Creating an LGBTQ Affirming Clinic

A Guide for Practice Managers and Providers
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Pride Health Advisory Council

This guide to creating LGBTQ affirming clinical practices is designed to help NYC Health + Hospitals staff meet the needs of New York City’s lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities by delivering high quality care in a safe and respectful environment. New York City continues to be home to one of the largest communities of LGBTQ people in the country, and NYC Health + Hospitals is proud of our commitment to working for increased access to equitable care for LGBTQ people. Does your practice adequately meet the needs of current and future LGBTQ patients and their families? This handbook will help you find out, and guide you in making improvements.

Within this guide, you will find background information about LGBTQ communities and healthcare, as well as information about how to reduce barriers to equitable care that LGBTQ people experience by creating an affirming clinical environment. This guide also contains a checklist to help you assess how welcoming your current practice is to LGBTQ patients. Each item in the checklist is explained further throughout the guidebook to support you in making your practice even more welcoming for LGBTQ communities.

In addition to this guidebook, there are many resources available for you to support our mission of providing affirming care for LGBTQ people. Please visit NYC Health + Hospitals Office of Diversity and Inclusion intranet page for more information about NYC Health + Hospitals policies, community resources, and available trainings.

Please feel free to reach out to us with any questions, or interest in becoming involved in the Pride Health Advisory Council by emailing lgbtq@nychhc.org.

With Pride,

NYC Health + Hospitals Pride Health Advisory Council

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Why This Toolkit Is Important

The mission of NYC Health + Hospitals is to extend high quality health care “equally to all New Yorkers.” This includes New York City’s lesbian, gay, bisexual, transgender and queer (LGBTQ) communities, who have historically been underserved by healthcare systems. This toolkit is designed to provide guidance to ensure LGBTQ individuals receive respectful, sensitive, high quality, and culturally responsive care across our entire health system.
New York City has an estimated 750,000 LGBTQ residents\(^1\) who face significant barriers in access to and experience in healthcare. The issues experienced by LGBTQ communities include, but are not limited to:

+ Less access to timely preventive health care services,
+ Systemic discrimination and/or homophobia and transphobia when seeking services,
+ Lack of providers knowledgeable and competent in LGBTQ health issues, and
+ Compared to their cisgender and heterosexual peers, higher risk of:
  - Mental health issues
  - Certain cancers
  - HIV and STIs\(^2\)

It is important to note that many of these issues are more pronounced among the more than 78,000 transgender individuals in New York State,\(^3,4\) particularly among transgender people of color.\(^5\)

The poorer health outcomes experienced by LGBTQ people can be attributed to stigma and discrimination, as well as the increased likelihood that LGBTQ individuals will delay seeking care because of past experiences of discrimination in healthcare settings. Healthcare providers can rebuild trust with LGBTQ communities by taking explicit steps in making their clinical practices more affirming. Working to improve the clinical environment and the quality of care given to LGBTQ people will result in better health outcomes for LGBTQ communities. The purpose of this toolkit is to provide instructions on how to create and maintain an LGBTQ affirming healthcare practice. Use this toolkit to assess whether your clinic is LGBTQ affirming as well as identify areas of improvement.

**Who Is This Toolkit For?**

This toolkit was designed for direct care providers, front line staff, and practice managers. The resources provided are intended to guide NYC Health + Hospitals staff in creating an affirming environment for the LGBTQ communities that the Health System serves.

