THE EFFI BARRY
TRAINING INSTITUTE

CREATING LGBTQ+ AFFIRMING ORGANIZATIONS

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

HealthHIV

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INTRODUCTION

The LGBTQ+ Resource Toolkit is designed to assist health care organizations in Washington, D.C. to better serve LGBTQ+ populations. The resources and tools were created specifically to help you better understand LGBTQ+ people and their unique needs, identify obstacles that exist in your organizational policies and practices, and take concrete steps in serving LGBTQ+ people. The information and tools provided here are rooted in the principles of trauma-informed care, which works to actively resist re-traumatization.[1]

Although this guide focuses on LGBTQ+ populations, it is important to recognize that many of the issues addressed in this toolkit impact people who do not identify as LGBTQ+. Specifically, individuals who engage in sexual acts with people of the same sex, cisgender individuals who do not conform to one or more gender norms, and loved ones of LGBTQ+ people are impacted in various ways by stigma and discrimination on the basis of sexual orientation or gender identity.

This guide begins with base knowledge about LGBTQ+ people's identities and experiences; setting a foundation for understanding the nuances of our lives and the urgent importance of creating change. This is followed by an overview of organizational policies to better serve LGBTQ+ people from the inside out. Next, we address intake paperwork, as it is the first standardized form of contact between your organization and your clients, signaling your values and your communication practices. We conclude the guide with a discussion of leadership and management principles, as the ultimate goal of this toolkit is to inspire change throughout the entire organization.

The Appendix contains several tools for you to apply the knowledge gained throughout the guide: An Environmental Considerations Worksheet; Sample Client Survey; Sample Intake Form; Patient Bill of Rights; and the Gender Unicorn. There is a description of each tool on the Appendix cover page, explaining why they are important and recommendations for their implementation.

We are inspired by your dedication to better serve the LGBTQ+ community in Washington, D.C.

COMMON TERMINOLOGY

There are many terms that are important to know and understand to respectfully interact with LGBTQ+ people. Below is a list of common terms that will come up when working with LGBTQ+ people in health care settings:[2]

Asexual	A sexual orientation identity term referring to a person who has no sexual attraction to any gender.
Bisexual	A sexual orientation identity term referring to a person who is attracted to people of two or more genders.
Cisgender	An adjective that describes a person who identifies with their sex assigned at birth. For example, a person who was assigned male at birth and identifies as a man. The prefix "cis" is Latin for "on this side."[3]
Dysphoria	Conflict between someone's gender identity and their physical and/or perceived gender. Experiencing dysphoria can invoke a range of negative feelings, from slight discomfort and anxiety to severe depression. It is important to affirm an individual's gender because actions that trigger dysphoria can have real adverse health implication.
Gay	A sexual orientation identity term often referring to a person who is attracted to a person of the same gender. This term is sometimes used specifically to reference men who are attracted to men, but is also used more broadly.
Genderfluid	Someone who does not identify as having a fixed gender.
Genderqueer	This refers to a person that does not subscribe to conventional gender distinctions, but identifies as neither, both, or a combination of male and female genders.
Intersex	Intersex is a term that is used to refer to people who are born with sexual or reproductive anatomy that does not fit the typical binary of male or female.
Lesbian	A sexual orientation identity term referring to a woman who is attracted other women.
Non-binary	A gender identity term referring to a person who identifies outside of the gender binary of male/female or masculine/feminine.
Pansexual	A sexual orientation identity term referring to a person that is attracted to people regardless of their gender identity.
Pronouns	in this context, pronouns are words that stand in the place of a person's name. Common pronouns include "she/her/hers," "he/him/his," and "they/them/theirs." (For more information, see the section on "Best Practices for Interacting with LGBTQ+ People" on page 12.)
Queer	This term has multiple meanings. The main emphasis of this term is often to convey a sense of non-normativity in sexual orientation and/or gender identity. As a sexual orientation identity term, it is often used to refer to people who are not heterosexual. People who use this term may be attracted to people of the same gender, non-binary people, and/or people of two or more genders. As an umbrella term, it often refers to a group of people (e.g., "the queer community"). This was historically a slur against LGBTQ+ people, and it should be used only when individuals use it for themselves.
Questioning	Refers to when a person is exploring their sexual orientation and/or gender identity. Questioning can happen once or multiple times in a person's life, and it is not restricted by age. "Someone who is questioning is involved in an active process, sifting through experiences and feelings and coming to better understand their evolving identity."[4]
Sex assigned at birth	The sex/gender that a doctor assigns to an infant at birth. This is also referred to as "birth sex" or "biological sex." The reason to use 'sex assigned at birth' rather than these other terms is because it recognizes that sex is something assigned to an individual, and thus able to be changed. It avoids thinking of "sex" as fixed, and creates space for someone to not identify with their sex assigned at birth.[5] AMAB refers to "assigned male at birth," and AFAB refers to "assigned female at birth."
Transgender	An adjective that describes a person who does not identify with their sex assigned at birth. The prefix "trans" means "across" or "on or to the other side of."[6]
Transition	The process many transgender people engage in to bring their body, expression, and/or sociolegal identifiers into alignment with their gender identity. This may include a new wardrobe, name, and pronouns; hormone replacement therapy and/or other medical interventions such as surgeries; and gender therapy. Not all trans people choose to transition in these ways, and someone is not "more" or "less" trans based on these markers. Many factors influence the choice to transition including personal desire, finances, culture, etc.

LGBTQ+ 101: IDENTITIES & EXPERIENCES

This section explains sexual orientation and gender identity. The goal is to equip you with the knowledge and tools to better support your LGBTQ+ clients and employees. This section covers the following information: sexual orientation and gender identity; pronouns and terminology; overview of LGBTQ+ antagonism in culture/politics; LGBTQ+ social determinants of health; LGBTQ+ experiences in health care; and best practices for interacting with LGBTQ+ individuals.

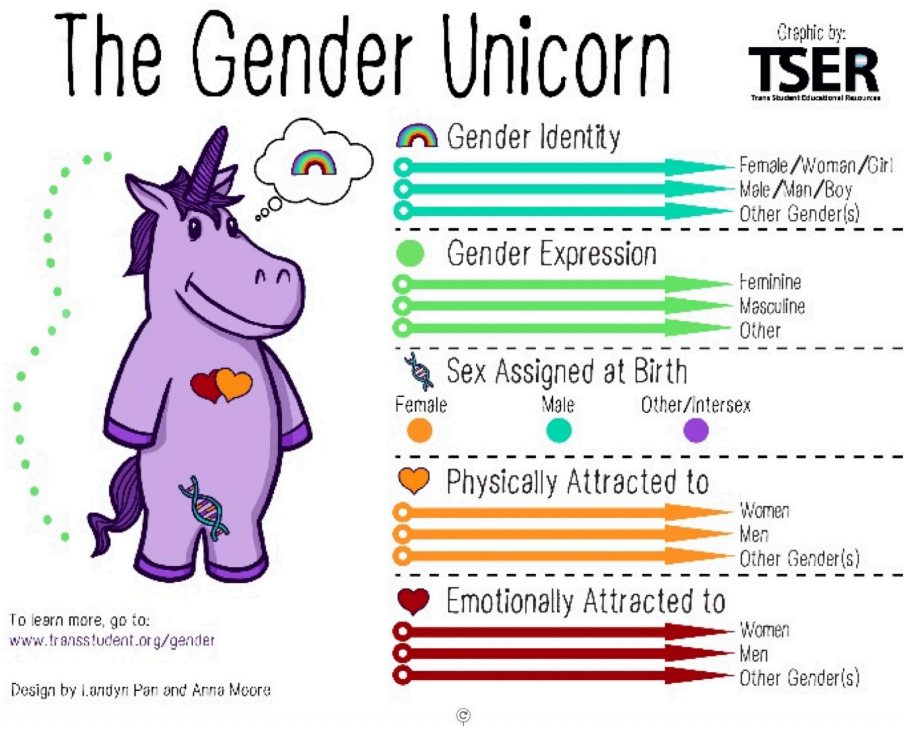
The acronym LGBTQ+ stands for lesbian, gay, bisexual, transgender, and queer/questioning. The "+" is used to indicate that there are always new identity terms coming into use, and we cannot reduce all sexual and gender diversity into five letters. Identity terms that are often part of the LGBTQ+ umbrella include agender, asexual, pansexual, two-spirit, intersex, non-binary, and more.

