



Equitas Health

INSTITUTE FOR LGBTQ HEALTH EQUITY

The Importance of Language

Learning Objectives

- Define the difference between sexual orientation and gender identity.
- Identify health disparities experienced by the LGBTQ community.
- Describe the relationship between language and health outcomes for members of the LGBTQ community.
- Identify language that is inclusive of sexual orientation and gender identity difference.

Not “Just Words”

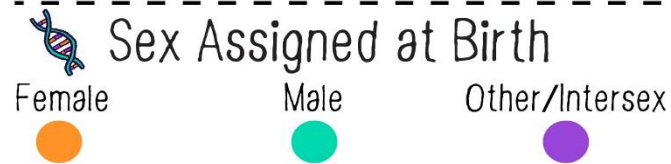
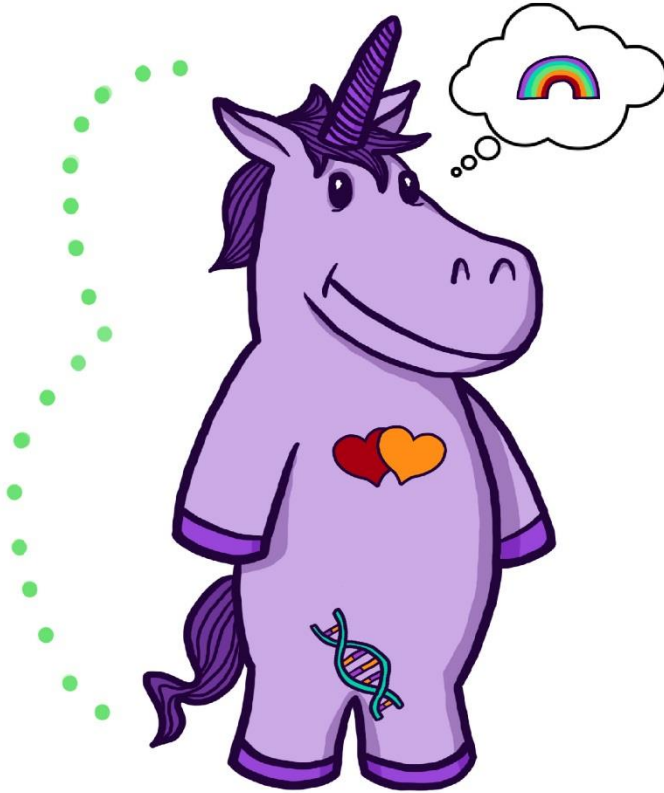
- The language we use not only shapes our interactions with other people – it also shapes how we think, and how we perceive the world we inhabit.
- The Sapir-Whorf Hypothesis and “Arrival”



Tamek, M. (2017, December 20). Sapir-Whorf Hypothesis and its Implications in the Movie "Arrival". Retrieved from <https://medium.com/science-technoculture-in-film/sapir-whorf-hypothesis-and-its-implications-in-the-movie-arrival-c697148f3e5f>

