

## 2SLGBTQ+ Healthcare



# 2SLGBTQ+ Healthcare

*Your guide to building an inclusive practice*

*SELINDA BERG; SCOTT COWAN; AND ASHLYNE O'NEIL*



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# Contents

Accessibility Statement	vii
Acknowledgments	ix
<i>Project Acknowledgments</i>	ix
<i>Situating ourselves</i>	x
Using, Citing, Adapting this Module	xii
<i>Citing, Attributing and Adapting</i>	xii
Getting Started	
Setting the Stage	3
Why 2SLGBTQ+ Health?	7
<i>2SLGBTQ+ as a health disparity population</i>	7
Module Outline	9
<i>Module Structure</i>	9
Key Concepts and Reflective Exercise	11
<i>“Trans Broken Arm Syndrome”</i>	11
Cases	
Case #1: Non-binary Teen	15
<i>Part 1</i>	15
<i>Part 2</i>	15
<i>Intake Form</i>	15
Case #2: Gay Man	16
<i>Part 1</i>	16
<i>Part 2</i>	16
Case #3: Lesbian Woman	17
<i>Part 1</i>	17
<i>Part 2</i>	17
Case #4: Transgender Person	18
<i>Part 1</i>	18
<i>Part 2</i>	18

Key Actions for More Inclusive Health Care

Addressing Attitudes, Beliefs and Biases

Additional Readings and Resources

Appendix 27

*LGBTQ+ Health Quote Graphic Text* 27

Glossary of Terms 28

# Accessibility Statement

The University of Windsor is committed to ensuring digital accessibility for people with disabilities. We are continually improving the user experience for everyone and applying the relevant accessibility standards.

The Web Content Accessibility Guidelines (WCAG) define requirements for designers and developers to improve accessibility for people with disabilities. It defines three levels of conformance: Level A, Level AA, and Level AAA. This module is *partially conformant* with WCAG 2.1 level AA, which means that some parts of the content do not fully conform to the accessibility standard (outlined below).

The two technologies used to create this module are Pressbooks and H5P. Access to their accessibility information is contained in the links below:

- [Pressbooks](#)
- [H5P](#)

## Tips for using this resource

- All content can be navigated using a keyboard
- Links, headings, and tables are formatted to work with screen readers
  - Use your screen reader's list headings feature to navigate through the headings within the content of a page
  - Use the Previous and Next links found at the bottom of each page to navigate through the sequence of pages in the site. To access these links most easily, use your screen reader's landmarks list to navigate to the content info region, then press Shift+Tab to go back up to the Next links
- Links to other pages of this Pressbook will always open in the current window
- Links to external sites will always open in a new window
- Depending on the operating system and browser being used, font size can be adjusted by pressing a key combination including the plus (+) and minus (-) keys. On Windows systems, the key combination is typically "Ctrl+" and on Mac it is "Command+"
- Alternative text has been provided for images that convey information
- Colour is not used to convey information unless an alternative means to do so has also been provided
- H5P activities were built using accessible formats
- All text is left-justified

## Other file formats available

In addition to the web version, this module is available in a number of file formats including PDF, ePUB (for Readers), and various editable files from the homepage; look for the "Download this Book" drop-down menu to select the file type you want.

This module also contains links to a number of external websites. For those using a print copy of this resource, the link text is underlined, and you can find the web addresses for all links in the back matter of the book.

## Known Accessibility Issues

While we have attempted to make all elements of this resource conform with international accessibility guidelines, we must acknowledge a few accessibility issues. This table will be updated as new issues arise or are identified.

Location of issue	Need for improvement	Timeline	Workaround
Various pages	The heading order for some headings do not conform to logical heading order (e.g., H1, H2, H4).	N/A	Lower-order headings are still always placed after higher-order headings, even if levels are skipped for various reasons.
YouTube video on “Why LGBTQ+ Health” page	Captions are not entirely accurate, do not contain punctuation, and do not identify speakers	N/A (as the video was created and licensed separately from this project)	The general messages are still able to be understood from reading the captions.
Case #1: Non-Binary Teen	Image in Image Hotspot contains written content that is inaccessible.	N/A	The hotspot activity can still be navigated, and the core messages are conveyed elsewhere in the case and the Key Takeaways page.
YouTube video on “Trans Broken Arm Syndrome”	Captions are not entirely accurate and do not contain punctuation	N/A (as the video was created and licensed separately from this project)	The general message is still conveyed.

## Providing Feedback on the Accessibility of this Resource

We welcome your feedback on the accessibility of this LGBTQ+ Healthcare module. Please let us know if you encounter accessibility barriers or identify ways in which the accessibility may be improved.

You can provide feedback by contacting us:

- Email: [openlearning@uwindsor.ca](mailto:openlearning@uwindsor.ca)
- Postal Address: Office of Open Learning, University of Windsor, 401 Sunset Ave., Windsor, ON, N9B 3P4

In your communication, please include the following information:

- The location of the problem or target area (e.g., web address or page description)
- A description of the problem or suggestion for improvement
- The type of device, software, browser, and any assistive technology you are using to help us diagnose and solve the issue
  - e.g., PC laptop, Windows 10, Google Chrome (Version 65.0.3325.181), NVDA screen reader

This accessibility statement has been adapted from the following resources:

- BCcampus Open Education Accessibility Toolkit — 2nd Edition
- Understanding Document Accessibility: A Reference for Creating Accessible Office Documents

**This statement was last updated on February 28, 2022.**



# Acknowledgments

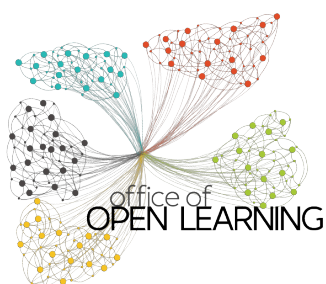
## Project Acknowledgments

This resource was first created for the Schulich School of Medicine and Dentistry at the University of Western Ontario by Selinda Berg, Alex Levesque, and Scott Cowan. In 2020, the module was revised with the valuable input of Anastasia Yian Liu and the OpenMeds group at the medical school.

The current adaption was created in partnership with the University of Windsor's Leddy Library and Office of Open Learning, in consultation with Trans Wellness Ontario. This resource is intended to be a starting point for further development, with the goal of evolving and changing the content in alignment with the most accurate and up to date knowledge and representation to ensure inclusive health care for the LGBTQ+ community.