LGBTQ+ people and communities are extremely diverse, though they all share the commonality that their sexual orientation and/or gender identity does not match societal expectations. This section begins by exploring gender identity and sexual orientation before getting into specifics about LGBTQ+ identities and experiences.

Gender Identity

Gender identity refers to a person's internal sense of self based on gender. Gender identity is not a term reserved only for LGBTQ+ people – everyone has a gender identity, even if that identity is agender (a person who does not have a gendered sense of their self). For example, if a person identifies as a woman, their gender identity is woman. If a person identifies as a man, their gender identity is man. If a person identifies as non-binary, their gender identity is non-binary.

FIG 1: THE GENDER UNICORN DESCRIBES THE SPECTRUMS OF GENDER AND SEXUALITY*



*Pan, L., & Moore, A. The Gender Unicorn. TSER (Trans Student Educational Resources). (2011–2014). Retrieved from http://www.transstudent.org/gender. 2017.

LGBTQ+ 101: IDENTITIES & EXPERIENCES

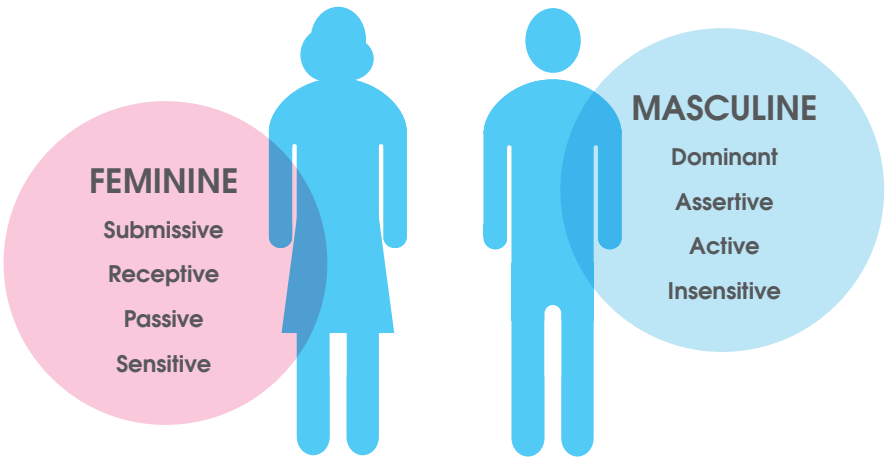
Gender expression refers to how a person conveys their gender identity, typically through their appearance. In the "Gender Unicorn" graphic on page 5, gender expression is represented using several, co-existing continuums of femininity, masculinity, and expression that does not fall within those terms.[7] While gender expression is usually associated with gender identity, these terms are not reducible to one another, as what is considered to be "masculine" or "feminine" varies across time and cultures.

Gender Norms refer to the internalized ideas of how an individual should act or look based on their gender. Though less common today, the most common occupation-based gender norm in our society was the idea that women were the homemakers and men were the breadwinners. During the 1950's both men and women observed strict gender roles and complied with society's expectations. The norm of domesticity existed for women, while men were expected to support their wives and children through their work.

Societal influences on a person's internal understanding of gender norms begin during childhood and can come from family, media, friends, and other sources.

Children experience parental sex-typing in most aspects of their childhood. Commonly, girls are given dolls and boys are given trucks during playtime. When choosing afterschool activities, it is more common for boys to be enrolled in physically demanding sports and for girls to be registered in arts-focused activities.

TRADITIONAL GENDER STEREOTYPES



The stereotypes listed above help to establish an understanding of societal gender norms, stereotypes, and socialization factors, which continue to perpetuate themselves throughout the person's life and help to influence their own child-rearing behaviors as an adult. It is these interactions and perceptions that establish and perpetuate the idea that there are particular ways that an individual of a specific gender should act or look.

LGBTQ+ 101: IDENTITIES & EXPERIENCES

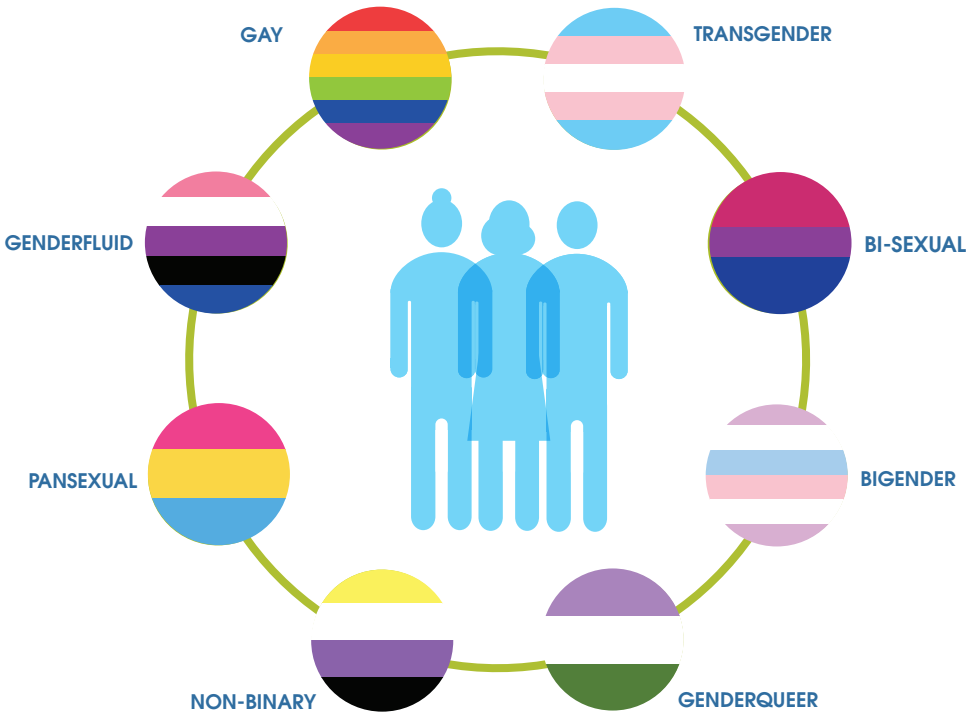
Sexual Orientation

Sexual orientation refers to a person's identity with respect to sexual and/or romantic relationships. For example, the term heterosexual is a sexual orientation term for people who are sexually and/or romantically attracted to people of a gender different from their own, typically understood in binary terms as a man attracted to women or a woman attracted to men. The term bisexual is a sexual orientation term for people who are sexually and/or romantically attracted to people of two or more genders, and the term gay is a sexual orientation term for people who are sexually and/or romantically attracted to people of the same gender.

While sexual orientation is a useful way to understand a person's identity and experiences, it is important to remember that sexual orientation does not necessarily equal sexual behavior.