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources

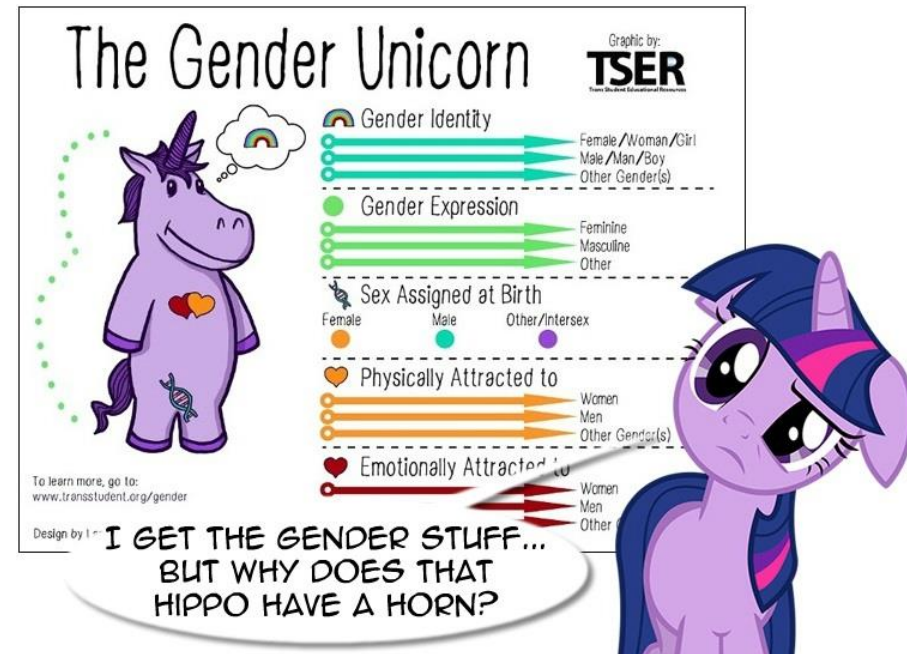


To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Decoding the Gender Unicorn

- Sexual Orientation
 - Homosexuality
 - Heterosexuality
 - Bisexuality
 - Pansexuality, Asexuality, etc.
- Gender Identity
 - Cisgender
 - Transgender
 - Gender queer, Non-binary, etc.
- Fluidity
 - Queer
 - Questioning



Health Disparities Experienced by the LGBTQ Community

- Suicide (LGBT youth 2-3 more times likely to attempt)
- Homelessness (40% youth homeless are LGBTQ)
- Breast and Cervical Cancer
- HIV (70% MSM)
- Obesity
- Alcoholism, tobacco use (WSW smoke 200% more)
- Increased numbers of all for trans community

“Report on Lesbian, Gay, Bisexual and Transgender Health,” Healthy People.gov

<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

State of LGBTQ Community Health

- Increased rates of
 - Suicide (attempt, ideation, completion)
 - Homelessness
 - Various cancers
 - HIV
 - Obesity
 - Substance use and abuse
 - Mental health challenges
- Decreased rates of
 - Receiving preventative care
 - Engagement in medical care
 - Filling prescriptions



LGBTQ Mental Health Disparities

- Adults are 3x times more likely to experience a mental health condition.
- Youth are 4x more likely to attempt suicide, experience suicidal thoughts, and engage in self-harm

<https://www.nami.org/Find-Support/LGBTQ>



Mental Health Disparities for Cisgender Gay Men and Lesbians

- Cisgender gay men have higher rates of
 - Depression
 - Anxiety
 - Suicide attempt and ideation – Rates are even higher for those who are not “out.”
- Cisgender lesbian women have higher rates of
 - Major depression
 - Phobia
 - PTSD
 - 2 to 2.5x more likely to experience suicidal ideation

https://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf?utm_source=youth.gov&utm_medium=Youth-Topic&utm_campaign=LGBT-Youth

Mental Health Disparities for Bisexuals

- Lowest level of emotional well-being among all varieties of sexual orientations.
 - 2x as likely to report suffering from depression than straight adults.
 - Much more likely to have suicidal ideation and to have attempted suicide than straight, lesbian, or gay people.

https://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf?utm_source=youth.gov&utm_medium=Youth-Topic&utm_campaign=LGBT-Youth

Mental Health Disparities for TGNCB People

- 40% of respondents have attempted suicide in their lifetime
 - Nearly 9x the attempted suicide rate in the U.S. population (4.6%).
- 39% of respondents to a survey experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population.

<http://www.transequality.org/sites/default/files/docs/usts/Executive%20Summary%20-%20FINAL%201.6.17.pdf>

Why Do These Disparities Exist?

