



# PROVIDING INCLUSIVE SERVICES AND CARE FOR LGBT PEOPLE

A Guide for Health Care Staff



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

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# Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff

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## **The Importance of Affirmative and Inclusive Health Care for LGBT People**

A visit to a health care facility can make people nervous for any number of reasons. Some people may be uncomfortable revealing sensitive information to health care professionals who need it to provide certain services. Others find it difficult to talk about private health concerns. Creating an environment in which these conversations are more comfortable for the patient is an important goal for all health care staff. Because health care is for everyone, we must be prepared to serve people of all races, ethnicities, religions, ages, and backgrounds. When people have bad experiences with health care staff simply because they are (or seem) different, they may hide important information about themselves – or worse, they may not return for needed health care.

This guide has been developed to help health care staff provide an affirmative, inclusive, and respectful environment for all clients, with a focus on lesbian, gay, bisexual, and transgender (LGBT) people. Many LGBT individuals have difficulty finding health care where they feel included and accepted. Negative encounters can occur with any staff member LGBT people meet, from the time they arrive for a visit until the time they leave. These incidents could happen with a security guard, receptionist, nurse, case manager, medical assistant, doctor, or other health care provider. Some LGBT people have reported being refused care because they are LGBT. Others say they have overheard jokes or slurs, or have received insensitive criticisms about their appearance or behavior. In many cases, problems arise from simple oversights or mistakes made by well-meaning staff who lack understanding about how to interact with LGBT people. For LGBT people who have experienced stigma and discrimination during their lives, even small mistakes can bring up past negative experiences. These feelings can affect their willingness to seek health care again. Unless we communicate with knowledge and understanding about the health concerns, barriers to care, and other needs that are common among LGBT people, they may not get the services they need.

LGBT people are very diverse. In addition to being LGBT, they may be any race or ethnicity, rich or poor, speakers of English or other languages, and in families that are or may not be religious. All of these factors, and others, can affect their health care experience. In order to provide services and care to LGBT people in the most effective way, health care staff must be able to understand how LGBT people's identities, experiences, and relationships with the world around them might affect their health. In addition, many non-LGBT people have LGBT family members, and may feel hurt if their family members are not respected. Making LGBT people and their

families feel safe and included can lead to a more trusting relationship with health care providers, and improved communication about their unique needs for care.

To help all of us provide the health care LGBT people need, this guide will cover LGBT terms and concepts as well as some common health concerns. It also includes recommended practices for communicating with LGBT people, providing them with good customer service, and creating a safe, affirming, and inclusive environment. As we will see, these practices can help provide better services for everyone else as well.

**Here's What You'll Find Inside:**

- **Part 1** provides background information on LGBT people and their health needs.
- **Part 2** provides tips and strategies to improve communication and create a more affirming and inclusive environment.
- **Part 3** includes helpful resources, a glossary of terms, and additional information about how to care for LGBT people.

## Part 1: Gaining a Better Understanding of LGBT People

In this section, we will introduce basic concepts and terms that may be helpful in developing a common understanding and good communication with LGBT people. More terms can be found in the Glossary included in **Part 3, Helpful Resources**.

### Concepts and Terms

We begin with two concepts: sexual orientation and gender identity. All people have a sexual orientation *and* a gender identity. Sexual orientation and gender identity are not the same thing.

**Sexual orientation** tells you how a person characterizes their sexual and emotional attraction to others. Common words to describe sexual orientation are:

- **Heterosexual (straight)** is a sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.
- **Gay** is a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It is more commonly used to describe men.
- **Lesbian** is a sexual orientation that describes a woman who is emotionally and sexually attracted to other women.
- **Bisexual** is a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Some people describe their sexual orientation in other ways. For example, some people use terms such as queer, pansexual, same gender loving, or same-sex attracted. Others are attracted to and have relationships with people of the same sex, but prefer to call themselves heterosexual. This may be because they fear a negative reaction from others, but sometimes it is because their culture does not recognize gay, lesbian, or bisexual sexual orientations. It is important to keep in mind that some people desire to be with someone of the same sex, but have not acted on this desire, and may want to discuss their feelings. Sometimes health care or research professionals do not use terms like gay or lesbian to describe people, but focus instead on their sexual behavior. They use terms like men who have sex with men, abbreviated as MSM, or women who have sex with women (WSW), or use the phrase sexual and gender minorities (instead of LGBT). The glossary in Part 3 defines many of these terms.