Sexual behavior refers to the types of sexual acts a person engages in and with whom. For example, a man who has sex with men engages in homosexual behavior, but may not identify as gay or bisexual, but heterosexual. This person is not "secretly" gay or bisexual, because many people engage in sexual behavior that does not line up with their sexual orientation.

In short, sexual orientation is an identity term that describes how someone understands their attraction and desire to engage in sexual and/or romantic relationships, while sexual behavior is a term useful for clinicians to assess certain health risks associated with sexual activity.



LGBTQ+ 101: IDENTITIES & EXPERIENCES

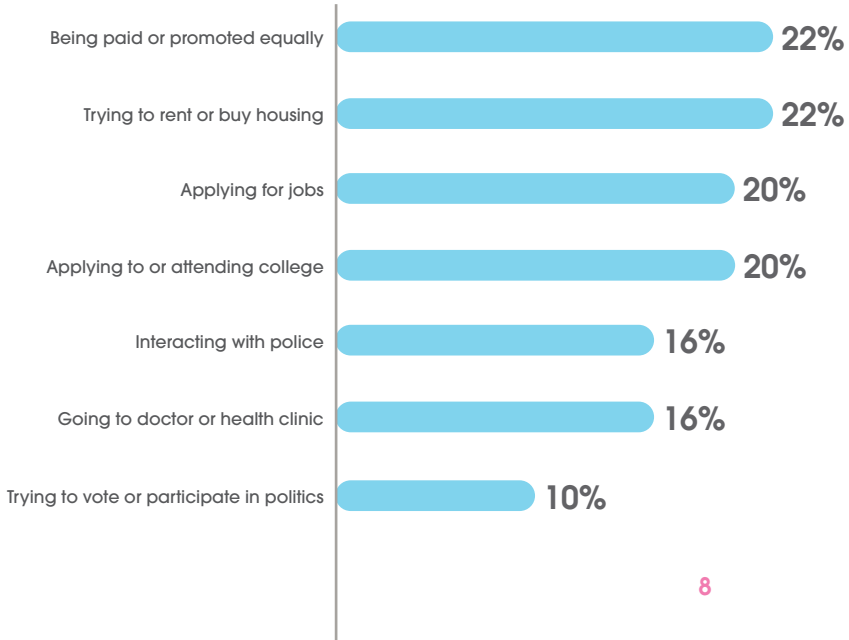
Overview of LGBTQ+ Antagonism

There is a long history of discrimination and violence against LGBTQ+ people in American society and across the world. This exists not only in individual interactions, but is embedded in our social and political life. LGBTQ+ antagonism is important to understand because it leads to negative outcomes for LGBTQ+ people. These are perpetuated through stigma and become norms that are so common they seem natural.

LGBTQ+ antagonism takes many forms, most prominently discrimination and violence. In the United States, "a majority of all LGBTQ+ people have experienced slurs (57%) and insensitive or offensive comments (53%) about their sexual orientation or gender identity. A majority of LGBTQ+ people say that they or an LGBTQ+ friend or family member have been threatened or non-sexually harassed (57%), been sexually harassed (51%), or experienced violence (51%) because of their sexuality or gender identity."[8] Additionally, the lack of legal protections in the country communicates that LGBTQ+ people are not worthy of protection, and effectively sanction discrimination and violence from the structural to the individual levels.

When LGBTQ+ antagonism is discussed, it typically focuses on discrimination and violence. This is clearly important, as demonstrated by the discussion above. However, there are more subtle ways in which LGBTQ+ people are antagonized that are often not recognized. One example of this is **outing**, which is when a person's sexual orientation or transgender status is disclosed without their permission. This takes away a person's ability to disclose that information on their own terms, if they want to disclose it at all, and results in many negative consequences. These consequences can include physical violence, psychological abuse, losing access to housing, losing employment, and being cut off from one's support system.

PERCENT OF LGBTQ AMERICANS SAYING THEY HAVE BEEN PERSONALLY DISCRIMINATED AGAINST IN EACH SITUATION BECAUSE THEY ARE LGBTQ



Since LGBTQ+ people can never know the views and propensities to violence of all those they interact with, it is important that they get to determine when and how their sexual orientation or gender identity is revealed, if they choose to reveal that information at all. For this reason, providers and administrators should never disclose a person's sexual orientation or transgender status without their permission.

Graphic courtesy of: NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Discrimination in America: Experiences and Views of LGBTQ Americans, January 26 – April 9, 2017.

LGBTQ+ 101: IDENTITIES & EXPERIENCES

LGBTQ+ Social Determinants of Health

Important social determinants of health for the LGBTQ+ community fall into six categories: economic, law and policy, sociocultural, housing, community, and health care.

ECONOMIC FACTORS

include credit and lending discrimination, high rates of poverty, and work in informal economies due to discrimination.[10]

LAW & POLICY FACTORS

include lack of protections, sanctioned discrimination, and the medicalization of transgender identities.[11]

SOCIO-CULTURAL FACTORS

include gender and sexuality norms, archetypes, and pervasive stigma.[12]

HOUSING FACTORS

include high rates of homelessness, lack of legal protections and mechanisms for redress, and discrimination and violence in shelters.[13]

COMMUNITY FACTORS

include discrimination and violence from family or community members, as well as being cut off from socioeconomic support systems.[14]

HEALTH CARE FACTORS

include a lack of training on LGBTQ+ health needs, economic barriers to care due to high rates of poverty, and negative health care experiences – both individual and community-wide – that deter LGBTQ+ people from seeking care or continuing treatment.[15] The 2015 U.S. Transgender Survey found that at the time of their survey, 33% of transgender people had a negative experience with a health care provider in the last year based on their gender identity, "with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care."[16]

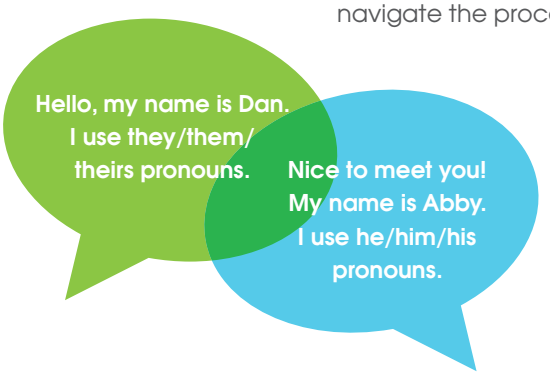
Additionally, each category must be considered in Individual terms of structural mechanisms, interpersonal interactions, and individual beliefs and behaviors.[17] Change to: Individual, cultural competency trainings alone will not change the social determinants of health for the LGBTQ+ Community. Instead, institution-level interventions are required, such as instituting LGBTQ+ affirming policies, bringing LGBTQ+ people into senior leadership and advisory board positions, and continually gathering feedback to improve organizational processes.

LGBTQ+ 101: IDENTITIES & EXPERIENCES

Best Practices for Interacting with LGBTQ+ People

Names and Pronouns

When interacting with transgender individuals, it is important to address them appropriately. This includes the using the correct name and pronouns. The correct name to use for a person is the name they give you, regardless of what is listed in their medical records. A best practice is to ask all clients how they would like to be addressed. If you notice a different name on their medical records than the name they provided, it is appropriate to confirm which name they use for legal purposes. If they have legally changed their name as part of their transition process and their previous name is still listed in their record, you should work with the client to determine if they would like the name removed. You can help them navigate the process if that is the case.