This project is made possible with funding by the Government of Ontario and through eCampusOntario's support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit: <https://vls.ecampusontario.ca>.



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## Situating ourselves

**Selinda Berg** (she/her) identifies as a queer, cis-gendered, white woman. Selinda had extensive experience navigating the health care system when she and her former partner navigated the medical care associated with the conception, pregnancy, and delivery of their son. Navigating systems as a two-mom family continues to pose challenges. Selinda was an instructor at the Schulich School of Medicine for more than a decade. Throughout this work, she was deeply passionate about encouraging students to consider ways of creating a more inclusive health care environment. In addition to teaching, she also had the opportunity to learn from her students, some of whom contributed greatly to the evolution of this resource. Selinda hopes that by making this resource open that the content can further evolve and strengthen through the input and contributions of others passionate about inclusive health care environments.

**Scott R. Cowan** (he/him) identifies as a gay, cis-gendered, white male. As a librarian and researcher, his research has focused on the information needs, and access to information, for the LGBTQ+ community and anti-oppressive pedagogies. Based on his own experiences with healthcare professionals after coming out, and the stories of his friends in the queer community, he was excited to advise on the original project and help with the creation of this resource.

**Ashlyne O'Neil** (she/they) is a white settler who identifies mainly as queer, since it's so hard to summarize one's identity with a single phrase. They have adopted "queer" as a personal and political move against the gender binary and limited scope of LGBTQ+ labels. When pushed to reflect on how they identify according to the **split-orientation model** described in the glossary, Ashlyne would describe themselves as pansexual and homoromantic. As a learning specialist in the Office of Open Learning, Ashlyne offered project management support for the project, ensured accessibility, and contributed to the design of the Pressbook and adaptation of content and scenarios.

"I was super happy to be brought into this project, and have very much enjoyed working with our collaborative team throughout this process! Given my own experiences in the healthcare system, and the stories I have heard from others, it is abundantly clear that resources such as this one are absolutely necessary. I don't think our negative experiences are always related directly to physician prejudice, but rather failures in health care policies, and a lack of such information early in providers' education."

## Acknowledgment of the Indigenous Keepers of this Land

*We would also like to acknowledge the history and guardianship of the place in which we were able to complete this project. As white settlers in the Windsor-Essex community, we live and work on the traditional lands of the Three Fires Confederacy of First Nations, comprised of the Ojibwe, the Odawa, and the Potawatomi Peoples.*

- You can read a brief history here
- Treaty 35 – Huron-Wendat (LaSalle/Amherstburg)
  - <https://www.ontario.ca/page/map-ontario-treaties-and-reserves#t24>
  - <https://www.thecanadianencyclopedia.ca/en/article/huron>
- Treaty 2 (McKee Purchase)
  - <https://www.ontario.ca/page/map-ontario-treaties-and-reserves#t6>
  - <https://www.rcaanc-cirnac.gc.ca/eng/1370372152585/1581293792285#ucls4>

We also recognize that the country now known as Canada was built on stolen African and Black labour and resources, and that this history has been whitewashed and erased throughout our collective memory.

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# Using, Citing, Adapting this Module

## Citing, Attributing and Adapting



The suggested **citation** for this module in APA format is:

Berg, S., Cowan, S.R., & O'Neil, A.I. (2022). *LGBTQ+ Healthcare*. University of Windsor. CC-BY-NC-SA. <https://ecampusontario.pressbooks.pub/inclusivehealth/>

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The book cover was designed using Canva and can be edited using this template. The characters on the cover were adapted from sketchify and can be found using the following search phrase within Canva: *set:nAEW7vWmoB8*. Background images for H5P cases were also created using Canva and can be adapted by using the following templates:

- Scenario #1 (Non-binary teen)
- Scenario #2 (Gay man)
- Scenario #3 (Lesbian woman)
- Scenario #4 (Transgender Person)
- Scenario #5

We recognize the ever-evolving nature of this work, and hope that this resource will be used, adapted, revised, and updated as much as possible for, and by, those who use it to keep the work moving forward. If you are interested in revising/remixing/updating this module, you can use the Pressbooks “Clone A Book” function. You can request an account using the following link: <https://openlibrary.ecampusontario.ca/create/pressbooks-account/>

## Using individual H5P components

The H5P activities in this Pressbook are all licensed as CC-BY-NC-SA and were created by the project team with a slight variation in authorship order. Each activity is accompanied by the appropriate attribution. For example:

## Share Your Adoption

If you adopt this module as a course resource, please report your adoption in order for us to celebrate your support! Report your commitment at <https://openlibrary.ecampusontario.ca/report-an-adoption/>

If this module does not meet your needs, please check out the full library at <https://openlibrary.ecampusontario.ca/>. If you still cannot find what you are looking for, connect with colleagues and eCampusOntario to explore creating your own open educational resource (OER).

## Welcoming Feedback

At this time we are working with an expanded community to move this content forward in an informative, respectful, well-informed, and meaningful way. Those creating this content are reflected here and are deeply committed to making this content stronger. **We truly welcome feedback** about how we can continue to evolve this module to further strengthen this content. Comments and inquiries can be sent to Dr. Selinda Berg ([sberg@uwindSOR.ca](mailto:sberg@uwindSOR.ca)). Please refer to *2SLGBTQ+ Healthcare* in your subject line.

## eCampusOntario

eCampusOntario is a not-for-profit corporation funded by the Government of Ontario. It serves as a centre of excellence in online and technology-enabled learning for all publicly funded colleges and universities in Ontario and has embarked on a bold mission to widen access to post-secondary education and training in Ontario. This module is part of eCampusOntario's open textbook library, which provides free learning resources in a wide range of subject areas. These open textbooks can be assigned by instructors for their classes and can be downloaded by learners to electronic devices or printed. These free and open educational resources are customizable to meet a wide range of learning needs, and we invite instructors to review and adopt the resources for use in their courses.



# GETTING STARTED





# Setting the Stage

The **2SLGBTQ+** community is diverse. While L, G, B, T, and Q are usually tied together as a single homogeneous entity, each letter represents a wide range of people of different races, ethnicities, ages, socioeconomic statuses and identities (National LGBT Health Education Centre, 2019). Unfortunately, experiences of stigma and discrimination are a common theme that transcends across the entire 2SLGBTQ+ community. While discrimination exists across the community, the manifestations of oppression and discrimination are not a singular occurrence or experience. One area in which there is a long history of discrimination and lack of awareness is within the health care sector.