Later in this document, we will learn how to let LGBT people describe themselves using language they prefer. This freedom of expression is important, particularly when communicating with people from cultures that do not accept gay, lesbian, or bisexual identities and may want to use other terms.

**Gender identity** is a person's internal sense of being a man/male, woman/female, both, neither, or another gender. Most people have a gender identity that is the same as the sex they were assigned at birth (e.g., a person assigned female at birth and who identifies as a woman).

However, some people have a gender identity that does not correspond to the sex they were assigned at birth. We use the term **transgender** to describe these individuals. The term transgender describes a wide range of people, including the following:

- A **transgender man** is someone who was assigned female at birth and who identifies as a man (some use the term female-to-male, FTM, or transmasculine).
- A **transgender woman** is someone who was assigned male at birth and who identifies as a woman (some use the term male-to-female, MTF, or transfeminine).
- Other people have a gender identity that falls outside of the traditional gender binary of male and female. They may identify as both male and female, or as another gender, or their gender identity may change over time. Some use the terms **genderqueer** or **gender fluid** or something else to identify themselves. Gender expansive perspectives are increasing among young adults and adolescents.

Keep in mind that transgender people can have any sexual orientation, including heterosexual, gay, lesbian, or bisexual. Many use other terms to describe their sexual orientation.

Transgender people often transition the way their body looks in order to affirm their gender identity. For example, many change their name, clothes, hair style, way of walking, etc. They may also take cross-sex hormones or have surgery to change the appearance of their bodies to match their gender identity. Transgender people may look dramatically different if you knew them before and after they transition or affirm their gender. Whether you see a person after their transition/affirmation is complete, or in the middle of the process, it is important to be respectful and not to let your curiosity interfere with your professional relationship with any patient. In addition, recognize that many transgender people do not want to take hormones or have surgery, so it is important to avoid making assumptions. Also, the surgery and hormones involved in a transition/affirmation are costly and difficult to find, and these treatments take time to complete.

Definitions of terms such as lesbian, gay, bisexual, and transgender are important concepts to learn. But it is more important to recognize that everyone is unique and deserves to be respected as an individual. Not every LGBT person will fit neatly into one of the LGBT categories.

## Barriers to Care for LGBT People

There are many reasons why LGBT people have difficulty accessing health care. Most of these problems can be summarized in three categories.

### Limited Access

First, they may have trouble with **basic access to care**. LGBT people are less likely to have health insurance, either because they have been rejected by their families when they are young, or because they are unemployed or homeless, or because they require services that are not available to them even when they have health insurance.

### Negative Experiences

Second, they may experience **discrimination** or **prejudice** from health care staff when seeking care. Bad experiences with inadequately-trained professionals are a big reason why LGBT people do not seek medical care; many also report that they look for clues when arriving at a health care facility, such as the way they are greeted by staff, whether non-discrimination policies are posted in public areas, or if there are single-occupancy or gender-neutral bathrooms.

### Lack of Knowledge

Third, LGBT people sometimes discover that **providers do not have knowledge or experience** in caring for them. These barriers present a challenge for LGBT individuals and health care staff throughout the nation. The good news is that overcoming them does not require extensive training or highly technical expertise.



## Common Health Issues Among LGBT People

There are no LGBT-specific diseases or illnesses. However, LGBT people are more likely to experience certain health issues compared to people who are not LGBT. These health issues are mostly related to the stigma and discrimination experienced by LGBT people in their daily lives—including at school or work, in public places, or at health care settings. Being a member of a group that experiences discrimination can cause high levels of stress (sometimes called minority stress), which can lead to unhealthy coping behaviors and a broad range of health problems. For example, an LGBT youth who is bullied by schoolmates may become socially isolated and turn to drug use. Other experiences of discrimination can be the direct cause of health issues requiring medical intervention. For example, a transgender person who is physically attacked. At other times, as we have discussed previously, negative encounters with health care staff can interfere with LGBT people’s access to health care.