When it comes to a person's pronouns, best practice is to always offer your own pronouns when introducing yourself: "Hello, my name is Kai. I use they/them pronouns." This normalizes the sharing of pronouns and demonstrates to transgender individuals that you understand the importance of using gender affirming language. If your patient does not offer their pronouns, it is appropriate to ask them in private how they would like you to refer to them. It is important to be careful about names and pronouns for many reasons, but especially because being misgendered or addressed by the incorrect name can cause people to experience dysphoria.

Gender neutral pronouns – they/them/their, ze/zir/zirs, and Spivak[18] pronouns – are becoming more popular among transgender, non-binary, and gender non-conforming individuals. It takes time and practice to get used to using these pronouns, but it is important that you understand how to use them. For example, if a person named Jay uses they/them/their pronouns, that person would be referred to in the following way: "Jay came in for an appointment this morning and left their sunglasses in the exam room. I left them a voicemail a few hours ago, but they have not returned my call yet."

	NOMINATIVE (subject)	OBJECTIVE (object)	POSSESSIVE DETERMINER	POSSESSIVE PRONOUN	NOMINATIVE
Traditional Pronouns					
He	***He*** laughed	I called ***him***	***His*** eyes gleam	That is ***his***	He likes ***himself***
She	***She*** laughed	I called ***her***	***Her*** eyes gleam	That is ***hers***	She likes ***herself***
Nonbinary Pronouns These are often used by trans, genderqueer & gender non-performing people					
They	***They*** laughed	I called ***them***	***Their*** eyes gleam	That is ***theirs***	They like ***themselves***
Spivak	***Ey*** laughed	I called ***em***	***Eir*** eyes gleam	That is ***eirs***	Ey likes ***emself***
Ze (or zie) & hir	***Ze*** laughed ("zee")	I called ***hir*** ("heer")	***Hir*** eyes gleam ("heer")	That is ***hirs*** ("heers")	Ze likes ***hirself*** ("heerself")

LGBTQ+ 101: IDENTITIES & EXPERIENCES

Best Practices for Interacting with LGBTQ+ People

Avoiding Assumptions

Another best practice is to avoid assumptions. This includes assumptions about LGBTQ+ people's experiences outside the clinic; that all LGBTQ+ people know their health care or legal rights; that you know a person's pronouns, gender identity or sexual orientation from how they dress, speak or act; or that all LGBTQ+ people are "out" in all aspects of their lives.

One common assumption occurs with the use of gendered language. In assuming a person's gender identity, we address that person with "sir," "ma'am," "gentleman," "ladies," etc. Best practice is to use gender neutral language, to be inclusive of people of all gender identities, and not misgender people by using the wrong pronouns, name, or gender term. Some gender-neutral terms for groups include "folks," "guests," and "everyone."[19]

ORGANIZATIONAL POLICIES

Federal Policies

Federal employment protections of the LGBTQ+ community are often inconsistent and professional interpretations often result in conflicting opinions. The primary anti-discrimination statute in the country is found in Title VII of the Civil Rights Act of 1964 (Title VII). Sexual orientation is not listed as a protected class, despite Congressional pushes to rectify this lack of protection.[20] In employing Title VII to protect members of the LGBTQ+ community, lawyers will often focus on sex stereotyping and make the argument that members of the community are protected under the sex and gender discrimination portions of the statute.[21] While this patchwork legal approach works for now, case law around full protections continues to evolve. Federal appellate courts are not able to find a consensus on whether sexual orientation is in fact a protected class under Title VII.

Looking to rectify this lapse in security, the Obama Administration implemented an amendment to Executive Order 11246, ensuring that it would prohibit the federal government and its contractors from discriminating against employees and applicants based on their sexual orientation or gender identity.[22] According to the Office of Federal Contract Compliance Programs, this executive order now provides protections to nearly 28,000,000 individuals, or about 20% of the country's workforce.[23] It is unclear how many of those individuals identify as LGBTQ+.

President Obama furthered these protections throughout the country when he directed the Department of Justice and the Equal Employment Opportunity Commission (EEOC) to view adverse employment actions against transgender individuals to be in direct violation of federal civil rights laws. The Trump Administration reversed the Justice Department's policy in 2017.[24] The EEOC still pushes that Title VII covers employment discrimination based on an individual's sexual orientation or gender identity, which puts the government agency's guidance at odds with the Trump Administration's position.[25]

ORGANIZATIONAL POLICIES

State and Territory Policies

At the state-level, only 24 of the 56 permanently inhabited states and territories (including the District of Columbia) have deployed laws that explicitly prohibit employment discrimination based on a person's sexual orientation and gender identity.[26] The numbers become a bit more inclusive when looking at state employees, with 35 of the 56 states and territories (including the District of Columbia) extending protections that cover an individual's sexual orientation and gender identity in the workplace.[27] This indicates that of the 11,343,000 self-identifying LGBTQ+ individuals in our country,[28] nearly 1/3 of them live in a state that offers no form of protections, leaving them vulnerable to anti-LGBTQ+ harassment, retributions, or even firings.

The District of Columbia is home to the largest percentage of self-identifying LGBTQ+ individuals per capita than any other state or territory in the United States.[30] With 9.8% of residents self-identifying with a sexual orientation or gender identity other than heterosexual or cisgender (not transgender), the District's percentage is nearly double that of the second state on the list (Oregon, with 5.6%).[31] The District of Columbia is home to one of the most comprehensive non-discrimination laws in our country, covering 21 protected traits, including gender identity, gender expression, and sexual orientation.[32] With its enactment, the D.C. Human Rights Act (DCHRA), originally passed in 1977, ensures that members of the LGBTQ+ community are able to avail themselves to equal employment, workplace training, and career advancement without fear of discrimination.[33, 34]

ORGANIZATIONAL POLICIES

Workplace Policies

Cultivating an inclusive workforce allows employees to show up to work with their "whole person," feeling comfortable in revealing their authentic selves to coworkers and enabling them to share underrepresented ideas, thought processes, and resources that would have otherwise been eliminated from the conversation. With a lack of mandated regulations at the territory and federal levels, many LGBTQ+ individuals are forced to rely on their employer's policies for protection and affirmation in the workplace. In fact, 8 out of 10 LGBTQ+ individuals prioritize these affirmative actions and seek out inclusive workplace environments when job searching. Further, 7 out of 10 LGBTQ+ individuals are willing to leave their current position if they find another that is more inclusive.[35]

Nearly 91% of Fortune 500 companies currently have a nondiscrimination policy which covers sexual orientation, and 83% additionally cover an individual's gender identity.[36] A recent report from the U.S. Chamber Foundation has revealed that companies who adopt inclusion and anti-discrimination policies have "higher employee retention rates and earn more revenue."[37] As the trend for inclusive social contracts in the workplace continues to rise, that same report found that nearly 50% of self-identifying LGBTQ+ individuals choose to remain in the closet while at work for fear of reprisal or retribution, despite the presence of affirming nondiscrimination policies.[38] This apprehension is further substantiated by a finding that 2 in 5 LGBTQ+ employees have both felt bullied in the workplace due to their identities and orientations, and have left a job as a result of being bullied because of their identities and orientations.

As you position your organizations and agencies to better support your LGBTQ+ employees, it is important to move beyond the formal non-discrimination policies and implement additional policies and practices rooted in emboldening your employees' sense of community and protection:

Health Insurance:

In ***Obergefell v. Hodges***, the United States Supreme Court held that same-sex couples have the constitutional right to marry in any state or territory.[40] With this solidification of marital rights came necessary, sweeping modifications to businesses' internal policies that grant benefits to married couples. Any benefit offered to an opposite-sex spouse must now also be offered to a same-sex spouse in an equal manner. To explicitly articulate this in an internal policy, it is recommended that you incorporate verbiage identifying that a legally married spouse can refer to someone of the same or opposite gender.

