Transgender and Nonbinary Inclusive Communications in Healthcare

STYLE GUIDE

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WELCOME

Expanding your understanding of healthcare needs to actively include transgender and nonbinary people is necessary in small rural communities and larger urban settings, in general practice and emergency care, and across every clinical discipline.

Health services <u>cisgender</u> people need, trans and nonbinary people need too. Healthcare practices that actively expect trans and nonbinary people as patients have done the work to be prepared as an exceptional and informed practice.

Effective and welcoming trans-inclusive communication in patient education and marketing are important parts of a holistic system-wide commitment to equity and inclusion in care.

This guide helps communications professionals within healthcare practices identify ways to be more intentionally trans and nonbinary-inclusive in their patient education materials and community marketing efforts. It will give you foundations and frameworks to help you build your trans and nonbinary inclusive communications as well as specific updated language, tips, and resources to elevate your work.

This is necessary life-saving work. Thank you for doing what you do to intentionally care for trans and nonbinary people.

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Work with Maureen Kelly Consulting

All links in the guide are clickable!

GETTING STARTED

Foundations & Frameworks of Trans & Nonbinary Inclusion

Are you a communications or marketing professional - or someone in a small health center who has been assigned this important role - whose work focuses on telling the story of the care and services provided by your practice?

You have a wonderful opportunity to enhance your patient-centered communication by challenging yourself to describe the care provided in specific and clear ways that doesn't unnecessarily equate gender and anatomy. This not only helps patients get the care they need without assumptions and unintended barriers, it's also an opportunity to raise the bar of inclusion related to gender identity and expression in healthcare communications and practice.

Do you create tools for social media, patient recruitment, or building an informed referral network among providers and support services in your community? Regardless of the audience, when you talk about the people who need the care and services provided, you can't just say "women need..." or "men's care" because people need all sorts of different care depending on who they are, not their gender. For example, a trans woman may need testicular cancer screening, a trans man may need a pap test, and a cisgender woman who doesn't have a uterus, ovaries, or a cervix doesn't need what some people might euphemistically call "women's healthcare."

Using phrasing that is careful not to equate gender and anatomy helps all patients get the care they need without assumptions and unintended barriers.

You can start by updating or creating new patient education and communications materials by writing from a gender neutral foundation. This means using words like *patients*, *people*, and *community* which offer broader connections to people without adding unnecessary gendering. This can be a very concrete shift to start with. Consider these simple statements as examples that can help increase the inclusiveness of your wording:



Next, become familiar with what it means to work from an intentionally gender inclusive framework. This means taking a comprehensive and encompassing approach to language by starting with descriptions of the specific care and services you offer instead of relying on euphemistic and unnecessarily gendered words that are too commonly used. Consider these examples that tell your patients what services they can get while not being bound by gender:





When naming people who you serve, name those who are specifically affected by stigma or discrimination within healthcare systems.

By actively including those who are affected by the systems of oppression that create barriers to care, you have an opportunity to put your commitments to equity and inclusion into practice beyond a policy statement.

For example, "we proudly serve cisgender, transgender, and nonbinary people seeking sexual health care, STI/HIV testing, and treatment."

Or "we invite rural communities into our care by offering taxi vouchers and extended hours to accommodate travel distances."

And "our program sees <u>racism as a public health threat</u> to our community and we work to identify and change racist policies and practices and undo the impacts of racism in our care."





As you're describing healthcare services use phrasing that focuses on the care being provided by saying what will be done and identifying the parts of the body that are involved. This shift helps your message be clear and descriptive about what the care includes and who might need it without being gender-focused in a way that defines people by their anatomy. In addition, patients appreciate knowing what will happen during an appointment or screening and why it's important in clear and direct terms. That can be achieved without using gender as a modifier.

For example, you can talk about care for pregnant patients or the needs of a birth parent when talking about pregnancy. Or, you can explain that a pap test "checks for early signs of cancer with cells from the cervix" to make cancer screening the focus of your description instead of the gender of person seeking the care.

Cisgender *and* transgender people have tissue in their breasts, chest, cervix and elsewhere that may require cell samples for cancer screening or other diagnostic testing.

Simply saying "women's healthcare" doesn't let anyone know what care is offered and why it might be important to them. That phrasing also leaves out trans men who have a cervix and cisgender women who don't while not even mentioning the importance of cancer screening.