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A Note About Acronyms

There are many acronyms that are used among LGBTQ communities. NYC Health + Hospitals uses either LGBT: Lesbian, Gay, Bisexual, Transgender or LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer and Questioning. Both acronyms used by NYC Health + Hospitals are done so with the understanding that there are many additional terms that can be used to identify someone’s sexual orientation and/or gender identity. Other acronyms may use any combination of the following: LGBTQQIAAP2S: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Ally, Pansexual, Two-Spirit. Some folks may choose to use the acronym LGBTQ+. The plus sign represents the fact that terminology continues to change and evolve. There are many different variations of the LGBTQ+ acronym, and the ‘+’ acknowledges that it is not possible to list every term people currently use. In addition, the acronym TGNC, which is used within this toolkit, stands for Transgender and Gender Non-Conforming. Using TGNC as a separate acronym from LGBQ emphasizes that the needs of transgender individuals are not necessarily the same as those of cisgender lesbian, gay, or bisexual people. For a complete glossary of terms and definitions, please turn to the end of this resource guide.
LGBTQ Affirming Clinic Checklist

This checklist can be used to ascertain whether your clinical practice is an affirming and welcoming space for LGBTQ people and their families to seek care. To achieve a wholly affirming clinic experience, the following items should be implemented.

Visibility & Physical Environment

- NYC Health + Hospitals non-discrimination policy, which includes sexual orientation and gender identity, is clearly posted in patient areas.
- Staff who have completed training in LGBTQ patient care wear pins, stickers, or buttons that feature a rainbow flag or transgender flag.
- Staff wear NYC Health + Hospitals gender pronoun pins, or there is a sign indicating that patients should feel comfortable telling staff their gender pronouns.
- There is literature and/or posters in the patient waiting area that features LGBTQ people and TGNC people.
- Literature in the patient waiting area reference issues relevant to LGBTQ communities, and/or feature a rainbow or transgender flag.
- Multi-user bathrooms have signage indicating inclusive access, per NYC Human Rights Law, and/or a single user bathroom is indicated with an “all gender restroom” sign.

Inclusive Language Is Consistently Used

- Staff are consistently observed addressing new patients and their families using gender neutral language.
- Staff are consistently observed using the correct and current gender pronouns and names for transgender and non-binary or gender non-conforming patients.
- Intake forms have gender neutral language where applicable:
  - Spouse/significant other instead of husband/wife
  - Parent/guardian instead of mother/father
**Staff Training**
- 100% of staff have completed basic training on LGBTQ health equity.
- An annual LGBTQ healthcare in-service requirement is enforced.

**Sexual Orientation and Gender Identity (SOGI) Data Collection**
- Registration/intake forms have options for:
  - Name used (distinct from administrative/legal name)
  - Gender identity (distinct from administrative/legal sex)
  - Gender pronouns
  - Sexual orientation
- If no forms are used, registration staff are observed asking patients for their gender and name as distinct from what may be on their government issued identification or insurance card.
- Document SOGI fields in the electronic medical record, for example:
  - In the Epic electronic medical record, these fields exist at registration, and via the SOGI Smartform.

**Clinical Services**
- Clinical staff know to ask TGNC patients what language they use to refer to parts of their bodies that may typically be gendered (for example, saying “chest” instead of “breasts”).
- Clinical staff understand LGBTQ people’s cancer risks and what screenings to provide to patients of all gender identities and sexual orientations—particularly TGNC patients.
- Clinical staff understand the three dimensions of sexual orientation (behavior, identity, and attraction), and how to recommend screenings, immunizations, and safe sex advice based on the patient’s sexual behavior.
- Clinical staff always use open ended/gender neutral questions are asked in order to avoid making assumptions when taking a sexual history.
- *If applicable (primary care and/or OB/GYN providers):* Clinic staff are able to provide or refer patients to applicable family planning services and/or fertility services that are affirming of all families (including same gender parents, single parents, TGNC parents).
- *If applicable (primary care providers):* Hormone therapy is available for TGNC patients.
Staff Knowledge of Inclusive Policies

☐ All staff are able to describe NYC Health + Hospitals non-discrimination policy and its inclusion of gender identity/expression and sexual orientation.

☐ All of our staff are familiar with and able to describe NYC Health + Hospitals policy regarding inclusive access to sex-segregated areas (i.e., restrooms, locker rooms, inpatient rooms).

☐ All staff are able to describe the fact that SOGI information is protected under HIPAA.