To further these inclusive policies, it is important that the documentation used to enroll a spouse or update information about a spouse be universally consistent within the organization, no matter the spouse's gender relative to the sponsoring employee. There should never be a reason for an employer to collect different demographic information about a sponsored same-sex spouse because of their identities and orientations.

An inclusive healthcare policy pivots away from the union between the sponsoring employee and their spouse and focuses on affirming the enrolled members' gender identities. Most insurance plans specifically prohibit inclusive healthcare services that are deemed critically necessary for transgender individuals.[41] By excluding transition-related hormones, surgeries, and counseling, these individuals are required to continue living with untreated gender dysphoria which leads to an increased risk of developing depression, undue health complications, and substance abuse problems as a result of self-medicating.[42] It is recommended that an organization provide at least one level of transgender-affirming healthcare coverage to their employees to help close the gap on equitable health insurance coverage.

Gender Transition Policies:

Organizations that provide non-discrimination policies for members of the LGBTQ+ community need to be prepared to help their transgender-identifying colleagues when they begin to socially and professionally transition into their true gender. These guidelines should be rigid enough to provide clear and concise protections for the transitioning individual, while also being flexible enough to accommodate the differing transition-related obstacles that each individual may experience. When implemented, these policies can help temper expectations between the transitioning employee, management, and colleagues. Focus on who will be the point person for assisting the employee with various administrative changes and helping to provide culturally competent information to the transitioning employee's colleagues to help manage social changes and expectations. These policies should be made widely available to employees. When possible, have a senior member of the organization's hierarchy help the transitioning employee inform their colleagues about their transition. Doing so will help establish to the employee and their colleagues that transitioning employees are supported and appreciated.

INTAKE PAPERWORK

Establishing an inclusive workplace includes incorporating culturally relevant and sustainable business practices when working with LGBTQ+-identifying clients as well. Utilizing universal patient history and intake forms that allow orientation and identity selection with inclusive language fosters an environment intent on reducing access barriers. Additionally, doing so will solidify your organization's status as an LGBTQ+-inclusive employer and service provider.

A. Preferred Name and Pronouns: In an effort to reduce barriers to service, it is important to allow your patients to come to you as their whole and authentic selves. This includes giving them the opportunity to identify preferred names (if different from their legal names) and their pronouns. When an individual's preferred name and pronouns do not conform to their identity or insurance documents, it is important to take care in making clarifications. Consider cross-referencing the individual's date of birth, address, or other identifying information to corroborate.

B. Gender Identity: We recommend leaving this as a fill-in option for folks that wish to self-identify (i.e. woman, transgender man, etc.), but if a check list is required, it is important to allow your patients to identify both their gender identity and their sex assigned at birth by including terms like "transgender" and "non-binary." Similar to differing names, when an individual's gender does not conform to their identity or insurance documents, it is important to take care in making clarifications. Consider cross-referencing the individual's date of birth, address, or other identifying information to corroborate.

C. Sexual Orientation: Allowing an individual to identify their sexual orientation signals to your patients that you recognize the diverse healthcare needs of non-heterosexual patients and can provide them with competent services.

D. Gendered Terminology: Wherever possible, use non-gendered terminology to describe people and relationships that the patient is identifying. Instead of using "husband/wife," use "spouse." Instead of using "mother/father," use "parent/guardian." When asking questions that target individuals with specific reproductive organs, remove language signaling that only a certain gender should answer those questions (i.e. "women only").

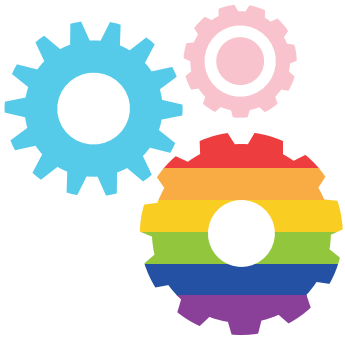
E. Gendered Graphics: Whenever possible, use a non-gendered graphic when asking a patient to identify their areas of concern. This switch is particularly relevant for transgender and intersex patients who may become triggered when being faced with a diagram that does not match their own body.

LEADERSHIP MAKEUP/ MANAGEMENT PRINCIPLES

Business role models are necessary in establishing and furthering an inclusive work environment. They are also necessary for the retention and recruitment of workplace talent. Fewer than 0.05% of Fortune 500 CEOs identify as a member of the LGBTQ+ community.[43] Employees are more likely to remain closeted with a lack of LGBTQ+ leadership. This conscious decision to suppress crucial components of their identity often leave them distracted and less likely to actively engage with their coworkers. With open and authentic LGBTQ+ and allied leadership at all levels of the business hierarchy, your organization will be facilitating a diversity-focused environment that allows all employees to thrive, connect, and succeed.

LGBTQ+ individuals are faced with the need to either "come out" or remain closeted in nearly every first interaction they have with another individual. Further engagement beyond mere representation, as can be found through mentorship opportunities, not only further diversifies organizational culture and increases professional development opportunities, but also reduces the social barriers and stigma attached to revealing one's authentic orientations and identities. Mentorship opportunities can come from an organization's formalized programming or through an out leader informally reaching out to offer guidance. The development of a sustained relationship will result in educational and developmental opportunities and a renewed commitment and interest into team activities for both parties.

Development of community, through an employee resource group, can provide a sense of unity that allows employees to feel welcome and accepted when being open and authentic with their identity. An employee resource group (ERG) is an employee-led interest group is focused on providing community through programmatic events, raising awareness about specific and intersectional interests, and advocating for more inclusive and socially responsible employment practices. ERG deployment helps identify how the diverse and intersectional approaches of each employee converges with the organization's mission and values, while focusing on the development of future leaders and expanding market reach.



LEADERSHIP MAKEUP/ MANAGEMENT PRINCIPLES

Guaranteeing an ERG's success moves beyond merely recruiting self-identified members and planning events. It is important that senior leadership and allied employees additionally take stock in the group, its members, and its activities. Not only will this avail the group's members to mentorship and networking opportunities that may have otherwise not been available, but it adds a level of credence to the group which can help when advocating for workplace policy changes. Further, by including heterosexual and cisgender allies in programmatic events, the group can begin working on solidifying an LGBTQ+-inclusive culture within the organization, counting on allied voices to speak out in situations where members of the LGBTQ+ community are overshadowed. Ensuring continued ally involvement in the group will necessitate that portions of the programming and group values statement focus on providing this pertinent group of the community with the tools and resources they need in order to remain engaged and informed. However, most of the group's focus should be centered around providing a safe and inclusive space and advocative body for LGBTQ+ employees.

It's common for non-LGBTQ+ employees to push back against the implementation of specialty interest groups and ignore the systemic oppression and sometimes toxic environments that our underserved minority groups face when coming into the work environment. When engaging with these individuals, it is important that you ensure they feel heard and that their sentiments are validated. We recommend employing John Kotter's 8-step organizational change model to help these individuals move from opposing ERG implementations to embracing (or at least tolerating) the groups' implementations. [44]

LEADERSHIP MAKEUP/ MANAGEMENT PRINCIPLES

APPENDIX

This appendix contains tools to assist your organization in better serving LGBTQ+ clients. Each item builds on the information discussed above, with specific attention to opportunities to apply that knowledge. Here is an overview of each item in the appendix:

1. Environmental Considerations Worksheet

This checklist provides the opportunities to check how your organization's environment is experienced by LGBTQ+ people, with specific attention to issues of sexual orientation and gender identity. Each question is an opportunity to examine your organization's environment, gather feedback from LBBTQ+ staff and clients, and develop solutions that make LGBTQ+ people feel more welcome.

