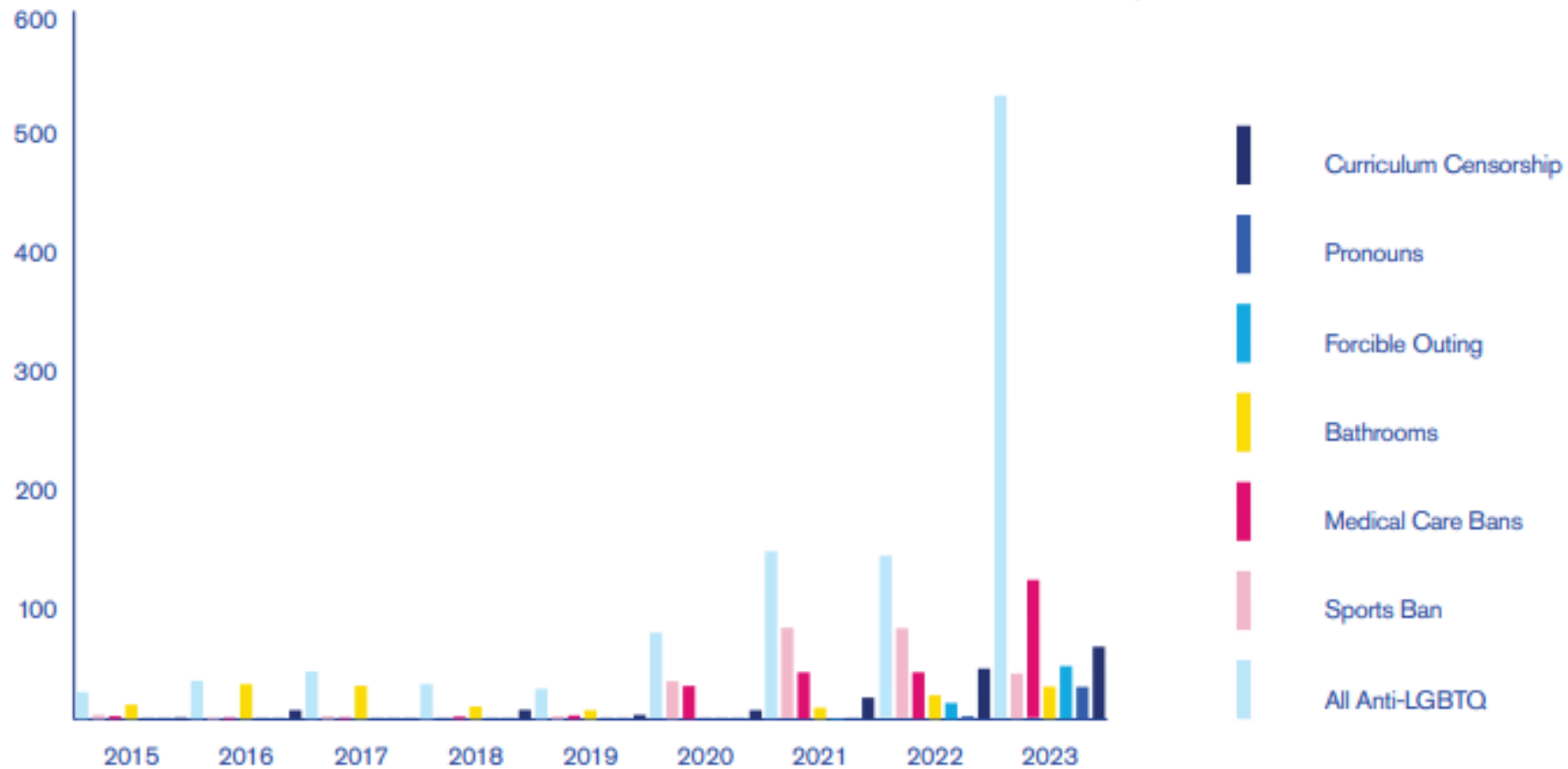
- 45.8% gay
- 19.6% lesbian
- 20% bisexual
- 5.6% heterosexual
- 4% other
- 2% asexual
- 1.7% questioning
- 0.7% pansexual

# SCOTUS & LGBTQ

- 1996 ***Romer v Evans*** – overruled CO law that placed LGBTQ in “protected” class w/ special rights
- 1998 ***Oncale v Sundowner*** – same-sex harassment covered under Title VI of Civil Rights Act
- 2003 ***Lawrence v Texas*** – Overruled Texas anti-sodomy law
- 2013 ***US v Windsor*** – found DoMA unconstitutional
- 2015 ***King v Burwell*** (ACA) – insurers can’t deny coverage based on SOGI
- 2015 ***Obergefell v Hodges*** – same-sex spouses eligible for employer-based insurance
- 2020 ***Bostock v Clayton County***
  - Title VII of Civil Rights Act of 1967 – prohibits employment discrimination based on sex
  - Sex includes sexual orientation and gender identity

