



# Providing Welcoming Services and Care for LGBT People

January  
2015

A Learning Guide for Health Care Staff



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

---

This publication was developed with support  
from the Mississippi State Department of Health.

## Contents

<b>Introduction: On the Front Lines of Health Care: Creating a Safe, Welcoming Environment for LGBT Individuals .....</b>	<b>1</b>
Suggested Ways to Use This Document .....	3
The Challenge of Creating a Welcoming Environment for LGBT People: Two Cases .....	3
Case: Jimmy Peterson .....	3
Case: Florence Dubois.....	4
<b>Part 1: Gaining a Better Understanding of LGBT People .....</b>	<b>6</b>
Terms and Definitions.....	6
Common Health Issues Among LGBT People: A Few Examples .....	8
Barriers to Care for LGBT People .....	9
Limited Access.....	9
Negative Experiences.....	9
Lack of Knowledge .....	10
<b>Part 2: Creating a Welcoming Environment for LGBT People: Strategies for Health Care Staff.....</b>	<b>11</b>
Language .....	11
Expectations.....	11
Practical Thinking .....	12
Avoid Asking Unnecessary Questions.....	12
Understand Diversity of Expression.....	12
Putting it All Together - Solving Problems on the Front-lines .....	13
Case: Jimmy Peterson .....	13
Case: Florence Dubois.....	13
Additional Examples of LGBT-Welcoming Customer Service Strategies .....	14
Using Gender-Neutral Pronouns.....	14
Using Preferred Names and Pronouns .....	15
What to Do When the Name and Gender on Records Do Not Match .....	16
Maintaining a Non-Judgmental Attitude .....	16

Getting Comfortable with Making LGBT People Comfortable .....	16
Create an Environment of Accountability.....	17
We All Make Mistakes, So.....	17
Organizational Strategies for Creating a Welcoming Environment for LGBT People...	17
Patient Forms and Health Records .....	17
Signage, Communications, and Evaluations .....	18
Gender-Neutral Facilities Planning .....	18
Staff Training and Evaluation Programs .....	18
Conclusion.....	19
<b>Part 3: Helpful Resources .....</b>	<b>21</b>
Glossary.....	22
Best Practices for an LGBT-Welcoming Environment.....	25
References and Resources .....	27
General References.....	27
Sample Resources .....	27

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

---

## **Introduction: On the Front Lines of Health Care: Creating a Safe, Welcoming Environment for LGBT Individuals**

A visit to a health care facility can make people nervous, for any number of reasons. Some people may be uncomfortable about revealing sensitive information to health care professionals who need it to provide certain services. Others always find it difficult to talk about private health concerns. Creating a welcoming 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, both front-line staff and clinicians know 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 learning guide has been developed to help health care staff provide a welcoming, safe, and respectful environment for all clients, with a focus on lesbian, gay, bisexual, and transgender (LGBT) people. 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 how they think about themselves and what they believe and feel when they seek health care. 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 backgrounds, experiences, and relationships with the world around them might affect their health. This knowledge can open doors for improved communication and trust, and therefore, improved health care and service delivery.

Many LGBT individuals have difficulty finding health care where they feel welcomed, accepted and respected. 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, doctor,

or other health care provider. Some LGBT people have reported being refused care because of who they are. Even when they do receive care, others say they've overheard jokes, slurs, or other comments about their appearance or behavior. In many cases, small problems arise from simple oversights or mistakes made by well-meaning staff who lack understanding or training about how to interact with LGBT people. But to LGBT people who have experienced stigma and discrimination during their lives, even these small mistakes may feel like more of the same. 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.

To help all of us provide the health care LGBT people need, this learning guide will cover a number of questions, including:

- Who are LGBT people?
- What health concerns are common among LGBT people?
- How do previous experiences cause LGBT people to mistrust health care staff?
- What are the definitions of some terms used to describe LGBT people and their needs for health care?

In addition to answering these questions, we'll explore several best practices for communicating with LGBT people, providing them with good customer service, and creating a safe, welcoming environment for them. As we will see, these practices can help us 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 welcoming environment.
- **Part 3** includes helpful resources, a glossary of terms, and additional information about how to care for LGBT people.