TRANS
PEOPLE
WELCOME
HERE

As you're talking about trans people, avoid phrasing like "anyone who identifies as a woman" or "male-identifying people." This kind of wording communicates an otherness or separateness of trans people from cis people.

When you use the phrase "identifies as" as a modifier you create a second class of gender. You're saying "cisgender women are women," while anyone else only identifies as a woman.

When you're communicating about trans-inclusion in your care, consider directly and clearly saying "trans people welcome here." You can do this in messaging, stickers on your health center door, or posters in your office spaces.

A trans-specific statement or visual cue - beyond a general rainbow flag - helps show that your practice understands caring for lesbian, gay and bisexual people includes some similarities to caring for trans and nonbinary people, while care for trans people may require different things as well.

You can also use the word "you." For example, "if you need need STI/HIV testing or treatment," or, "if you need an abortion, or contraception." It can be that simple. And, using "you" communicates a warmth and personal connection that benefits everyone.



The Pride Progress flag, most recently updated in 2021 by Valentino Vecchietti to be intersex inclusive, is a layering of queer flags and graphics that adds intersectional identities. The white, pink, and blue stripes reference the Trans Pride Flag, designed by Monica Helms in 1999; the brown and black are inspired by the Philadelphia Pride Flag introduced at Philly Pride in 2017 to explicitly include and honor queer people of color.

As your practice becomes a more prepared and excellent provider of trans-inclusive care, it's essential that your colleagues are not only well-trained, but also ready to explain what is offered and why it matters. Everyone can be an ambassador of equity and transinclusiveness.

Can your executive director or board chair easily explain that "trans people are underserved by our local medical community and we're committed to doing better for our trans patients"? Do you have clearly written and shared highlights about what trans-inclusive care looks like in your practice, why it matters, and how it aligns with your mission and values? Being able to explain what you do and why you do it is an essential skill that can help nonclinical colleagues who serve in any communications roles.

It's critical to ensure that your practice is truly prepared to offer inclusive care. Are trans people expected based on concrete things like inclusive in-take forms, non-discrimination statements, well trained staff, and accessible restrooms?

Saying you're trans-inclusive versus being trans inclusive requires assessment, action, and accountability.







Restroom access is a health care issue

The Occupational Safety and Health
Administration's (OSHA) Guide to
Restroom Access for Transgender
Workers provides guidance to employers
on best practices regarding restroom
access for transgender workers.

From the guide:

"gender identity is an intrinsic part of each person's identity and everyday life. Accordingly, authorities on gender issues counsel that it is essential for employees to be able to work in a manner consistent with how they live the rest of their daily lives, based on their gender identity. Restricting employees to using only restrooms that are not consistent with their gender identity or segregating them from other workers by requiring them to use gender-neutral or other specific restrooms, singles those employees out and may make them fear for their physical safety. Bathroom restrictions can result in employees avoiding using restrooms entirely while at work, which can lead to potentially serious physical injury or illness."

Though this guide is framed as a worker's issue, this is also a patient access need.

Resources from Out & Equal include recommendations for restroom signage.

When you can offer single-stall gender-neutral, all-gender, or unisex restrooms, signage is best when it uses inclusive and clear imagery about what people using the restroom will find inside. While the image of a half-female, half-male figure appears in many gender-neutral restroom signs (above, left), this image is often confusing and offensive. Trans people should not be represented as half of each binary gender. Signs that use a gender-neutral symbol (above, center) can also be confusing and less helpful to people looking for a toilet.

Instead, use ADA-compliant signage that shows images of a toilet, urinal, and what's actually in the restroom. These are best instead of binary, stereotyped, and gendered figures which are not as clear or direct about what people using the restroom will find inside.

Also include images of a wheelchair, infant changing table, or companion care accommodations if the restroom is equipped with them.

HEALTH EQUITY

Change the Questions You Ask

The chart below is from the American Medical Association and the Center for Health Justice's <u>Advancing Health Equity Guide to Language Narratives and Concepts</u>. It offers questions to consider as you work to examine a health equity perspective and can be a useful discussion to have with your colleagues to help gain a deeper understanding of the root causes and systems that impact inequities in healthcare for trans and nonbinary people. As described in the guide, "better understanding about language and dominant narratives can help ensure that we are indeed centering care around the lived experience of patients and communities without reinforcing labels, objectification, stigmatization and marginalization."