☐ If applicable (inpatient facility): all staff are familiar with and able to describe the facility’s inclusive visitation policy.

☐ Staff are able to find these policies on the Health System’s intranet.

LGBTQ Friendly Referral List

☐ Clinic staff know how to find a list of LGBTQ-friendly referrals for patients who require services not provided in their clinic.

☐ Clinic staff know how to ascertain whether a potential referral site is LGBTQ friendly.
Tips on Providing Affirming Care in a Welcoming Environment

Increase Visibility and Create an Affirming Physical Environment

LGBTQ patients and their families will often scan a clinical area upon entering for signs that the clinic and its staff are affirming. The following are examples of how clinics can increase their visibility for LGBTQ communities with the purpose of creating a welcoming environment.

+ NYC Health + Hospitals non-discrimination policy, which includes sexual orientation and gender identity, is clearly posted in patient areas.
+ Staff who have completed training in LGBTQ patient care wear pins, stickers, or buttons that feature a rainbow flag or transgender flag.
+ Staff wear NYC Health + Hospitals gender pronoun pins, or there is a sign indicating that patients should feel comfortable telling staff their gender pronouns.
+ There is literature and/or posters in the patient waiting area that features LGBQ people and TGNC people.
+ Multi-user bathrooms have signage indicating inclusive access, per NYC Human Rights Law, and/or a single user bathroom is indicated with an “all gender restroom” sign. Literature in the patient waiting area reference issues relevant to LGBTQ communities, and/or feature a rainbow or transgender flag. Many of the items referenced on this list are available for distribution at NYC Health + Hospitals. Please contact the Office of Diversity and Inclusion if your practice needs a supply of gender pronoun buttons, affirming brochures, or stickers for staff IDs.

