

READ THIS...

before you put your
metatarsals (Fig. 1)
between your maxilla
and mandible (Fig. 2)

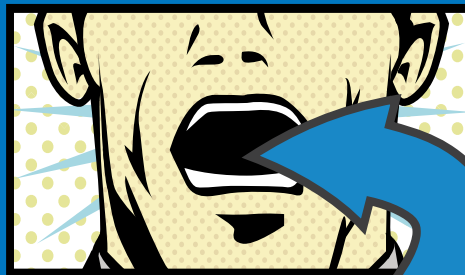


Fig. 2



Fig. 1

straight for equality™ in healthcare*

READ THIS...before you put your metatarsals between your maxilla and mandible:
[straight for equality in healthcare](#)

Copyright ©2009 Parents, Families and Friends of Lesbians and Gays (PFLAG) National
All rights reserved. This publication is available online for download or purchase at
[www.straightforequality.org](#).

Looking for more healthcare-specific information? Visit the Straight for Equality in Healthcare website today at [www.straightforequality.org/healthcare](#). Click on "Contact Us" to send us a note. (We love e-mail and promise that we won't ask for free medical advice.)





come out, come out, whoever you are.

**There really isn't a footnote. We just wanted you to see the logo.*

A project of Parents, Families and Friends of Lesbians and Gays (PFLAG) National.

chapter one:

Calling All Healthcare Professionals!

GLBT 101 starts here.

Welcome to **Straight for Equality**, a national outreach and education project created by Parents, Families and Friends of Lesbians and Gays (PFLAG) National. PFLAG has been the straight voice in the gay, lesbian, bisexual, and transgender (GLBT)* movement for more than 30 years, and we've taken all the knowledge we've gained in that time to create **Straight for Equality**, a project made for straight allies, i.e., people who don't have a family member or close friend who is GLBT, but who want to find ways to be more comfortable with the issues, express support, and advance equality for all.

Recently, we've been hearing from healthcare providers who say that they are seeing more and more GLBT people in their practices and want to help, but they don't know how that help should look, or even where they can get some quick basics on how to get started. Others have expressed some discomfort with the topic, but realize that it is something they need to learn more about to do their jobs effectively.

We knew we could help, so, as with all great ideas, we convened a committee of professionals from a wide variety of healthcare fields (both straight allies and GLBT people) who offered great advice. Together we created this handy guide just for you! It's chock-full of tools and tips on how to provide better healthcare and a better overall experience to your patients by being an ally. When you're ready for more, we also have a website with additional healthcare-specific resources. Check us out at www.straightforequality.org/healthcare.

We're realistic, and you're very busy. So we know what some of you are thinking: "What does all this have to do with me in my practice?"

** For the purposes of this guide, we'll use GLBT or sometimes just plain old "gay" as an umbrella term. Not sure what all of these letters mean? Check out the glossary in the appendix of this guide on A-23.*

Consider this: 5 to 10 percent of your patient population may be gay, lesbian, or bisexual.

The number of *transsexual* people (which ignores the broader *transgender* population and most likely reduces this estimate) ranges anywhere from 0.25 to 1 percent of the U.S. population. Whether you know it or not, you're already seeing some GLBT people.

Second, as a healthcare provider, you know how important it is to have good communication with your patients. Good rapport means more accurate diagnoses, better treatment outcomes, and better prevention and early intervention. This contributes to healthier patients, which means better patient retention and more word-of-mouth referrals. And all of these improvements mean happier patients *and* happier providers!

But don't take our word for it (we're just the writers). Here's what **Straight for Equality in Healthcare** committee member and physician Dr. Gary Watts had to say:

Physicians have a responsibility to be well-informed about GLBT issues. We should be aware of health care needs and problems specific to the gay community and address them appropriately. Providing competent information to gay, lesbian, bisexual, or transgender individuals and their family members is critical. It can save lives as well as preserve family relationships.

*As a fellow physician, I would like you to join me in becoming a **Straight for Equality in Healthcare** ally. All it requires is for you to get yourself informed and to decide that you will now take the challenge and the responsibility to help these individuals and their families survive in an often-hostile environment.*

You can make a tremendous difference. I know from personal experience.

Gary Watts, M.D.

For the best practices for your practice, keep reading!

Equality Guideposts

Here are some nifty icons to help you quickly identify key concepts and information in this guide.



STAT!

Critical information to keep your gay-friendly practice from needing critical care



Diagnosis

You can't treat something if you don't know what's wrong. The same applies when diagnosing fears or actions that may be barriers to equality in your practice.



Prescription

Take two and call us in the morning — a potential cure may be found here!



Doctor's Orders

Suggestions for positive, healthy ways to create an inclusive environment in your practice

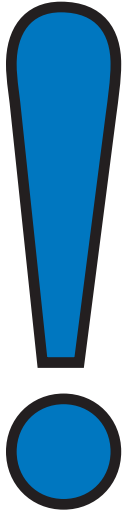


Who Is Our Audience?