The content presented here was created by and in collaboration with members of the **2SLGBTQ+** community. The faculty lead and all collaborators have shared their experiences as members of this diverse community, building a starting point for medical students to consider how they can build an inclusive practice. Because of the incredible diversity within this vast community, not all experiences and perspectives of the 2SLGBTQ+ community are captured here. Specifically, we recognize that there are key components of intersectionality that are not directly addressed in this resource. We know that negative experiences related to gender and sexuality are often compounded for those with intersectional identities such as a black **trans** man or a disabled Muslim **lesbian**. For this and other reasons, we welcome adaptations to this resource by those who are committed to moving this work forward (see Using, Citing, Adapting this Module).

## Acronym Choice



There are numerous identities involving gender and sexuality, making it challenging to pick a word or acronym that makes everyone feel included. Our team chose the **2SLGBTQ+** acronym because of the communities this module directly represents. Because we have not specifically built cases around the experiences of asexual or intersex folks (among others), we decided the 2SLGBTQ+ acronym more accurately represented the current focus of the resource.

## Language and Terminology

This resource explores terminology, concepts, and word choice and it is important to emphasize that it is critical that health care professionals listen carefully to their patients to understand their individual needs. Every individual is unique. There is no singular experience and in turn, there is **no singular term that will work for all individuals**. As such, you must listen.

One specific example of this is the term “queer”. This is a term that is embraced by some and rejected by others. Historically the term “queer” was used as an *anti*-LGBTQ+ term. It has since been deliberately reclaimed and embraced by some members of the 2SLGBTQ+ community as a means of empowerment. However, it is imperative to recognize that the selection to use or not to use that term, is the choice of each LGBTQ+ person. Each person has an individual identity and their own personal experiences- all are valid and all are to be respected.

**Listen carefully to patients** and the terms that they use for their identity. If you have a question, ask the individual respectfully and ensure that you follow their direction consistently.

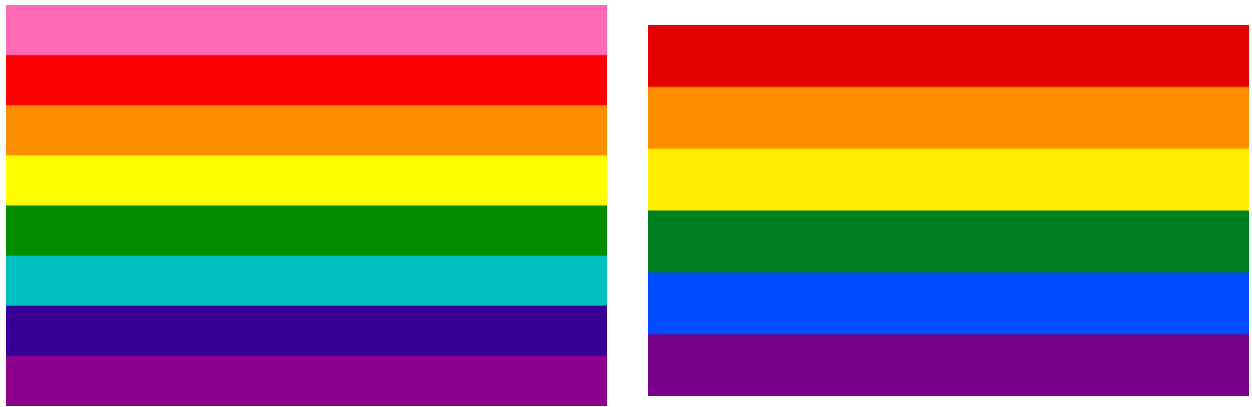


## Evolving and Changing

As we acknowledge, recognize and learn about the experiences of all people, our understanding and conceptions in this area will evolve. Through this evolution, language and concepts will continue to change. Not only do new words emerge, but our understanding of “old” words will change. We recognize that words are not neutral, and they are a part of our social understanding. We continue to do the work in increasing our understanding and it is imperative that this work be seen as a starting point from which we must evolve.

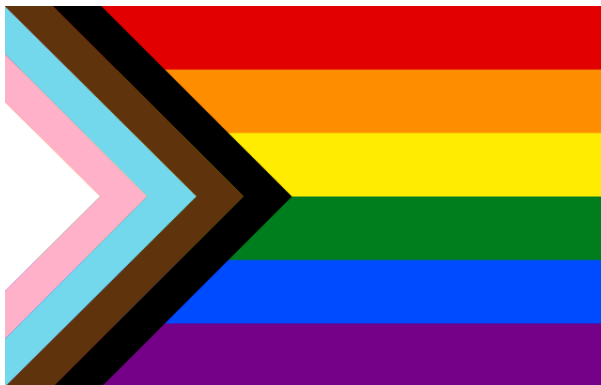
This resource is not able to provide an encapsulation of all experiences. **This resource does not represent the entirety of all healthcare experiences for those who identify as part of the 2SLGBTQ+ community.** It is our hope that this resource be used, adapted, revised, and updated to keep the work moving forward.

## Pride Flag as a Symbol of Change



One of the most recognizable symbols of the 2SLGBTQ+ community is the rainbow flag. Most commonly we see the six-colour rainbow flag, however, the flag has gone through multiple iterations of development, originally developed with eight colours by Gilbert Baker in 1978. The hot pink was removed because of fabric unavailability, and royal blue replaced both the turquoise and indigo colours.