Use Affirming and Inclusive Language

In addition to visual cues that show your clinical practice is welcoming, LGBTQ patients pay close attention to the use of inclusive language. The best way to ensure staff are consistently using affirming language with patients is to encourage its use in everyday conversations, not only during clinic hours. Please refer to the chart on the next page and the glossary at the end of this guide for helpful tips on language to use and terms to avoid both in conversation and on any intake forms.
<table>
<thead>
<tr>
<th>SAY THIS:</th>
<th>INSTEAD OF:</th>
<th>WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>They</td>
<td>He, she, Mr., Mrs., Miss, Ms. or Sir, Ma’am</td>
<td>If you do not yet know the gender identity and gender pronouns of a patient, it is important to use gender-neutral alternatives like “the patient” or “they” rather than making an assumption of their gender. You can also simply eliminate the gendered term and not use a substitute. For example, you could say “excuse me, how may I help you?” Instead of “excuse me, sir, how may I help you?”</td>
</tr>
<tr>
<td>The patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folks or Everyone</td>
<td>Ladies and gentlemen</td>
<td>These are gender neutral alternatives to addressing a group of people.</td>
</tr>
<tr>
<td>Parent or guardian</td>
<td>Mother or father</td>
<td>Not every family includes a mother and/or father. Parent/Guardian are gender-neutral alternatives that convey the same meaning.</td>
</tr>
<tr>
<td>Sibling</td>
<td>Brother or sister</td>
<td>This is a gender-neutral term that applies to siblings of all genders, and would be inclusive of someone who is non-binary or gender non-conforming.</td>
</tr>
<tr>
<td>Significant Other or Spouse or Partner</td>
<td>Boyfriend or girlfriend or Husband or wife</td>
<td>Significant Other is a term that does not assume the gender of someone’s romantic partner. It can also be used to refer to a romantic partner who does not identify as male or female. Similarly, spouse can be used if a couple has married.</td>
</tr>
<tr>
<td>Intersex</td>
<td>Hermaphrodite</td>
<td>Hermaphrodite is an outdated term with a negative medical history, that when used can be stigmatizing to Intersex people. Intersex is the term used by the Intersex community.</td>
</tr>
<tr>
<td>Gay or lesbian</td>
<td>Homosexual</td>
<td>The term homosexual has a negative medical history as being used as a “diagnosis,” or in conjunction with “conversion therapy.” Additionally, the term is often used when referring to a discomfort with gay and lesbian communities.</td>
</tr>
<tr>
<td>SAY THIS:</td>
<td>INSTEAD OF:</td>
<td>WHY?</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transgender person</td>
<td>“Transgendered” or “A Transgender”</td>
<td>Transgender is a term that should always be used as an adjective, not a noun or past state of being.</td>
</tr>
<tr>
<td>Cisgender woman or cisgender man</td>
<td>“A real woman” or “a normal man”</td>
<td>Saying “real” or “normal” implies that transgender people are abnormal, which is false and a stigmatizing way to refer to someone.</td>
</tr>
<tr>
<td>Assigned female at birth or assigned male at birth</td>
<td>“born female” or “born male” or “biological” gender “male bodied” or “female bodied”</td>
<td>Using “assigned sex at birth” accurately describes how gender is attributed to newborns. Furthermore, the “-bodied” language is often interpreted as pressure to medically transition, or can be interpreted as invalidation of someone’s gender identity.</td>
</tr>
<tr>
<td>Who are your sexual partners? or What are the genders of your sexual partners?</td>
<td>Do you have sex with men, women or both? or Assuming the gender of someone’s sexual partner(s)</td>
<td>This open ended, gender-neutral question will help avoid making assumptions about someone’s sexual orientation or sexual behavior during a sexual history. Only asking about “men, women, or both” also can act to erase non-binary identities, and might cause a patient to not be as open with their provider.</td>
</tr>
<tr>
<td>Could your chart be under a different name? or What is the name/gender on your insurance?</td>
<td>We don’t have you in our records. or What’s your real name/gender? Oh, I see you’re actually [insert other name]</td>
<td>If a patient’s name or gender does not match what you have in the medical record, it is best to ask respectfully about a possible additional or previous name, rather than invalidating the patient’s identity or making them feel stigmatized and uncomfortable.</td>
</tr>
<tr>
<td>I apologize for using the wrong pronoun, I did not mean to disrespect you.</td>
<td>It’s too hard for me to remember your pronoun.</td>
<td>If you make a mistake and use the wrong gender pronoun for someone, simply apologize and acknowledge your mistake.</td>
</tr>
</tbody>
</table>
A crucial part of using affirming language for all patients includes the use of a patient’s chosen name and gender pronouns, whether or not it is consistent with the name and gender that appears on their government issued identification or their insurance card. If you do not yet know a person’s chosen name or gender pronouns, simply avoid using gendered terminology until you do. For example, instead of saying, “How may I help you, sir?” simply ask, “How may I help you?” NYC Health + Hospitals Epic EMR has fields to indicate a patients’ gender identity, chosen name, and gender pronouns. Once you know how a person identifies, enter this information into the record to help ensure that the patient is correctly identified during all future clinical encounters.

**Pro Tip:** If you make a mistake, and use the wrong name or wrong gender pronoun, simply apologize and acknowledge your mistake. You can say, “I apologize for using the wrong pronoun, I did not mean to disrespect you. I won’t let that happen again.”
All Staff Receive Training

Did you know: a 2011 study found that the average amount of time spent on LGBTQ issues in medical school is just five hours?⁶ NYC Health + Hospitals has a variety of training opportunities for staff to increase their knowledge of caring for LGBTQ patients. What percentage of your staff have had training on providing affirming care for LGBTQ people? For a truly affirming clinic environment, 100% of staff should have completed a basic amount of training and continue to have access to opportunities to engage with new knowledge on the topic of LGBTQ healthcare. For information on current training opportunities, please visit the Diversity and Inclusion page in the Employee Resource Center and click on the “LGBTQ Health” sidebar.