## Suggested Ways to Use This Document

- Present this material at staff trainings and talk about who LGBT people are, what their unique health needs may be, and what health disparities they experience. It will be important to have a facilitator. At the conclusion of this training this document can be used for future reference.
- Refresh what you have learned by watching an online training on LGBT health which can be found at: [www.lgbthealtheducation.org/training/webinars](http://www.lgbthealtheducation.org/training/webinars).
- Include this learning guide in new hire orientation packets, with a brief verbal introduction of its contents and an explanation of why it's included.
- This learning guide includes two fictional cases of interactions that might occur between front-line staff and LGBT patients or their families. After reviewing these two examples, consider asking whether anyone has a close friend or relative who is LGBT, and broaden your discussion to include these experiences.
- Encourage staff to post the Best Practices Sheet (included on page 25 of this learning guide) near their work stations.

## The Challenge of Creating a Welcoming Environment for LGBT People: Two Cases

Before we move on to the rest of this document, here are two stories of what might happen at a health clinic where staff are unfamiliar with best practices for managing their interactions with LGBT people.

### Case: Jimmy Peterson

At the Wrightsville Health Department Clinic, receptionist Mary Kelly is having a typical afternoon. The normal number of patients are in the waiting room, all the providers are on time; everything is under control. She hears the familiar ring of the elevator bell, the door slides open, and a teenage boy walks toward the front desk. He's obviously very uncomfortable. Mary recognizes him as Jimmy Peterson, a classmate of her own son. Jimmy approaches the front desk, and also recognizes Mary. In a quiet voice, he says, "Mrs. Kelly, I'm here for my appointment with Dr. Reed." Mary, who is known for her well-developed maternal instincts, immediately springs into action. "Why, Jimmy, of course the doctor will see you. Let's take care of you right away. First, I'll help you fill out some paperwork for our files. It'll only take a minute. Here now, we'll do it together." As Mary goes through the clinic's standard form, she gets to the part

about Jimmy's parents. "So Jimmy, what are your mama's and daddy's names?" she asks. Jimmy winces, looks around, and says, as quietly as he can, "I have two daddies, Mrs. Kelly. Their names are Frederick Jones, J-O-N-E-S, and Samuel Peterson, P-E-T-E-R-S-O-N." Before she can catch herself, Mary becomes flustered, and blurts out, "Oh! I didn't know you don't have a mama. Well, why don't I just write down Samuel Peterson then." Noticing that other people in the waiting room are now looking at him, Jimmy blushes and turns back toward the door. Luckily, Mary apologizes and convinces Jimmy not to leave the clinic. He eventually receives the care he needs, but his experience at the clinic has not felt safe or welcoming.

*What could Mary have done better to prevent this situation? Some possible answers can be found in Part Two.*

### **Case: Florence Dubois**

At the Smithtown Clinic, Charlie Alberts has just begun his afternoon shift at the front desk, replacing the morning receptionist, Jackie Bruce. Jackie explains who is in the waiting area, notes that all their files are in the usual rack, and leaves the desk to Charlie. A few minutes later, Charlie learns that Dr. Jones is ready for her next patient, 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, please come to the desk." 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. "Young man, you're just the latest in a series of people who have failed to show me the respect I deserve. Here's a news flash: I'm transgender, and I'm a woman. And I'm tired of having this happen every time I want to see a doctor." Florence pauses for a moment before continuing, "Now what are you going to trust more, that insurance form on your desk, or your own eyes?" After pausing a second time, Florence declares, "And while you're at it, young man, I'll accept an apology. I expect you'll treat me right from now on." Fumbling for words, Charlie tells her how sorry he is for the mistake, and Florence quickly responds, "Lucky for you, I am a lady, and 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? Some possible answers are discussed in Part Two.*

## 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**.

### Terms and Definitions

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

**Sexual orientation** tells you about a person’s sexual and romantic attractions. Common words to describe sexual orientation are:

- **Heterosexual (straight)** describes someone who is attracted to people of a different sex. For example: a man who is attracted to women; or a woman attracted to men.
- **Gay** describes someone who is attracted to people of the same sex. Gay is usually used for men who are attracted to men.
- **Lesbian** describes a woman who is attracted to other women.
- **Bisexual** describes someone who is attracted to both men and women.