# Legislative Landscape

## Snapshot of Anti-LGBTQ+ Bills Introduced by Year





# Legislative Landscape

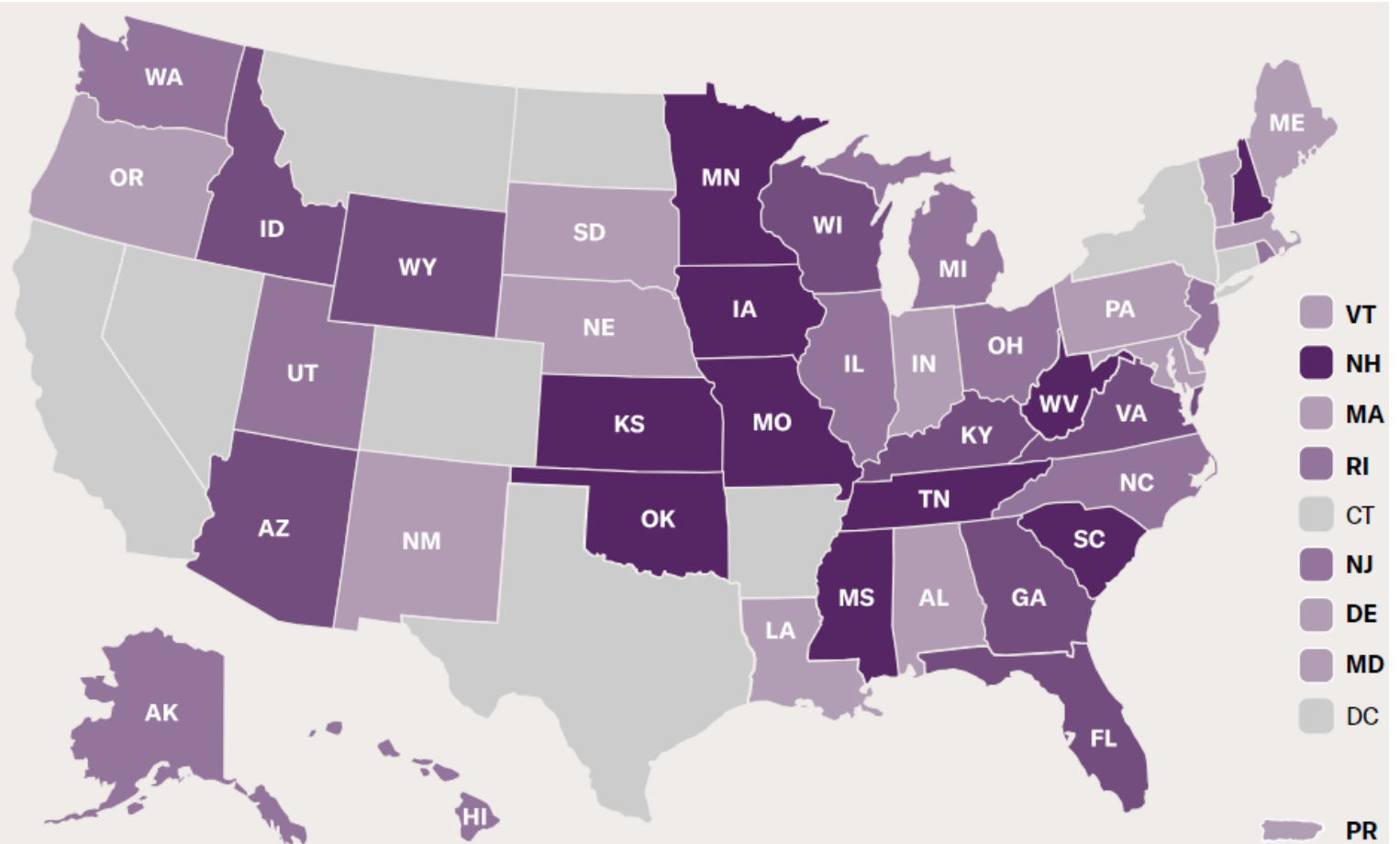
✓ 2024 LEGISLATIVE SESSION

The ACLU is tracking **530** anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

Last updated on September 5, 2024 ⓘ

Bills per state



# Discrimination

## Interpersonal

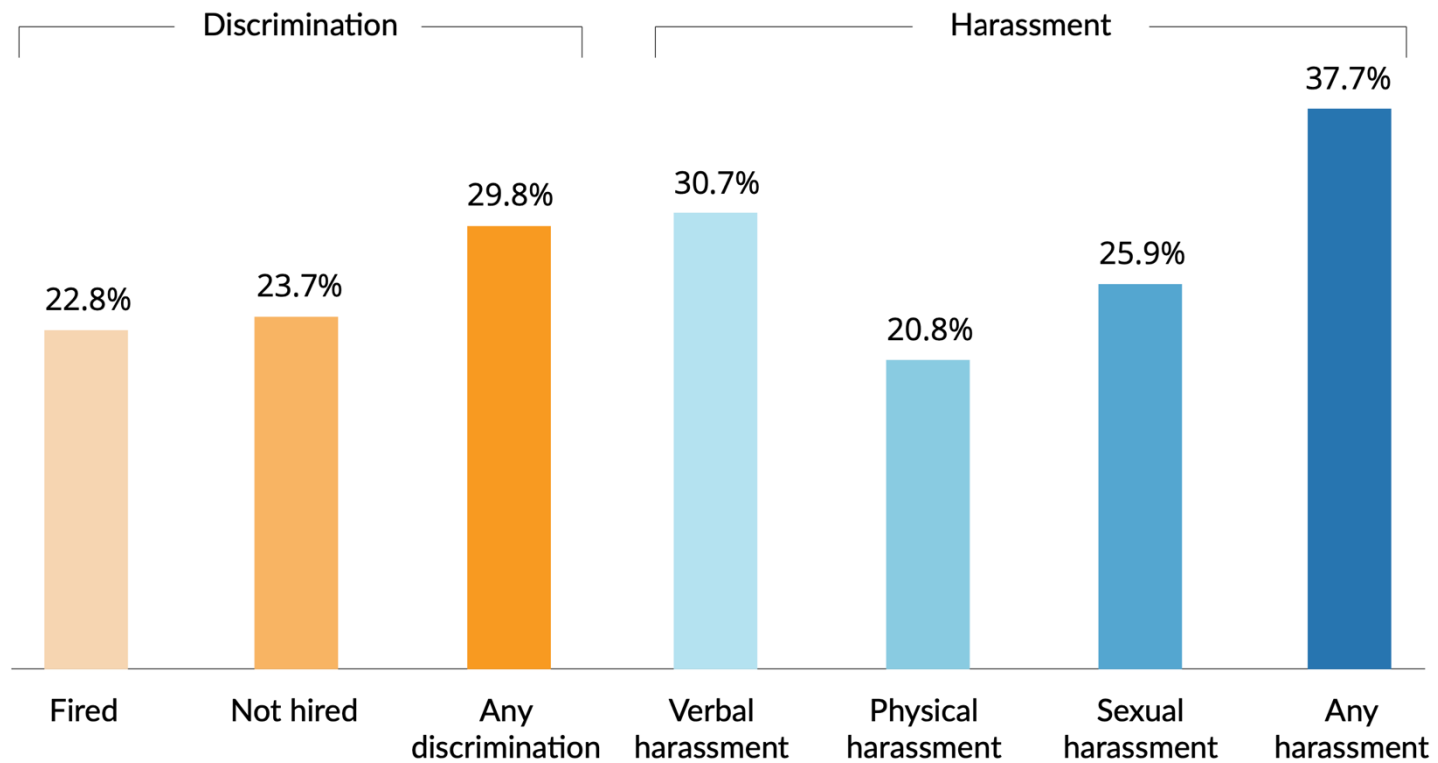
- Slurs – 57%
- Microaggressions – 53%
- Sexual harassment – 51%
- Violence – 51%
- Harassment re: bathroom use – 35%