2. Sample Client Survey

The sample client survey diagnoses obstacles to providing LGBTQ+ affirming care in your organizations, and provides an understanding of the areas of improvement to overcome them. This survey will not tell you exactly what to do to fix these problems (outside of the feedback provided by clients). However, it does enable you to understand your strengths and weaknesses as an organization with respect to supporting your LGBTQ+ clients.

3. Sample Intake Form

This sample intake form provides an example of gathering relevant and necessary information from a new client, in an affirming and inclusive manner.

4. Patient's Bill of Rights[46]

The patient's bill of rights is a list of guarantees, in the form of a non-binding declaration, concerning a client/patient's autonomy, information, fair treatment, and other rights. The document details how a patient can reasonably expect to be treated during their time with your organization.

5. Gender Unicorn[47]

This document (which can be filled in by individuals wishing to identify their own orientations and expressions) shows how an individual's identities, orientations, and expressions differ and relate to each other.

ENVIRONMENTAL CONSIDERATIONS WORKSHEET

1. Are LGBTQ+ people represented in the visual/text-based resources you offer (e.g., a resource bank of brochures)?

2. Are there any resources, produced internally or displayed from external sources, which contain LGBTQ+-antagonistic material?

3. Does your organization participate in observances and holidays related to the LGBTQ+ community (Pride, LGBT Health Awareness Week, National Coming Out Day, Transgender Day of Remembrance, etc.)?

4. Are your reception area staff (receptionists, security guards, etc.) briefed on how to recognize and respond appropriately to discrimination against LGBTQ+ clients, whether that is coming from a staff member or another client?

5. Are the single-stall restrooms in your facility labeled as gender neutral?

6. If your organization is co-located with an LGBTQ+ antagonistic organization, do you have procedures in place to ensure that LGBTQ+ individuals feel safe visiting your facility, such as an escort option from a local bus stop or building entrance?

7. Do you have a procedure in place to supportively accommodate transgender, non-binary and gender non-conforming individuals in whichever sex-specific group they choose to access any sex-segregated or sex-specific services you provide?

SAMPLE CLIENT SURVEY

SECTION 1: DEMOGRAPHIC INFORMATION

1. Please list your gender:

2. Please list your sexual orientation:

3. Do you identify with the sex/gender you were assigned at birth?

O Yes ONo

4. What is your relationship status? (choose all that apply – some people may be polyamorous and be married to one partner but not another)

a. Single
b. Partnered (Not in a legal union)
c. Married
d. Surviving Spouse

5. Which race/ethnicity term(s) best describes you? (choose all that apply)

a. American Indian or Alaska Native
b. Asian
c. Black or African American
d. Hispanic or Latino
e. Native Hawaiian or other Pacific Islander
f. White
g. Prefer not to answer

6. What is your age category?

a. Under 18
b. 18-25
c. 26-35
d. 36-49
e. 50-64
f. 65 and above

7. What is your occupation?

8. What is the highest level of education you have completed?

SAMPLE CLIENT SURVEY

SECTION 2: ORGANIZATIONAL ASSESSMENT

Please indicate your agreement by responding to the statements below using the following scale:

Please circle your answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
9. I feel comfortable in (organization name)'s waiting room/ reception area.	1	2	3	4	5	N/A
10. I feel that the administrative and support staff understands how to respectfully interact with LGBTQ+ clients.	1	2	3	4	5	N/A
11. I feel that the nursing staff understands the unique health care needs of LGBTQ+ clients.	1	2	3	4	5	N/A
12. I feel that the nursing staff understands how to respectfully interact with LGBTQ+ clients.	1	2	3	4	5	N/A
13. I feel that my primary care provider understands the unique health care needs of LGBTQ+ clients.	1	2	3	4	5	N/A
14. I feel that my primary care provider understands how to respectfully interact with LGBTQ+ clients.	1	2	3	4	5	N/A
15. I feel that (organization name)'s support groups are supportive of LGBTQ+ clients.	1	2	3	4	5	N/A
16. I feel that (organization name) as a whole supports LGBTQ+ people.	1	2	3	4	5	N/A
17. I aware of my rights as an LGBTQ+ client at (organization name).	1	2	3	4	5	N/A
18. I have disclosed my sexual orientation or gender identity to my health care provider(s).	1	2	3	4	5	N/A
19. I have not disclosed my sexual orientation or gender identity to my health care provider(s), but I would feel comfortable doing so.	1	2	3	4	5	N/A
20. I feel that LGBTQ+ people are represented in (organization name)'s images and messaging (for example, in outreach and health education materials).	1	2	3	4	5	N/A
21. I feel that LGBTQ+ people are accepted in support groups at (organization name).	1	2	3	4	5	N/A
22. If I were to experience discrimination based on my sexual orientation or gender identity, I know where to submit a complaint within (organization name).	1	2	3	4	5	N/A
23. I would recommend (organization name) to other LGBTQ+ people.	1	2	3	4	5	N/A

24. What positive practice(s) should (organization name) continue?

25. What changes would you like to see (organization name) make to better serve LGBTQ+ clients?

25. Please provide any additional information regarding your experience as an LGBTQ+ client at (organization name):

CLIENT INTAKE FORM

PERSONAL INFORMATION:

Name (*include preferred name, if different*): Pronouns:
Street Address:
City: Zip Code:
Phone: (Home) (Cell) (Work)
Email Address:
Gender: Date of Birth:
Family Doctor:
Emergency Contact Name:
How did you hear about us? ○ Family Doctor ○ Specialist ○ Friend/Family ○ Our Website ○ Social Media ○ Other (please specify):

HEALTH INSURANCE INFORMATION:

Insurance Company:
Policy Number:
ID Number:
Policy Client Name: ○ Same as above ○ Other:
If the client is not the policy holder, please indicate relationship: ○ Spouse ○ Dependent
Policy Holder's Date of Birth:

MOTOR VEHICLE ACCIDENT PATIENTS ONLY

Insurance Company (*include Branch Office, if applicable*):
Address:
Telephone Number:
Fax Number:
Adjuster's Name:
Date of Accident:
Policy Number:
Claim Number:
Name of Policy Holder (*If different from claimant*):

WORKERS COMPENSATION PATIENTS ONLY

Employer:
Employer's Address:
Claim Number:
S.I.N. Number:
OHIP Number:
Date of Injury:

If you require assistance filling out this form, please let someone know. We would be happy to assist you.
Si necesita ayuda para completar este formulario, avísele a alguien. Estaríamos encantados de ayudarte.

CLIENT INTAKE FORM

MEDICAL INFORMATION

Date and Nature of Injury:

Treatment Received:

Other Existing Health Concerns:

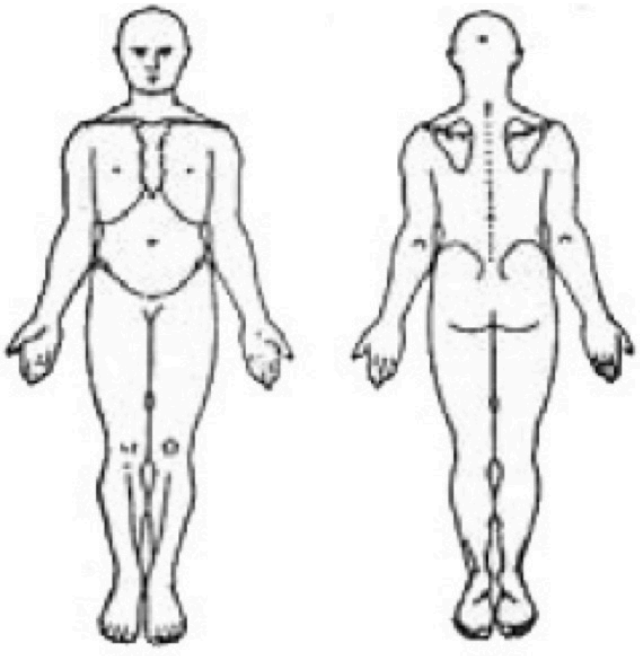
Known Allergies:

Current medications:

DO YOU HAVE ANY OF THE FOLLOWING?