- Discrimination (perceived and actualized)
- Healthcare utilization adversely affected by marginalization
 - 30% LGBTQ adults do not seek healthcare services or lack a primary care provider
- Lack of culturally humble providers
- Presence of negative attitudes of some providers
- Prevalence of social norms that negatively impact the LGBTQ community

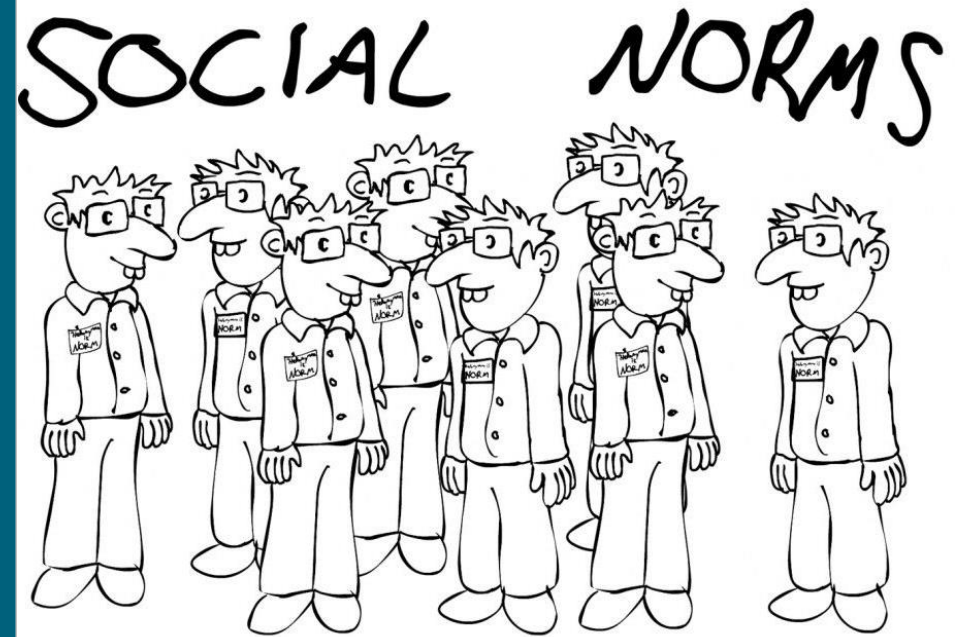


“Cancer and Lesbian, Gay, Bisexual, Transgender/Transexual, and Queer/Questioning Populations” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4609168/>

Language is an expression of social norms
and can be detrimental to or have a
positive impact on one's health.

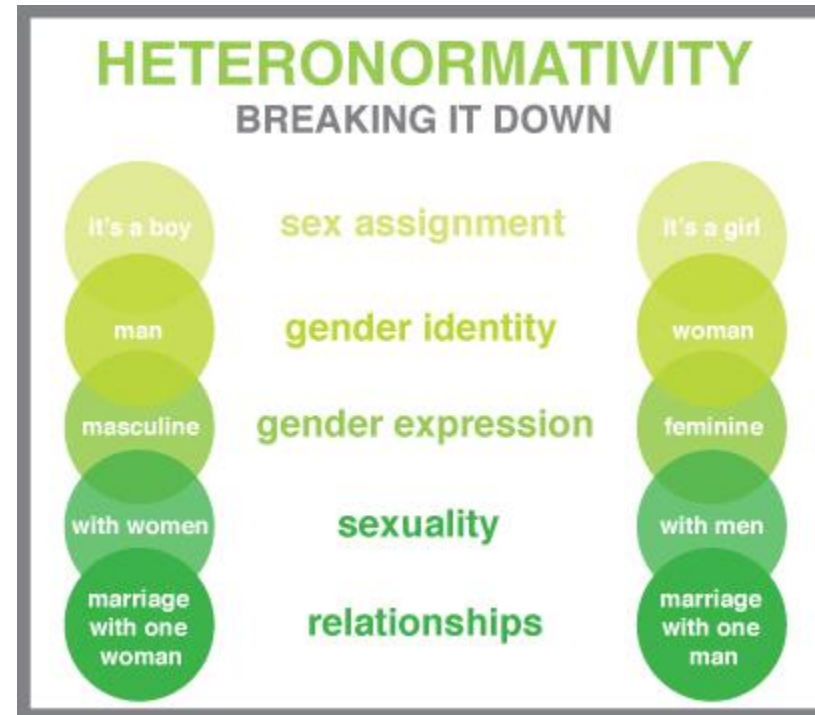
Social Norms

- “Norms are the established standards of behavior maintained by a society.” –Richard Schafer
- Language is used to express and enforce social norms, and this can be done consciously or, more often, unconsciously.