This guide is intended to help anyone who works in the healthcare field—not just the doctors! So whether you’re an M.D., nurse, psychologist, clinical social worker, nutritionist, home care aide, occupational therapist, or you’re in any of the dozens of allied healthcare fields that nearly everyone depends upon, this is for you.

Being an ally is important to more people than just your GLBT patients. Any patient who is an ally or has a GLBT friend or family member will appreciate your ally efforts.

Frequently, healthcare providers are on the front lines to answer questions from family members when they discover that a loved one or friend is GLBT. And for GLBT people themselves, your work can literally change — or save — their lives.



chapter two:

Making a Diagnosis

case history

The Reluctant RN

I completely understand why I should do a better job making myself more open to my gay patients — well, intellectually, anyway. But I'll tell you the truth: I'm not always comfortable talking about some of their issues.

Where I grew up, where I live, and where I work are pretty conservative places and being an activist-type wouldn't go over well here. To complicate things even more, I work for a hospital that is religiously affiliated, and the issue of homosexuality isn't exactly celebrated. I just wish that I could find some ways to help me get a little bit more of a comfort zone on this in a way that isn't going to cause any problems at work. I can't exactly attach a gay pride flag to my scrubs, you know.

Brad, ER Nurse



Diagnosis: Aversion to potential conflict (mild conflictphobia)

Patient needs to find a way to overcome personal and professional conflict — or *barriers* — while learning subtle ways to demonstrate support.



Prescription

The path to becoming more comfortable with GLBT issues is challenging.

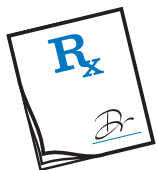
It is filled with occasions for us to question and re-examine our ideas about GLBT people and how they present themselves in everyday life. Questioning how we respond is frequently uncomfortable and takes some serious consideration.

In other words, this self-examination can be tough.

To make things just a little bit more complicated, for many healthcare providers, being an ally to GLBT people isn't just about getting past personal barriers, but professional ones as well. Depending on where you work and/or live, acceptance of GLBT people varies widely. And given that it is still legal in many states to fire someone because of his or her sexual orientation or gender identity, the barrier to being a vocal ally at work is big.

Now for the good news.

No opinion is formed overnight, and, similarly, changing the way we perceive people doesn't have to be immediate either. There are effective strategies that you can use to help with this process. In the end, feeling more comfortable with the issues personally will equip you to be a more effective and confident ally in the places where you provide healthcare services.



Doctor's Orders

Recognize that you're not alone: All of us — whether gay or straight — grew up with a wide variety of influences that shaped our perceptions of people who are different than we are, and this happened without any intention on our part. Having barriers doesn't make someone a bad person. Many people find that they need to continually work through their uncertainty about GLBT issues at work, at home, and in their faith communities even after they think of themselves as allies. In other words, this is all about living the examined life.

Identify your barriers: Self-diagnosis is the first step toward getting the right prescription for change. Spend some time considering why you feel some discomfort.

Common reactions include:

“This just isn’t what I was brought up to accept.”

“Are people going to start thinking that I’m gay?”

“Will being ok with gay issues lead to conflict with others?”

“This is much too political for me.”

“How will this influence my relationship with the people I work with?”

“I just don’t know enough, and I don’t want to say the wrong thing or give incorrect information...it’s just easier to keep my mouth closed.”

“I don’t want to be the healthcare provider with the reputation for having the ‘gay practice.’”

I wore a t-shirt that said, ‘Gay? Fine by me.’ to a cookout with several doctors.

One said, ‘Aren’t you afraid that some lesbian will hit on you?’ I told him that since no one had hit on me for more than 35 years that I would be flattered. My comment did a few things — made him realize that his comment was kind of silly, reinforced that there’s nothing to be worried about, and showed that getting past the concern that ‘someone will think I’m gay’ is possible...and sometimes can be done with a little humor.

Kay, M.D.

Now, start getting past those barriers!

Get yourself educated: The fact that you're reading this guide is a fantastic first step, but it is just that: a first step. There is more information on overcoming your barriers and places to discuss some of your challenges at www.straightforequality.org. Also, be sure to check out some of the healthcare-specific sites listed in the appendix of this guide.

Start having conversations: **You don't need to attend a rally or dress in a GLBT-pride rainbow lab coat to support GLBT people.** A little change goes a long way.

Maybe the first time you express support for GLBT people won't be in your work environment. It could be at the dinner table when a current event comes up, or by saying, "I'm not ok with that kind of comment" when one of your kids uses the phrase "That's so gay." These tiny conversations go a long way in helping you feel more comfortable speaking up. (In other words, Mom was right: practice makes perfect.)

Chances are you're not the only one who wants to talk about these things, either. Seek out and talk to other allies who understand first-hand some of the challenges that you're facing. In healthcare environments, there are often employee organizations for GLBT — and ally — individuals. They're often called Employee Resource Groups (ERGs) or Affinity Groups. Find yours and use it as a resource. If your workplace does not have an ERG and you're interested in starting one, Out & Equal Workplace Advocates can help. Explore the "Workplace Resources" section at www.outandequal.org.

