

An introduction for
creating safer and more
welcoming healthcare

Sexual Orientation, Gender Identity
& Gender Expression (SOGIE)

Safer Places Toolkit



September 2019

Working together for your health



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September 2019

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Authentic Welcoming
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Relationships
System navigation
Mutual respect
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Recovering
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Introduction and Background

The mission of Alberta Health Services (AHS) is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans. Research demonstrates that people who identify as a sexual or gender minority have many unmet health needs and have a reduced likelihood of accessing routine, emergency and preventive healthcare services. This happens when people feel afraid to come to healthcare because of discrimination (real or perceived). They may have had a bad experience at their last visit or even an appointment years ago and this can all add up to feelings of shame. Many people have not told their healthcare provider about their sexual orientation and gender identity. This means that they may not be getting the care they need.

AHS is committed to providing a respectful environment, where everyone is committed to safe, quality care. AHS strives to create an environment that highly values diversity and welcomes and respects people's contributions. An environment where everyone, including patients, families, physicians, midwives and volunteers feel safe, healthy and valued. Creating safer and more welcoming healthcare increases the quality of care and experience we offer to everyone.

In September 2015, the AHS Sexual and Gender Diversity Advisory (Calgary Zone) was established under the leadership of Julie Kerr, Senior Operating Officer, Community, Rural, and Mental Health (Calgary Zone). The mission of the Advisory was to provide recommendations and provide consultation to promote, advocate and work towards inclusive spaces, systems and healthcare services for all sexually and gender minority people and their families. A key recommendation of the Advisory was for AHS to provide training to all AHS staff at both introductory and advanced levels.

Creating safer
and welcoming
healthcare increases
the quality of care
and experience we
offer to everyone





In recent years, Alberta and Canada have made significant shifts towards the celebration and protection of LGBTQ2S+ people and their families. Gender identity and gender expression were added as protected grounds against discrimination in the Alberta Human Rights Act (2015) and Canada's Human Rights Act (2017). In November 2017, Prime Minister Justin Trudeau delivered a historic apology to LGBTQ2S+ Canadians in the House of Commons, acknowledging and apologizing for decades of state-sponsored systematic oppression and rejection.

Who is this SOGIE Toolkit for?

The Sexual Orientation, Gender Identity & Expression (SOGIE) Safer Places Toolkit is an introductory and practical tool for AHS healthcare teams including all employees and physicians, volunteers and contracted service providers. The goal is to increase awareness, encourage self-reflection and build skills to create more welcoming and safer care for LGBTQ2S+ people and their families. AHS is committed to providing a respectful environment, where staff are committed to safe, quality care. For more information, see Expectations and Responsibilities of our Healthcare Workforce, Patients and Families in Appendix B.

Acknowledgments

Thank-you to the patient advisors, LGBTQ2S+ community and service agencies that have collaborated as part of the Sexual and Gender Advisory, Calgary Zone. They have been integral in recommending strategies for creating healthcare where all people feel safe, valued and included. Thank-you to the participants in the Sexual & Reproductive Health (SRH) pilot project who graciously shared their lived-experience. AHS Calgary Zone, Sexual & Reproductive Health, Education and Health Promotion team continue to work with the Advisory and AHS stakeholders to implement the recommendations. For more information about AHS SRH see www.ahs.ca/srh.

Several AHS documents informed the development of this Toolkit including Diversity and Inclusion (2016, September); Guide to creating safe and more welcoming places for sexual & gender diverse (LGBTQ2S+) people and Troute-Wood, T. & Cobb, H. (2016, June). Sexual and gender minority advisory group (Calgary Zone): September 2015 – June 2016 Summary Report.



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Footnote

There are several acronyms and terms used to describe sexual and gender diversity. This toolkit will use the acronyms LGBTQ2S+ (lesbian, gay, bisexual, transgender, queer/questioning, two-spirit; '+' is an acknowledgment of sexual orientations and gender identities not included in the acronym) and SOGIE (sexual orientation, gender identity and expression) as umbrella terms to describe gender and sexual minorities (GSM)'. We encourage readers to consider the many ways in which all types of diversity intersect. Consider the diversity within groups. Language and terms are evolving and fluid. Attention must be given to reflect the language and terms used by the patient.



Pre-Assessment Tool

This short pre-assessment gives you the opportunity to think about creating safer and more welcoming care for people who are LGBTQ2S+. Reflecting on this information is part of assessing your professional learning needs.

Please indicate the extent to which you agree or disagree by placing a checkmark (✓).



	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I am aware that my unconscious bias may impact the care I give.					
I know how language can exclude some people.					
I use inclusive language in my work.					
I know about ways to make spaces safer for everyone.					
I know where to find resources about creating safer and more welcoming care.					

Things I want to think more about:



Unconscious Bias

What is unconscious bias?

Unconscious (adjective)

a state of not being aware of the thoughts or feelings that you have

Bias (noun)

the fact of having a preference for something

We all have unconscious bias. It's a type of mental 'shortcut' where we quickly and routinely put people or things into groups. Sometimes this leads to inaccurate judgments that may give an unearned advantage or unearned disadvantage.

- Biases are formed based on our own experiences, values, media, cultural stereotypes and institutional/organizational influences.
- Biases can be held by individuals, groups and institutions/organizations.

Examples of bias

Heteronormativity

*The assumption that **all people** are heterosexual and that this is the norm, e.g., all married people are husband and wife.*

Gender binary

This is the classification of sex and gender into two distinct and disconnected states of male/masculine and female/feminine. e.g., all people identify as either a man or a woman.

Cis-normativity

The assumption that everyone's gender aligns with the cultural expectations of sex assigned at birth (cisgender) and that this is the norm, e.g., only women wear dresses and have long hair.