Healthy People 2020 and the Institute of Medicine both describe health disparities LGBT people face. A few examples of these health problems include:

- **LGBT youth** are 2 to 3 times more likely to attempt suicide, and are more likely to be homeless (it is estimated that between 20% and 40% of all homeless youth are LGBT). LGBT youth are also at higher risk for becoming infected with HIV and other sexually transmitted diseases (STDs). They are also more likely to be bullied.
- **Gay men and other men who have sex with men (MSM)** are at higher risk of HIV and STDs, especially among communities of color.
- **LGBT people** are much more likely to smoke than others; they also have higher rates of alcohol use, other drug use, depression, and anxiety.
- **LGBT people** are less likely to get preventive services for cancer.
- **LGBT people** have higher rates of behavioral health issues.
- **Transgender individuals** experience a high prevalence of HIV and STDs, victimization, and suicide.
- **Elderly LGBT individuals** face additional barriers to health care because of isolation, diminished family supports, and reduced availability of social services. Some report discrimination from their peers when living in communal elderly housing.

By learning to care for LGBT people with sensitivity and understanding, health care workers can help LGBT people avoid the “double whammy” of experiencing these health problems in their daily lives, and then being discouraged from seeking the care they need.

## The Challenge of Creating an Inclusive Environment for LGBT People: Two Case Scenarios

Before starting Part 2, we present two stories of what might happen at a health care facility where staff are unfamiliar with best practices for managing their interactions with LGBT people. We raise some questions to consider when reading about best practices in communication. Some possible answers to these cases can be found at the conclusion of Part 2.

### Case: Luis

At the Family Health Center, Luis, a teenage boy, completes an intake form and hands it to Mary, the receptionist. Mary looks over the form and says with a smile to Luis “I’m sorry, but we do need you to fill out your mother’s and father’s names. Why don’t you just tell them to me and I can fill it out for you?” Luis looks away and, in a low voice, says, “I have two dads. Their names are Carlos Montoya and David Sandoval.” Before she can catch herself, Mary becomes flustered and blurts out, “Oh! You don’t have a mother?” Mary’s exclamation arouses attention in the waiting area. Luis’s face turns red and he starts heading out the door.

*What could Mary have done differently to prevent this situation?*

### Case: Florence

At the Smithtown Health Center, Charlie has just begun his afternoon shift at the front desk. A few minutes after his shift begins, Charlie learns that Dr. Jones is ready for the next patient. Charlie reaches for the patient’s file, and opens it to find the insurance form on top. Reading from the insurance form he calls out, “Frank Dubois?” Along with everyone else in the waiting area, Charlie is surprised to see a woman get up from her chair and approach him. “I’m Florence Dubois, and I believe the doctor wants to see me,” she says, obviously upset. Charlie is confused, and looks at the patient’s paperwork for an answer. It takes a few seconds to notice that the clinic’s personal information form, which every patient provides, is underneath the insurance form. The clinic’s form clearly says “Florence,” but the health insurance form shows “Frank.” Before he can apologize, Florence lets Charlie know how she feels. “You’re just the latest in a series of people who have failed to show me the respect I deserve. I’m a woman and I’m transgender. I’m tired of having this happen every time I want to see a doctor.” Fumbling for words, Charlie tells her how sorry he is for the mistake, and Florence quickly responds, “I accept your apology. I’ll go with you to see Dr. Jones now.”

*How did this happen, and what could Charlie have done to prevent such an uncomfortable encounter?*

## Part 2: Strategies for Health Care Staff

Creating an affirming and inclusive environment in which LGBT people can find trust and open communication with their care providers is more than just a good first step. It can go a long way to improving care, and ultimately the health of LGBT people. The best practices for health care staff can be summarized in the following broad categories:

### Expectations

You are almost certainly not the first health care staff person an LGBT individual has met. If the patient has experienced insensitivity, a lack of awareness, or discrimination, they may be on guard, or ready for more of the same from you. Don't be surprised if an honest mistake results in an emotional reaction. Apologizing for your mistakes, or correcting co-workers when they make one, can help defuse a difficult situation and re-establish a constructive dialogue about the need for care.