Think ahead: It's likely that people will engage you in conversations and ask questions as you start to express interest and speak up about GLBT people or issues. Think about how you can respond to their queries in ways that make you comfortable and create teachable moments. "Why are you interested in helping gay people?" "What's in it for you?" "I didn't think you were into politics..." are all things you may hear.

Having a ready answer gives you the chance to send a subtle yet powerful message about why you're speaking up.

We had the opportunity at work to sign up for a continuing education class. My co-worker asked me which one I was going to. I told her that I had signed up for the class on working with GLBT patients. She asked me why I would care about that. I told her that raising two kids as single mom, I was always appreciative when pediatricians would give me the early morning appointments or use language that didn't assume I was married. It was so nice that they made the effort to understand my situation, and I want to be a nurse who makes that effort for my patients. My co-worker seemed to get it...and the class was really interesting.

Martha, home health RN

Learn the ropes: Learn more about what your hospital's policies are on GLBT people and issues and how they impact care. Familiarity with your work setting is key to eliminating some of the fear about being more open in your ally status. For example, what are the visitation policies for same-sex partners? Is there a policy in place that prohibits discrimination in providing treatment based on sexual orientation and gender identity? *(For a more detailed conversation about this topic, see chapter 4, "The Healthy Ally Challenge.")*

All of these strategies help replace stereotypes with facts and information and make the unknown into something familiar — and personal.

Follow-Up

As you start to create distance between you and the barriers you face, you'll be in a better position to effect larger changes. Familiarizing yourself with groups or organizations that can provide you with ongoing resources and support is a great way to take on the larger barriers out there. If the place you work for has an ERG for GLBT people, consider joining it as a straight ally. The Gay and Lesbian Medical Association (GLMA) welcomes healthcare providers who are straight allies into their membership and referral database. Check out their website at www.glma.org for information on educational opportunities. (You can even register yourself in their database as a **Straight for Equality** provider!)

And if you want to become more engaged on a community level, reach out to a local organization such as a chapter of PFLAG — Parents, Families and Friends of Lesbians and Gays — which sponsors the [Straight for Equality](https://www.straightforequality.org) project. Visit www.pflag.org to locate a chapter near you. Your engagement, no matter what the level, is a powerful and transformative force in creating equality for all.



Avoid the snake oil!

In your effort to learn more about GLBT people, it's likely that you're going to come across materials from the "ex-gay" or "reparative therapy" movement disguised as research and treatment options. Watch out for these deceitful practices — such "treatments" aren't only scientifically questionable, they're also dangerous. The American Psychiatric Association, American Medical Association, the National Association of Social Workers and the American Psychological Association are among the many professional organizations that oppose the practice of reparative therapy, noting the dangerous consequences (read their statements here: www.straightforequality.org/medpolicies).

Want to make sure the information you're getting is legit? Check out the recommended resources on page A-26.



chapter three:

Overcoming Anxiety: Lidocaine for Your Nerves

case history

The Nervous Nutritionist

There's one woman who has been coming to the practice where I work for years. She's never told me that she's a lesbian, but I've had some clues that this is the case (including the rainbow stickers on her car!). I've done enough reading to know that there are specific health concerns to lesbians and would like to find a way to address them with her, but I don't know what to say or even how to have the conversation, so I've just avoided it.

Maria, nutritionist



Diagnosis: Acute conversational anxiety

GLBT people fall on different points of the spectrum when it comes to how “out” they are, from out to everyone to completely closeted and everywhere in between. So how can you start a conversation with your patient about sexual orientation without making them feel uncomfortable?

For many GLBT people, having the question asked outright (as in, “Are you gay?”) can be uncomfortable, unexpected, and even intimidating. Instead, find subtle ways to send open and supportive messages to patients. Once you can start talking, be sure to use the right words and terms. In the end, you'll find that a few changes in language, behavior, and even the everyday medical forms and paperwork in your office can cure the anxiety that ails you.



Prescription

Everyone knows that you've got to have the right tools to get a job done. (You wouldn't use a stethoscope to check for an inner ear infection, would you?) In this case, inclusive language is the right tool for you! By getting the terms right, you'll be able to send an understated but important signal that you're open to GLBT people and will provide the support that they need to get the best care. This is also one of those beginner steps that you can take in becoming more comfortable as an out ally. (Asking you to wear the rainbow lab coat comes later.)



Doctor's Orders

Use the right word, and sound comfortable doing it: Still not sure about the difference between sexual orientation, gender, and gender identity? Want to know if using "gay" to describe a lesbian is ok? We can help. Check out the glossary on page A-23 for some basic terms, and visit www.straightforequality.org/healthcare for more.