Legal rights and protections

Discrimination is any practice, comment or conduct known or ought reasonably to be known to be unwelcome, which is related to the following grounds protected in legislation: race, color, ancestry, place of origin, religious beliefs, gender, gender identity, gender expression, age, physical or mental disability, marital status, family status, source of income and sexual orientation.



How can I identify my biases if I don't know I have them?

An example of discrimination would be preventing a person from using a bathroom that corresponds with their gender identity.

Alberta has explicit law that affirms human rights and protects people against discrimination including adding sexual orientation (1998), gender identity and gender expression (2015) into the Alberta Human Rights Act.

Skills to identify personal bias

- Actively reflect on and avoid assumptions and generalities.
- Get to know people that are different than you.
- Be an active listener and intentional when speaking with and about people.
- Be accountable. Take steps to address bias when you recognize it.
- Pause and reflect on your personal bias, question yourself and practice inclusion.
- Ask patients and families about their needs and be open to their responses.
- Continue to learn more.



Choose a person in the photo. Describe why they have come to your service and the family members that accompany them.

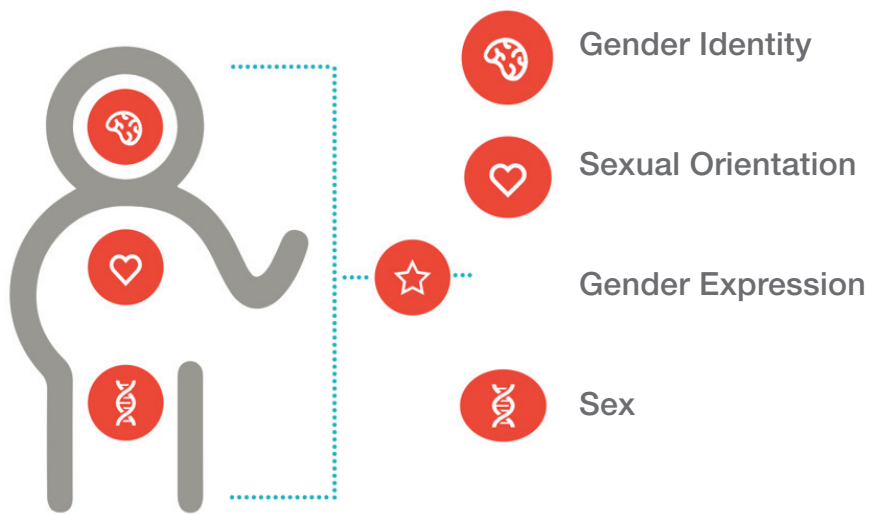
Can you identify a bias you hold based on your description (e.g., clothes, body shape, and age)? Where do you think this bias comes from?



The “Every Body” Tool

Adapted with permission. teachingsexualhealth.ca

The “Every Body” Tool helps us to understand the terms we use when talking about sexual orientation, gender identity and gender expression. How we understand ourselves and relate to others can be based on the four basic traits of ‘every body.’



Gender identity

Gender Identity: a person’s internal, deeply held sense of their gender; it is not visible to others

- **Cisgender:** Gender identity matches cultural expectations of sex assigned at birth
- **Transgender:** Gender identity and/or expression differs from what is typically associated with sex assigned at birth

Some people may not identify with a gender



Sexual orientation

Describes a person's emotional and/or sexual attraction to others. Gender identity and sexual orientation is NOT the same thing. For many, their sexual orientation can be fluid and may change over time. Sexual orientation may, or may not reflect sexual behaviours.

Gender expression

External and public presentation of a person's gender expressed through one's name, pronouns, clothing, haircut, behaviour, voice, or body characteristics. Gender expression also includes using facilities (such as washrooms and change rooms) that align with their own sense of gender. Society identifies these cues as masculine and feminine, although what is considered masculine and feminine changes over time and varies by culture.

Sex

Categories (male, female) to which people are typically assigned at birth based on physical sex characteristics (e.g., genitals, chromosomes) and may appear on proof of identity documents unless a person has documentation changed. As of June 2018, a new marker of 'X' has been added to government identification documents, for Albertans' who identify outside the binary of male/female.



Terms You Might Hear

The objective of this document is to provide the appropriate phrases when talking to and about people. **When a healthcare worker understands the terms a person is using, they are better able to provide good care.**

A term should never be used as a label and we must *reflect the language the person is using*. If a person uses a term, it can be useful to check your understanding, such as asking “Can you tell me more about what that means so that we can have the same understanding?”

Language is fluid. Some terms may have a negative meaning for some people and go out of favour, their use changes and new terms become more accepted.

LGBTQ / LGBTQ* / LGBTQ2S+

Acronym for “lesbian, gay, bisexual, transgender, queer/questioning.” Sometimes “*” or “+” is used at the end to represent the many diverse sexual orientations and gender identities that are part of this community.

LGGBTTTQQAAIP

While less commonly used, you may see this acronym that many feel is more reflective of this community. This acronym stands for:

Lesbian	Queer
Gay	Questioning
Gender Queer	Asexual
Bisexual	Ally
Transsexual	Androgynous
Transgender	Intersex
Two-Spirit	Pansexual

“She assumed I was straight until I told her that I am a cisgender gay male – she did not understand what this meant.”

– Participant, SRH pilot project



Agender

Someone who does not identify with a specific gender or have a recognizable gender expression.

Asexual

A person who does not experience sexual attraction and may, or may not experience emotional/romantic attraction.

Ally

A person who advocates for the human rights of sexual and gender diverse people by challenging discrimination and heterosexism.

Bisexual

A person who has emotional and/or sexual attraction to both men and women.

Cisgender/cis

A person whose gender matches the sex they were assigned at birth.

Crossdresser

Someone who occasionally dresses in the clothing of the “opposite” gender as part of their gender expression. They may, or may not, identify as transgender. This is not indicative of nor connected to the person’s sexual orientation.