Some people describe their sexual orientation in other ways. For example, younger people may use the term “queer” instead of lesbian, gay, or bisexual. Some people 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 or lesbian sexual orientations. 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). We also have 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.

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** describes whether individual people think of themselves as a man, a woman, or in some cases, another gender. Most people feel their gender identity is the same as the sex they were assigned at birth – for example, a person who is born male and feels he is a man. But some people feel their gender identity is not the same as the sex they were assigned at birth—for example, a person assigned male at birth may strongly feel she is a woman, or a person assigned female at birth may strongly feel he is a man. We use the term **transgender** to describe these individuals. However, the term “transgender” can be used to describe many individuals who are very different from each other.

- For example, a **transgender man** is someone who was assigned the female sex at birth but identifies as a man (some use the term female-to-male or FTM). Note that in these cases, “man” or “woman” is always used to describe the gender identity a person has chosen, not the sex they were assigned at birth.
- A **transgender woman** is someone who was assigned the male sex at birth but identifies as a woman (some use the term male-to-female or MTF).
- Other people reject thinking of themselves as either man or woman, and may identify themselves as something else, for example “**genderqueer**.”
- Transgender people can have any **sexual orientation**. For example, a transgender woman can be attracted to men, and might therefore consider herself straight or heterosexual. Another transgender woman can be attracted to women, in which case she might think of herself as lesbian.

Transgender people often “transition” the way they look on the outside in order to “affirm” their gender identity. Note that these terms are themselves sensitive; some transgender people consider “transitioning” to be disrespectful, since they are not really changing themselves, only making their appearance consistent with the person they feel they are. “Affirming” is a term that may be helpful in such cases. Transgender people may change their name, clothes, hair style, way of walking, etc. They may also take cross-sex hormones and have surgery to change the appearance of their bodies so they look like the person they feel they are. Many transgender people do not take hormones or have surgery, so it is important not to make assumptions from a patient’s appearance alone.

Transgender people may look dramatically different if you knew them before and after they transition or affirm their gender. The surgery and hormones involved in their transition/affirmation are costly and difficult to find, and these treatments take time to

complete. 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. Maintain a calm and welcoming personality at all times, do not express surprise or stare at the patient, and – most important – only ask questions related to their health care needs, never to satisfy your own curiosity.

Definitions of terms such as “lesbian,” “gay,” “bisexual,” and “transgender” are important concepts to learn. But, more important is recognizing that everyone is unique and deserves to be respected as the person they feel they are. Not every LGBT person will fit neatly into one of the four “LGBT” categories. 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 welcome can lead to a more trusting relationship with health care providers, and improved communication about their unique needs for care.

### **Common Health Issues Among LGBT People: A Few Examples**

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 LGBT people experience in their daily lives—including incidents at school or work, in public places, or at health care settings. These experiences can be the cause of health issues requiring medical attention. For example, LGBT youth may experience bullying from schoolmates and, as a result, become socially isolated and turn to substance abuse. At other times, as we have discussed previously, LGBT people’s experiences getting care can interfere with their access to health care. If they feel uncomfortable due to negative experiences with staff, they may stop going to a clinic or medical facility even if they are in the middle of necessary treatment. Being a member of a group that experiences discrimination can cause high levels of stress (sometimes called “minority stress”), which can lead to a broad range of health problems, some of which are listed below. By learning to avoid discrimination, stigmatization, and simple mistakes due to inexperience, front-line 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. 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 populations** are much more likely to smoke than others; they also have higher rates of alcohol use, other drug use, depression, and anxiety.
- **Lesbians** are less likely to get preventive services for cancer.
- **Bisexuals** have higher rates of behavioral health issues compared to lesbians and gay men.
- **Transgender individuals** experience a high prevalence of HIV and STDs, victimization, and suicide. They are also less likely to have health insurance than heterosexual or LGB individuals due to rejection by their families or discrimination when seeking employment.
- **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.