### Practical Thinking

Problem-solving skills can be applied in all interactions with patients. Many of the bad experiences LGBT people have had with health care representatives are similar to those that would frustrate anyone.

- They may not have health insurance or, if they do, they may not understand their coverage.
- They may have been unable to express the true nature of their health concerns due to a lack of trust, or simply because they are nervous about coming to the clinic.
- They may simply not know how to manage their own care.

While you may not be able to solve all of someone's problems, helping a patient feel comfortable in what may be a tense time is an important role for health care workers. Referring an uninsured LGBT person to get help enrolling for care, helping a patient deal with billing problems, making an LGBT patient comfortable with the idea of talking about confidential health issues, and providing good information about health care options are examples of how to apply basic everyday job skills to improve an LGBT individual's access to care.

## Communication Basics

Using the right words can help establish a trusting relationship; the wrong ones can make a bad situation worse by building new barriers to care. At a most basic level, all staff should avoid making any assumptions about gender identity and sexual orientation, just as they should avoid assuming racial identity, age, and other characteristics. Other suggestions include:

- Use the terms that people use to describe themselves and their partners. For example, if someone calls himself “gay,” do not use the term “homosexual.” If a woman refers to her “wife,” then say “your wife” when referring to her; do not say “your friend.” It’s OK if this feels awkward to you at first; remember that our primary focus has to be on making our patients comfortable.
- While taking a history, do not use words that assume people have an opposite sex partner or spouse, or that they have two opposite sex parents. For example, instead of: “Do you have a boyfriend or husband?” Ask: “Are you in a relationship?” Instead of: “What are your mother’s and father’s names?” Ask: “What are your parents’ names?”
- Obvious “don’ts” include the use of any disrespectful language, staring or expressing surprise at someone’s appearance, or gossiping about a patient’s appearance or behavior.

## Pronouns and Preferred Names

It is not possible to guess someone’s gender identity based on the person’s name, or how that individual looks or sounds. This is true for everyone, not just transgender people. Therefore, when addressing all patients for the first time, avoid using pronouns and other terms that indicate a gender. For example, instead of asking, “How may I help you, sir?” you can simply ask: “How may I help you?” You can also avoid using “Mr./Mrs./Miss/Ms.” If it is an acceptable practice in your organization, you can call someone by a first name, or by using the person’s first and last name together. You can also avoid using a person’s name by tapping the person on the shoulder, making eye contact, and saying, for example, “Excuse me, we’re ready for you now. Please come this way.”

It is also important to avoid gender terms and pronouns when talking to others about a new patient. For example, rather than saying, “he is here for his appointment,” or “she needs a follow-up appointment,” you can say, “the patient is here in the waiting room,” or “Dr. Reed’s 11:30 patient is here.” You can also use “they” instead of “she” or “he.” For example, you can say, “they are here for their 3 o’clock appointment.” Never, however, refer to a person as “it.”

Only use gender pronouns if you are certain of the patient’s gender identity and/or their preferred pronouns. It is recommended that health care organizations have a system that allows patients to enter their preferred name, gender identity, and pronouns into registration forms and other relevant documents. This allows all staff to see the patients’ preferences, and to use them consistently. Creating such a system is helpful for non-transgender patients, too; many

people might prefer to use nicknames or middle names. Keep in mind that some people use non-traditional pronouns to refer to themselves, such as they, or ze. Health care staff may need practice in using these terms.

If your organization does not collect information on preferred names or pronouns, it is acceptable to politely ask patients privately what name and pronouns they prefer to use. For example, you can say, “I would like to be respectful. How would you like to be addressed?” or, “What name and pronouns would you like me/us to use?” Once a patient has given this information, it is very important for staff to note it in the chart, and use this name in all interactions. Not using the patient’s preferred name can cause embarrassment and confusion (such as the case mentioned earlier.) If your charts do not have a space for this, talk with your administrator about how to make the change (see also Part 3’s references and resource section).