Drag king /drag queen

Someone who dresses up as the “opposite” gender for performance or fun. This may, or may not, be a reflection of their true gender identity. This is not indicative of, nor connected to the person’s sexual orientation.

Gay

A person who has an emotional or sexual attraction to people of the same sex or gender. This term is most often used for a male who has an emotional or sexual attraction to males.



Gender

Gender refers to the socially constructed roles, behaviors, activities and attributes of an individual. A person's internal sense and experience of identity as female, male, both or neither, regardless of sex assigned at birth. For most people their gender aligns with the cultural expectations of their sex assigned at birth (cisgender).

Gender binary

This is the classification of sex and gender into two distinct and disconnected states of masculine and feminine. It describes a social boundary that discourages people from crossing or mixing gender roles.

Gender non-binary; non-conforming

Umbrella terms sometimes used by people whose gender identity and/or expression doesn't conform to the socially constructed roles of the gender binary. People may or may not identify as transgender.

Gender confirming surgery (GCS)

Many transgender people prefer this term to the older term, sex reassignment surgery (SRS), which many find offensive. Sometimes gender affirming surgery (GAS) is used. This term refers to doctor-supervised surgical interventions and is only one small part of a person's transition or expression of gender. Many transgender people do not undergo surgery for a variety of very personal and private reasons. It is considered extremely inappropriate to ask a transgender person about what surgical or other medical procedures they may, or may not, have undergone.

Gender expression – see 'Every Body' Tool

Gender fluid

The gender identity, behaviours and appearance of a person moves along a gender spectrum and/or challenges gender restrictions and norms. Related terms can include gender queer, gender non-conforming, gender neutral, pangender, tri-gender, agender, non-binary gender.



Gender identity

A person's internal, deeply held sense of their gender; it is not visible to others

Cisgender: Gender identity matches cultural expectations of sex assigned at birth

Transgender: Gender identity and/or expression differs from what is typically associated with sex assigned at birth

Some people may not identify with a gender

Gender queer

A person who may identify and express themselves beyond what is typically associated with their sex/gender assigned at birth. People who are gender queer may not identify as transgender.

Heterosexism

Discrimination based on the assumption that all people are heterosexual and cisgender and that these are the normal and/or superior sexual orientation and gender identities.

Heterosexual (straight)

A person who has an emotional and/or sexual attraction to people of the opposite sex or gender, to their own.

Homophobia / biphobia / transphobia

A fear and/or hatred of homosexual/ bisexual/transgender people shown by prejudice, discrimination or acts of violence. Violence and propaganda which willfully promotes hatred or violence against people based on their sexual orientation are considered a hate crime under the Criminal Code of Canada.

Intersex

The reproductive, sexual or genetic biology of a person is unclear, not exclusively male or female or otherwise does not fit within traditional definitions of male or female.

Lesbian

A female who has an emotional and/or sexual attraction to females.



Pansexual

A person who has an emotional and/or sexual attraction to people of any gender or sex.

Polyamory

Having more than one sexual loving relationship at the same time with all other consenting partners involved.

Queer

A reclaimed term used by some people who identify as sexual and/or gender diverse and also used as a positive, inclusive term to describe communities and social movements.

Questioning

A person who is exploring, or is unsure of, their sexual orientation or gender identity.

Sex – see ‘Every Body’ Tool

Sexism

Prejudice or discrimination based on sex, especially discrimination against woman. Behaviour, conditions, or attitudes that foster stereotypes of roles based on sex, gender identity or gender expression.

Sexual orientation – see ‘Every Body’ Tool

Straight (Heterosexual)

A self-identified term for a person who has an emotional and/or sexual attraction to people of the opposite sex or gender, to their own. This is also called heterosexual.

Transgender (trans, trans-identified)

An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. Not all people identify as transgender and some people may describe themselves using one or more of a wide variety of terms.



Transition

The process of a transgender individual who publicly changes their gender presentation in society is known as “transitioning.” Transgender people may choose from a range of changes to express their gender such as:

- social transition that may include change of name, pronouns and expression (e.g., clothing, mannerisms, voice, etc.)
- medical or surgical transition that may include hormones or gender affirming surgery

The journey of transitioning is unique to each individual. Not everyone who considers themselves transgender will undergo all of the changes listed above.

Transsexual

An older term that originated in the medical and psychological communities. This term has been most often associated with someone who has undergone some medical and/or surgical procedures. Although still preferred by some people, unlike transgender, transsexual is NOT an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender. It is best to ask which term an individual prefers. If preferred, use as an adjective such as transsexual woman or transsexual man.

They/them

A non-gendered, singular or plural personal pronoun.

Two-spirit (2S)

A cultural term used by some Indigenous people to mean a person who has both a male and female spirit which may include concepts of spirituality, sexual orientation and gender identity.



Terms and Phrases to Avoid

Biologically male/biologically female/ genetically male/genetically female/ born a man/born a woman

These terms oversimplify a very complex subject. A person's sex and gender are determined by a variety of factors – not simply genetics. On the rare occasion that it's necessary to refer to an individual's gender history, many transgender people prefer a phrase similar to "... assigned male/female at birth but is a woman/man."

Fag, faggot, dyke, homo, fairy, lez, puff and other similar epithets

These are defamatory terms that should never be used. The criteria for using these derogatory terms should be the same as those applied to other vulgar words which are used to target other groups such as those protected under the Alberta Human Rights Act such as race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status and sexual orientation. Discrimination and harassment are not defined by the intent of the behaviour or word but the impact it has on the individual.

Homosexual

A dated and potentially offensive term for a person who has emotional and/or sexual attraction to people of the same sex. For some people, this may be a reclaimed term that is used to describe their sexual identity.



Lifestyle

There is no single lesbian, gay, bisexual or transgender lifestyle. A phrase which includes “lifestyle” is often used to attack the character of lesbian women, gay men, bisexual people and transgender people by suggesting that their orientation is a choice or a phase.