## Gender Diverse

- 78% harassed in school
- 57% unsupported by families
- 65% experience discrimination in transport, shopping, dining, **healthcare**
- Higher risk of homeless, unemployed, low-income

# Workplace Discrimination/Harassment

Figure 1. Lifetime experiences of discrimination and harassment against LGBT employees based on sexual orientation or gender identity



# Hate Crimes

- SGM vs other
  - 10x hate crime victimizations
  - SMG more likely...
    - Victim of sexual orientation/gender bias, less likely race/ethnicity
    - Younger
    - Known assailant
    - White assailant
- SGM victims of hate crimes vs other crimes
  - Social problems
  - Negative emotional responses
  - Physical symptoms of distress
  - Results in problems at work



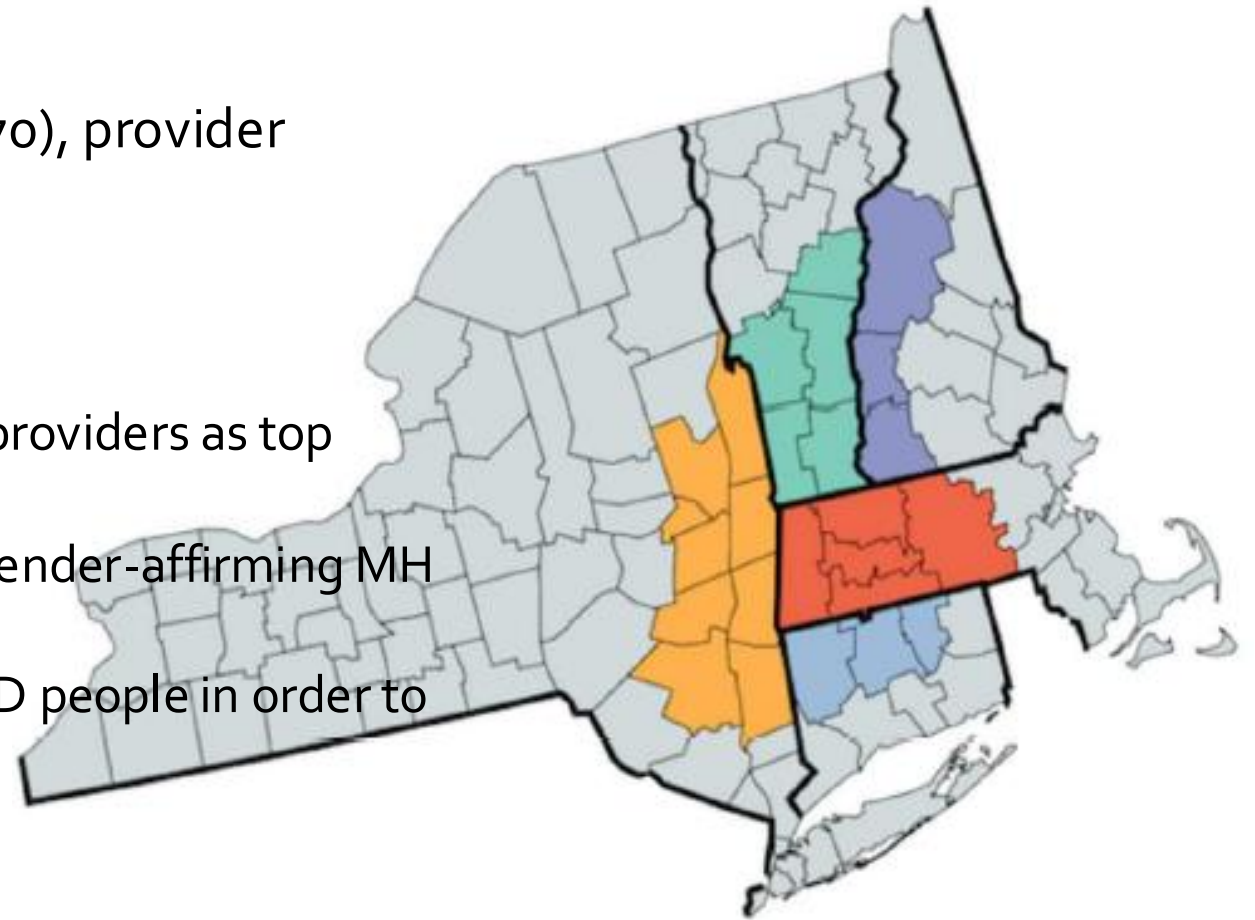
[https://www.sacbee.com/latest-news/qyrytt/picture276496126/alternates/LANDSCAPE\\_1140/C3jtON1nFAsqziWm.jpg](https://www.sacbee.com/latest-news/qyrytt/picture276496126/alternates/LANDSCAPE_1140/C3jtON1nFAsqziWm.jpg)

# Experience in Healthcare

- LGBTQ adults 2x more likely to report negative experiences while receiving healthcare (treated unfairly, disrespect)
- Avoiding healthcare due to anticipate discrimination
  - 18% SGM
  - 24% TGD
- 16% report discrimination in healthcare encounters
- Accessing healthcare
  - Lack of insurance/coverage for gender affirming medical treatment
  - Denied routine preventive care of body parts not consistent with sex on insurance policy
- Difficulty finding therapist/MH provider
  - 30.3 – 41.3%\*

# PATH Community Report

- Online surveys (296) & Focus groups (70), provider interviews
- Findings
  - 48% low income (<25k/yr)
  - 54% reported lack of gender-affirming providers as top barrier to accessing primary care
  - 80% indicate shortage of experienced gender-affirming MH providers
  - 48% had to teach their doctor about TGD people in order to get appropriate care



# TGD Healthcare

- 24% - unequal treatment in healthcare environments
- 19% - refusal of care
- 33% - avoid preventive services
- ~50% - taught their healthcare professional



# Health Related Outcomes

- SGM adults (vs non-SGM) 2013-2018
  - Poor/fair health status
  - Functional limitation
  - Psychological distress
  - Difficulties with healthcare affordability
- Sexual orientation vs heterosexual
  - Less likely to be insured/more concerned about cost
  - More likely to delay care
  - Bad prior healthcare experiences
  - Unable to get appointments