Conventional	Health equity perspective
What interventions can address health disparities?	What generates health inequity in the first place?
What social programs and services are necessary to address health inequity?	What types of social change is necessary to confront health inequity?
How can individuals protect themselves against health problems?	What kind of public collective action is necessary to confront health inequity across identifiable populations?
How can we promote healthy behavior?	How can we democratize land use policies through greater public participation to ensure healthy living conditions?
How do we treat the consequences of health inequity?	How do we act on root causes of inequality to meet human need?
How can we create more resilient communities?	How can public health protect communities from disinvestment, redlining, predatory lending, serving as targets for hazardous waste?
What are the ways public health can adapt innovative practices to changing times?	What are the ways public health, with their allies, can organize for social change directed to meeting human need for health and well-being?



Prioritizing Equity: Narratives and Language

Click to listen to episodes of *Prioritizing Equity*. English captions and full transcript available at link. This is part of an AMA Center for Health Justice video series. This episode includes a panel focusing on the power of narratives and language in health care. The episode explores how dominant narratives perpetuate harm and offers examples of how these narratives can be challenged and disrupted. The speakers provide examples of how to move towards equity-focused and person-first alternatives.

GENDERED LANGUAGE

Adaptations & Samples



In healthcare, gender may seem like an unavoidable modifier for questions, discussions, and references to people. In reality, gender is often the least necessary piece of information to include in conversation or clinical notes about a patient.

How can you update your language and wording?

Make the simple, thoughtful shift to rely less on gender as a primary descriptor and modifier. This requires building new habits and familiarity with how to get or share the information that is truly needed.

Using gendered language about someone is often based on assumptions that are made about their <u>gender expression</u>. Relying on each individual in a healthcare system to make assumptions about a patient's gender based on what they see and how they interpret it does more harm than good for both patients and staff.

Many trans patients already face barriers and stigma related to healthcare. Misgendering people – using the wrong name, pronoun, or gendered language to refer to someone – has negative impacts on the physical and mental health of trans people and can contribute to avoidance of necessary healthcare.

GENDERED LANGUAGE

The following chart provides recommended trans-inclusive updates to descriptions of commonly gendered clinical care and offers context about why these updates are important.

Instead of	Focus on	Say this	Why?
He was born a girl She was born a boy	Their current identity and the words they use to describe who they are	He was assigned female at birth She was assigned male at birth	Use he/him pronouns and man or boy when someone's gender identity is male. Use she/her pronouns and woman or girl when someone's gender identity is female. Use they/them pronouns when someone's identity is nonbinary. Listen to people when they tell you who they are and respect them by using the language that fits them best.
She changed sex He changed his gender She switched genders	Focus on transition related care when it is relevant, not words or phrasing based in the past	For male patients who were assigned female at birth Transgender patients/trans people The transition related care we provide includes	There are very few circumstances when disclosing personal information about a trans person is appropriate or relevant. Patient education materials and marketing about services provided may include information about transition-related care. This should use a consistent description-based approach to sharing about the of care provided. For example, "we offer hormone care for trans people."

Instead of	Focus on	Say this	Why?
Women's cancer screening or Women should get pap tests or Men male women female as gendered modifiers	The screening test and procedure, not the gender of the patient The organ, function, activity or process/ test/care being done or discussed	Share information like: In order to check for early signs of cancer, we gather and test cells from the cervix – testing regularly is recommended We offer cancer screenings. Make your appointment today Checking discharge from the penis is one way to check for some STIs During a medication abortion, many people experience these side effects	When writing patient education materials explain procedures and why they're done. Explain this in short basic terms. Not only is this the most accurate approach, it also focuses on health information, not on unnecessarily gendered terms. Ensure that cancer screening is the focus; cis and trans people have tissue in their breasts, chest, cervix or elsewhere that may require screening. Keep in mind that a trans man who has a cervix and ovaries and a cis woman who doesn't have either because she's had a hysterectomy will each need different routine care and education and gender is not a reliable starting point. Use trauma-informed principles when writing patient education materials. Some patients, including trans men, may experience mental and/or physical distress with internal screening procedures.