Be inclusive: It doesn't take a culture maven to know that in most places in the U.S., gay people can't get married. So, for example, having the terms "husband" or "wife" on your intake and information forms doesn't exactly leave much room for a partnered gay person to provide their information. (For that matter, it doesn't send a very inclusive vibe, does it?) In your forms and conversations with everyone, use the terms "partner" and/or "spouse" so everyone is represented. See page A-31 for a sample inclusive intake form that you can use.

Ask the right questions: When taking a sexual history, don't assume that people are straight. Rather than guessing, simply ask if the patient has sex with men, women, or both. The information you get will help you provide better care.

Don't be afraid to ask: You wouldn't be the first healthcare provider who found him or herself in a spot where they just weren't certain what to do when a patient identified as GLBT. If there's something you don't know, just ask! If the patient is offended, explain that you're trying to understand and get the right information to provide him or her with the best care. The patient will be glad you're making the effort! For example, if you are unsure of a person's gender identity, ask "What pronoun do you prefer?" It might sound awkward, but it's much less awkward than using the wrong word and embarrassing the patient (and yourself!).

Don't assume anything! If there's something you need to know, it's better to ask and receive the correct information than assume the wrong information. For example, many Ob-Gyn and family practitioners will ask a woman if she's having sex, and upon getting an affirmative response, ask if the woman uses some form of birth control — assuming that her partners are male. If the woman says that she does not use birth control, a conversation about the importance of using it often ensues since they assume that she is not practicing safe sex. What if the woman is a lesbian? These are a lot of assumptions, especially within the first five minutes of an appointment, and it could have a dampening effect on the patient's willingness to be open. Make questions inclusive enough to get the discussion going honestly. (In this case, the question might be, "Do you have sex with men, women, or both?")

Discuss confidentiality: **Did you know that, in most states, a person can be fired just for being gay or transgender?** There are many reasons — like this one — why people are reluctant to be honest about their sexual orientation or gender identity for fear that it could "get out" and harm them. If you sense resistance, make sure you emphasize that the information they provide is kept fully confidential. Explain that you need for them to be open to help you provide better care. A clinical social worker, Maurie, told us, "I read my charting notes to the patient so they can feel confident that I respect their confidentiality and to help put them at ease." She emphasized that building the relationship between a healthcare provider and the patient is a collaborative effort, and small changes like this can help achieve higher levels of trust and better outcomes.

Follow Up

Signal your nonverbal support: We've made jokes about rainbow flags before, but there are multitudes of supportive signals if the rainbow isn't your style.

- How about including a **Straight for Equality** logo somewhere in your office that is visible to patients?
- What about adding GLBT-inclusive materials like PFLAG publications or information on local GLBT services and/or groups to the reading materials in your waiting room?
- Perhaps you could add some brochures about GLBT health to the other information you have available in the office?
- If you have a website, why not add some links to GLBT-friendly healthcare resources and organizations?
- If there is a local GLBT community center or PFLAG chapter, why not find out how you can be included in their referral list for patients seeking healthcare providers? Visit www.lgbtcenters.org to locate the community center closest to you.

These are all small changes that send big messages!

Post a nondiscrimination policy: Before you even see the patient, you can hint that you are inclusive by posting a nondiscrimination policy and/or patient's bill of rights that includes GLBT people (there's a sample policy on page A-30). While many people don't think twice about nondiscrimination policies from healthcare providers, for those especially attuned to discrimination — like many GLBT people — seeing one makes all the difference in how open they're willing to be.

Positively acknowledge the patient when they come out: For example, when a patient comes out, say something to the effect of "I'm glad you told me that" and let them know that their honesty and disclosure will help you both create the best plan of care possible.



Active listening and appropriate questioning

Most people can read body language quickly, so when you're getting into the more challenging conversations, be aware of how you present yourself to the patient. Many stress-triggered postures — like crossing your arms or leaning back — send a message that you're not comfortable. Remember to deploy all of the good listening skills available to you, such as:

- Keeping good eye contact (and not asking questions with your face buried behind a chart or computer screen)
- Leaning forward when you're listening to someone
- Smiling — when appropriate — to put the patient at ease

When it's time for you to ask questions, be careful to keep your queries on topic and relevant to the conversation. One therapist said, "I was so excited to have an openly lesbian patient, that I frequently found myself using the patient as a resource to answer my questions about lesbian culture. While it certainly signaled that I was comfortable with GLBT issues, it put the patient in an awkward situation."

If a patient seems concerned about a question that you're asking, be ready to explain to him or her why the answer is relevant to their treatment — and if you can't answer that question, then you might want to consider if the question is relevant after all.



chapter four:

The Healthy Ally Challenge

case history

The Advanced Ally

I already consider myself to be an ally and I'm very inclusive in my practice. I'm more than comfortable with gay, lesbian, bisexual, and transgender people. What other things can I do in my field to help GLBT people, and, for that matter, get more allies on board?

John, therapist



Diagnosis: A healthy interest to take things a step further

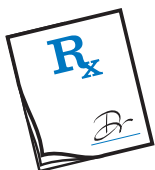
A desire to move on to more advanced ally work in order to continue, and perhaps even increase, the benefits of inclusive care you're already enjoying, such as a) better patient communication, b) better preventative care, and c) obtaining new patients from good word-of-mouth.