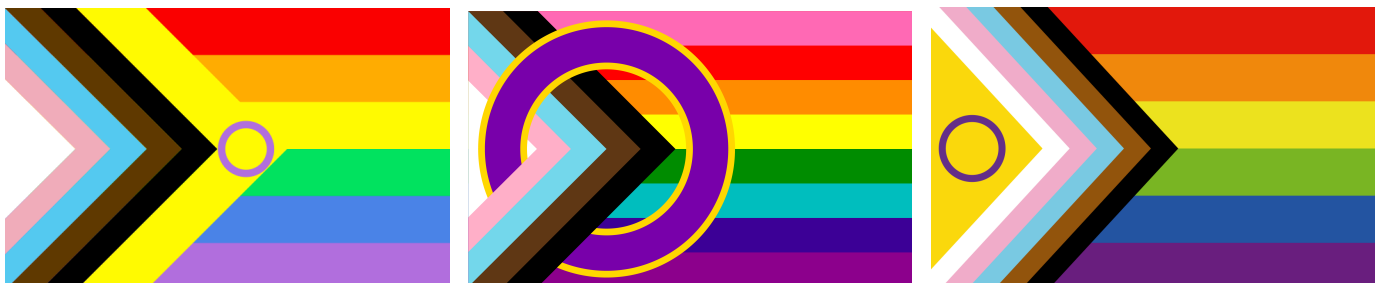
## Progress Pride Flag



The Flag continues to evolve over time. Those in the 2SLGBTQ+ community who are members of further marginalized groups (e.g., transgender people, people of colour, people with disabilities) experience greater disparities. Increasingly the Progress Pride Flag (image below) is being used to bring focus on diversity, equity and inclusion within the 2SLGBTQ+ community. This flag designed in 2018 brings focus to those who experience further marginalization within the 2SLGBTQ+ community.

## Alternative Pride Flags

In 2021, there was an update made to the Progress Pride Flag to better represent the intersex community. The update, in multiple forms, further increases visibility and works towards better inclusivity within the community.



## Media Attributions

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# Why 2SLGBTQ+ Health?

## 2SLGBTQ+ as a health disparity population

**2-Spirit, lesbian, gay, bisexual, transgender, queer and questioning (2SLGBTQ+)** individuals experience high rates of health disparities.

As a result of social stigma and discrimination, 2SLGBTQ+ people report higher rates of mental health challenges, anxiety, and depression:

- 2SLGBTQ+ youth are up to three times more likely to attempt suicide than their heterosexual, cisgender peers. In an Ontario-based study, 47% of trans people aged 16-24 recently considered suicide, and 19% had attempted suicide in the past year.
- Racialized 2SLGBTQ+ individuals have mental health needs nearly 5% higher compared to non-racialized 2SLGBTQ+ people.
- Due to the high burden of mental and emotional distress arising from the challenges and obstacles not experienced by heterosexual, **cisgender** population, coping behaviours that include tobacco, alcohol and drug use are more prominent in the 2SLGBTQ+ communities.

**Transgender** and **non-binary** people populations face many of the same health-related challenges that other members of the 2SLGBTQ+ community face, while experiencing greater barriers to social inclusion and higher rates of discrimination and stigma.

Health care providers have a role in identifying and addressing these disparities. The biases of medical providers encountered in health care settings can contribute to these disparities. Due to discrimination, harassment and barriers to equitable health services, 2SLGBTQ+ communities experience:

- **higher rates of mental health concerns**, including depression, anxiety and substance use;
- **lower screening rates** and higher rates of certain cancers and chronic conditions; and
- **disproportionate rates of HIV** among men who have sex with men and certain segments of the trans population. These rates are exacerbated by social and systemic issues such as HIV stigma, poverty, and anti-2SLGBTQ+ prejudice.

The barriers transgender people face in accessing necessary transition-related care and services are associated with poorer mental health and high rates of suicidality.



These stories are all too common, especially for trans and non-binary people. For more stories, take a look at the YouTube video below (5 minutes and 54 seconds). Although it depicts trans folks living in Oregon, their stories resonate with 2SLGBTQ+ individuals living in Canada and worldwide.



One or more interactive elements has been excluded from this version of the text. You

can view them online here:

<https://ecampusontario.pressbooks.pub/inclusivehealth/?p=204#oembed-1>

This video was created by the Oregonian, and copyright belongs to them.

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# Module Outline

*"There is no such thing as a lesbian knee, or a lesbian armpit, or a lesbian neck — at least I've never dated one — but each human being comes to health care with context and a story, and they are both vitally important."*

The above quote from Kelli Dunham emphasizes that one of the key elements to ensuring inclusive and culturally sensitive care to members of the LGBTQ+ community is understanding and respecting their context and story.

For many members of the LGBTQ+ community, their gender and sexual identity are key elements influencing their stories.

## Module Structure

This module was designed to be an accessible, easy-to-use resource for medical students and professionals looking for an introduction into this important area. There are opportunities for interaction throughout, and you can choose how you wish to navigate through each component of the module.

Immediately proceeding this module outline are two sections to help orient yourself to this topic, including an exploration of *why* we need LGBTQ+ healthcare resources. This page will explain some of the key outcomes for LGBTQ+ healthcare patients, and provide some stories from real individuals about their experiences within the healthcare system. The following page is the Key Concepts section which highlights and expands on some of the key terms you may come across throughout the text. We have also created a glossary at the end of this Pressbook where you can find a list of terms and definitions for reference. When you come across a bold, underlined word or phrase, you can click it to pop up a definition without leaving the page to look it up.

After these two orientation sections, you will navigate through **four (4) case studies** that will:

- demonstrate ways in which gender and sexual identity can influence health care
- illustrate the impact of health care practitioners on LGBTQ+ patients
- help you identify areas for improvement
- introduce strategies to ensure inclusive care


*By the end of this module, successful students will be able to:*

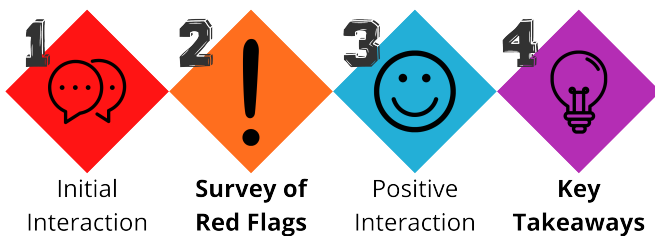
- describe how physicians' understanding and respect for patients' sexual and gender identity can improve care and decrease disparities for members of the LGBTQ+ community.
- explain the differences between gender identity, gender expression, biological sex, and sexual identity and terms related to these concepts.

- identify strategies for providing more inclusive and culturally sensitive care for members of the LGBTQ+ community.

## Case Structure

Each case will illustrate the experience of someone who identifies as LGBTQ+ seeking health care in Canada. You will be presented with some background information about the patient, and then observe an interaction, identifying red flags that may be addressed. An alternative experience will be presented to help identify inclusive practices, followed by the key takeaways.

 you will be presented with a brief background about the patient



## Media Attributions

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# Key Concepts and Reflective Exercise

Click on the information icons on the image below to learn more about major sex and gender concepts.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/inclusivehealth/?p=197>

H5P Attribution: **Sex and Gender Concepts** by Ashlyne O'Neil, Selinda Berg, and Scott Cowan, is licensed under CC-BY-NC-SA.