### **What to Do When the Name and Gender on Records Do Not Match**

In settings that require insurance or use of third-party payers, LGBT patients, particularly those who are transgender, often have a name and gender on record that do not match their preferred name and gender. Changing one’s name and gender on identity documents and insurance records can be a complicated and lengthy process. It can be difficult for transgender patients to get certain medically necessary treatments if the gender on their insurance doesn’t match their anatomy. For example, a male-to-female transgender client requiring prostate screening can be denied coverage if her gender is recorded on insurance forms as female. Therefore, it is important that staff members are prepared for this possibility, and can ask for information without embarrassing or “outing” the patient. This is true even when the source of the issue may be outside of your control, as is the case with insurance companies or government agencies. In such cases, it is important to acknowledge that you understand the problem, know where the responsibility lies for resolving it, and will do everything possible to be helpful.

In a situation where patients’ names or gender do not match their insurance or medical records, you can ask, “Could your chart be under a different name?” or, “What is the name on your insurance?” You can then cross-check identification by looking at date of birth and address. Never ask a person what their “real” name is. This could imply that you do not acknowledge their preferred name as “real.”

### **Avoid Asking Unnecessary Questions**

People are sometimes curious about LGBT people and their lives, which can lead them to want to learn more by asking the patient questions. However, like everyone else, LGBT people want to keep their medical and personal lives private. Before asking any personal questions, first ask yourself: “Is my question necessary for the patient’s care, or am I asking it for my own curiosity?” If for your own curiosity, it is not appropriate to ask. Think instead about: “What do I know? What do I need to know? How can I ask for the information I need to know in a sensitive

way?” If your question falls outside these parameters, you can later educate yourself about LGBT people with the resources listed in this guide.

## **Understand Diversity and Fluidity of Expression**

Be aware that there are a wide range of sexual and gender identities and expressions, and that these can change over time. For example, some people “come out” later in life, after having been in a long-term heterosexual marriage. Some people do not have a fixed gender identity, and present as different genders on different days. For any number of cultural or personal reasons, some patients may identify their sexuality in a way that does not tell you who their sexual partners are. People who want to avoid discrimination from their families, friends, or co-workers may call themselves heterosexual, even when they have same-sex partners. Others may believe the term “gay” means being effeminate (acting like women), and may not use this term to define themselves if they believe they are too masculine for the term to apply. Learning to make patients feel comfortable and trust you enough to reveal such personal information will take time. Practicing and apologizing for mistakes as you learn will help you develop these skills.

## **Maintaining a Non-Judgmental Attitude**

Making sure patients feel safe and included also means keeping an open mind about different behaviors, identities, and expressions. It is also important to avoid showing disapproval or surprise. Check your body language and facial expressions to make sure you’re not sending unintended messages. Are you shaking your head “no”? Are you wrinkling your nose? Are you maintaining eye contact? As we saw with the case of Luis, it is important to always be ready for the unexpected.

## **Practicing Making LGBT People Comfortable**

Making changes in how you greet and interact with patients can be challenging at first. For example, most of us have learned to use gender terms like “ma’am” and “sir,” in order to be polite. However, with practice, you will find it becomes easier. You may find it helpful to post the Best Practices sheet (found in Part 3 of this learning guide) near your work space. Practicing with your colleagues can also be helpful.

## **Create an Environment of Accountability**

Don’t be afraid to politely correct your colleagues if they use the wrong names and pronouns, or if they make insensitive comments. Creating an environment of accountability and respect requires everyone to work together.

## **We All Make Mistakes, So...**

It is not always possible to avoid making errors, and simple apologies can go a long way. If you do slip, you can say something like: “I apologize for using the wrong pronoun/name/terms. I did not mean to disrespect you.”

## Putting it All Together - Solving Problems on the Front-lines

Let's return to our stories about Luis and Florence, and explore their experiences from the perspective of the staff who interacted with them. How might these staff have handled these situations in a way that would create a more respectful and inclusive environment for LGBT people? After discussing these examples, this learning guide continues with a focus on general strategies that may help in working with other patients.