There are all different types of allies, just as there are all different types of healthcare providers. Some allies, like nervous nutritionist Maria in Chapter 3, are in the beginning phases of being an ally, while people on the other end of the spectrum find themselves leading other allies to come out, and even participating in political advocacy. Most fall somewhere in between. Some people may never be ready for more advanced ally work (and that's fine), while others may be interested in devoting a great deal of time to GLBT issues. In this case, it sounds like John is ready to move to the next ally phase, and that's great!



Prescription

There are plenty of next steps that you can take, no matter where you work or your field of practice. The most important thing you can do to proceed to the next ally stage is to get educated! Learn about specific healthcare issues that GLBT people face. Even if you know a lot about the subject, there's always more to know. Just think of it as gay CME credits.



Doctor's Orders

Use available resources to continue your education: There are so many options! Visit our website, www.straightforequality.org/healthcare, to get more advanced information and referrals. Check out the back of this book to find additional organizations that can help. Visit the Gay and Lesbian Medical Association website (www.glma.org) and register in their provider database as a **Straight for Equality** practitioner. Connect with your local PFLAG chapter and get more involved. Ask a gay friend or a friend with knowledge of GLBT people/issues (if they're willing to help) if you've got more questions. Read a book, watch a movie (go to www.straightforequality.org for suggestions), and keep having conversations. Still looking for more? Check the appendix for additional resources.

If and when a patient comes out to you, ask the patient if he or she has any questions:

Chances are if a patient comes out to you, they probably have some questions about how their sexual orientation or gender identity affects their health. By educating yourself about the specific health concerns of the GLBT community, you can be prepared for any (well, most) questions that come your way.

Refer gay patients to local GLBT resources when necessary, such as GLBT community centers in the area. CenterLink provides a searchable database of local community centers — visit them at www.lgbtcenters.org and other GLBT-friendly healthcare providers.

Offer yourself as a resource to other people in healthcare who want to learn more about GLBT people and GLBT inclusion! Share your knowledge and refer people to resources that they'll find helpful, such as [Straight for Equality in Healthcare](#) or any of the other resources listed in this guide. (By the way, you can order additional copies of this guide or download it for free on our website, www.straightforequality.org/healthcare.)

Try to hire GLBT staff who are out or staff who are knowledgeable of and comfortable with GLBT people and issues: Post vacancies at local GLBT centers and advertise in the employment section of local GLBT publications. A gay staff member (or one well-versed in these issues), if he or she is comfortable with it, can be a great resource for patients, other staff members, and yourself.

Actively try to get more GLBT patients: Place ads in local GLBT publications or service directories and/or register as an inclusive healthcare provider in the Gay and Lesbian Medical Association's provider database.

Follow-up

Want to go even further?

Read up on your hospital's policies, if you're associated with a hospital, and see if they include GLBT people. Are sexual orientation and gender identity included in the hospital nondiscrimination policy? What is the policy on visitation rights? If you feel comfortable doing so, talk to the policy-makers about adding GLBT inclusive policies and/or language. The Human Rights Campaign features an index of hospitals and the policies they have adopted (learn more at www.hrc.org/hei). Then, once you know the policies, share that information with your patients!

Join in! Join your profession's GLBT group or advisory committee as a supportive ally. For example, the American Medical Association has the GLBT Advisory Committee, and the National Association of Social Workers has the National Committee on Lesbian, Gay, Bisexual and Transgender Issues.

Make GLBT inclusivity an ongoing mission: Check the [Straight for Equality in Healthcare](http://www.straightforequality.org/healthcare) website (www.straightforequality.org/healthcare) regularly for the newest information and ideas. Your patients will thank you for it!



Spread the word

Educate your entire staff (especially your receptionists and appointment-makers) on these issues, because your patients come in contact with many people during their visits, and your efforts should be visible at every turn. Everyone who has contact with patients should know how to be inclusive. This makes your whole office GLBT friendly, not just you!

Getting this done can be easy:

- Pass along this guide after you've read it.
- Reach out to local organizations that provide training in "GLBT 101."
- Talk to your staff about the issues faced by many GLBT people when it comes to accessing healthcare and feeling that they can be open with their providers. Be sure to connect this explanation to the reasons you have for making changes in your practice, such as adding a nondiscrimination policy or using more inclusive language on intake forms.
- Hold people to the same standard that you're holding yourself, and be sure to respond if an issue arises with a discussion of what the challenge is and how to constructively correct it.

Keep up your good work!



appendix:

Congratulations! You've made it to the end of the guide.

Now it's time to do something all healthcare providers know how to do: check the appendix!

In this section:

1. The [Straight for Equality in Healthcare](#) website
2. A basic glossary of helpful terms
3. Resources for healthcare providers
4. Organizations to avoid
5. Sample nondiscrimination policy
6. Sample questions for inclusive intake forms

appendix a:

The Straight for Equality Website

On the Straight for Equality in Healthcare website, you'll find even more great resources to continue your education on all things GLBT in healthcare in the quest to transform your practice into a comfortable and inclusive environment for all your patients.