Diabetes	Y	N
Heart Trouble	Y	N
Epilepsy	Y	N
High Blood Pressure	Y	N
Circulation Problems	Y	N
Osteoporosis	Y	N
Bowel/Bladder Problems	Y	N
AIDS/HIV Positive	Y	N
Sudden Weight Loss	Y	N
Breathing Problems	Y	N
Recent Surgery	Y	N
Arthritis	Y	N
Do you smoke?	Y	N
Do you have/have you ever had cancer?	Y	N
Have you ever experienced dizziness or blackouts?	Y	N
Are you pregnant?	Y	N

INDICATE THE LOCATION OF YOUR PAIN ON THE DIAGRAM



PATIENT'S BILL OF RIGHTS[48]

RIGHT TO BE TREATED WITH EQUALITY AND RESPECT

You deserve to be treated with respect and made to feel welcome no matter who you are.

Currently, there is no federal law that directly says a healthcare provider cannot discriminate against someone because they are LGBTQ+. However, the Affordable Care Act (or Obamacare) bans discrimination on the basis of sex, which courts and government agencies are increasingly coming to see as including gender identity and sexual orientation. You can even submit a complaint to the Department of Health and Human Services if you feel you've been discriminated against in this way.

Some states and local jurisdictions have even stronger protections for LGBTQ+ people seeking healthcare. Many states have an Office of Civil Rights or Office of Human Rights that can take on discriminatory healthcare providers. Connecting to a local LGBTQ+ community center or a lawyer can help you learn about all the options where you live.

Additionally, the Joint Commission – which accredits healthcare providers – requires them to have a nondiscrimination policy that includes LGBTQ+ discrimination. If the provider does not, you can file a complaint with the Commission.

You have a right to not be denied service or given inferior service.

You deserve to receive the best possible care, and your healthcare providers have a duty to provide it, especially in an emergency. Although a doctor does not have to accept new patients in a nonemergency, and every individual you encounter may not always be perfectly polite, there are many laws and regulations that might prevent a provider from being able to turn you away for being LGBTQ+.

RIGHT TO AFFIRMATION OF YOUR TRUE GENDER IDENTITY

You deserve to be called by your chosen name and gender pronoun and to include these preferences in your advance directive.

For individuals who are transgender or gender-nonconforming, it is important for a doctor or nurse to know about your specific medical needs, since they may not always be obvious. For example, a transman may need different cancer screenings than a cisman would. Because gender identity makes a difference in the kind of care a person needs, it is especially important that you feel safe talking with your doctor, nurse, and other providers about this – and that they show you respect in turn.

If a provider refuses to treat you with respect based on your gender identity, it could amount to discrimination on the basis of sex, and thus be illegal under the Affordable Care Act (or Obamacare). You can learn about filing a complaint with the Department of Health and Human Services, which enforces this antidiscrimination part of the law.

You also have a right to include instructions about your gender identity and expression in your advance directive, a document that gives orders to your doctors in the event of an emergency and tells doctors who gets to make emergency decisions for you.

You deserve to be able to use the gender-based facilities of your choice.

If a provider refuses to let you use the gender-based facilities of your choice based on your gender identity, it could amount to discrimination on the basis of sex, and thus be illegal under the Affordable Care Act. You can learn about filing a complaint with the Department of Health and Human Services, which enforces this antidiscrimination part of the law. Also keep in mind that you may have additional protections under state or local law; for example, in Washington DC, the Human Rights Commission helps ensure that transgender individuals have appropriate access to restrooms.

PATIENT'S BILL OF RIGHTS

RIGHT TO HELP DESIGNATING WHO WILL MAKE DECISIONS FOR YOU

As soon as you are admitted, you have a right to be told how to create an advanced directive – and you have the right to pick whomever you want to be your decisionmaker.

An "advance directive," also known as a healthcare power of attorney, is a legal document that names who can make medical decisions for you in case of an emergency. For example, if you need to undertake surgery and will be unconscious during and after, the advance directive will say who gets to talk to your doctors and make choices that arise while you are incapacitated.

Advance directives are especially important for LGBTQ+ people because without one, healthcare providers might be reluctant to recognize our partners, spouses, children, families of choice, or friends as the "right" decision-maker. Additionally, many LGBTQ+ people do not want their legal next-of-kin (usually a parent, sibling, or adult child) to be their decision-maker because that person may be estranged from them, or may not respect their orientation or gender identity. Federal regulations require hospitals, nursing homes, and home health aides to give you information about how to create an advance directive under state law (this regulation is cited as 42 CFR § 489.102).

You can name anyone you want to be your healthcare power of attorney (meaning the one who makes decisions for you). You do not have to be married or "biological" family. You should name someone who you trust to be a good advocate and who knows you well.

Often, an advance directive includes a "living will" – a document that states the kind of care you would like to receive if you were ever in a terminal condition. For example, you can state whether you would want to be kept alive using a feeding tube and assistive devices, or would prefer to be kept comfortable and allowed to pass away naturally. These documents are especially important for LGBTQ+ people because providers may second-guess what our decision-maker says (for example, a provider might not trust a same-sex spouse to make this choice because of an anti-gay bias).

RIGHT TO VISITATION BY ANYONE YOU CHOOSE

You have the right to be visited by anyone you choose (regardless of your legal or biological relationship) at any reasonable time.

Following action by the Obama administration, federal law (specifically a regulation cited as 42 CFR § 482.13) requires hospitals to allow visits from anyone a person chooses; the rule specifically states that all spouses and domestic partners, including of the same sex, are included in this policy. Additionally, this rule forbids hospitals from discriminating against visitors on the basis of gender identity, sexual orientation, or disability (which includes HIV status).

If you are in a nursing home, your right to have visitors – whomever you want and whenever you want to see them – is even stronger than in a hospital because for some, that facility becomes their long-term home. Residents are given a broad right under the Nursing Home Reform Act to have any reasonable request for a visitor to be granted. The facility cannot limit visitors to certain hours and not permit exceptions.

If denied a visitor, you can ask the facility to show you the rule that prohibits that visitor.

The same regulation noted above (42 CFR § 482.13) also requires hospitals to have written visitation policies and notify each patient about their rights. If you are not sure that the hospital is discriminating against you, you can prove that they are in the wrong if their own rules say they should be admitting visitors in the situation that you are being denied. Hospitals have to apply the rules equally to everyone, so if opposite-sex partners are allowed to visit at a certain hour, they cannot then deny a same-sex partner the same privilege.

PATIENT'S BILL OF RIGHTS

RIGHT TO YOUR PRIVACY

You have a right to the privacy of your medical records and care under a law known as HIPAA – the Healthcare Insurance Portability and Accountability Act.

Your doctors and nurses can only share your medical information if it is necessary to provide you with care, or if you give them permission to share it with others.

HIPAA is a law that protects the privacy of healthcare information. The law is very strong in what it includes – gossip between one healthcare worker and another could be considered a violation if sharing that information was not necessary to provide you with care. If a nurse or doctor decided to share information about you with someone who was not a health-care worker at all – for example, telling another patient – that would almost certainly be a violation. The law allows you to tell a doctor, nurse, or other healthcare worker that you do not want information shared with a certain individual or group of people, just be absolutely clear that you want your privacy respected.