### Case: Luis

Mary felt terrible about the hurt she caused Luis. As impartial observers, we can see that she in fact was trying to help Luis. However, her assumption that Luis had a mother and a father, and her surprise when she learned he had two fathers, are good examples of mistakes in communication. Mary meant no harm, and would certainly deny holding any prejudice against LGBT people. Besides, Luis wasn't LGBT himself. But every patient is unique, and no one knows for sure when a patient, or someone who is related to a patient, may be LGBT. Mary needed to learn two things: first, it would have been better if she asked the question in gender neutral terms, such as: "Luis, may I have the names of your parent, parents, or legal guardian?" And second, she needed to be ready for the answer. Expressing surprise about people who are different may seem like difficult habit to break, but treating everyone with respect requires exactly this sort of behavioral change. The lesson for health care staff, therefore, is to always practice good customer service, and to never assume that any particular patient interaction is safe from issues like the one that surprised Mary.

### Case: Florence

Florence's case is another example of a small mistake made larger because of the issues LGBT people face in health care settings. In this case, Charlie was not aware that the patient's preferred name was different than the name on her insurance. Charlie was not careful in looking for the patient information form instead of using the first paper he saw in the file when he called Florence in for her appointment. In the vast majority of cases, this error would not have raised an eyebrow; most people's names are the same on all their papers. But transgender people have a history of difficulty in changing their legal names. This is an extremely important issue for Florence, who almost certainly has had many negative interactions with others who don't understand or respect her. Had Charlie received training on transgender issues, he would have known to look at the patient information form in order to use the right name. Or, he might have at least immediately realized his mistake and been able to apologize more quickly for getting the name wrong. As this case illustrates, small errors can lead to someone getting upset and deciding that the stress of an unwelcoming environment is not worth the effort to seek the care he or she needs. Luckily with some training and small changes in protocol, it is possible to provide safe, affirming, and inclusive environments for transgender people.

## Conclusion

Creating an affirming and inclusive environment for LGBT people requires a combination of understanding them as a population, while treating each LGBT person as a unique individual. Finding this balance may seem complicated at first, but in fact it is no different than the procedures we follow with any patient. Effectively serving LGBT patients requires us to understand the cultural context of their lives, and to modify our procedures, behavior, and language to be inclusive, non-judgmental, and helpful at all times. By taking these steps, health care staff can help ensure that LGBT patients receive the level of care that everyone deserves.





## Part 3: Helpful Resources

This section of the guide includes:

- **Resources:** Websites with information on supporting and caring for LGBT people.
- **References:** References to publications used as source material for this learning resource
- **Glossary:** A glossary of terms to help you understand and communicate with LGBT people.
- **Communication Best Practices:** a helpful reminder for greeting patients and making them feel comfortable.

## Resources

The National LGBT Health Education Center, [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org), has online webinars and learning modules, as well as the following publications:

- Ten Things: Creating Inclusive Health Care Environments for LGBT People
- Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Taking the Next Steps
- Do Ask, Do Tell: Talking to your provider about being LGBT
- The Fenway Guide to LGBT Health

The following websites also provide helpful information:

- Human Rights Campaign: [www.hrc.org](http://www.hrc.org)
- Center of Excellence for Transgender Health: [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)
- Do Ask, Do Tell: A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings: [www.doaskdotell.org](http://www.doaskdotell.org)
- National Gay and Lesbian Task Force: [www.thetaskforce.org](http://www.thetaskforce.org)
- CDC: Lesbian, Gay, Bisexual, and Transgender Health: [www.cdc.gov/lgbthealth](http://www.cdc.gov/lgbthealth)
- Gay and Lesbian Medical Association (GLMA): [www.glma.org](http://www.glma.org)
- World Professional Association for Transgender Health: [www.wpath.org](http://www.wpath.org)
- National Center for Transgender Equality: [www.transequality.org](http://www.transequality.org)
- Parents, Families, and Friends of LGBT People (PFLAG): [www.pflag.org](http://www.pflag.org)
- Family Acceptance Project: [www.familyproject.sfsu.edu](http://www.familyproject.sfsu.edu)
- Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE): [www.sageusa.org](http://www.sageusa.org)
- LGBT Aging Project: [www.lgbtagingproject.org](http://www.lgbtagingproject.org)
- Bisexual Resource Center: [www.biresource.net](http://www.biresource.net)
- National Network of STD Clinical Prevention Training Centers (NNPTC): [www.nnptc.org](http://www.nnptc.org)
- AIDS Education and Training Centers: [www.aids-ed.org](http://www.aids-ed.org)
- GLBTQ Domestic Violence Project: [www.glbtqdv.org](http://www.glbtqdv.org)