## Barriers to Care for LGBT People

There are many reasons why LGBT people have difficulty accessing health care. As we have seen, 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, are unemployed, they work in a situation that doesn't offer health insurance, because they cannot marry their partner and are therefore ineligible for family coverage, 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.

## Part 2: Creating a Welcoming Environment for LGBT People: Strategies for Health Care Staff

Creating a welcoming and safe environment in which LGBT people can find trust and open communication with their care providers is more than a good first step. It can go a long way to improving care, and ultimately the health, of LGBT people. The best practices that follow in this section of the learning guide can be summarized in the following broad categories:

### Language

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. Suggestions include:

- Avoid assuming that people have an opposite sex partner or spouse. For example, instead of: “Do you have a boyfriend or husband?” Ask: “Are you in a relationship?”
- 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.” This may feel awkward to you at first; but remember our primary focus has to be on making our patients comfortable.

It is also important to use the right pronouns when talking about a patient.

- For example, most transgender women want you to say “she” or “her” when talking about them. Ask for a preferred name or pronoun when records do not match a patient’s name or gender. Some people may use words or pronouns which are unfamiliar to you so they can separate themselves from the gender binary, such as “they”, “zie”, and others.
- Obvious “don’ts” include the use of any disrespectful language, or gossiping about a patient’s appearance or behavior.

### 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, he or she may be on guard, or ready for more of the same from you. Don’t be surprised if a mistake, even an honest one, results in an emotional reaction. Apologizing for your own mistakes, or correcting co-workers when they make one, can help de-fuse 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 with a provider 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.

## Avoid Asking Unnecessary Questions

People can be curious about LGBT people and their lives, which sometimes leads them to want to learn more and ask 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?"

## Understand Diversity 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" as gay later in life, after having been in a long-term heterosexual marriage. 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.

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

Let’s return to our stories about Jimmy Peterson and Florence Dubois, and explore their experiences from the perspective of the front-line staff who interacted with them. How might these staff people have handled these situations in a way that would create a more respectful and welcoming 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: Jimmy Peterson**

Mary Kelly felt terrible about the hurt she caused young Jimmy when all she was trying to do was help. As impartial observers, we can see that she in fact was trying to help, making sure Jimmy felt welcome, and offering to “go the extra mile” in filling out his paperwork for him before seeing the clinician. However, her assumption that Jimmy 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, Jimmy wasn’t LGBT himself, so Mary could say she was unaware of the need to apply the lessons in this learning guide. 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: “Jimmy, may I have your parents’ names?” And second, she needed to be ready for the answer. Expressing surprise about people who are different may seem like difficult behavior to “unlearn,” but treating everyone with respect requires exactly this sort of behavioral change. The lesson for front-line 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 Kelly.

### **Case: Florence Dubois**

This is another example of a small mistake made larger because of the issues LGBT people face in health care settings. In this case, Charlie Alberts and Jackie

Bruce were not aware that a patient's preferred name may be different than the name on their insurance. Jackie did not follow the protocol of putting the patient information form on top of the insurance form. 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 when they decide to be identified as a woman instead of a man, or vice versa. This is an extremely important issue for someone like Florence, who almost certainly has had many negative interactions with others who don't understand or don't 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, welcoming environments for transgender people.

## **Additional Examples of LGBT-Welcoming Customer Service Strategies**

As it is clear from the information we have covered in this guide, when it comes to LGBT individuals and health care organization staff, every interaction counts. This section of the learning guide reviews additional practical strategies for ensuring a welcoming environment for LGBT patients. Keep in mind that these strategies can be applied when working with LGBT colleagues as well as with patients.

### **Using Gender-Neutral Pronouns**

It is not possible to always correctly guess someone's gender based on the person's name, or how that individual looks or sounds. This is true for everyone, not just transgender people. When addressing patients you don't know, it is possible to accidentally call them by the wrong gender. One way to prevent this mistake is by addressing people without using any 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 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 and saying, for example, "Excuse me, we're ready for you now. Please come this way."

Only use gender pronouns if you are certain of the patient's gender identity and/or preferred pronouns. Otherwise, it is better to avoid using gender-specific pronouns and other terms. In some circumstances, it is okay to ask about pronouns politely and in a private area, where others cannot overhear, to make sure you don't embarrass or "out" the patient.