## Reflective Exercise

Looking at the concepts above **consider your own** identity and expression within these categories.

- Is this a difficult exercise?
- Can you find the words to capture the nuances of your identity?

Consider also those in the case studies. Each individual is unique and valid. The identity, expression, sex, and orientation of an individual must be respected and cannot be criticized.

## “Trans Broken Arm Syndrome”

The video below (7 minutes and 57 seconds) was created for trans\* *patients* to advocate for themselves when seeking healthcare. We thought, however, that it would be meaningful for share this message with healthcare providers to help gain a better insight into the trans experience.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/inclusivehealth/?p=197#oembed-1>

This video was created by Ben Haseen in 2021, and is licensed CC-BY on Youtube (please note that the creator and license is different than that of this Pressbook).



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<https://ecampusontario.pressbooks.pub/inclusivehealth/?p=197#h5p-1>

# CASES



# Case #1: Non-binary Teen

Navigate through **Part 1** of this scenario, following the patient through their interaction at a physician's office. Review the scenario for **red flags** and ways the patient could be better cared-for. Then proceed to **Part 2** where you will navigate through a revised scenario and reflect on the differences between the two interactions and their relative outcomes.

## Part 1



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## Part 2



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## Intake Form



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# Case #2: Gay Man

Navigate through **Part 1** of this scenario, following the patient through their interaction at a physician's office. Review the scenario for **red flags** and ways the patient could be better cared-for. Then proceed to **Part 2** where you will navigate through a revised scenario and reflect on the differences between the two interactions and their relative outcomes.

## Part 1



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## Part 2



*One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/inclusivehealth/?p=145>*

# Case #3: Lesbian Woman

Navigate through **Part 1** of this scenario, following the patient through their interaction at a physician's office. Review the scenario for **red flags** and ways the patient could be better cared-for. Then proceed to **Part 2** where you will navigate through a revised scenario and reflect on the differences between the two interactions and their relative outcomes.

## Part 1



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## Part 2



*One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/inclusivehealth/?p=69>*

# Case #4: Transgender Person

Navigate through **Part 1** of this scenario, following the patient through their interaction at a physician's office. Review the scenario for **red flags** and ways the patient could be better cared-for. Then proceed to **Part 2** where you will navigate through a revised scenario and reflect on the differences between the two interactions and their relative outcomes.

## Part 1



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## Part 2



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# KEY ACTIONS FOR MORE INCLUSIVE HEALTH CARE

## Inclusive Spaces

- **Offer universal washrooms**
  - Single occupancy universal washrooms help to increase accessibility for all patients so that everyone feels safe to use the washroom. This is especially important for trans and non-binary folks who may not feel comfortable or safe within traditional gendered washrooms.
- **Post a sticker or poster** indicating you are providing a safe and welcoming space, *if your space is genuinely safe and accepting of diverse patients*. If you have a website, be sure to include this information there as well.
  - It is critical when displaying these signs of inclusion in your office space, that *all individuals contribute and ensure the space remains safe and positive* for all individuals.
- Represent diverse communities in your **reading and informational materials**.
  - The value of being reflected and represented in everyday places is now well recognized. Ensure education or marketing materials include images of 2SLGBTQ+ people. Include a local 2SLGBTQ+ newspaper or a related national magazine such as OUT or The Advocate among your reading materials. Make the effort to create and/or provide educational materials with representation of folks who are often marginalized and underrepresented.



Photo by Zackary Drucker as part of Broadly's Gender Spectrum Collection. CC-BY-NC-ND

## Staff Training



- Provide equity, diversity, and inclusion training for staff, including being able to recognize homophobia and transphobia in the office, and skills to successfully intervene.
- Ensure these trainings are **facilitated by members of the 2SLGBTQ+ community**. Most cities have community organizations dedicated to this type of support, and may offer virtual training opportunities that help increase flexibility and accessibility (e.g., Trans Wellness Ontario)
- Safer Spaces is a Canadian organization that provides consultation, evaluation, self-guided training, and professional development workshops for individuals and workplaces, including health care providers.

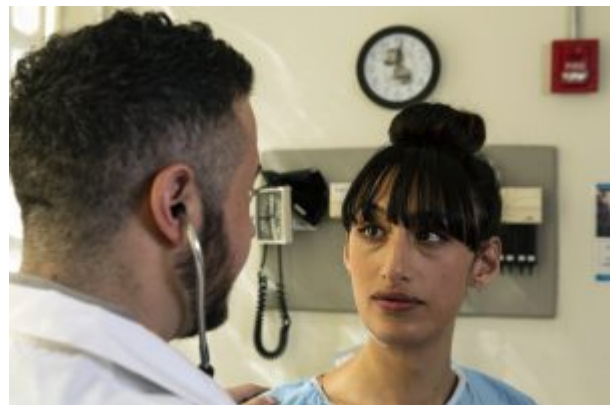
## Communication

- Be mindful to use the **names, terms, and pronouns** which the patient identifies
  - Avoid '**deadnaming**' your patients.
  - Take care to listen when a patient mentions the terms or pronouns they use for themselves (and their partners, if relevant).
  - **Ask the patient what language they would like to use** when referring to their genitalia, reproductive organs, and other "primary sex characteristics" (e.g., "chest" might be preferred to "breasts", or "genitals" instead of "penis").
- **Avoid making assumptions**
  - It is important to recognize that all individuals have multiple facets to them, and blanket labels never tell the whole story.
  - Politely ask questions without judgment.
  - When speaking of family planning, include options for adoption, surrogacy, insemination, etc.
  - Recognize that there are various risks associated with different types of sex, and that sexual health is important for all individuals, regardless of if they have penetrative heterosexual sex or not. Be prepared to counsel your patients on STI protection for a variety of different types of sex.
  - Recognize that individuals of varying genders may have internal and external genitalia that do not necessarily match their gender representation, and that there are some men who have vulvas or uteruses who need appropriate health care.

- **Avoid challenging patients** about their identity or sexual orientation
  - The patient knows themselves best.
  - While some questions might be necessary for assessment purposes related to sexual health, and reproductive or gender-affirming care, avoid unnecessary questions about and challenges to a patient's identity.
  - If a transgender woman comes to you concerned about her asthma, assess and treat the asthma; don't unnecessarily trouble them with concerns about their identity or sexuality.
- **Don't make light of personal experiences**
  - Be mindful that, like everyone, past medical and personal experiences with the 2SLGBTQ+ community are complex. A comment that might seem benign in your experience is complicated in another person's context.