Instead of	Focus on	Say this	Why?
Women need to provide a urine sample for a pregnancy test	The procedure, not the gender of the patient	A urine test is used to check for pregnancy If pregnancy is possible for you, a urine test may be needed	When writing patient education materials explain that pregnancy is possible for people who have a uterus and ovaries, whether they're cisgender or transgender. Get informed about transmen, pregnancy, contraception, & abortion; myths and misinformation are common.
Guys roll a condom onto their penis before they start having sex	Why using latex barriers can be an effective tool to prevent the exchange of fluids and/or for any penetration behaviors	Using a condom helps prevent the exchange of fluids that can cause STIs/HIV Condoms can be used on sex toys too Using a latex barrier on anything going inside a body (anywhere!) is one way to help prevent the exchange of fluids that can cause STIs/HIV There are some basic steps to use a condom correctly	Focus patient education materials on specific prevention behaviors that are relevant to patients' bodies and sexual behaviors. Explain what to do and why it helps. This approach provides prevention information that is not unnecessarily gendered.

WHERE TO LEARN MORE

Resources & Links Toward Continued Excellence

cisgender identities.

There are endless online sources about healthcare and trans and nonbinary people. Some are invaluable and filled with accessible, community-informed, accurate information. Others may initially look good while being deeply uninformed, harmful, biased, and not to be trusted. The critical step is knowing the difference by examining the source, claims, citations, and if trans people were a part of the development or review of the source. For example, look for a statement like: the resources in this guide were primarily gathered by a queer cisgender woman with a compensated review and advisory panel of trans and nonbinary people and communications professionals (which is both an example and true of this resource).

As a communications professional creating useful, respectful, and accurate materials for patient education, marketing, and community awareness requires an intentional and informed process for assessing what you rely on as trusted sources.

A Note on Acronyms: There are several different acronyms that are commonly used when talking about sexual orientations and gender identities. The familiar acronym LGBT (lesbian, gay, bisexual, transgender) has been updated to LGBTQ (lesbian, gay, bisexual, transgender, queer). In some settings designed for youth, the Q may stand for questioning. LGBTQ+ is also used, with the + added to include people with other non-straight, non-

In this resource list you'll notice that organizations and researchers use various iterations of acronyms. *The key in your communications is to be intentional and consistent.* Choose what acronym you will use in patient communications and marketing materials and stick with it. And, be open to updating it when common use changes in your community.



Trans Journalists Association's Stylebook and Coverage Guide

This guide is a tool reporters, editors, and other journalists can use to improve news coverage of trans people and the stories that affect them. In marketing and communications about trans care and inclusion within health systems, many of these same principles are relevant and clearly described.

The guide includes the following sections:

- <u>Editorial Best Practices</u>: High-level advice that applies to nearly any newsroom, beat, or story that involves trans people and issues.
- <u>Gender, Name, and Pronoun Usage</u>: General guidance on common terms and reporting questions related to writing about trans people accurately.
- <u>Politicized or Inaccurate Phrases</u>: Definitions and context on terms that have inconsistent usage, meaning, or interpretation.
- <u>Topical Guides</u>: More in-depth best practices for breaking news, criminal justice, healthcare, and sports stories, and shorter entries on a few other topics.
- <u>Photography and Visual Media</u>: Guidance on practical and ethical concerns for visuals production and selection on stories about trans people.



GLAAD Media Reference Guide, 11th Edition

The GLAAD Media Reference Guide helps journalists and communications professionals create fair, accurate and inclusive coverage that can play an important role in expanding public awareness and understanding of LGBTQ people and issues. While LGBTQ acceptance and visibility continue to grow, our community, especially transgender people and LGBTQ people of color, continues to face discrimination, systemic racism, and negative policies and attacks on the local, state, and national levels.

GLAAD Media Guide: State Legislation about LGBTQ People
This guide includes a legislative update, best practices and healthcare specific guidance and resources.

<u>Checklist & Guide to Covering Transgender People, Topics, and Legislation</u>

Journal of the Medical Library Association

More than just pronouns – gender-neutral and inclusive language in patient education materials: suggestions for patient education librarians. Trusted patient education materials are the backbone of an effective consumer health library. However, members of the LGBTQ+ community may not see themselves or their families reflected in many resources due to the gendered and non-inclusive language they are written in. This article outlines some suggestions for concrete actions that patient librarians can take to ensure that their materials are not excluding LGBTQ+ patients.