Sex change or sex reassignment surgery (SRS)

Referring to a “sex-change operation” or using terms such as “pre-operative” or “post-operative” inaccurately suggests that one must have surgery in order to transition. Many transgender people do not undergo surgery for a variety of very personal and private reasons. It is considered extremely inappropriate to ask a transgender person about what surgical or other medical procedures they may or may not have undergone. The phrase, **sex reassignment surgery (SRS)**, is an older term which refers to doctor-supervised surgical interventions and is only one small part of the transition for some people. When there is the need to discuss surgery, many prefer the term “**gender-confirming surgery**” or “**gender-affirming surgery**.”

Sexual preference

The term “sexual preference” is often used to suggest that being lesbian, gay or bisexual is a choice. “Sexual orientation” is the accurate description of an individual’s physical, romantic and/or emotional attraction to another person of the same and/or opposite sex.

“That’s so gay”

Words and phrases like “that’s so gay” are used casually in everyday language yet contribute to the promotion of alienation, isolation, and discrimination. This particular phrase is problematic because it is most often used to describe something or someone with a negative connotation. Consider changing the conversation by responding with a script such as “When you say that, I hear you saying it’s a bad thing.”



Transgendered (verb) transgender (noun)

Using transgender as a verb (e.g., transgendered) suggests that being transgender is something that happened to a person rather than reflecting who they actually are. For example, we don't say "John Smith is a gayed man"; therefore, we wouldn't say "Joanne Smith is a transgendered woman."

Similarly, we wouldn't use transgender as a noun. For example, we wouldn't say "We have many transgenders who work here" nor would we use "She is a transgender." The word transgender should only be used as an adjective as in "Joanne Smith is a transgender woman."

Tranny, she-male, he/she, it

These are defamatory words which dehumanize transgender people and should never be used. The criteria for using these derogatory terms should be the same as those applied to other vulgar words which are used to target other groups such as those protected under the Alberta Human Rights Act such as race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status and sexual orientation.

Discrimination and harassment are not defined by the intent of the behaviour or word but the impact it has on the individual.

Transgenderism

This term should not be used as it is often a term used by anti-transgender activists to dehumanize transgender people and reduce who they are to a "condition."

"The experience for someone who is transgender can be described as a cage – each negative experience is like a bar of the cage and these experiences build up over time."

– Participant, SRH pilot project



Inclusive Communication

We need to use inclusive language so that everyone is included. Inclusive language means not using words or expressions that may exclude some people (e.g., chairperson instead of chairman). Inclusive language also means that we don't make assumptions, e.g., when we ask about a child's parent, we don't assume who the parent(s) are. When we meet someone, we can ask the name they go by and their pronoun, instead of assuming their gender identity.

“I find that mis-gendering does happen... They often go by a legal/birth name and that is not what most people want.”

– Participant, SRH pilot project

What's in a name?

Our names are important to all of us regardless of our gender. Our name is part of our identity, our story, our history. This couldn't be any truer for transgender or gender diverse people. When we use the name they go by, we are telling them “We respect and care about you. You are welcome here.”

What if the person's government-issued identification is different from the name they want to be called?

We all know a William whom we call Bill because they prefer that name. We may know a Betty who's “legal” name is Elizabeth. Often, we don't even know the person's “legal” name. Out of respect, we should use the name they go by. The same goes for our transgender and gender diverse family, friends, staff and patients.



Pronouns

Pronouns are words we use to talk about people when we don't use their name. Next to a person's name, the pronouns we use when talking about others are an important and meaningful way of showing respect and dignity.

However, not everyone identifies as male or female. Some people's gender identity is along the spectrum, others do not identify with a gender at all. "They" may be used by some people who do not identify with one gender. People may also use pronouns such as "ze" (used like "he") or "per" (used like "her"). Everyone has the right to be addressed by their chosen pronouns that align with their gender identity, and/or gender expression.

Ask about pronouns and use them when talking to the person and, equally as important, when talking about them. Don't assume you know the pronoun based on gender expression. Always ask "What pronouns do you use?"

Personal Pronouns		
She	Her	Hers
He	Him	His
They	Them	Theirs
Ze	Zir	Zirs
Per	Per	Pers

How can we use pronouns to create a sense of welcoming?

- Whenever you meet someone new, consider introducing yourself with your pronouns
- Never assume someone's pronouns by the way they look or by the sound of their voice
- When in doubt ask "Can I ask you a question about your pronouns?" and if they say yes, then ask "What pronouns do you use?"
- If you are still unsure and are not in a position to ask, use "they" or "them" or the name they use instead



Language

When talking with and about sexual and gender diverse people, the use of inclusive language and open-ended questions are another way of showing respect and recognizing that we, as people, are not only men or women, nor do we all come from families with one mom and one dad. Some have two dads, or two moms, or there is one parent/guardian. The structure of a family is as diverse as the people who are part of the family. Inclusive language avoids reinforcing stereotypes and assumptions of the gender of people who perform various roles.

Instead of:	Use:
Husband or wife	Spouse
Boyfriend or girlfriend	Partner
Mother or father	Parent
He/she	They (or another pronoun)
Manpower	Workforce or personnel
Chairman	Chair or chairperson
Male nurse	Nurse
Female doctor	Physician or doctor

When we make assumptions about people’s relationships or the types of work they do, we may be telling them that anyone who does not fit such an expectation is “abnormal,” “different” or just not part of the “typical human experience.”

What if I get it wrong?

- Step 1:** Forgive yourself! This can be a new experience for many. Recognize we are all on this journey together and as humans, we don’t always get it right.
- Step 2:** Apologize and move on. A simple apology will do. Say something like “I’m sorry, I will try harder next time.”
- Step 3:** Try harder next time. Continue to practice your inclusive language skills.