Privacy can be an especially big issue for transgender individuals, as healthcare employees sometimes think that they can get away with gossiping about private information. For example, cases exist of nurses (or medical professionals) waiting for a trans individual to leave a room, and then sharing personal information about that person's gender identity or sex assigned at birth with others. Not only is this disrespectful and unprofessional – it's illegal.

RIGHT TO PROTECTIONS IF YOU ARE DISCHARGED DUE TO DISCRIMINATION

You have a right to protest being discharged or transferred from a hospital, rehabilitation facility, assisted living facility, or nursing home.

Discrimination is not always obvious or easy to prove. A facility might create an excuse to discharge you (meaning, kick you out) or transfer you (meaning, move you to a different facility). You may not be able to prove that it was done with discriminatory intent, but you still might be able to challenge the discharge or transfer because treatment facilities have very particular rules they have to follow when they end care.

If you are in a hospital, federal regulations (cited at 42 CFR § 482.13(a)(1)) require that the hospital inform you or your representative of your rights before discontinuing care "whenever possible," which includes all but emergency situations.

If you are in a nursing home, the Nursing Home Reform Act (cited at 42 U.S.C. § 1396r(c)(2)(A)) gives facilities only a few acceptable reasons to discharge you. If you feel you're being discharged or transferred improperly – due to discrimination, or for any other reason – tell the facility you want to appeal the decision.

You have the right to get information on how you can appeal the decision, and to have time to figure out where you will go when you are discharged.

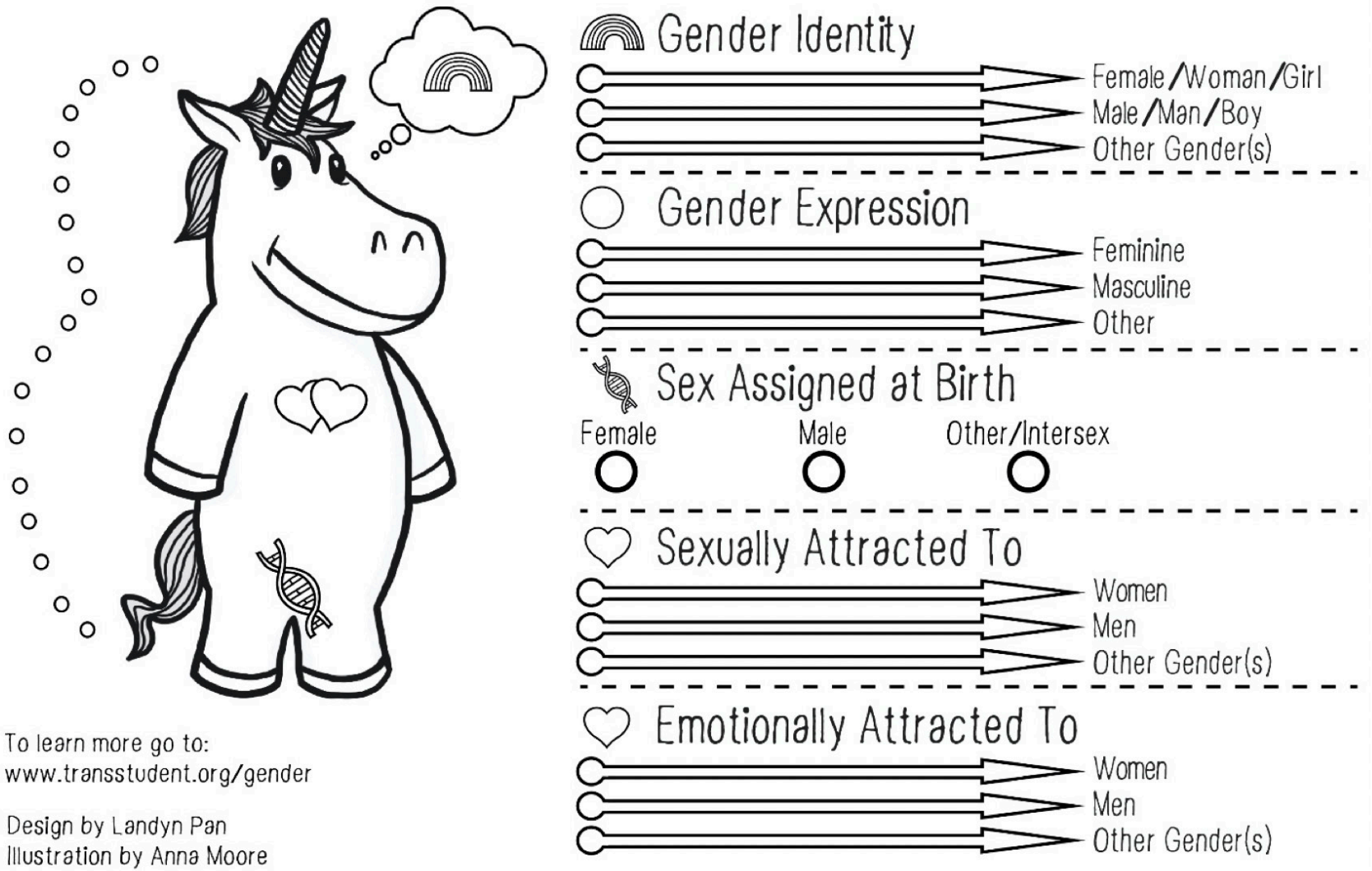
As the subsection immediately above explains, facilities must provide you with your rights when they attempt to discharge or transfer you. At that time, you will be able to request an appeal of their decision to make you leave.

The exact process will vary greatly depending on what type of a facility you are at (a hospital versus a nursing home), what type of insurance you have (some, like Medicare, have their own process), and the laws of your state. But the facility has the duty to provide you with information on how to appeal.

It is likely that the first level of appeal will be speaking to a designated person within the facility, and if that office refuses to stop the discharge or transfer, the process would move to an ensuring external entity. If you think that you are being discharged or transferred because of someone's anti-LGBT bias, you should say so during this process. Also be ready to say why you are not medically ready to be discharged or transferred.

No facility is allowed to discharge or transfer you without giving you notice and creating a plan for what will happen after you leave, and if they have not, that alone is enough to appeal the decision. Discharge from a nursing home is to happen over the course of a few days so that the facility can create a plan you get the care you need when you leave the facility and go home; they are not permitted to simply tell you to get out.

THE GENDER UNICORN



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THE EFFI BARRY TRAINING INSTITUTE

The Effi Barry Training Institute provides trainings and technical assistance to support current and prospective HAHSTA grantees and community-based organizations in the Fee-for-Service business process; basic HIV service competencies; advanced skills in health care systems, data and health informatics; high-impact prevention programs, including biomedical; and emerging evidence-based or informed approaches through a series of group-level trainings, boot camps, community forums, and individual consultation.

Rooted in the idea of holistic, integrated, patient-centered care, HealthHIV capacity building efforts help develop an organization's ability to improve patient outcomes and increase efficiencies, while remaining organizationally sustainable. The agency's unique approach involves structuring sustainable systems and services that span the HIV care continuum. HealthHIV's ability to diagnose and address multisystem challenges is enhanced by a comprehensive team of expert consultants and focuses on achieving measurable outcomes. By remaining data and outcomes driven, HealthHIV employs state-of-the-art, and state-of-the-sciences approaches to improve health care delivery.

EffiBarryInstitute.org

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Blevins Strategies

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