Sexual Orientation and Gender Identity (SOGI) Information Is Collected

Collecting Sexual Orientation and Gender Identity (SOGI) information in the electronic medical record and on registration forms is a crucial part of improving health outcomes for LGBTQ patients. Reasons to collect SOGI data include:

- Providing more effective patient-centered care;
- Encouraging staff to provide culturally responsive services;
- Facilitating the monitoring of quality of care for LGBTQ patients; and
- Reducing health disparities.

Where applicable, SOGI information should be input into the electronic medical record at registration and throughout the clinical encounter. SOGI information should also be integrated into any forms that are used in your practice. Many staff may assume that patients will be offended by SOGI questions, however, this is rarely the case.⁷ All clinical and non-clinical staff involved in the intake and care for patients should complete training on collecting SOGI information. For more information on currently available trainings, please visit the NYC Health + Hospitals Learning Portal. Additional information is also available on the Diversity and Inclusion page in the Employee Resource Center by clicking on the “LGBTQ Health” sidebar.

Pro Tip: To ascertain a patient’s gender identity and name used at registration, ask, “Is the information on your insurance card, such as your name and gender, up to date and accurate?” This is a friendly way to let a patient know that you are not making an assumption about their gender.

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Clinical Services Tailored to LGBTQ People’s Needs

Are the services offered in your clinic appropriate and accessible to LGBTQ people? Here is a non-exhaustive list of example services to consider, depending on the nature of your clinical practice:

<table>
<thead>
<tr>
<th>IF YOUR PRACTICE OFFERS:</th>
<th>DO YOU ALSO HAVE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning services</td>
<td>Staff who can comfortably discuss family planning options with transgender parents, same-gender couples, and/or single parents?</td>
</tr>
<tr>
<td>Primary care</td>
<td>Hormone therapy for transgender, non-binary, or gender non-conforming people?</td>
</tr>
<tr>
<td>OB/GYN services or Mammography</td>
<td>Staff who know how to provide affirming services, such as pap smears, to transgender men or non-binary/gender non-conforming patients?</td>
</tr>
<tr>
<td>Pediatric/Adolescent Care</td>
<td>The ability to support transgender children and their families, including (but not limited to):</td>
</tr>
</tbody>
</table>
**Pro Tip:** When taking a sexual history, use open ended questions with your patient. For example, if your patient notes they are sexually active, use these follow up questions: “Who are you having sex with (including anatomy and gender of partner(s)? What types of sex are you having? What parts of your anatomy do you use for sex?”

**NYC Health + Hospitals Policies**

NYC Health + Hospitals has policies and guidelines that are meant to ensure the experiences of LGBTQ people in our care remains discrimination-free. All staff should be able to clearly describe each of the following policies:

+ **NYC Health + Hospitals internal policies prohibit discrimination** on the basis of sexual orientation and/or gender identity and expression.

+ **Patients have the right to designate any visitor as well as any healthcare proxy**, including a spouse, domestic partner, a same-gender domestic partner, another family member, or a friend. Neither visitors nor healthcare proxies can be denied on the basis of sexual orientation or gender identity.

+ **SOGI information about any patient is considered private and protected under HIPAA.** Staff should refrain from discussing a patient’s sexual orientation or gender identity with other staff unless it is explicitly relevant to their care.

+ **Under New York City Human Rights Law**, people have the right to use sex-segregated areas that are consistent with their gender identity. NYC Health + Hospitals restrooms, locker rooms, inpatient rooms, and any other area segregated by gender are covered under this law. If you have questions about this policy, please visit NYC Health + Hospitals FAQ on the subject, located on the Diversity and Inclusion page in the Employee Resource Center. Once on the page, please click on the “LGBTQ Health” sidebar.