Heteronormativity

- Heteronormativity contains the following assumptions
- People fall into distinct and complementary sexes (male and female) with natural roles in life.
- Being straight is normal, and sexual/marital relations are most (or only) fitting between a man and a woman.



Cisnormativity

- All individuals are presumed to be cisgender unless otherwise specified.
- Although transgender, gender non-conforming and non-binary (TGNCB) people comprise a fairly small percentage of the population, many TGNCB people and allies consider this assumption offensive.

SUPPORT YOUR SISTERS
NOT JUST CIS-TERS.

Homophobia

- Negative attitudes and feelings toward homosexuality or people who are identified or perceived as being LGBTQ.
- It can be expressed as antipathy, contempt, prejudice, aversion, or hatred.



Transphobia

- An irrational negative response to trans, non-binary, and gender non-conforming people.
- Extreme cases may involve the belief that trans people are less than human.
- Often carries the assumption that gender is binary and determined solely by sex assigned at birth.

You've just met Liz

*You wouldn't
ask her
about her
genitals...*

*...so why would
you if you knew
she was
transgender?*

blackandyellowdoodles.tumblr.com



END TRANSPHOBIA

<transphobia>

Language Fuels Health Disparities

- **Minority stress:** Chronically high levels of stress faced by members of stigmatized minority groups.
- Major causes of minority stress include interpersonal prejudice and discrimination.
- **Microaggressions:** Verbal, nonverbal, and environmental slights, snubs, or insults which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.



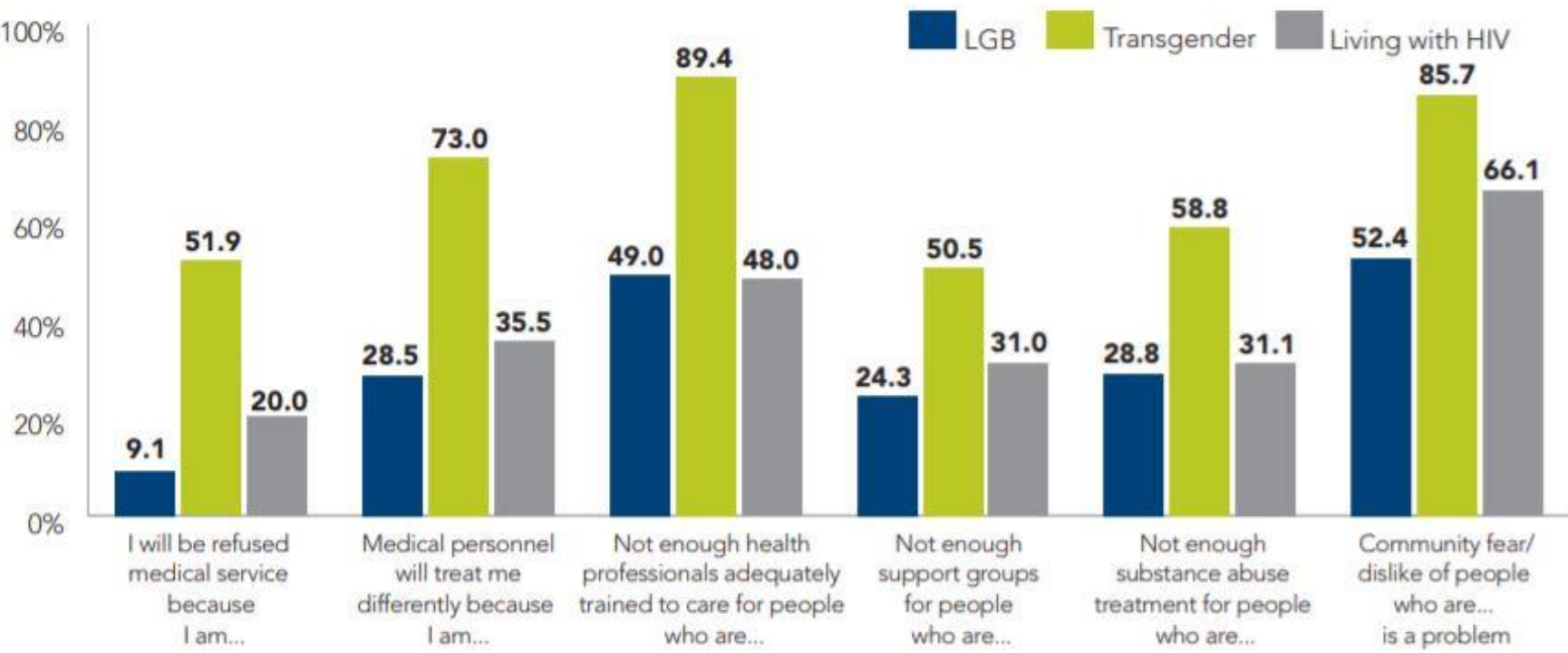
Discrimination and Barriers to Care for the LGBT Community