You have used the wrong pronoun when talking with your patient. How do you acknowledge and apologize and then continue with care?



Communications, brochures and posters

Images and language should reflect the diversity of the people it represents. When developing or using brochures, posters or other resource materials, the language and images should reflect a diversity of people. Questions to consider include:

- Do the images you use in your communication, brochures and posters show a diversity of abilities, identities, ethnicities, workforce, family makeup (same-sex parents, single parents, etc.)?
- Does your communication use “he/she or his/hers” or “they/their”? For example, rather than “Please enter his/her name in the record” consider using “Please enter their name in the record”.
- Do the magazines in your waiting areas reflect the diversity of the employees, volunteers and patients who are part of our workplace?

Surveys, forms and questionnaires

When reviewing or designing surveys, forms or questionnaires, one should first ask why questions related to gender, marital status, sexual orientation, race, etc., are being asked. What do you do with this information? Do you need this information as part of your work? Sometimes it is appropriate to gather such information.

Following are some things to consider to ensure your questions are inclusive, respectful and representative of the population you are gathering this information on:

- Do the images you use in your communication, brochures and posters show a diversity of abilities, identities, ethnicities, workforce, family makeup (same-sex parents, single patients, etc.)?
- Do you ask for mother/father? Or parent/guardian?
- Does your communication use “he/she or his/hers” or “they/their”? For example, rather than “Please enter his/her name in the record” consider using “Please enter their name in the record”.



“When you are required to identify as M/F on the forms it feels like I always have to “out” myself. As soon as you out yourself, everything changes, the gloves go on.”

– Participant, SRH pilot project

Surveys and forms that only use “Male/Female” as possible answers to the question of gender reinforces the outdated understanding that gender is binary. There are many people who work for, or who interact with AHS who do not fit into the binary of either male or female. Here are some things to consider when you need to ask about gender in your surveys or forms:

- First, ask why are these questions being asked? Do you need information on gender, sexual orientation, marital status, etc.? What do you do with this information?
- When asking about gender, avoid using “other” as an alternative to Male/Female. Using “other” tends to further marginalize people who do not fit into the binary of either male or female.
- It is considered best practice to not limit an individual’s choice to one gender identity. For example, if you only offered “Male, Female, Transgender or Other” as options, a transgender female may only select “Female” as this is the gender she identifies as. However, if you allowed the individual to “select all that apply,” they may choose to select “Female” AND “Transgender”.

Suggested methods:

- Consider asking the individual to enter their own gender identity by using an open-ended question such as “How do you identify your gender?”
- If you prefer to use a list or for research-based surveys which may require consistent coding, consider asking a question that is reflective of your population such as:

How do you identify your gender? (Choose all that apply. This list is intended to be representative rather than comprehensive. If you identify with other terms, you are welcome to include them in the additional box below).

- Male
- Female
- Transgender
- Two-Spirit
- I do not identify with a gender
- Prefer not to answer
- Additional gender identities (use open text box)



Confidentiality

When someone discloses their sexual orientation or gender identity to you, they have shared something very personal. This is often a reflection of your ability to create a safe and trusted space for that individual.

Sharing information about an individual's sexual orientation or gender identity that is not known by others is commonly referred to as "outing." "Outing" someone is not only disrespectful, in many cases, it could put the person at significant risk of discrimination, harassment and violence. Someone's sexual orientation and gender identity is identifiable information which may be protected by privacy legislation. Sexual orientation and gender identity are also part of patients' medical information which may be subject to health information privacy legislation. Honour the privilege that you've been given by the individual who invited you to be part of their very personal journey and recognize that it is always their story to tell.



Using scripts can help a person practice including new terms and phrases into their everyday conversations.

Inclusive Language Scripts

It can be helpful to practice using scripts. Only ask for information that is required and remember to respect privacy and confidentiality. Here are some situations and what you can do or say:

When introducing yourself, consider using your pronouns

'Hi, my name is _____, my pronouns are _____.'

- e.g., she/hers, he/his, they/theirs

When talking with people

'How can I help you today?'

- Don't assume gender based on physical appearance.
- Avoid using prefixes such as Mr., Miss, Mrs., Sir/Madam unless the patient indicates that they prefer it.
- Listen and reflect the person's choice of language when describing themselves and their relationships.

When asking a person's name and pronoun

'What name and pronouns do you use?'

- With the patients consent, document and communicate it to others.
- Use the name and pronouns provided by the patient when talking to and about them.

When patient records don't match

'Could your chart be under another name?'

- When asking the question, ensure privacy and confidentiality and respond respectfully.

When a person uses a term that is new to you

'Can you tell me more about what that means so that we can have the same understanding?'

- Always reflect the language a person uses to describe themselves and their relationships.

When a person has disclosed information

'Thank-you for telling me. All information is treated as confidential. Is there anything else you would like me to know?'



Safer and Inclusive Physical Spaces

The physical environment says much about whether the space is welcoming and inclusive. Scan the environment from the perspective of a new patient/client, family or staff. Some things to consider include:

- Are “AHS Respect in the Workplace” posters displayed prominently in places that are visible to staff, patients and families?
- Are AHS Patient Concerns/Feedback posters prominently displayed in a place that is visible to staff, patients and families?
- Do cafeterias, lunchrooms, waiting rooms, hallways, washrooms, administrative spaces and clinical spaces reflect sexual and gender diversity? What images are displayed in brochures?
- Do the magazines you have in breakrooms or waiting areas reflect the diversity of the staff, volunteers, patients and families who are part of our healthcare environment?
- If your environment is an inclusive space, consider displaying welcoming symbols (i.e., rainbow stickers) in places that are visible to patients, families and staff.