Check out www.straightforequality.org/healthcare if you want to:

- Gain in-depth knowledge of healthcare issues unique to GLBT people in your field.
- Find out what national healthcare organizations, are saying about GLBT people and the specific challenges they face when it comes to healthcare.
- Learn 10 things you can do as an ally in healthcare today.
- Learn the most common barriers healthcare providers have to becoming an ally, and understand how to overcome them.
- Reach new audiences (and perhaps gain some new patients) by signing up as a Straight for Equality healthcare provider on the **Gay and Lesbian Medical Association's searchable provider database of healthcare professionals**. Participation is free, and it is a great way to let people know that you are committed to providing inclusive services for all.*

**Are you the overly ambitious type? Looking for extra credit? This is the way to get it.*

appendix b:

Glossary of Terms for Healthcare Professionals

Ally: A friend, supporter, assistant, partner, collaborator. Being an ally to the gay, lesbian, bisexual, and transgender community means supporting equality in its many forms.

Bisexual: An individual who is romantically, physically, emotionally and/or spiritually attracted to men and women. Bisexual individuals do not need to have equal sexual experience with both men and women; in fact, they need not have any sexual experience at all to identify as bisexual.

Closeted: Describes a person who is not open about his or her sexual orientation, gender identity, or an ally who is not open about his/her support for equality.

Coming out: A process of self-acceptance that continues throughout one's life. People establish a gay, lesbian, bisexual or transgender identity first to themselves, and then may reveal it to others. There are many different degrees of being out; some are out to friends only, some are out publicly, and some are out only to themselves. A person can fit anywhere on this spectrum, and it's important to acknowledge and respect that not everyone is in the same place when it comes to being out.

Cross-dresser: A person who occasionally wears clothes traditionally associated with people of the other sex. Cross-dressers are usually comfortable with the sex they were assigned at birth and do not wish to change it. "Cross-dresser" should NOT be used to describe someone who has transitioned to live full-time as the other sex or who intends to do so in the future. Cross-dressing is a form of gender expression and is not necessarily tied to erotic activity. Cross-dressing is not indicative of sexual orientation.

Gay: The adjective used to describe people whose enduring romantic, physical, emotional and/or spiritual attractions are to people of the same sex (e.g., gay man, gay people). In contemporary contexts, lesbian (n.) is often a preferred term for women. Avoid identifying gay people as "homosexuals" – see *homosexual*, below.

Gender affirmation surgery: Any surgery that someone has in the course of their transition from male to female or female to male. It may also be performed on people with an intersex condition (or Disorders of Sex Development), often in infancy. There are many different gender affirmation surgeries. The term does not always refer to "bottom surgery". So if a patient says that he or she has had gender affirmation surgery, don't make assumptions about the procedure(s) performed. If it's medically necessary to know what

surgeries the patient has had, ask the specific name(s) of the surgical procedure(s). Avoid using outdated terms such as SRS or sex reassignment surgery – see *SRS* below.

Gender expression: A way of showing gender identity to others through means such as dress and/or manner.

Gender identity: One's internal, personal sense of being male or female (boy or girl), or gender non-conforming. For transgender and gender non-conforming people, the birth-assigned sex and internal sense of gender identity do not match.

Gender non-conforming: A person who either by nature or by choice does not conform to gender-based expectations of society.

GLBT: An acronym for gay, lesbian, bisexual and transgender which refers to these individuals collectively. It is sometimes stated as LGBT (lesbian, gay, bisexual, transgender). Occasionally, the acronym is stated as GLBTA to include allies – straight and supportive individuals. The acronym sometimes includes Q for queer or questioning.

Homosexual: An outdated clinical term considered derogatory and offensive by many gay people. Major media outlets restrict the use of the term and replace it with “gay” or “lesbian” to refer to people who are attracted to individuals of the same sex.

HRT: Abbreviation for Hormone Replacement Therapy. Many transgender people take hormones as part of their transition, either from male to female, or female to male. However, some transgender people do not take hormones.

Intersex: A general term used for a variety of conditions in which a person is born with non-standard internal and/or external genital anatomy that can cause confusion in assigning gender at birth or later, due to infertility or other bodily changes. Also known as Disorders of Sex Development.

Lesbian: A woman whose enduring romantic, physical, emotional and/or spiritual attraction is to other women. Avoid identifying lesbians as “homosexuals,” a derogatory term.

Lifestyle: A negative term often incorrectly used to describe the lives of gay people. The term is disliked by the gay community because it implies that being gay, lesbian, bisexual, or transgender is a choice.

Out: Describes people who self-identify as gay, lesbian, bisexual, transgender, or an ally in their public and/or professional lives.

Partner/Spouse: A way to talk about someone's boyfriend, girlfriend, husband or wife without mentioning gender. Using these words instead of gendered words allows you to be more inclusive, putting GLBT patients at ease.