It is also important to avoid gender terms when talking to others about a 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."

### **Using Preferred Names and Pronouns**

As discussed earlier, many transgender people change their name and gender to better match their gender identity. For various reasons, some people change them officially on their legal documents, and some do not. Either way, 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.

If your organization does not collect information on preferred names or pronouns, it is acceptable to politely ask patients what name 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 example of Florence Dubois, mentioned earlier.) If your charts don't have a space for this, talk with your administrator about how to make the change.

## 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. More serious, 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. It is important, therefore, 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."

## Maintaining a Non-Judgmental Attitude

Making sure patients feel safe and welcome 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 cases of Mary Kelly and Jimmy Peterson, it is important to always be ready for the unexpected.

## Getting Comfortable with 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 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."

## **Organizational Strategies for Creating a Welcoming Environment for LGBT People**

In addition to training staff about how to improve communication with LGBT people and show them respect, there are several additional steps that managers of health care organizations can take to create an environment of care that allows LGBT people to feel safe, included, and welcome. Here are some suggestions:

### **Patient Forms and Health Records**

Simple changes in forms, signage, and office practices can go a long way in making LGBT individuals feel more welcome. For instance, intake forms can be revised to be more inclusive of a range of sexual orientations and gender identities, and systems can be implemented to track and record preferred gender, name, and pronoun for all patients. Organizations that have electronic health records (EHRs) can standardize the use of the notes field to document this information for all patients. If EHRs are not in place, a name alert sticker can be used to flag the patient chart. Patients can be invited to enter this information themselves, either during or prior to their visit. In fact, there are many advantages to this approach:

- They may feel safer discussing their health risks and behaviors once such information has been disclosed in advance of their visit.
- The confidentiality of patients entering their own data can lead to more detailed information for providers.

- These procedures can streamline the process of data-gathering, perhaps reducing the possibility for errors.
- Finally, they relieve front-line staff from the pressure of using the right language or pronouns in first encounters with LGBT patients.

### **Signage, Communications, and Evaluations**

The environment of public spaces in a health care organization can reinforce the message that LGBT people are welcome and respected. Suggestions include:

- Health care settings can develop and prominently display nondiscrimination policies that include sexual orientation, gender identity, and gender expression.
- Educational brochures on LGBT health topics can be made available where other patient information materials are displayed.
- Include LGBT images and/or reading material in waiting and exam rooms. For example, subscribe to an LGBT periodical; use images of same-sex couples in educational and marketing materials and brochures; use rainbow flag stickers.

### **Gender-Neutral Facilities Planning**

It is common for transgender people to be harassed in restrooms. If possible, have single-occupancy bathrooms that are not designated as male or female or, have a policy that allows patients to use the bathroom that matches their gender identity. Additionally, constructing bathroom stalls with walls to the floor offers greater privacy.

### **Staff Training and Evaluation Programs**

All staff need consistent support in order to provide welcoming and respectful care for LGBT people, and to reinforce the message that a health care organization practices non-discrimination. Ways to ensure the consistency of such policies include:

- Provide training in LGBT cultural competency for all staff at least annually, and for all new staff, within 30 days of hire.
- Have procedures in place that hold staff accountable for making negative or discriminatory comments or actions against LGBT people.

- Have clear lines of referral for complaints and questions for both staff and patients, and appoint a staff person for providing guidance, assisting with procedures, offering referrals, and fielding complaints.
- Assess patient satisfaction in order to make sure what you have done is going well, and make changes to improve what you do. We all can always do better!

## Conclusion

Creating a safe and welcoming 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 Learning Guide includes:

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

## Glossary

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

**Sex**: Either of the two categories – male and female – into which people are divided based on biology and anatomy. “Sex” can also refer to sexual activity or intercourse.

**Assigned Sex at Birth**: At birth, infants are assigned a sex (male or female) based on the appearance of their external anatomy.

**Gender**: “Gender” refers to attitudes, feelings, and behaviors that a culture associates with either males or females.

**Gender Binary**: The idea that there are only two genders – male/female or man/woman, and that a person must be one or the other.