# Health Outcomes NHIS 2013-2014

- Severe psychological distress
  - Gay males – OR 2.82 (95% CI 1.55-5)
  - Bisexual males – OR 4.70 (95% CI, 1.77-12.52)
  - Bisexual women – OR 3.69 (95% CI, 2.19-6.22)
- Moderate psychological stress
  - Lesbians – OR 1.34 (95% CI, 1.02-1.76)
- Heavy drinking
  - Gay males – OR 1.97 (95% CI, 1.08-3.58)
  - Bisexual males – OR 3.15 (95% CI, 1.22-8.16)
  - Lesbians – OR 2.63 (95% CI, 1.54-4.50)
  - Bisexual women – OR 2.07 (95% CI, 1.20-3.59)
- Heavy smoking
  - Bisexual males – OR 2.10 (95% CI 1.08-4.10)
  - Lesbians – OR 2.29 (95% CI 1.36-3.88)
- Moderate smoking
  - Gay males – OR 1.98 (95% CI 1.39-2.81)
  - Bisexual women – OR 1.6 (95% CI 1.05-2.44)
- Poor/fair health
  - Lesbian women – OR 1.91 (95% CI 1.24-2.95)
- Multiple chronic conditions
  - Lesbian women – OR 1.58 (95% CI 1.24-2.95)
  - Bisexual women – OR 2.07 (95% CI 1.34-3.20)

# SAY THEIR NAME

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Affirming their Dignity

# LGBTQIA+

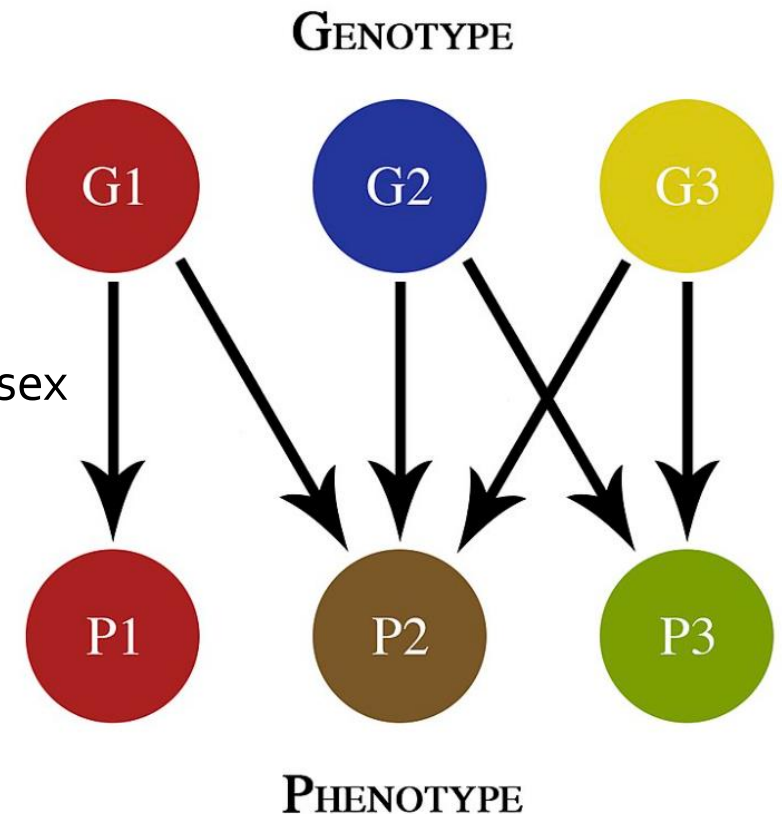
- Lesbian
- Gay
- Bisexual
- Transgender
- Queer (or questioning)
- Intersex
- Asexual
- Others (+)



<https://dmh.lacounty.gov/blog/2022/06/a-brief-history-of-our-lgbtqia2-s-pride-flag/>

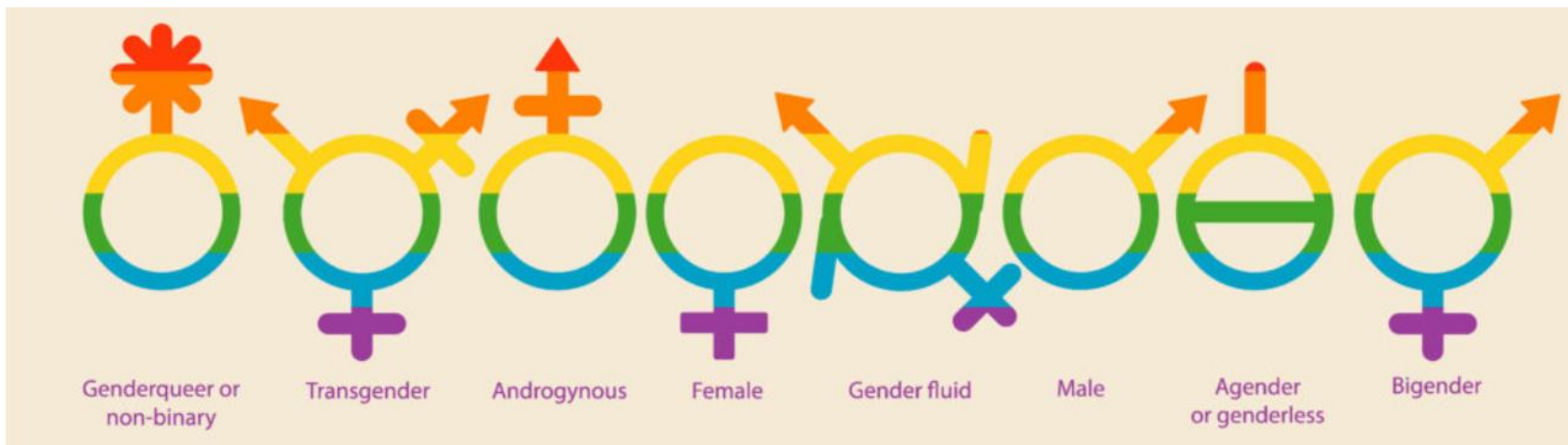
# What is Sex?