## General Care

- Treat the patient as an individual, recognizing each experience is unique and valid.
- Take the time to **learn about 2SLGBTQ+ resources and services**; and connect with 2SLGBTQ+ groups in the community to increase your knowledge and understanding.
  - Being knowledgeable about resources increases patients' comfort and confidence in the physician-patient relationship.
- Provide **inclusive forms** and use inclusive **charts/records** when possible.
  - Some areas for inclusion might be: family status information (beyond the typical marital status); pronouns; chosen name if different from health card or legal documents; multiple options or an open-format for gender and/or sexual identity



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# ADDRESSING ATTITUDES, BELIEFS AND BIASES

As underlined early in this module, the LGBTQ+ community experiences significant health disparities, including higher rates of depression, anxiety, suicidality, tobacco use, and substance use disorders.

An important way for physicians to reduce disparities is to recognize and address their own biases. We need to acknowledge that we are all vulnerable to biases. The most detrimental response is to deny or avoid our biases because they make us feel uncomfortable. In contrast, the only way to “change our thoughts and behaviour is to acknowledge our biases, become curious about them, and practice ways to transform them” (National LGBT Health Education Center, 2018).

When we notice prejudicial attitudes and beliefs arise in ourselves, we should pause and really consider:

- why do I hold these beliefs?
- how do these beliefs serve me?
- how might it benefit me and others to change this perspective?

The *National LGBTQIA Health Education Center* provides two exercises to assist health care professionals to reduce implicit bias.

## Individuating

**Individuating** is the process of focusing on specific information about an individual, as opposed to categorizing someone based on their social, racial, or other group belonging. The example used by the LGBT Health Education Centre is

“when we learn that a new patient is a transgender man, do we only think about his gender identity and when he transitioned, or can we think about how he is new to town and started working at the local library? “

Consider how assumptions can be set aside in order to get know a person just as they are right now.

## Perspective -Taking

In contrast, **perspective-taking** involves taking another person's viewpoint intentionally. For example, try to imagine what it might feel like to be this particular patient who is LGBTQ+.

- What might this person be worried about?
- What might they be anxious about?
- What are they looking for?
- What might they be hoping to receive from me?

**\*Source:** National LGBT Health Education Center. (2017). Learning to address implicit bias towards LGBTQ Patients: Case Scenarios. Boston, MA. Available at <http://www.lgbthealtheducation.org/publication/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios/>

# ADDITIONAL READINGS AND RESOURCES

## General Resources and Citations:

Canadian Centre for Gender and Sexual Identity. (2020). CCGSD **Queer Vocabulary**. Available at: <https://ccgsd-ccdgs.org/wp-content/uploads/2020/11/CCGSD-Vocabulary.pdf>

Henriquez, N.R., & Ahmad, N. (2021). "The message is you don't exist": **Exploring lived experiences of rural lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) people** utilizing health care services. *SAGE Open Nursing*, 7, CC-BY, Available at: <https://journals.sagepub.com/doi/epub/10.1177/23779608211051174>

Hunt, E. (2019). **LGBTQ+ people share their most awkward and embarrassing healthcare experiences**. *Refinery29*. Available at: <https://www.refinery29.com/en-gb/lgbtq-healthcare-stories>

LGBT Health Education Centre. (2018). **Learning to Address Implicit Bias of LGBT patients**. Fenway Institute. Available at: [https://www.lgbthealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018\\_Final.pdf](https://www.lgbthealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018_Final.pdf)

Scheim, A.I., Zong, X., Giblon, R., & Bauer, G.R. (2017). **Disparities in access to family physicians among transgender people in Ontario, Canada**. *International Journal of Transgenderism*, 18(3), 342-352. Available at: <https://transpulseproject.ca/wp-content/uploads/2019/04/Trans-PULSE.-Disparities-in-access-to-family-physicians.-IJT-2017.pdf>

**TransPulse Research and Study Results:** <https://transpulseproject.ca/research-type/journal-article/>

Wittlin, N. M., Dovidio, J. F., Burke, S. E., Przedworski, J. M., et al. (2019). **Contact and role modeling predict bias against lesbian and gay individuals among early-career physicians: A longitudinal study**. *Social Science and Medicine*, 112422. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6744977/pdf/nihms-1535912.pdf>

## Case One:

Singh, A. A., Meng, S. E., & Hansen, A. W. (2014). "I am my own gender": Resilience strategies of trans youth. *Journal of counseling & development*, 92(2), 208-218. Available at: <https://doi.org/10.1002/j.1556-6676.2014.00150.x>

## Case Two:

Wilkins, J. (2015). Loneliness and belongingness in older lesbians: The role of social groups as "community". *Journal of Lesbian Studies*, 19(1), 90-101. Available at: <https://www.tandfonline.com/doi/pdf/10.1080/10894160.2015.960295>

### **Case Three:**

Perrin, E. C., Hurley, S. M., Mattern, K., Flavin, L., & Pinderhughes, E. E. (2019). Barriers and stigma experienced by gay fathers and their children. *Pediatrics*, 143(2), e20180683. Available at: <https://www.publications.aap.org/pediatrics/article/143/2/e20180683/37346/Barriers-and-Stigma-Experienced-by-Gay-Fathers-and>

### **Case Four:**



# Appendix

## LGBTQ+ Health Quote Graphic Text

**Lesbian Woman:** After saying I do not need birth control pills, my GP asked what form of birth control I was using. I said “I don’t sleep with men” to which he responded “good girl”. Nothing about a concern for STIs, as I assume he thought I was celibate.

**Trans-feminine Person:** I was told I was causing my own asexuality because of the estrogen pills I was taking. Asexuality is a thing. It’s not a hormone imbalance.

**Genderqueer Person:** I haven’t gone to the dentist in over 5 years because it’s just the most uncomfortable experience.

**Pansexual Woman:** I have had clinicians refer to my partner as my sister, my friend, and my daughter! Even after clearly stating otherwise. We are partners, and they are non-binary. Their assumptions are super invalidating.