+ **NYC Health + Hospitals Guidelines: Providing Affirming Care to Transgender and Non-Binary Patients** - These guidelines are intended to provide baseline standards for NYC Health + Hospitals workforce in providing quality services to transgender patients. The guidelines can be found on the Diversity and Inclusion page in the Employee Resource Center. Once on the page, please click on the “LGBTQ Health” sidebar.
Referrals

There are many instances in which a provider may need to issue a referral to another practice for a patient. When making these referrals, it is important to consider the many instances of discrimination that LGBTQ patients and their family have experienced in healthcare settings. A good practice is to maintain a list of LGBTQ friendly providers to refer patients to if and when the need arises. You may also access NYC Health + Hospitals LGBTQ affirming referrals list, which is located on the Office of Diversity and Inclusion’s intranet site (under LGBTQ Health Services). Certain staff should also become familiar with how to ascertain whether a potential referral site is LGBTQ friendly. Ways to do this include: (1) checking their website (if applicable) for a non-discrimination policy that includes sexual orientation and gender identity/expression; (2) calling the referral site and asking if they have policies, guidelines, or required training for affirming treatment of LGBTQ people; (3) checking patient reviews (on Google, Yelp, or Zoc Doc, for example) for comments from LGBTQ individuals; (4) consistently surveying patients who were referred to external services about their experience, and include questions about their sexual orientation and gender identity.

A Note About Medical Students, Residents, and Other Learners

NYC Health + Hospitals is a robust network of teaching facilities. Any staff in your clinic who works with and/or supervises learners should work to model the behaviors outlined in this resource guide and hold learners accountable to the same standards as other colleagues. It is important to communicate clearly with your patient and with the learners about the purpose of the learners’ presence during the visit. TGNC patients, for example, are often asked unnecessary or invasive questions about their transgender status, even when it is unrelated to the reason for their visit. Having medical students, residents, and other learners present for an exam can feel stigmatizing and related to their gender identity if it is not communicated properly.

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# Glossary of Concepts and Terms

This glossary of terms was adapted from the National LGBT Health Education Center, also known as the Fenway Institute. For more information, please visit [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org).

All healthcare providers should become familiar with terms used by and for LGBTQ communities, as this can help you provide these patients with high quality care. In this glossary, you will find some of the most common and relevant terms related to LGBTQ people and their health care. While you read this glossary, there are a few things to keep in mind:

- Definitions of each term can vary across communities; not all of your LGBTQ patients will agree with all of these definitions, so please defer to the terms your patients use to describe themselves.
- There are many additional terms used by LGBTQ communities not included on this list, please be open to any language or definition of a term that your patients use whether you see it appearing here or not.
- Terms and definitions change frequently; if you see an outdated term or definition listed here, please contact the Office of Diversity and Inclusion.

## Glossary Entries

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agender (adj.)</strong></td>
<td>Describes a person who identifies as having no gender.</td>
</tr>
<tr>
<td><strong>Ally (noun)</strong></td>
<td>A person who supports and stands up for the rights of LGBT people.</td>
</tr>
<tr>
<td><strong>Aromantic (adj.)</strong></td>
<td>An orientation that describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships.</td>
</tr>
<tr>
<td><strong>Asexual (adj.)</strong></td>
<td>Describes a person who experiences little or no sexual attraction to others. Asexuality is not the same as celibacy.</td>
</tr>
<tr>
<td><strong>Assigned male/female at birth (noun)</strong></td>
<td>This phrase refers to the sex that is assigned to a child at birth, most often based on the child’s external anatomy.</td>
</tr>
<tr>
<td><strong>Assigned sex at birth (noun)</strong></td>
<td>The sex (male or female) assigned to a child at birth, most often based on the child’s external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.</td>
</tr>
<tr>
<td><strong>Bigender (adj.)</strong></td>
<td>Describes a person whose gender identity is a combination of two genders.</td>
</tr>
<tr>
<td><strong>Binding (noun)</strong></td>
<td>The process of tightly wrapping one’s chest in order to minimize the appearance of having breasts. This is achieved through use of constrictive materials such as cloth strips, elastic or non-elastic bandages, or specially designed undergarments.</td>
</tr>
</tbody>
</table>
Biological male/female (see assigned male/female at birth) (noun) - We avoid using the phrases “biological male” and “biological female” because they may not accurately describe a person’s physical sex characteristics, and more importantly, they may not reflect how a person identifies in regard to their gender.