## General References

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## Glossary

This glossary of terms may be useful in developing good communication with LGBT people. A few of the more common terms include:

**Assigned sex at birth** (noun) – The sex (male or female) assigned a child at birth, based on the child’s anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

**Cisgender** (adj.) – A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

**Coming Out** (verb) – The process by which one accepts and/or comes to identify one’s own sexual orientation or gender identity (to “come out” to oneself). Also the process by which one shares one’s sexual orientation or gender identity with others (to “come out” to friends, etc.).

**Cross-sex hormone therapy** (noun) – The administration of hormone therapy in order to match a person’s physical characteristics to their gender identity.

**Gender affirmation process (Transition)** (noun) – For transgender people, this refers to the process of coming to recognize, accept, and express one’s gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions.

**Gender affirming surgery (GAS)** (noun) – Surgeries used to modify one’s body to be more congruent with one’s gender identity. Also referred to as sex reassignment surgery (SRS) or gender confirming surgery (GCS).

**Gender binary** (noun) – The idea that there are only two genders, male and female, and that a person must strictly fit into one category or the other.

**Gender dysphoria** (noun) – Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis.

**Gender expression** (noun) – The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous). Gender expression does not necessarily correspond to assigned sex at birth or gender identity.

**Gender fluid** (adj.) – Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some days, and another gender other days.

**Gender identity** (noun) – A person’s internal sense of being a man/male, woman/female, both, neither, or another gender.

**Gender non-conforming** (adj.) – Describes a gender expression that differs from a given society’s norms for males and females.

**Genderqueer** (adj.) – Describes a person whose gender identity falls outside the traditional gender binary. Other terms for people whose gender identity falls outside the gender binary include gender variant, gender expansive, etc.

**Queer** (adj.) – An umbrella term used by some to describe people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Due to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community.

**Sexual orientation** (noun) – How a person characterizes their sexual and emotional attraction to others. Common sexual orientations include, but are not limited to, lesbian, gay, bisexual, and straight.

**Transgender** (adj.) – Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.






## Communication Best Practices

Post this sheet on your wall or desk as a helpful reminder.

Best Practice	Example
When addressing new patients, avoid pronouns or gender terms like “sir” or “ma’am.”	<i>“How may I help you today?”</i>
When talking to co-workers about new patients, also avoid pronouns and gender terms. Or, use gender-neutral words such as “they.” Never refer to someone as “it.”	<i>“Your patient is here in the waiting room.”</i> <i>“They are here for their 3 o’clock appointment.”</i>
Politely and privately ask if you are unsure about a patient’s preferred name or pronouns.	<i>“What name and pronouns would you like us to use?”</i> <i>“I would like to be respectful – how would you like to be addressed?”</i>
Ask respectfully about names if they do not match in your records.	<i>“Could your chart be under another name?”</i> <i>“What is the name on your insurance?”</i>
Avoid assuming the gender of patient’s partners.	<i>“Are you in a relationship?”</i>
Use the terms people use to describe themselves.	<i>If someone calls himself “gay,” do not use the term “homosexual.” If a woman refers to her “wife,” then say “your wife” when referring to her; do not say “your friend.”</i>
Only ask for information that is required.	<i>Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?</i>
Did you make a mistake? Apologize.	<i>“I apologize for using the wrong pronoun. I did not mean to disrespect you.”</i>





 **NATIONAL LGBT HEALTH  
EDUCATION CENTER**  
A PROGRAM OF THE FENWAY INSTITUTE  
1340 Boylston Street Boston, MA 02215  
TEL 617.927.6354 | WEB [lgbthealtheducation.org](http://lgbthealtheducation.org)  
EMAIL [lgbthealtheducation@fenwayhealth.org](mailto:lgbthealtheducation@fenwayhealth.org)