56 % LGB and 70% Trans and GNC reported at least one experience of:

- Being refused care
- Health care professionals refusing to touch patient or using excessive precautions
- Health care professionals using harsh or abusive language
- Being blamed for their health status
- Health care professionals being physically rough or abusive

** When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010)*
www.lambdalegal.org/health-care-report

Fears and Concerns About Accessing Healthcare



When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010)
www.lambdalegal.org/health-care-report

Expectation of Prejudice and Bias

- Either from personal experience, or from hearing about others' experiences, many LGBTQ people EXPECT to face prejudice in health care settings.
- Not only does this contribute to minority stress felt by LGBTQ people, it can also convince some community members that they shouldn't seek out care unless they absolutely have to.
- Role of confirmation bias



Lack of Transparency

- When LGBTQ people who fear discrimination DO access health care resources, one response is to not be entirely honest or forthcoming with providers.
- This lack of trust between providers and patients can lead to misdiagnosis and worse short-and-long-term health outcomes.



Now that you know why using inclusive and affirming language is important, how do you put these principles into practice?

At Intake

- How your front-line staff interacts with LGBTQ patients can make or break their linkage to care.
- One over-arching principle is that your staff should take an extra beat to relate to patients as individuals and to explain policies in a sensitive manner.
 - Established procedures makes things run more smoothly, but enforcing them reflexively can be counter-productive.
- If a patient asserts a name and or gender that doesn't match their documentation, make every effort to refer to them by their chosen name and correct pronouns.
- Avoid making any assumptions about anyone.

Client Registration



Medical Record #
(For office use only)

Legal Name* Last		First	Middle Initial
Name you would like to be called:			Pronouns:
Date of Birth	Month / Day / Year	Social Security #	State ID # or License #

Type of Visit: Well Visit Sick Visit Behavioral Health Dental

Your answers to the following questions will help us reach you quickly and discreetly with important information.

Home Phone () Ok to leave voicemail? Yes No	Cell Phone () Ok to leave voicemail? Yes No	Work Phone () Ok to leave voicemail? Yes No	Is it ok to leave appointment reminders? (check all that apply) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Local Address		City	State ZIP
Billing Address (if different from above)		City	State ZIP
Email address:			
Occupation		Employer/School Name	Are you covered under school or employer's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact's Name		Phone Number	Relationship to you
<i>If you are under 18, Equitas Health requires that you provide parent/guardian contact information.</i>			
Parent/Guardian Name		Phone Number	Relationship to you
How would you prefer to receive correspondence? (check one) <input type="checkbox"/> Email <input type="checkbox"/> Phone/Voicemail <input type="checkbox"/> Mail <input type="checkbox"/> MyChart <input type="checkbox"/> Do Not Contact <input type="checkbox"/> Other _____			

This information is for demographic and care purposes:

1.) What is your annual income? <input type="checkbox"/> No income 1a.) How many people (including you) does your income support?	2.) Employment Status (check all that apply) <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	3.) Racial Group(s) (check all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	4.) Ethnicity: (check all that apply) <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Other 5.) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____
6.) Preferred Language (choose best options) <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> African (Specify: _____) <input type="checkbox"/> 中文 <input type="checkbox"/> Other _____ <input type="checkbox"/> I need an interpreter	7.) Do you think of yourself as: (check all that apply) <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Queer <input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> _____	8.) Relationship Status (check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Non-Monogamous <input type="checkbox"/> Divorced <input type="checkbox"/> _____ 9.) Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	10.) How did you hear about our services? <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Local Health Department <input type="checkbox"/> Emergency Room <input type="checkbox"/> Facebook <input type="checkbox"/> Google Search <input type="checkbox"/> Safe Point <input type="checkbox"/> Other _____
11.) What is your gender identity? (check all that apply) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Genderqueer <input type="checkbox"/> Non-binary	12.) What was your assigned sex at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex	13.) Is your gender identity different from the sex you were assigned at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	14.) What is your housing status? <input type="checkbox"/> Permanent housing <input type="checkbox"/> Temporary housing <input type="checkbox"/> Homeless

April 2017

Forms

- This is an example of an intake form that we use at Equitas Health clinics.
- How does it differ from the forms that your institution uses?
- What do you think is the intent of some of the choices that we've made on our forms?



In Conversation

- Don't ask invasive questions unrelated to patient care just to satisfy your curiosity.
- Don't imply that being LGBTQ is a "choice"
- Don't assume that an LGBTQ person's health issues are related to their identity or sexuality.
- Don't "out" LGBTQ people to others unless you have their explicit permission.
- DO be friendly and make small talk like you would with any other patient.

Questions and Statements to Avoid (and Alternatives)

Questions to Avoid

- “When did you know you were gay?”
- “Ladies and gentlemen...”
- “What’s your real name?”
- “Do you have sex with men, women, or both?”
- “Who is ‘the man’ in your relationship?”
- “Have you had ‘the surgery?’”
- “I had a ___ who is also...”
- “Are your kids adopted?”

Better Questions

- “I need to take a sexual history. Do you mind telling me what your sex life looks like?”
- “Part of the intake process is asking patients about their identity and sexual orientation, in order to help give people the best possible care. How would you describe your gender identity and sexual orientation in your own words?”
- “What can we do to make you feel more comfortable at our clinic?”

Pronouns and Gender-Inclusive Language

- Getting it right on pronouns and gender-inclusive language takes a little bit of adjusting and a lot of practice, but it pays great dividends in terms of building trust between providers and the traditionally underserved TGNB population.
- Failing to properly address these issues erodes trust and makes it less likely that TGNB patients will stay engaged in care, be honest with providers, and keep up to date on preventative care.

Deadnaming and Misgendering

- **Deadnaming** is the act of referring to a transgender person by their birth name instead of their chosen name.
- **Misgendering** refer to (someone, especially a transgender person) using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify.

Why is it Important to Get Names and Pronouns Right?