- Genetic/Chromosomal sex – X and Y chromosomes
  - SRY gene on Y chromosome → testosterone production
- Phenotypic sex – external genitalia
  - No regard to sense of self or self-identity
  - Visual assessment of external organs
  - Commonly referred to as 'sex assigned at birth', biological sex



# What is Gender?

- Characteristics and roles that an individual presents
  - Traditional/social norm – feminine/masculine
- Gender identity – individuals' innermost concept of self
  - Self-perception and labelling
  - May be the same or different from sex assigned at birth

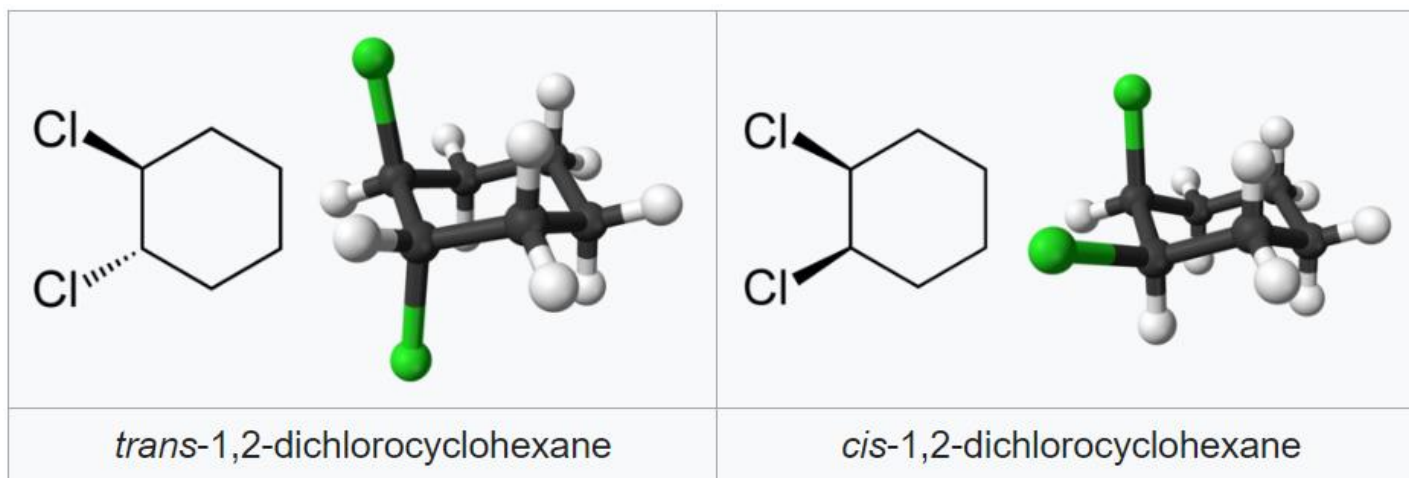


# Sexual Orientation

- Sexual orientation – sex or gender of partner for emotional, physical, romantic attraction
  - Genetics, hormones, environmental influences
  - Focus on biological or phenotypic sex of the partner
  - Enduring patterns of experience and behavior (vs one-time/rare events)
  - Declared orientation may not exclude same-sex experiences
- Homosexual – attracted exclusively to people of one's own sex or gender
  - Gay/lesbian
- Bisexual – attraction to either sex (male or female)
- Pansexual – attraction to any gender/gender identity
- Androsexual – attraction to men, males, or masculinity
- Gynsexual – attraction to women, females, or femininity

# Cis/Trans

- Cis-gender – gender identity aligns with sex assigned at birth
  - Recall cis-trans isomers:



- Cis-normativity – assumption that everyone is cisgender
  - Leads to invisibility of non-cis-gender identities

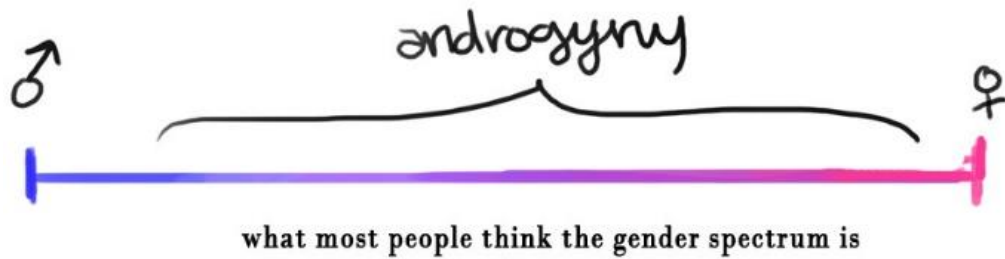
# Binary

- Gender binary – only two genders (woman, man)
  - Gender identity aligns with sex assigned at birth
  - Gender expression & roles fit societal norms and expectations
- Heteronormative – confirming traditional/normative expectations about affective relationships with gender expressions established by society
  - Only 2 genders exist based on sex assigned at birth
  - Genders should be expressed according to prevailing social norms of masculinity or femininity
  - Only those of opposite sex can hold romantic relationships

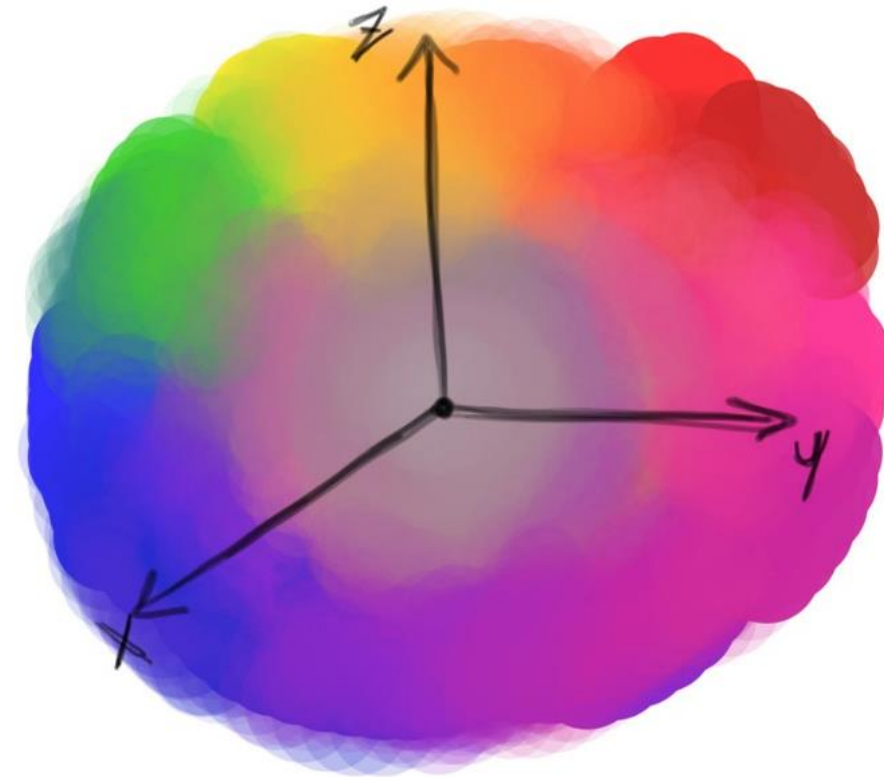


# Gender Spectrum

Traditional – linear



Current



Gender as a spectrum via @queersurgeon (Instagram)