Biphobia (noun) - The fear of, discrimination against, or hatred of bisexual people or those who are perceived as such.

Bisexual (adj.) - A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Bottom surgery (noun) - Colloquial way of describing gender affirming genital surgery.

Cisgender (adj.) - A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

Coming out (noun) - The process by which one accepts and/or comes to identify one’s own sexual orientation or gender identity (to come out to oneself). Also the process by which one shares one’s sexual orientation or gender identity with others (to come out to friends, etc.).

Gender affirming hormone therapy (noun) - The administration of hormones for those who wish to match their physical secondary sex characteristics to their gender identity. Also referred to as cross-sex hormone therapy.

Disorders of Sex Development (DSD) (noun) - Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some DSDs include Klinefelter Syndrome and Androgen Sensitivity Syndrome. Sometimes called differences of sex development. Some people prefer to use the term intersex.

Drag (noun) - The performance of one or multiple genders theatrically. Those who perform are called Drag Kings and Drag Queens.

Gay (adj.) - A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.

Gender (noun) - see gender identity.

Gender affirming surgery (GAS) (noun) - Surgeries used to modify one’s body to be more congruent with one’s gender identity. Also referred to as sex reassignment surgery (SRS) or gender confirming surgery (GCS).

Gender binary structure (noun) - The idea that there are only two genders, boy/man/male and girl/woman/female, and that a person must strictly fit into one category or the other.

Gender dysphoria (noun) - Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis.
**Gender expression (noun)** - This term describes the ways (e.g., feminine, masculine, androgynous) in which a person communicates their gender to the world through their clothing, speech, behavior, etc. Gender expression is fluid and is separate from assigned sex at birth or gender identity.

**Gender fluid (adj.)** - Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some of the time, and another gender at other times.

**Gender identity (noun)** - A person’s inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender.

**Gender non-conforming (adj.)** - Describes a gender expression that differs from a given society’s norms for males and females.

**Gender role (noun)** - A set of societal norms dictating what types of behaviors are generally considered acceptable, appropriate, or desirable for a person based on their actual or perceived sex.

**Genderqueer (adj.)** - Describes a person whose gender identity falls outside of the traditional gender binary structure. Other terms for people whose gender identity falls outside the traditional gender binary include gender variant, gender expansive, etc. Sometimes written as two words (gender queer).

**Heteronormativity (noun)** - The assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities.

**Heterosexual (straight) (adj.)** - A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

**Homophobia (noun)** - The fear of, discrimination against, or hatred of lesbian or gay people or those who are perceived as such.

**Intersectionality (noun)** - The idea that identities are influenced and shaped by race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, etc., as well as by the interconnection of all of those characteristics.

**Intersex (noun)** - Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some prefer to use the term disorders (or differences) of sex development. Intersex is also used as an identity term by some community members and advocacy groups.

**Lesbian (adj., noun)** - A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

**Men who have sex with men/Women who have sex with women (MSM/WSW) (noun)** - Categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual orientation. However, people rarely use the terms MSM or WSW to describe themselves.
Minority stress (noun) - Chronic stress faced by members of stigmatized minority groups. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation.

Outing (noun) - Involuntary or unwanted disclosure of another person’s sexual orientation or gender identity.

Non-binary (adj.) - Describes a person whose gender identity falls outside of the traditional gender binary structure. Sometimes abbreviated as NB or “enby.” See more at gender binary structure.

Pangender (adj.) - Describes a person whose gender identity is comprised of many genders.

Pansexual (adj.) - A sexual orientation that describes a person who is emotionally and sexually attracted to people of all gender identities.

Polyamorous (adj.) - Describes a person who has or is open to having more than one romantic or sexual relationship at a time, with the knowledge and consent of all their partners. Sometimes abbreviated as poly.