Queer: Traditionally a negative term, queer currently is used by some people in the gay community to describe themselves and/or their community. Some value the term for its defiance, and some like it because it can be inclusive of the entire community. Nevertheless, some within the gay community dislike the term. This word should be avoided unless quoting someone who self-identifies that way.

Sexual orientation: Permanent emotional, romantic, or sexual feelings toward other people. Straight individuals experience these feelings primarily for people of the opposite sex. Gay or lesbian individuals experience these feelings primarily for people of the same sex. Bisexual individuals experience these feelings for people of both sexes.

SRS (Sex Reassignment Surgery): A clinical term considered outdated by many transgender people. See *gender affirmation surgery* above.

Transgender: A term describing the state of a person's gender identity which does not necessarily match the gender they were assigned at birth. Other words commonly used are female-to-male (FTM), male-to-female (MTF), cross-dresser, and gender queer. Transgender people may or may not decide to alter their bodies hormonally and/or surgically.

Trans man: This usually means that the person was assigned female at birth but identifies as a man (sometimes referred to as female-to-male or FTM).

Transsexual: An older term that originated in medical and psychological communities. Many transgender people prefer the term "transgender" to "transsexual." Some transsexual people still prefer to use the term to describe themselves; however, unlike *transgender*, *transsexual* is not an umbrella term, and many transgender people do not identify as transsexual. It is best to ask which term an individual prefers.

Trans woman: This usually means that the person was assigned male at birth but identifies as a woman (sometimes referred to as *male-to-female* or MTF).

appendix c:

Recommended Organizations and Resources for Healthcare Professionals

For an expanded list, see the resources for healthcare professionals page on the [Straight for Equality](http://www.straightforequality.org) website: www.straightforequality.org/healthcare

Accord Alliance

www.accordalliance.org
398 Columbus Ave., #294
Boston, MA 02116
Phone: (617) 488-9770

ACOG (American College of Obstetricians and Gynecologists)

www.acog.org
409 12th St., S.W.
P.O. Box 96920
Washington, D.C. 20090
Phone: (202) 638-5577

American Academy of Pediatrics

www.aap.org
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Phone: (847) 434-4000

American Counseling Association

www.counseling.org
5999 Stevenson Ave.
Alexandria, VA 22304
Phone: (800) 347-6647

American Medical Association

www.ama-assn.org
515 North State St.
Chicago, IL 60654
Phone: (800) 621-8335

American Psychiatric Association

www.psych.org
1000 Wilson Blvd.
Suite 1825
Arlington, VA 22209

APA Answer Center

Toll-Free: (888) 35-PSYCH or (888) 35-77924
From outside the U.S. and Canada: (703) 907-7300

American Psychological Association

www.apa.org
750 First St., NE
Washington, DC 20002
Phone: (800) 374-2721
TDD/TTY: (202) 336-6123

Employee Assistance Professionals Association, Inc.

www.eapassn.org
4350 North Fairfax Dr., Suite 410
Arlington, VA 22203
Phone: (703) 387-1000

Gay & Lesbian Medical Association

www.glma.org
459 Fulton St., Suite 107
San Francisco, CA 94102
Phone: (415) 255-4547

Human Rights Campaign — Healthcare Resources

www.hrc.org/issues/health
1640 Rhode Island Ave.
Washington, DC 20036
Phone: (202) 628-4160

National Association of Social Workers

www.socialworkers.org
750 First St., NE
Suite 700
Washington, DC 20002
Phone: (202) 408-8600

appendix d:

Groups to Avoid (Meet the Snake Oil Salesmen!)

American College of Pediatricians

This small splinter group of medical professionals does not support the mainstream view of the American Academy of Pediatricians (AAP) that different sexual orientations are normal aspects of human diversity. The organization was formed in 2002 in opposition to the AAP's support of adoption by GLBT parents. The College believes that allowing GLBT adoption is "dangerously irresponsible."

Family Research Institute

A small, Colorado-based research group headed up by Paul Cameron, Ph.D., who was removed from membership of the American Psychological Association in 1983, and who was condemned by the American Sociological Association for "consistently misinterpret[ing] and misrepresent[ing] sociological research on sexuality, homosexuality, and lesbianism." Cameron has publicly stated that homosexuals are more likely to commit crimes and molest children than heterosexuals. Cameron's research is generally considered to be unscientific and flawed by the majority of the research community. His work is published in vanity journals that you pay to be published in and are often not subjected to peer review like mainstream scientific journals. Cameron believes that supporters of the GLBT community are "death marketers" who "destroy the U.S. from within."

International Healing Foundation

IHF is an organization founded by the "reparative therapy" activist and former PFOX Board President Richard Cohen. In 2002, Cohen was permanently expelled from the American Counseling Association for six violations of its ethics code, which bars members from actions that "seek to meet their personal needs at the expense of patients, those that exploit the trust and dependency of patients, and for soliciting testimonials or promoting products in a deceptive manner." Cohen uses a technique called bioenergetics; he demonstrated this by smashing a tennis racket into a pillow while shouting the name of a person eliciting painful childhood memories. Cohen also uses holding therapy, which involves cuddling and repeating affirming words to the patient. His organization, IHF, provides (among other things) references to "reparative" therapists.