what the gender spectrum actually is

# Non-binary

- Gender-diverse – community of people who fall outside the gender binary structure
  - Related terms: non-binary (NB, enby), gender queer, gender fluid, pangender, gender non-conforming
  - May choose to live outside societally defined traditional gender roles
  - May or may not opt to undergo transition treatment
- Abbreviations
  - TG – transgender people
  - TGD – transgender and gender diverse people
    - TGE – transgender and gender expansive

# Affirmation

- Gender affirmation (expression) – social, legal, medical changes to recognize, accept, express gender identity
  - Name and/or pronoun changes
  - Hair style and clothing
  - Binding – tightly wrapping one’s chest to minimize appearance of having breasts
  - Tucking – hiding one’s penis and testes with tape, tight shorts/undergarments
- Gender affirming treatment
  - Hormone therapy
  - Surgery
  - Changes in voice
- Transsexual – person who is committed to making phenotype congruent w/gender identity
- Transitioning – undergoing this process
  - Avoid – every TG person has a different journey

# Other Cultural Terms

- Queer – expresses a spectrum of identities and orientations
- Two-spirit – AI/AN term that encompasses spiritual, sexual, gender, and cultural identity
  - Commonly perceived as embodying both masculine and feminine spirit
  - Tribal traditions embracing diversity and fluidity of gender identities and sexual orientations
  - Culture-specific – Native American, American Indian, First Nations people



Flag representing 2-Spirits people of the 1st Nations

© Art Zoccole, 2-Spirited People of the 1st Nations, [www.2spirits.com](http://www.2spirits.com)

<https://www.thecanadianencyclopedia.ca/en/article/two-spirit>

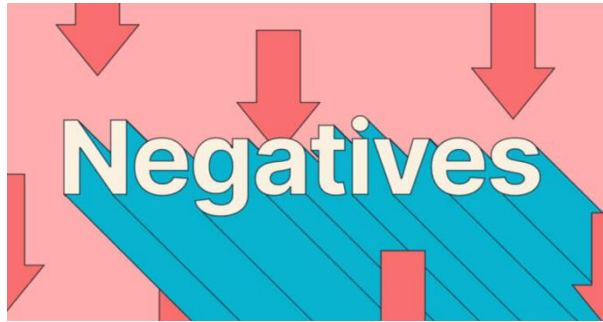
# DSD

- Intersex – group of conditions in which reproductive organs, genitals, other sexual anatomy develop in ways different from traditional expectations for females or males
  - Clinical term – Disorders of Sexual Differentiation, DSD
    - 30+ conditions, 1 in 1000-4,500 births
    - Chromosomal abnormalities → abnormal gonadal development
    - Abnormal production of sex hormones
    - Sex hormone receptor abnormalities
  - Sometimes known as “androgeny”
  - Formerly hermaphrodite – outdated, imprecise, pejorative
  - Gender identity may be intersex, male, female, TB woman/man, gender-diverse



# Related Terms

- Agender – no gender or does not experience gender as a primary identity component
- Asexual – little to no sexual attraction or urge
- Aromantic – little to no romantic attraction to others
- Bigender – gender identity fluctuates (gender fluid)



- Mis-gender – use of a pronoun or other gendered term that incorrectly identified that person’s gender identity
- Outing – involuntary or unwanted disclosure of another person’s sexual orientation or gender identity
- Homophobia – discrimination towards, or fear, marginalization, and/or hatred of homosexuals
- Transphobia – discrimination towards, or fear, marginalization, and/or hatred of TGD
  - Aka gender identity prejudice
  - Individual, community, institution, policy

# Pronouns

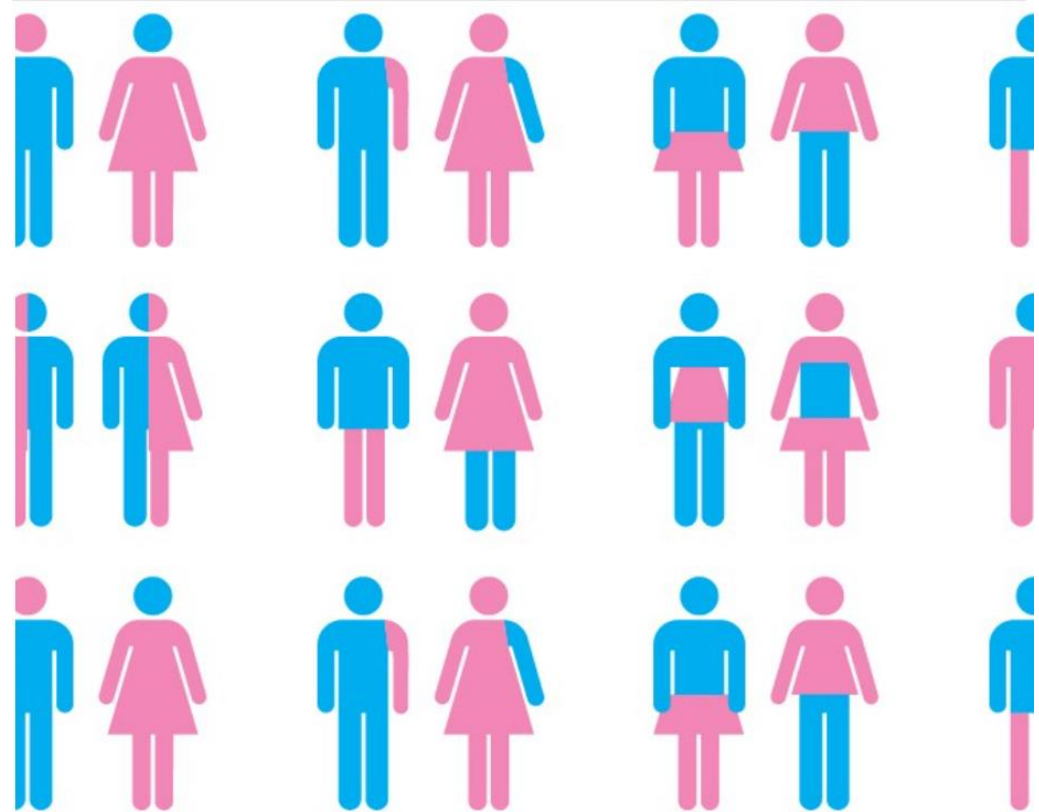
- He/Him/His, She/Her/Hers
  - Reflect individual's gender identity
- They/Them/Theirs
  - Common with non-binary
- Neopronouns
  - Xe/Xir/Xirs, Ze/Zir/Zirs, others