Trans Inclusive Communication - Mathematica

Starting with the practice of using inclusive language, we believe in making progress together toward a future where every person is respected, empowered, and always able to be who they truly are. It's our pleasure to share the following tips and resources written and curated by members of our Pride Employee Resource Group and Transgender Inclusion Committee.

- Intentions and Key Takeaways
- Identity Terms and Resources
- Respect Pronouns, Avoid Assumptions
- Set the Tone for Inclusivity
- What Does it Mean to Misgender Someone?
- Be Mindful of Inclusivity and Power Dynamics
- General Inclusive Communication Tips
- Inclusive Practices Benefit Everyone

National Institute of Health Inclusive and Gender-Neutral Language

The NIH Style Guide is intended for use in writing web content, fact sheets, brochures, newsletters, and other promotional materials for patients. NIH follows the <u>Associated Press (AP) Stylebook</u> and the <u>HHS' style guide</u>. As language evolves, so will this style guide to reflect current best practices.

Pronouns.Org: Resources on Personal Pronouns

Using someone's correct personal pronouns is a way to respect them and create an inclusive environment, just as using a person's name can be a way to respect them. Just as it can be offensive or even harassing to make up a nickname for someone and call them that nickname against their will, it can be offensive or harassing to guess at someone's pronouns and refer to them using those pronouns if that is not how that person wants to be known. Or, worse, actively choosing to ignore the pronouns someone has stated that they go by could imply the oppressive notion that intersex, transgender, nonbinary, and gender nonconforming people do not or should not exist.

- The What and Why of Pronouns
- When a Mistake is Made
- Sharing Pronouns
- Asking About Pronouns
- Gender Inclusive Language

The National LGBTQIA+ Health Education Center

The Education Center specializes in providing national training and technical assistance to health centers in order to optimize access to quality healthcare for LGBTQIA+ populations. Their program staff work with a national faculty of renowned experts to develop curricula that integrate the most current research evidence with clinical and administrative expertise and perspectives, and that highlight innovative models and promising practices in the field.

You can filter <u>learning resources</u> by topic and learning module, toolkit, video, and recorded webinar.

<u>The National LGBTQ Task Force's Queering Reproductive Justice</u> <u>Toolkit</u>

The toolkit covers some of the fundamentals of reproductive justice and LGBTQ issues. The sections are designed as stand-alone pieces to make it easy to use parts that are relevant to your work.

Queering Reproductive Justice: A Mini Toolkit

This toolkit is an updated mini version of the Task Force's larger Queering Reproductive Justice Toolkit. This toolkit is intended specifically for reproductive health, rights, and justice advocates who want to gain and further their understanding of reproductive issues within an LGBTQ context.

The National Center for Trans Equality (NCTE)

The National Center for Transgender Equality advocates to change policies and society to increase understanding and acceptance of transgender people. In the nation's capital and throughout the country, NCTE works to replace disrespect, discrimination, and violence with empathy, opportunity, and justice.

InterAct: Advocates for Intersex Youth

InterACT works to empower intersex youth and advance the rights of all people with innate variations in their physical sex characteristics through advocacy, public engagement and community connection.

Covering The Intersex Community: A Media Guide



THANK YOU

Thanks for taking the time to check out this *Transgender* and *Nonbinary Inclusive Communications in Healthcare* Style Guide.

All patients - transgender, nonbinary, and cisgender - need health testing and treatment throughout their lives.

Intentionally trans-inclusive healthcare systems know how to personalize care and information for patients without guessing what they need based on assumptions about their anatomy or gender expression.

Excellent communications and patient education requires updating language to share core concepts of care and health information without relying on unnecessarily gendered language.



Want to connect? Looking for customized support?

Maureen offers program development, instructional design, and microlearning toward building better care and learning environments for patients, staff, and communities. She delivers expert training design and delivery, meeting facilitation, and policy review, revision, and development. Her work includes a special focus on LGBTQ+ health, wellness, inclusion and belonging, with specific tools and resources to build better trans and nonbinary care.

Maureen works with health systems and organizations that are seeking policy review, assessment, recommendations, and communications guidance to explore gaps and opportunities for growth in trans and nonbinary inclusion and care.







This guide was created by Maureen Kelly Consulting in 2024 with the invaluable contributions of Matt Dankanich. It is not an exhaustive guide. If you have a tool or resource that's been helpful to you, please consider sharing it! The guide is updated regularly to keep links and information up to date. Please check for updates and new resources at MaureenKellyConsulting.com.