Washrooms and change rooms

Washrooms and change rooms are a place of significant anxiety, harassment and violence for many people who identify as transgender, gender diverse or others who do not “fit” what society says a man or woman should look like. Everyone deserves equal access to such facilities without fear of violence or harassment. Being able to use a washroom or change room that corresponds with one’s gender identity is a right protected under Alberta’s Human Rights Act.



Inclusive (universal, all gender, gender neutral) washrooms



This sign is approved by the Canadian Standards Association (CSA) Health Care Wayfinding Standards Committee, as the standard for inclusive washroom signs in health centres in Canada.

Not everyone will feel safe or comfortable in segregated facilities.

Wherever possible, single stall, private washrooms can be identified as “inclusive” by using a sign like the one shown.

Inclusive washrooms should be available for use by:

- anyone who may not feel comfortable nor safe using washrooms segregated by gender
- a parent/guardian with a child of a different gender
- caregivers of a person of a different gender
- anyone who would prefer to use it
- transgender or gender non-binary people

Note: Even if an inclusive washroom is available, anyone is permitted to use the washroom that corresponds with their gender identity.

Where did the “stick man and triangle woman” icons go?

- When used together to identify single stall, single-use facilities, the traditional man/women icons reinforce and outdated view of gender as a binary.
- Not all people identify entirely as either male or female. Some people identify as both, some identify as neither.
- The AHS standard icon focuses on the services provided in a facility rather than the identities of the people using them.
- The use of the traditional icons should be limited to facilities that are segregated by gender.

Whether an “inclusive” washroom has been identified or not, it is still the protected legal right of a person to use a segregated facility that corresponds with their gender identity. Be familiar with where the single-stall accessible bathrooms are in your facility.



Checklist for Creating Safer Spaces

Complete the scan from the front to the back of your service. Start with admission desks, hallways, waiting spaces, washrooms, clinical and staff spaces. What are your impressions?

Indicator	Notes
<input type="checkbox"/> Are AHS 'A Safe Place' and 'Respect in the Workplace' posters displayed in a place that is visible to everyone?	<hr/> <hr/>
<input type="checkbox"/> Are AHS 'Patient Concerns / Feedback' posters prominently displayed in a place that is visible to everyone?	<hr/> <hr/>
<input type="checkbox"/> Do the images displayed on posters, brochures, magazines reflect diversity in your: <ul style="list-style-type: none"> • waiting room • hallways • washrooms • clinic spaces 	<hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Do patient materials reflect diversity? <ul style="list-style-type: none"> • Do health teaching materials have inclusive language and diverse images? • Are there LGBTQ2S+ specific community resources and referral information? 	<hr/> <hr/> <hr/>
<input type="checkbox"/> Are there inclusive washrooms? Where are they?	<hr/> <hr/>
<input type="checkbox"/> Are diversity & inclusion (D&I) resources and training made available to all staff?	<hr/> <hr/>
<input type="checkbox"/> Does your service provide inclusive care? If yes, are welcoming symbols (i.e., rainbow or trans flags) displayed: <ul style="list-style-type: none"> • in places visible to patients? • on staff badges as a sign of individual competence? 	<hr/> <hr/> <hr/>





One inclusive language skill I can practice is...

One thing I can change about my physical space
(e.g., waiting room, exam room, cubical, lunch room) is...

My next steps to create safer and more welcoming
healthcare are...



How to be an Ally

Ally

A person who advocates for the human rights of people who are LGBTQ2S+ by challenging discrimination and heterosexism. Being an ally is a continuous process of self-reflection and action. This can also be called allyship. Actions of an ally include:

- asking 'how can I be an ally?'
- not assuming sexual orientation or gender identity
- advocating for respectful and inclusive care for everyone
- speaking up and challenging discrimination when we hear and see it
- listening without judgement to the experiences of others
- encouraging active participation in all aspects of care, including planning, implementation and evaluation of existing and future care and services
- being curious but respectful during interactions with patients and their family
- using inclusive language and reflecting the language of the patient and their family
- asking the name and pronouns people use and using them when talking to and about that person
- reflecting on our personal and professional values, assumptions and unconscious bias
- being humble and learning more-there is always more to know

For more information on how you can be an ally, see www.ahs.ca/lgbtq2s and search 'Best practice guide: People's pronouns'.



Post-Assessment Tool

This short self-assessment gives you the opportunity to think about what you have learned and maybe what you need to find out more about. Reflecting on this information is part of continuing to learn and put new skills into practice.

Please indicate the extent to which you agree or disagree by placing a checkmark (✓)



	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I have reflected on my unconscious bias by identifying one bias I have and how that might impact care.					
I have increased my knowledge about inclusive language by identifying terms to use, e.g., parent instead of mother/father; spouse instead of husband/wife.					
I have increased my skill to use inclusive language by learning to use and ask about pronouns.					
I know about ways to make spaces safer, e.g., displaying diverse images in waiting areas, providing inclusive washrooms.					
I know where to find resources about creating safer and more welcoming care.					

Things I want to think more about:

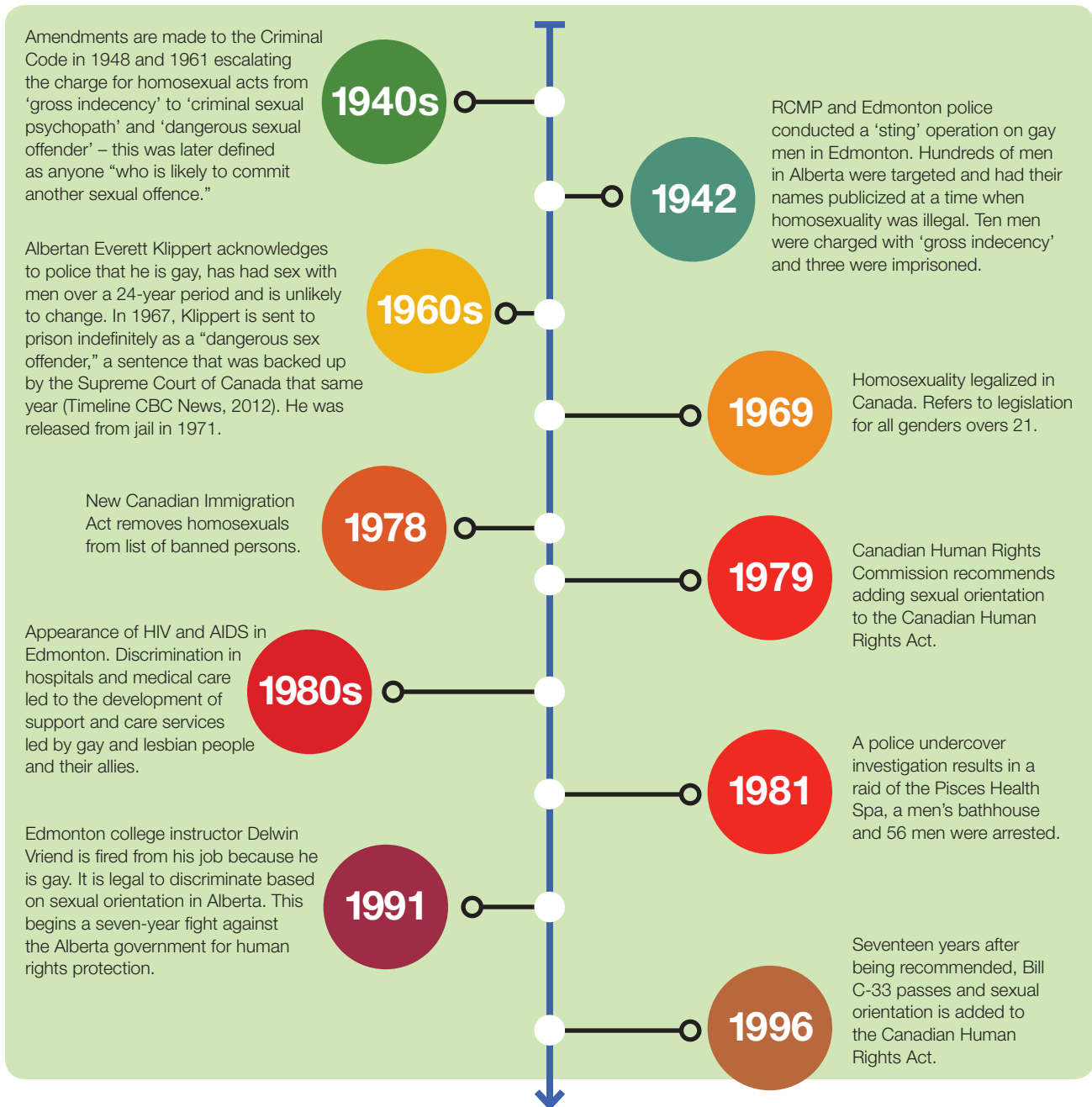


Appendix A

Historic Timeline: Alberta and Canada

*Used and adapted with permission from Edmonton Pride Seniors' Network.

Identifying historical changes in Alberta and Canada helps us to acknowledge, understand and celebrate the significant shifts and protections of LGBTQ2S+ people and their families.



The Alberta Supreme Court decision made it illegal to discriminate based on sexual orientation. Prior to this, lesbian, gay and bisexual people experienced incidents such as being denied housing and being fired (or not hired) for employment. Because the Alberta government fights this change, each subsequent gain is opposed by the province and must be fought and won separately (recognition of spousal benefits, recognition of inheritance, adoption etc.).

Canada Customs restricts the import of books, videos, magazines, targeting gay and feminist bookstores and publishers.

Alberta passes a bill defining marriage to be exclusively between a man and a woman.

Right to change legal gender in Alberta.

Alberta adds gender identity and gender expression as protected grounds from discrimination to Alberta's Human Rights Act

1998

2000

2002

2005

2014

2015

2016

2017

Federal Bill C-23 expands the definition of 'common-law' to include 'same-sex' couples, extending benefits, pension and income tax rights to LGBTQ+ couples.

Federal Bill C-38 is passed and legalizes marriage rights for all citizens in Canada.

First reading of Federal Bill C-204, an Act to amend the Canadian Human Rights Act and the Criminal Code of Canada to include gender identity and gender expression.

Alberta government unanimously passes addition of human rights protection from discrimination based on gender identity and gender expression.

The Alberta government passed legislation which requires all schools to allow gay-straight alliances and queer-straight alliances peer support networks on school property at a student's request.

On, November 28, 2017, Prime Minister Justin Trudeau delivered an apology to LGBTQ+ people in Canada for discrimination and injustices faced by this community as a result of federal legislation, policies and programs.

Bill C16, an Act to amend Canada's Human Rights Act and the Criminal Code of Canada, which added gender identity and gender expression as protected grounds from discrimination received royal assent.

Alberta passes Bill 24 strengthening gay-straight alliance rules in public schools.



Appendix B

AHS Expectations and Responsibilities

of Our Health Care Workforce, Patients & Families

Alberta Health Services is committed to providing a respectful environment, where everyone is committed to safe, quality care. We believe that when we work together and live our values, we honour our rights and responsibilities.