# Gender identity

- Inner sense of being female, male, something else, no gender at all
  - Regardless of genotype, phenotype, biochemical sex
  - Aka affirmed gender
  - Everyone has a gender identity
  - Tends to form during toddler years
  - Can change during childhood, adolescence, adulthood



# Gender Dysphoria

- Distress experienced by some whose gender identity does not correspond to sex assigned at birth
- DSM-V – distress is clinically significant and impairs social, occupational, or other important areas of functioning
  - Describes only those experiencing distress
  - Does not pathologize all TGD
  - Replaced gender identity disorder
- Highly variable among TGD community
- Some insurance companies require diagnosis to pay for transition services

# Transgender

- Gender identity does not match traditional societal expectations based on sex assigned at birth
  - Transgender man – assigned female at birth, identifies as male, aka FTM or trans masculine
  - Transgender woman – assigned male at birth, identifies as female; MTF or trans feminine
  - Passing – accepted as member of self-identified gender identity
- Gender incongruence (ICD-11) – discrepancy between assigned sex and experienced gender without reference to dysphoria or preference of treatment
- Not a mental health condition
  - ICD-10 found in mental health codes
  - ICD-11 aligns in sexual health codes
- Biological underpinning present at birth



<https://www.alreporter.com/2023/11/20/transgender-day-of-remembrance-honoring-lives-lost-to-anti-transgender-violence/>

# Transgender development

- Biological underpinnings of gender identity present at birth
- Excess androgen exposure in utero → increased rates of male gender identity
- Complete androgen insensitivity syndrome → female gender identity
- Developmental aspects
  - 2 y/o – articulate gender identity
  - School age – facility with gender labeling, including pronouns
- 0.6 – 2/7% of children report some degree of gender incongruence
  - High quality epidemiological studies in children are lacking
- Most TGD present in late adolescence or adulthood
  - Delayed recognition vs inability to articulate gender identity vs pressure to conform
  - Many TGD report awareness of gender incongruence well before puberty

# Hormonal Therapy

- Feminizing
  - Estrogen, antiandrogens (e.g. spironolactone) → ↓serum testosterone levels
    - Testosterone <50 ng/dL, estradiol <200 pg/mL
  - Effects → ↓muscle mass, ↓libido, ↓terminal hair growth, ↑breast development, redistribute fat
- Masculinizing
  - Testosterone → ↑ to 320 to 1000 ng/mL
  - Effects – acne, scalp hair loss, voice deepening, vaginal atrophy, clitoromegaly, weight gain, facial/body hair growth, ↑muscle mass

**SAFE SPACE**

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# Healthy Equity

## Equality



## Equity



# Welcoming/Inclusive Healthcare Environment

- Broad definition of “family” to meet patients’ wishes for inclusion
- Include terms “sexual orientation,” “gender identity,” and “gender expression” in policy
- Collecting data (e.g. registration) on sexual orientation and gender identity
- Taking sexual history without assumption of heterosexual relationships
- Training frontline staff
- Apply changes to all customer/patients, not just those appearing “different”



# Frontline

- Revise intake paperwork/process
- What name do you go by, what pronouns do you use?
  - Correct/Preferred
  - Avoid birth name/dead name
- Until confirmed, avoid sex/gender assumptions in language
  - How may I help you – vs – how may I help you sir/maam
  - [preferred name], please follow me – vs – MS/Mr, sir/maam, please follow me
  - Your patient is waiting – vs – she/he is waiting

# We Ask Because We Care



 We Ask Because We Care

From an accredited US hospital >

Share



**We Ask Because We Care**

 Dartmouth Health

Watch on  YouTube

# Intake

How would you describe your gender identity?

Female

Male

Transgender Female

Transgender Male

Other

Non-conforming

Non-binary

Queer

Unsure

Choose not to disclose

What sex were you assigned at birth?

Female

Male

Unknown

Not recorded on birth certificate

Intersex

Choose not to disclose

How would you describe your sexual orientation?