National Association for Research and Therapy for Homosexuality (NARTH)

NARTH, founded in 1992, promotes reparative therapy, a practice that has been declared unethical by every major mental health and medical professional association. It has strong ties to the ex-gay movement and has developed deeply flawed and questionable “research” about the “causes” and life-expectancy consequences of being GLBT. NARTH considers “Same-Sex Attraction Disorder” to be curable, and contends that it is caused by bad childhood experiences and poor parenting.

Parents & Friends of Ex-Gays and Gays (PFOX)

PFOX is a top-down organization run by a small office. Public records show that in 2007, PFOX had an income of just under \$44,000. The records also show that Richard Cohen (of the International Healing Foundation) was once its Board President. In 2002, Cohen was permanently banned from membership in the American Counseling Association for unethical practices. PFOX is believed to be a front for the Family Research Council. PFOX sponsors billboards, subway and media advertisements that push the discredited notion that being GLBT is a choice that can be corrected through so-called reparative therapy. Reparative therapy has been declared unethical by all of the major medical and mental health professional associations.

appendix e:

Sample Nondiscrimination Policy

Sending an initial message that you are inclusive of all patients can be easy! A simple but effective change that you can make in your practice is to have a nondiscrimination policy that enumerates specific groups — in this case, being clear that you welcome everyone, including GLBT people. Below is a sample policy that can help augment your existing policies. Remember that issuing the policy is just the start. Be sure that all staff members are aware of what the policy says and what that means for how care is provided.

We recommend incorporating the following language into a hospital's non-discrimination policy:

[Hospital] does not discriminate against any person on the basis of sexual orientation, gender identity or expression, marital status, or other non-medically relevant factors. This applies to admission, treatment, discharge, or other participation in any of [Hospital's] programs, services or activities including, but not limited to:

- All patient admissions;
- All care, whether inpatient, outpatient or emergency in nature;
- All patients' room, floor or section assignments or transfers, except in those cases where patient safety or health condition is a necessary consideration; and
- Employee assignments to patient services.

[Hospital] will not refer patients at discharge to those hospital-related entities which are known by the hospital to be in violation of any applicable federal, state and local nondiscrimination laws.

[Hospital Department] is designated to monitor compliance with this policy, to institute a grievance procedure, and to investigate allegations of non-compliance involving employees or applicants for employment and taking action as needed as a result of any such investigation. Questions concerning this policy as they relate to employees or applications for employment should be directed to the [Hospital Department].

Reprinted with permission from the Gay and Lesbian Medical Association.

appendix f:

Recommended Questions for GLBT-Inclusive Intake Forms

These are sample questions to include **as part of** your intake form or when taking a patient's oral history as part of a comprehensive intake. Please do NOT use this list as your full intake form.

Legal name _____

Name I prefer to be called (if different) _____

Preferred pronoun _____

Gender Identity: Check as many as are appropriate. (An alternative is to leave a blank line next to Gender, to be completed by the patient as desired)

- Female
- Male
- Trans Female (MTF)
- Trans Male (FTM)
- Other _____

Are your current sexual partners men, women, or both? _____

In the past, have your sexual partners been men, women, or both? _____

What is your relationship status?

- Single
- Legally married
- Domestic partner/civil union relationship
- Divorced/separated
- Widowed
- Other _____

Living situation

- Live alone
- Live with spouse or partner
- Live with roommate(s)
- Live with parents or other family members
- Other _____

Do any children live in your household?

- Yes
- No

(Sample intake form questions adapted from GLMA and King County/Seattle Public Health Dept.)

Sexual Orientation/ Identity

- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Queer
- Other (please feel free to explain)
- Not sure

Do you currently use or have you used hormones (e.g., testosterone, estrogen, etc.)?

- Yes
- No

Do you need any information about hormone therapy?

- Yes
- No

Have you been tested for HIV?

- Yes
Most recent test: _____
- No

Are you HIV-positive?

- Yes
When did you test positive? _____
- No
- Don't know

Do you need birth control?

- Yes
- No

If yes, are you currently using birth control?

- Yes (please specify type) _____
- No

Do you have any questions about sex or sexuality?

- Yes (you may state your question here or we can talk in person): _____
- No

Do you need to discuss any of the following with us? (check all that apply)

- Current safety concerns or a history of physical, sexual or emotional abuse
- Getting along with parents
- Getting along with friends
- Getting along with partner
- Privacy/confidentiality
- Loneliness, depression, anxiety or problems eating or sleeping
- Addiction, alcohol use, and/or tobacco use
- Weight, bodybuilding or eating concerns
- Safer sex or sexually transmitted diseases
- Pregnancy test or pregnancy options
- Other (please specify) _____