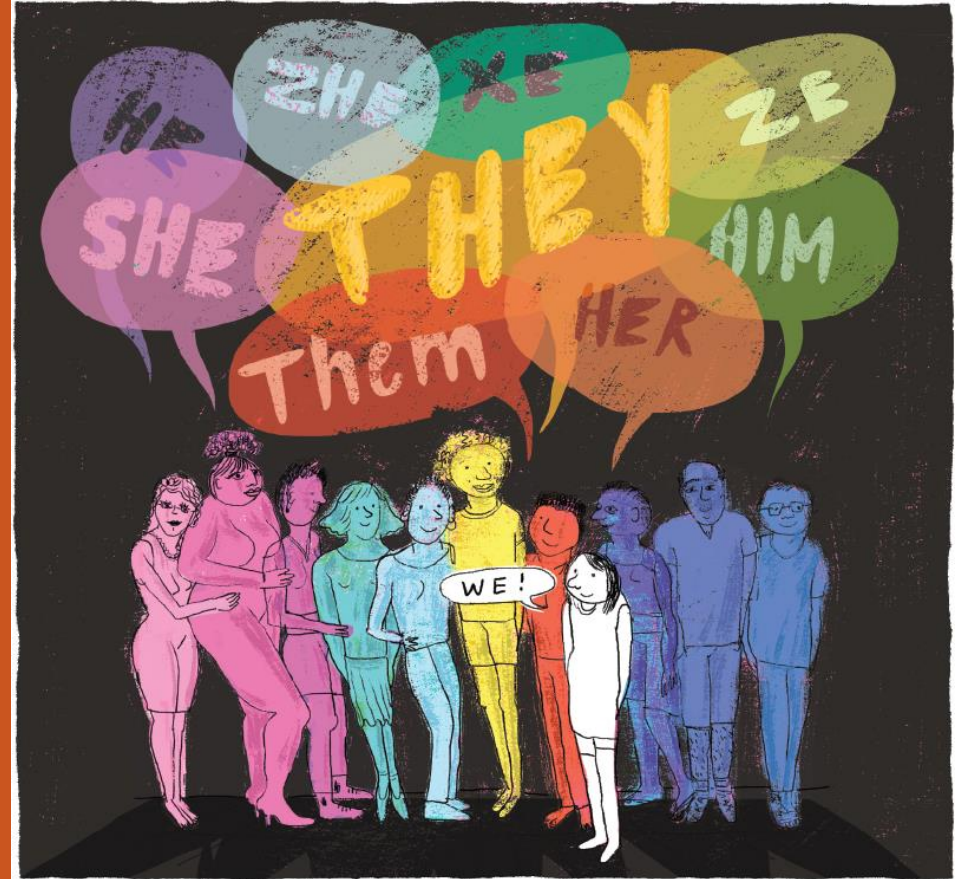
- The person you are interacting with may have been misgendered or deadnamed earlier that day, maybe more than once.
- Being misgendered/deadnamed is invalidating and somewhere between aggravating and traumatic.
- Confirms trans folks' worst fears about health care environments.
- Can lead to trans & non-binary people falling out of care.

10 Things You're Actually Saying When You Ignore Someone's Gender Pronouns:

1. I know you better than you know yourself.
2. I would rather hurt you repeatedly than change the way I speak about you.
3. Your sense of safety is not important to me.
4. Your identity isn't real and shouldn't be acknowledged.
5. I want to teach everyone around me to disrespect you.
6. Offending you is fine if it makes me feel more comfortable.
7. I can hear you talking, but I'm not really listening.
8. Being who you truly are is an inconvenience to me.
9. I would prefer it if you stopped being honest with me.
10. I am not an ally, a friend, or someone you can trust.

Best Practices for Pronoun Usage

- Introduce yourself as “Hello, my name is _____, and my pronouns are _____.” This will cue the person you are talking to that it is OK to reciprocate.
- Using pronoun stickers and buttons signals to TGNCB people that you have considered pronouns.
- Consider making it policy that staff will state their pronouns when introducing themselves at meetings and public events.



Let's take a minute to practice some of the techniques we just covered, starting by practicing introducing yourself with your name and pronouns to the person next to you.

Best Practices For Pronoun Usage

- IF you get someone's pronouns wrong, apologize sincerely and quickly and then move on from it. Don't dwell. Don't keep apologizing, and don't try to explain why or make it about yourself.
- Practice getting other people's pronouns right even when they are not around, and correct other people when they get absent people's pronouns wrong.
- If you don't know what a person's pronouns are, default to using their name or the singular they (they/them/theirs).



The Singular They & Gender-Inclusive Language

- Most (but not all) non-binary people use they/them/theirs pronouns.
- Some people are uncomfortable with this because it's "grammatically incorrect."
- It isn't – In fact, the singular they was the American Dialect Society's 2015 Word of the Year.
- Try to use gender-inclusive language. Instead of saying things like "hey ladies," or "hey guys," use terms like "folks," "everyone," or "y'all."

Oh no, someone left their cell phone.

Dang, I wonder if they'll miss it?

Of course they will. *It's their phone.*

Not what I meant. I was wondering if they'll miss it in time to come back for it before the shop closes.