**Genderqueer**: An umbrella term for gender identities other than man and woman. People who identify as genderqueer sometimes consider themselves outside of the gender binary.

**Gender Identity**: A person’s internal sense of being male, female, both, or another gender.

**Gender Expression**: A person’s way of demonstrating their gender identity to others. Examples include behavior, mannerisms, speech patterns, dress, and hairstyles.

**Gender Non-conforming**: Refers to people whose gender expression is different from what society expects for a male or female.

**Transgender**: An umbrella term used when a person’s gender identity does not correspond with the assigned sex at birth. Some terminology includes transgender woman/man, trans woman/man, male to female (MTF), female to male (FTM), and others.

**Cisgender/Non-transgender**: A person who is not transgender; i.e., someone whose gender identity and assigned sex at birth are the same. The term “cis” comes from the Latin root word “on this side of,” vs. “trans,” meaning “on the other side of.”

**Sexual Orientation**: How people identify their physical and emotional attraction to others. Common terms for sexual orientation include “gay/lesbian”, “bisexual”, “straight/heterosexual”, and “queer”. Some people use other terms to identify their sexual orientation.

**Queer**: A term used by some individuals to describe non-heterosexual sexual orientations. Some people refrain from using this term due to its historical use as a derogatory word.

**Coming Out**: A figure of speech – based on the slang, “coming out of the closet” – referring to an LGBT person’s self-disclosure or disclosure to others of one’s sexual orientation or gender identity.

**Gender Affirmation/Transition**: Refers to the period that a transgender person “transitions” from one gender to another and affirms one’s gender identity. This may include: coming out; changing one’s name, dress, and voice; changing one’s sex on legal documents; taking cross-sex hormones, and/or having surgery.

**Gender-affirming Procedures**: Hormonal, surgical and other medical procedures that are used to help to affirm an individual's gender identity. Gender-affirming surgical procedures may also be referred to as gender-confirming surgeries, sex reassignment surgeries, and reassignment surgeries.

**Cross-sex Hormone Therapy**: Cross-sex hormones (estrogens in people assigned a male sex at birth and androgens in people assigned a female sex at birth) are used to induce or maintain the physical and emotional characteristics of the sex that match a person's gender identity.

**Gender Dysphoria**: The *Diagnostic and Statistical Manual of Mental Disorders*, 2013 Edition (DSM-5) lists this diagnosis for people who experience distress at the incongruence between their gender identity and the sex they were assigned at birth.



## Best Practices for an LGBT-Welcoming Environment

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

<b>Best Practice</b>	<b>Example</b>
When addressing patients, avoid using gender terms like “sir” or “ma’am.”	<i>“How may I help you today?”</i>
When talking to co-workers about patients, avoid pronouns and other 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.” “They are here for their 3 o’clock appointment.”</i>
Avoid assuming people have an opposite-sex partner or spouse.	<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>
Politely ask if you are unsure about a patient’s preferred name.	<i>“What name would you like us to use?” “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>
Be helpful with patients who seem unsure about their health insurance or who need financial assistance.	<i>“Do you have any questions about your health insurance?” “Do you need assistance paying for your appointment today?”</i>
Did you make a mistake? Apologize.	<i>“I apologize for using the wrong pronoun. I did not mean any disrespect.”</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>



## References and Resources

### General References

**Institute of Medicine (IOM).** The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. 2011.

[www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx](http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx)

**The Joint Commission.** Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. 2011.

[www.jointcommission.org/lgbt](http://www.jointcommission.org/lgbt)

**Healthy People 2020.** Lesbian, Gay, Bisexual, and Transgender Health.

[www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health](http://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health)

**Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M.** Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

[www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf)

### Sample Resources

- National LGBT Health Education Center: [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)
- Human Rights Campaign: [www.hrc.org](http://www.hrc.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)
- Center of Excellence for Transgender Health: [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)
- 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: <http://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)





**NATIONAL LGBT HEALTH  
EDUCATION CENTER**

A PROGRAM OF THE FENWAY INSTITUTE

1340 Boylston Street Boston, MA 02215

(617) 927-6354

[lgbthealtheducation@fenwayhealth.org](mailto:lgbthealtheducation@fenwayhealth.org)