**Trans-masculine Non-binary Person:** I had a skateboarding accident, and instead of going to the E.R., I wrapped my own arm at home and just hoped it wasn’t broken... that’s how bad my experiences have been. It’s just not worth it.

# Glossary of Terms

## \* important note on glossary terms

This glossary has been built by referring to a variety of resources and consulting with folks in the 2SLGBTQ+ community. It should be noted that this language is continuously evolving and these "definitions" should not be considered rigid or immutable.

Always make sure you refer to and describe individuals according to the words they use to describe themselves; you will note that many definitions indicate consent should be explicit before using specific terms to describe someone.

Many "definitions" came from or were adapted from the following resources:

**Canadian Centre for Gender and Sexual Identity.** (2020). CCGSD Queer Vocabulary. Available at: <https://ccgsd-ccdgs.org/wp-content/uploads/2020/11/CCGSD-Vocabulary.pdf>

**Toronto Pflag.** LGBTQ2S+ Terms to Know. Available at: <https://www.torontopflag.org/lgbtq2s-terms-to-know>

**Trans Wellness Ontario.** Glossary of Terms. <https://www.transwellness.ca/glossary-of-terms>

## 2-Spirit

a.k.a. Two-Spirit or Two-Spirited Person

(noun)

A term coined at the third annual intertribal Native American/First Nations Gay and Lesbian Conference in Winnipeg in 1990 which is used by Indigenous members of the 2SLGBTQ+ community. Although this English term is new, 2-Spirit people and teachings have existed within Indigenous culture since time immemorial.

2-Spirit is often described as meaning people who possess both masculine and feminine spirits, however it is used across Turtle Island to distinguish the Indigenous views of gender and sexuality from the Western gender binary violently imposed on Indigenous communities through colonialism. 2-Spirit is not a catch-all term for Indigenous people in the 2SLGBTQ+ community but may encompass individuals with various gender identities and sexual orientations. This term should **only be used by Indigenous Peoples**, and they must choose to adopt the term for themselves.

**For more information:** 2-Spirited People of the First Nations, Re:searching for LGBTQ2S+ Health, Canadian Encyclopedia

## 2SLGBTQ+

2SLGBTQIA / LGBTQ2S+ / LGBTQ+ / LGBTTQIAAP

Because there are so many identities that involve gender and sexuality, it is often challenging to select a word or acronym that makes everyone feel included.

2S: Two-Spirit (placed first to recognize the historical significance and role of 2-Spirited people)

L: Lesbian

G: Gay

B: Bisexual

T: Transgender

Q: Queer or Questioning

I: Intersex

A: Asexual

P: Pansexual

+ represents the recognition of various identities that may not be represented by current and historical labels

### **allosexual/alloromantic**

(adjective)

The prefix "allo" is used to refer to people who are not on the asexual or aromantic spectrum, in the same way that "cis" is used to describe those who are not trans, or "hetero" for non-queer folks. The term **allosexual** is used to refer to someone who experiences sexual attraction, while **alloromantic** describes someone who experiences romantic attraction. It is important to note that these terms say absolutely nothing about the gender or genders that a person is attracted to - just that they experience that particular *form of attraction*.

### **androgynous**

(adjective)

A gender expression that can have elements of both femininity and masculinity, being viewed as a blending of both elements; however, androgyny can also be something that is outside of the gender binary altogether. The term can also be used to describe someone's gender, and is not limited to one's gender presentation.

### **asexual**

(adjective)

A term used to describe a person who either:

does not experience sexual attraction  
does not experience desire for sex, or  
experiences these to a lesser degree than most

## bisexual

(adjective)

a term used to describe a person who experiences attraction to two or more genders.

## cisgender

(adjective)

A term used to describe people whose current sex/gender aligns with what was externally assigned at birth. Essentially, anyone who is not transgender is cisgender.

## cisnormativity

(noun)

a societal bias, often unconscious, that privileges cisgender identities and gender norms, and ignores or underrepresents trans identities and/or gender diversity by assuming that all people are cisgender and will express their gender in a way that aligns with perceived gender norms

## deadnaming

(verb)

refers to when someone refers to a person by the **name they used before their transition**. This is often invalidating and can cause someone to feel like you do not respect their identity, that you do not support their transition, or that you are unwilling to put in the effort to make this necessary change.

## gay

(adjective)

a term typically used to describe a self-identified man who is attracted to other men or masculine-aligned people. This term can sometimes be used as an umbrella term for those who experience attraction to people of the same gender, but is not accepted as such by all members of the LGBTQ+ community.

## gender

(noun)

Gender is a system that operates in a social context to classify people. In many Western contexts this takes the form of a binary “man” or “woman” classification, although many are beginning to recognize a broader spectrum. An individual’s gender is **comprised of both their own personal sense of their gender, and their gender expression**.

## gender dysphoria

(noun; see also: *gender euphoria*)

Gender dysphoria results from a feeling of disconnection between how trans people understand and embody their identities compared to how society expects trans people to understand and embody themselves. Experiences are informed by the context of society that normalizes cis people over trans people. For some, gender dysphoria can be incredibly intense and lead to significant mental health challenges such

as anxiety, depression, and eating disorders. For others, it can be much more mild, involving only slight unpleasantness or discomfort.

### **gender euphoria**

(noun)

Gender euphoria is the opposite of gender dysphoria, but both can exist simultaneously (it's not one or the other). Euphoria is the comfort or joy experienced when one presents themselves as, or is viewed by others as, their true gender.

### **gender expression**

(noun; also: **gender presentation**)

This term refers to the ways in which someone outwardly expresses or presents themselves through behaviour, mannerisms, clothing, and appearance. Typically, these are associated with societally constructed presentations of specific genders. Gender expression may vary and change over time.

### **gender fluid**

(adjective)

Gender fluidity represents those whose gender fluctuates or varies over a period of time (maybe occasionally, monthly, weekly, daily, or even moment-to-moment, depending on the person). A gender fluid person's gender may change dramatically, delicately, rapidly, or slowly, and may respond to different circumstances.

### **gender non-conforming**

(adjective)

A community-generated term to describe those who depart from the societally-sanctioned binary gender norms of masculine or feminine. It is often more commonly used to refer to youth, without placing the label transgender on anyone at a young age.

### **gender-affirming care/surgery**

(noun)

A broad term for health care that transgender people may pursue, including counseling, hormone replacement therapy, and surgical treatments. Not all transgender people pursue every form of medical treatment available. Many choose not to have all medical interventions, and others never receive medical care of any kind due to cost, access, or personal choice.