If you work or volunteer at AHS you have the responsibility of...	Everyone has the RIGHT to...	If you are a patient or family member, you have the responsibility of...
<ul style="list-style-type: none"> • Treating others with respect and dignity • Being respectful and understanding with others • Being prepared to hear, listen and understand others 	<ul style="list-style-type: none"> • Be treated with respect • Be listened to and heard 	<ul style="list-style-type: none"> • Treating others with respect and dignity • Considering that other patients may also need help
<ul style="list-style-type: none"> • Using a calm tone of voice and non-threatening body language • Reporting unsafe or potentially unsafe conditions • Educating patients and families about their role in safety 	<ul style="list-style-type: none"> • A safe physical, emotional, and psychological environment 	<ul style="list-style-type: none"> • Using a calm voice and non-threatening body language • Reporting unsafe or potentially unsafe conditions • Understanding your role in your safety and how you contribute to ensuring a safe environment
<ul style="list-style-type: none"> • Providing information in simple language, and including patients and families in the development and management of the care plan • Communicating with your team – which includes the patient and family members – by providing feedback and expressing concerns • Knowing and respecting each health care team member's role and scope of practice 	<ul style="list-style-type: none"> • Be part of a health care team (patients, families and health care workforce) 	<ul style="list-style-type: none"> • Understanding your health care needs • Letting your health care team know when you don't understand, asking questions and expressing concerns • Understanding your role in your care plan to the best of your ability
<ul style="list-style-type: none"> • Sharing information relevant to patient care • Giving timely responses to questions and concerns • Maintaining confidentiality 	<ul style="list-style-type: none"> • Information to provide or receive care • Confidentiality 	<ul style="list-style-type: none"> • Providing relevant information to your health care team • Maintaining the confidentiality of other patients' health information

For more information visit ahs.ca and search “expectations and responsibilities of our healthcare workforce patients and families.”



Appendix C

AHS Code of Conduct

The Code of Conduct sets out what AHS expects of staff and others acting on behalf of AHS in terms of professional behaviour and workplace conduct.

Each of us is responsible for creating and sustaining a respectful, ethical and productive work environment that enables us to provide high-quality care to Albertans.

The Code of Conduct contains five principles that help us answer the question “What is the right thing to do?”

- Respect,
- Openness,
- Ethics,
- Responsibility
- Confidentiality and Privacy.

For more information, visit [ahs.ca](https://www.ahs.ca) and search “code of conduct.”



Appendix D

A SAFE PLACE



Help create safer places where people of all sexual orientations, gender identities, gender expressions, races, religious beliefs, abilities, colour, and other personal characteristics should feel safe, welcome and valued.

**If you have any suggestions or questions, contact
diversityandinclusion@ahs.ca**



Appendix E

Talking about being LGBTQ2S+ with your healthcare provider

Your healthcare

Being healthy is about being a whole person. You're an important part of your healthcare team.

For many people, it isn't easy to talk about sexuality, sexual orientation, or gender identity.

There are many benefits to talking with your healthcare providers. Sharing information helps make sure you get the right care.

Any information you share is kept confidential.

AHS welcomes people of all sexual orientations, gender identities, and gender expressions.

Share your experience

Sharing your experiences gives healthcare providers a chance to:

- learn about you, including what name you go by
- know what your needs are, instead of assuming what your needs might be
- work with you to advocate for your care
- improve care for others

Tips for talking

If the topic doesn't come up, think about saying: "We haven't talked about my sexuality and it's important. Is there any information you need to know?"

Important health topics

It's important for everyone to talk about:

- heart health
- diet and exercise
- mental health concerns (e.g., depression, anxiety, eating disorders)
- substance use (e.g., alcohol, smoking, drugs)
- sexual health, which can include partners, relationships, sexual practices, birth control, and STIs
- cancer and cancer screening (breast, cervix, prostate, testicles, colon)
- intimate partner violence or sexual assault
- healthcare needs specific to transgender people
- any other needs

Everyone needs to be screened for cancer and other diseases. If you have the part, it might need to be tested. For example, if you have:

- a cervix—you need to learn about Pap tests, which check for abnormal cells and cancer
- testicles—you need to learn about testicular self-exam (TSE)
- a prostate—you need to learn about prostate health and screening
- a colon—you need to learn about fecal immunochemical testing (FIT)

For more information about cancer screening, go to screeningforlife.ca.

For more information

- Sexual and Reproductive Health Education and Health Promotion 5th Floor, 1213 – 4th Street SW Calgary, AB (403) 955-6515
- myhealth.alberta.ca
- ahs.ca/srh

For 24/7 nurse advice or general health information, call Health Link at 811.





We Value Your Feedback

Alberta Health Services wants to hear from you. Your comments help us to identify ways to enhance your experience while receiving care or visiting someone you care about.

Please contact us with your feedback if you have:

- *Complaints about the care or services received*
- *Suggestions to improve health services*
- *Compliments about your experience*

Most issues can be resolved by talking with your care team. You may also contact the Patient Relations Department, led by the Patient Concerns Officer/ Executive Director of Patient Relations, with your feedback by:

Calling the toll-free Patient Feedback Line: **1-855-550-2555**

Patient Feedback Intake Coordinators and Patient Concerns Consultants are ready to assist and manage calls respectfully and confidentially.

Submitting a patient feedback form online: www.albertahealthservices.ca/273.asp

Staff are committed to working with you to resolve complaints as soon as possible.



Appendix G

Resources

Alberta Health Services, Diversity and Inclusion.
Email: diversityandinclusion@ahs.ca

Alberta Health Services, Sexual and Reproductive Health (SRH),
Calgary Zone. For more information about SRH programs and
services:
ahs.ca/srh

Alberta Health Services, LGBTQ2S+/Sexual and Gender
Diversity website: ahs.ca/lgbtq2s

PFLAG Canada is a national charitable organization, founded by
parents who wished to help themselves and their family members
understand and accept their non-heterosexual children.
pflagcanada.ca

Rainbow Health Ontario (RHO) is a program working to
improve access to services and promote the health of
LGBTQ2S+ communities. They provide valuable resources
for all stakeholders including community groups, service
providers, researchers, policymakers and educators.
rainbowhealthontario.ca/about-us/

TransCare BC aims to enhance coordination of
transgender health services across British Columbia.
Information for patients and health professionals.
phsa.ca/transcarebc