Preferred pronouns (see pronouns that you use) (noun) - We avoid using the phrase “preferred pronouns” because it implies that we can choose to respect or not respect a person's gender identity. We should respect the pronouns a person uses.

Pronouns that you use (noun) - Pronouns are the words people should use when they are referring to you but not using your name. Examples of pronouns are she/her/hers, he/him/his, and they/them/their.

QPOC (noun) - An acronym that stands for Queer Person of Color or Queer People of Color.

Queer (adj.) - An umbrella term used by some to describe people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Due to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community.

Questioning (adj.) - Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.

Same gender loving (SGL) (adj.) - A term used as an alternative to the terms gay and lesbian. SGL is more commonly but not exclusively used by members of the African American/Black community.

Same-sex attraction (SSA) (noun) - A term that is used to describe the experience of a person who is emotionally and/or sexually attracted to people of the same gender. Individuals using this term may not feel comfortable using the language of sexual orientation (i.e., gay, lesbian, bisexual) for personal reasons. Use of this term is not indicative of a person’s sexual behavior. It is used most commonly in religious communities.

Sex (noun) - See assigned sex at birth.
Sexual orientation (noun) – How a person characterizes their emotional and sexual attraction to others.

Social stigma (noun) – Negative stereotypes and social status of a person or group based on perceived characteristics that separate that person or group from other members of a society.

Structural stigma (noun) – Societal conditions, policies, and institutional practices that restrict the opportunities, resources, and well-being of certain groups of people.

Top surgery (noun) – Colloquial way of describing gender affirming surgery on the chest.

Trans man/transgender man/female-to-male (FTM) (noun) – A transgender person whose gender identity is male may use these terms to describe themselves. Some will just use the term man.

Trans woman/transgender woman/male-to-female (MTF) (noun) – A transgender person whose gender identity is female may use these terms to describe themselves. Some will just use the term woman.

Transfeminine (adj.) – Describes a person who was assigned male sex at birth, but identifies with femininity to a greater extent than with masculinity.

Transgender (adj.) – Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.

Transition (noun) – For transgender people, this refers to the process of coming to recognize, accept, and express one’s gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions. Sometimes referred to as gender affirmation process.

Transmasculine (adj.) – Describes a person who was assigned female sex at birth, but identifies with masculinity to a greater extent than with femininity.

Transphobia (noun) – The fear of, discrimination against, or hatred of transgender or gender non-conforming people or those who are perceived as such.

Transsexual (adj.) – Sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions.

Trauma-informed care (noun) – An organizational structure and treatment framework that centers on understanding, recognizing, and responding to the effects of all types of trauma.

Tucking (noun) – The process of hiding one’s penis and testes with tape, tight shorts, or specially designed undergarments.

Two-Spirit (adj.) – Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.
Outdated Terms to Avoid
The following terms may have been used in the past, but are now considered outdated and sometimes offensive. We recommend replacing these words with the suggested terms provided.

<table>
<thead>
<tr>
<th>Term</th>
<th>See</th>
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</thead>
<tbody>
<tr>
<td>Berdache</td>
<td>two-spirit</td>
</tr>
<tr>
<td>Hermaphrodite</td>
<td>intersex/disorders of sex development</td>
</tr>
<tr>
<td>Homosexual</td>
<td>gay or lesbian</td>
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<tr>
<td>Sexual preference</td>
<td>sexual orientation</td>
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<tr>
<td>Transgendered/A transgender/Tranny</td>
<td>transgender</td>
</tr>
<tr>
<td>Sex change</td>
<td>gender affirmation surgery</td>
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</tbody>
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Acknowledgments

This guidebook was made possible thanks to the partnership of the following groups:

NYC Health + Hospitals
Office of Diversity and Inclusion,
Division of Human Resources

NYC Health + Hospitals/Bellevue
LGBTQ+ Patient and Family Advisory Council

NYC Health + Hospitals
Pride Health Advisory Council

The Fenway Institute/National LGBT Health Education Center