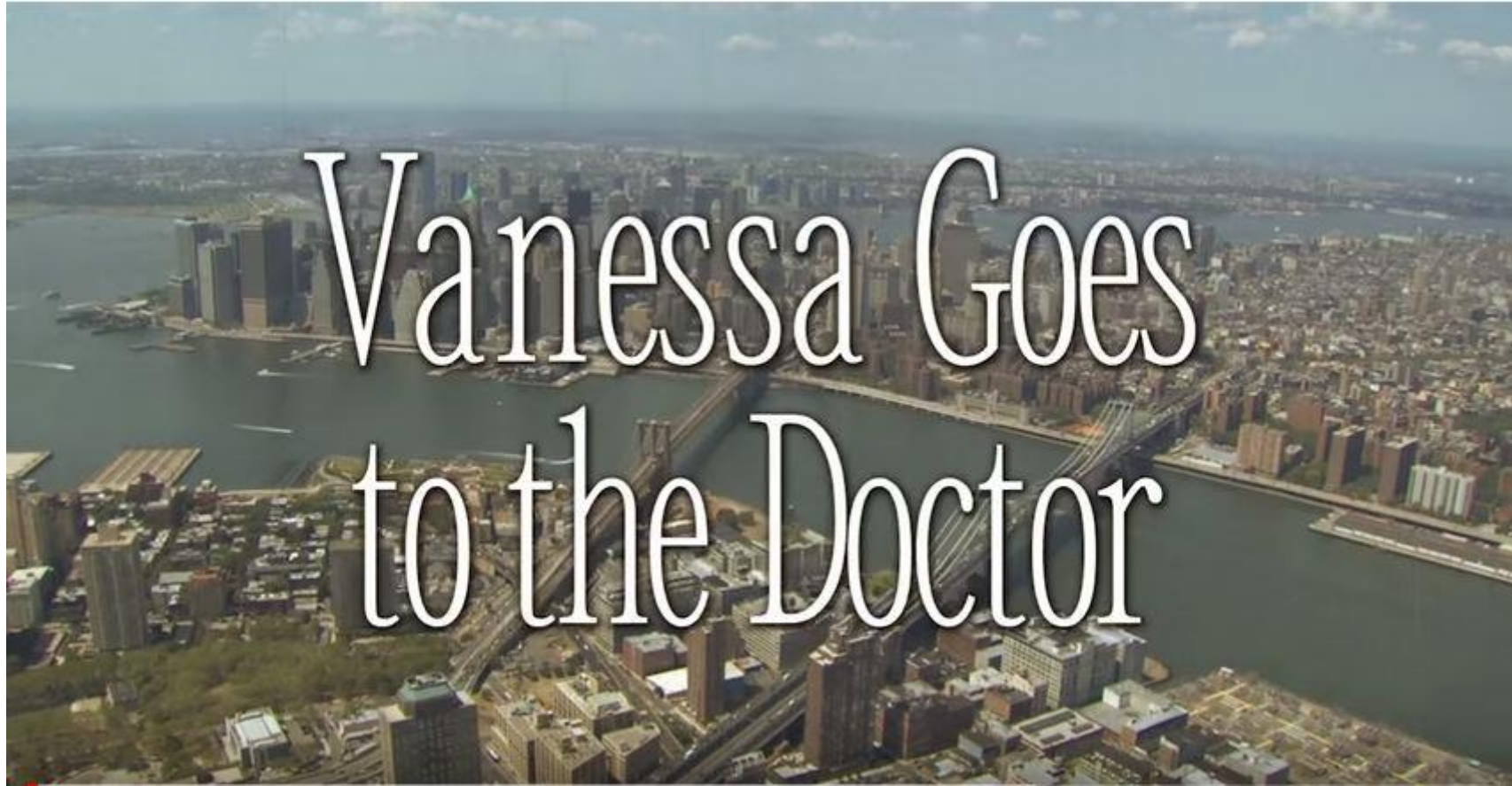
I hope so, for their sake.

**YOU ALREADY KNOW HOW
TO USE SINGULAR *THEY*.**

When a nonbinary person asks you to use "they" as their pronoun, you can handle it.

Pick a famous celebrity and describe that person without using their name to the person next to you. Only use gender neutral pronouns and words!

Analyze the Interaction



Impact of Using Culturally Humble Language

- Creates a safe space.
- Increases positive health experiences for members of the LGBTQ community.
- Reduces stigma and discrimination as a barrier to receiving care.
- Health outcomes improve.
- Reduces microaggressions.
- Increases transparency.



Questions?

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