Lesbian or Gay

Straight

Bisexual

Something else

Unsure

Queer

Choose not to disclose



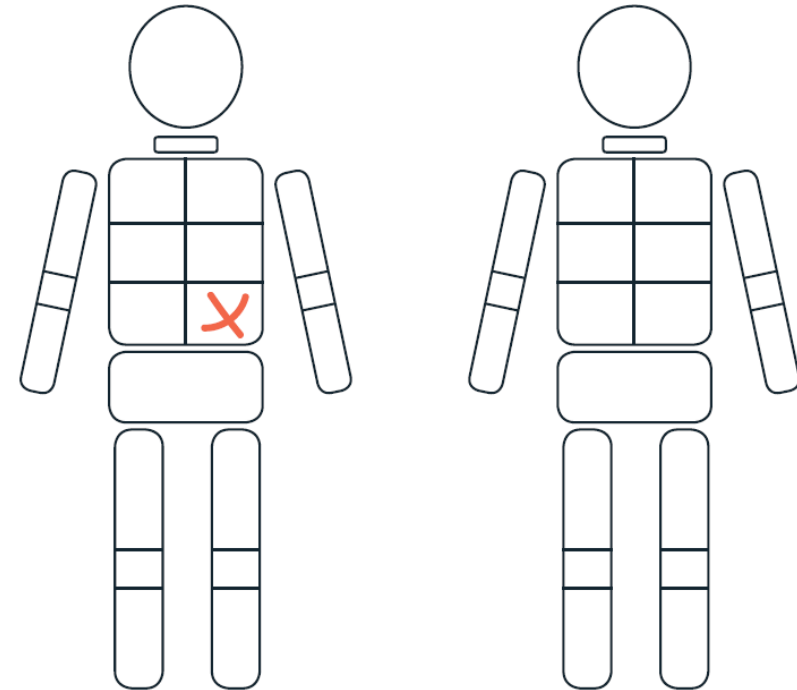
# Respect

- Don't assume mental health issues are directly related to or caused by SGM status (esp TGD)
- Depression from SGM issues confounding potential chronic pain/disability cases
- Trauma-informed – higher prevalence of traumatic experiences
  - Safety, empowerment, trustworthiness
- Openers:
  - “Although I have limited experience caring for gender-diverse persons, it is important to me that you feel safe in this clinic, so I and my staff will do our best to provide you with the best care possible.”
  - I want to be respectful. Please correct me if I use the wrong term/name/pronoun as I continue to learn.

# Update Forms

- Gender-neutral pain diagram
  - TG male patient needing breast exam
- Update language

Please use the diagram below to indicate any areas of pain or concern.



Common language	Recommended
Mother/Father	Parent(s)/Guardian(s)
Husband/Wife	Spouse/Partner(s)
Marital Status	Include "partnered"
Sex: male/female	Sex assigned at birth: male/female/choose not to answer
Sex: male/female	Gender identity: male/female/TG male/TG female/ genderqueer/Other/choose not to disclose
Sexual Orientation	Heterosexual/Homosexual/Bisexual/Something else/Don't Know/Choose not to disclose

# Exams

- Based on current anatomy and specific needs of the visit
- Explain what will be examined and why
  - Undressed exam may not always be necessary
- Chaperone – give option of chaperone's gender/sex
- Stop exam if patient experiences discomfort



<https://www.youtube.com/watch?v=CxfZoOLf5oE>

# Correct Mistakes – and Move On

- “I’m sorry if I used the incorrect pronoun or name, no disrespect was intended. What are your preferred name and pronouns?”
- “I apologize, I’m still learning.”
- Don’t take negative reaction personally
- The effort to respect the patient’s reality is appreciated and noted
- Don’t ask for “real” name



# Training

- Initial/annual training for frontline/clinical staff, providers
- Cultural competency
  - Improving understanding can improve care provided
- Negative association between transphobia and provider knowledge
  - Duration of education not associated with provider knowledge



# 10 Strategies

- Leadership actively engaged
- Organizational policies protect SGM people
  - Non-discrimination
  - Restrooms
  - Family and support person
- Physical and virtual environment welcomes SGM people
- Forms reflect SGM people and their relationships
- Partnerships with SGM community

# 10 Strategies

- All staff receive training on affirming communication and care
- Sexual orientation and gender identity data are collected and used to improve health outcomes
- All patients receive routine and inclusive health histories
- Clinical care and services meet SGM health care needs
  - Prevention/screening
  - Gender-affirming care
  - Family planning and reproduction
  - Behavioral health care
- SGM people are actively recruited and retained

# Ethics

- National medical societies are unified with regard to the professional obligation of clinical providers to provide high-quality care to SGM persons according to current guidelines and practice
- AMA supports everyone's access to quality evidence-based health care regardless of gender or sexual orientation
- AAFP – Lesbian, gay, bisexual, transgender and questioning or queer (LGBTQ) patients should always be treated with dignity when seeking and receiving health care.

# DoL Resources

- [Advancing LGBT Workplace Rights, 2015 Report](#)
- [Protections for LGBTQI+ Employees of Federal Contractors and Subcontractors Under Executive Order 11246](#)
- [OSHA Guide to Best Practices for Restroom Access for Transgender Workers](#)
- [Marriage Equality Under the Family and Medical Leave Act](#)
- [Job Corps Program Instruction Notice: Ensuring Equal Access for Transgender Applicants and Students](#)
- [The Workforce Development System: Training and Employment Guidance Letter on Gender Identity, Gender Expression and Sex Stereotyping](#)
- [Family Equality for Parents Caring for Children Under the Family and Medical Leave Act \(the "in loco parentis" standard\)](#)
- [Family Equality for Workers Caring for Parents Under the Family and Medical Leave Act \(the "in loco parentis" standard\)](#)
- [Guidance to Employee Benefit Plans on the Definition of "Spouse" and "Marriage" under ERISA and the Supreme Court's Decision in United States v. Windsor](#)
- [DOL Policies on Gender Identity: Rights and Responsibilities](#)
- [DOL Policies on LGBTQ+ Employees and Applicants: Rights and Responsibilities Desk Aid](#)
- [Statement from Secretary Walsh on the Department's Equal Employment Opportunity Policy](#)

# Other Resources

- National LGBTQIA+ Health Education Center
  - <https://www.lgbtqiahealtheducation.org/>



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

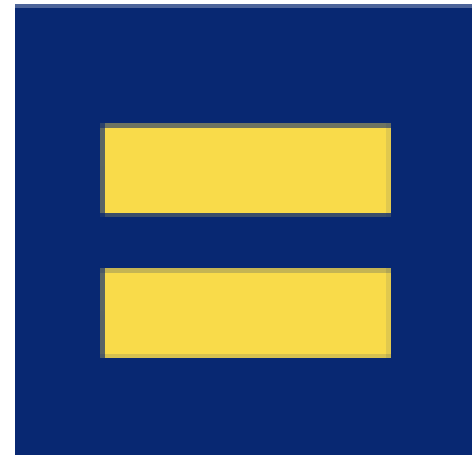
A PROGRAM OF THE FENWAY INSTITUTE

- AAFP LGBTQ Health Toolkit
  - <https://www.aafp.org/family-physician/patient-care/care-resources/lbgtq.html>
- American Psychological Association
  - <https://www.apa.org/pi/lgbt/index>
- American College of Physicians
  - <https://www.acponline.org/online-learning-center/lgbt-medicine>



# Other Resources

- World Professional Association for Transgender Health (WPATH)
  - <https://www.wpath.org/>
  - Affiliate: USPATH
- Human Rights Campaign
  - <https://www.hrc.org/resources/transgender-and-non-binary-faq>
- Safe Zone Project
  - <https://thesafezoneproject.com/learn/>



**THANK YOU**

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