### **gender-neutral pronouns**

(noun)

Gender-neutral pronouns provide an identity for a singular person who does not identify as he/him/his or she/her/hers. **They/them/theirs** is one of the most common, although there are others (zie/hir/hirs; xe/xem/xyr; ney/nem/nir).

If you're uncertain, it's acceptable to **offer your pronouns and ask the person for theirs**. It is an act of allyship when people of all identities normalize the disclosure of pronouns.

### **genderqueer**

(adjective)

A term used by some individuals to describe their gender identity as neither entirely masculine nor entirely feminine. It should be noted that not all people who fit this definition are okay with the term or are comfortable with using it for themselves. For this reason, no one should be called “genderqueer” without their explicit consent.

### **heteronormativity**

(noun)

a cultural and societal **bias**, often unconscious, that privileges heterosexuality, and ignores or underrepresents diversity in attraction and behaviour by assuming all people are heterosexual.

### **homonormativity**

(noun)

The social pressure to assimilate into heteronormative society and to become the ideal of the “mainstream gay” or “respectable queer”. It is the approach of broadening heteronormative institutions very slightly to integrate some LGBTQ+ people, instead of fundamentally challenging those institutions, thus upholding heteronormative social structures such as nuclear families, the gender binary and gender roles.

### **homophobia**

(noun)

An umbrella term used to describe the negative attitudes directed toward individuals who are *not heterosexual*. This is an explicit form of discrimination and can include anger, intolerance, resentment, erasure, and discomfort.

### **homosexual**

(adjective; **should not be used as a noun**)

A term (no longer commonly used) to describe someone who is sexually attracted to those who identify as the same gender, or a gender similar to, the one they do. However, this term has a **history of medicalization and criminalization**, and should not be used for someone without their expressed consent.

### **intersex**

(adjective)

A term used to describe people who are born with anatomy or chromosome patterns that do not fit typical definitions of male or female. Intersex persons are often subjected to surgical intervention at birth, with or without parental consent or even knowledge.

### **lesbian**

(noun)

a term used to describe a self-identified woman who is attracted to other self-identified women or feminine-aligning people.

### **misgender**

(verb)

The act of gendering someone incorrectly. This often involves using gendered words that are inappropriate, or the wrong pronouns. Misgendering can be very painful for the person to whom it has been done, whether intentional or not.

### **MSM or MLM**

(noun)

MSM (**men who have sex with men**) or MLM (**men who love men**)

Men who engage in sexual activities with other men without necessarily identifying as gay, bisexual, bi-curious, or queer.

### **non-binary**

(adjective)

An umbrella term used to describe those whose gender falls outside of the gender binary. Nonbinary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all nonbinary people do.

### **outing**

(verb)

Exposing someone's 2SLGBTQ+ identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety, and religious or family situations.

### **pansexual**

(adjective)

A term for someone who experiences attraction to a person **regardless of gender**. Pansexual people may refer to themselves as being gender-indifferent, asserting that someone's gender is not a determining factor in their attraction to others.

### **polyamory**

(noun)

The practice of having, or desiring an intimate relationship with more than one person at a time with the **knowledge and consent** of everyone involved.

### **queer**

(adjective)

Often used as an umbrella term for the whole LGBTQ+ community, queer is used to describe someone

who identifies as something other than heterosexual or cisgender. While it has been reclaimed by many, it **should not be used to describe someone without their consent.**

## questioning

(adjective or verb)

this term has come to describe anyone who hasn't yet defined their sexual orientation, gender identity, gender expression, or some combination of the three. Using this term allows them to avoid labels while exploring themselves and belonging to the community.

## sex assigned at birth

(noun)

Sex assigned at birth is a medical term used to classify people as male, female or intersex at the time of birth. Sex classification is technically comprised of chromosomes, hormones, secondary sex characteristics, and internal & external genitalia; however, sex assignment at birth is often solely based on *external genitalia*. Inclusion here of the recognized category of "intersex," frequently overlooked in discussions of sex, serves as a reminder that even at the level of biology, sex is not a binary system.

## sexual orientation

(noun; also **sexuality**)

A term used to describe the types of attraction (emotional, romantic, sexual, etc.) that one can experience towards others based on their gender or gender presentation. Common examples include heterosexual, bisexual, pansexual, gay, lesbian, queer, asexual, etc.

## social dysphoria/euphoria

(noun)

Social dysphoria is a type of gender dysphoria that refers specifically to the feeling some trans people get when others do not treat them as the correct gender. People sometimes use the term social dysphoria to **distinguish between dysphoria prompted by interactions with others and dysphoria prompted by physical or internal factors**, such as being uncomfortable with their bodies (gender dysphoria).

## split-orientation model

(noun)

A way of conceptualising experiences of attraction wherein **romantic and sexual attraction are two separate and distinct entities** that may or may not align within an individual. This model says that people can have different sexual and romantic orientations, and it is understood that typically these two things together are being referenced when someone says "sexual orientation".

*For example, a person may identify as bisexual and homoromantic, meaning they are sexually attracted to multiple genders, but only romantically attracted to the same or similar gender to their own.*

## transgender

/ trans (adjective)



A person whose current sex/gender does not align with what they were assigned at birth. This is an umbrella term to describe the diverse ways that people can experience gender.

Transgender people, like cisgender people, can claim any identity in relation to their sexual/romantic orientation (for example, a transgender man may identify as heterosexual if they are primarily attracted to self-identified women and feminine people).

### **transition**

(noun)

The process of transition refers to a variety of social, medical, and/or legal changes that some transgender people may pursue to affirm their gender identity. Transition can be **different for each individual** and there is no one way to transition; it is up to the trans person to decide what is right for them.

Social transition can involve changing name, pronouns, gender expression, washroom use. Medical transition can involve hormones and/or surgery. Legal transition can involve legally changing identity documents.

### **transphobia**

(noun)

Hatred of any perceived transgression of gender norms exhibited in ways such as prejudice, discrimination, or violence. Anyone who is not cisgender (or is assumed not to be) can be a victim of transphobia.

### **WSW or WLW**

WSW (women who have sex with women) or WLW (women who love women)

(noun)

Women who engage in sexual activities with other women without necessarily identifying as a lesbian or bisexual/bi-curious/queer.

(WLW may be pronounce wuh-luh-wuh)