



# **SOGIE Toolkit: Terminology, Best Practices & Resources**

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# PeaceHealth Mission and Values

## Our Mission

We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.

At PeaceHealth, the fulfillment of our Mission is our shared purpose. It drives all that we are and all that we do. To those who embrace the spirit of these words and our commitment to exceptional medicine and compassionate care, we offer the opportunity to learn and grow as a member of the PeaceHealth family.

## Our Values

### Respect

We respect the dignity and appreciate the worth of each person as demonstrated by our compassion, caring, and acceptance of individual differences.

### Stewardship

We choose to serve the community and hold ourselves accountable to exercise ethical and responsible stewardship in the allocation and utilization of human, financial, and environmental resources.

### Collaboration

We value the involvement, cooperation, and creativity of all who work together to promote the health of the community.

### Social Justice

We build and evaluate the structures of our organization and those of society to promote the just distribution of health care resources.

## Our Vision

Every person receives safe, compassionate care, every time, every touch.

## Why is Sexual Orientation, Gender Identity and Expression (SOGIE) important?

Addressing ALL health disparities, including those associated with sexual identity and gender expression, is aligned with PeaceHealth's Mission which is to "carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each

person in a loving and caring way." By acting to reduce health disparities, we support PeaceHealth's values of Respect, Collaboration, Stewardship, and Social Justice.

Critical to providing that personal, patient-centered care identified in our Mission is knowing who our patients are, what their families and support systems look like, and what their needs and strengths are. This requires that we ask our patient how they identify their sexual orientation and gender identity. Patients are asked a broad range of demographic and identity questions at the time of admission. Answering is always optional and not a requirement. The question topics include disability, conditions, gender identity, sexual orientation, sex assigned at birth, race, ethnicity, and language.

In support of PeaceHealth's Mission, our Diversity Health Equity and Inclusion strategic plan and regulatory requirements, we have implemented Epic's Sexual Orientation, Gender Identity and Expression (SOGIE) module in CareConnect.

SOGIE is an acronym that refers to all humans with sexual orientations and gender identities. Collecting SOGIE information helps us provide holistic, human-centered care to our patients and their loved ones.

Studies show that LGBTQIA+ people have a higher likelihood of experiencing symptoms of depression, anxiety, suicidal ideation and negative quality of life outcomes such as homelessness and poverty. These outcomes are linked to the pervasive stigma and discrimination that LGBTQIA+ people navigate throughout their lives. Research also shows that LGBTQIA+ people are less likely to access care because of experiences with discrimination, including those in clinical settings.

By fully understanding our patients' needs, such as how they would like to be addressed, we demonstrate our Value of Respect, our commitment to inclusivity and promote a sense of belonging among the patients we serve.

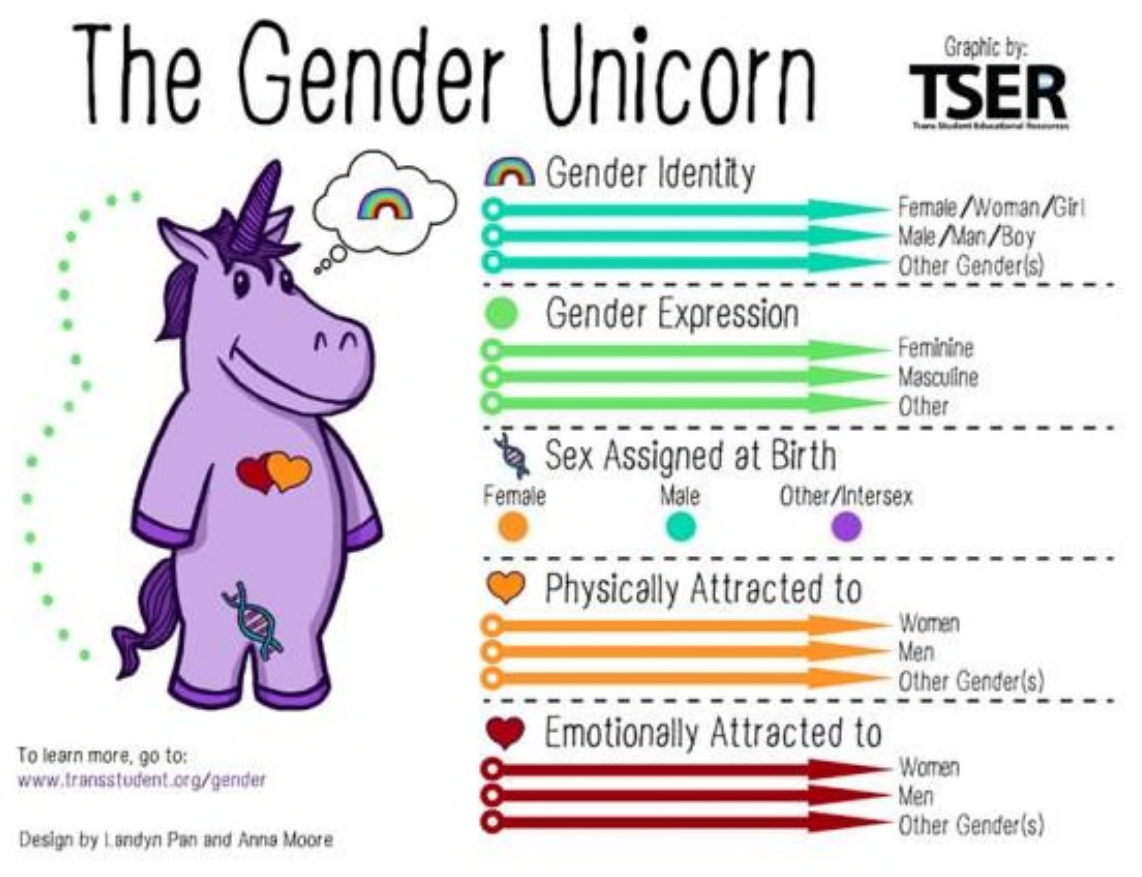
## **Center for Inclusion Diversity Equity and Access (CIDEA)**

PeaceHealth's CIDEA department is dedicated to upholding our Mission, Vision, and Values and our commitment to the Catholic Health Association's "Confronting Racism by Achieving Health Equity" pledge that we signed in February 2021 through strategic DEI initiatives and programming. CIDEA aims to help foster a culture of respect and belonging for all caregivers and patients here at PeaceHealth.

CIDEA supports caregivers through connection, resources, DEI programming and training, and our [8 Caregiver Resource Groups](#).

Learn more about CIDEA through their [Crossroads page](#) or email any questions to [cidea@peacehealth.org](mailto:cidea@peacehealth.org)

# Terminology



SOGI(E) is an acronym that refers to all humans with sexual orientations and gender identities, including cisgender and heterosexual people.

**SOGI** - Sexual Orientation, Gender Identity

**SOGIE** - Sexual Orientation, Gender Identity and Gender Expression

## Gender

### Sex Assigned at Birth

The assignment and classification of people as male, female, intersex, or another sex often based on physical anatomy at birth. Gender identity- this is the gender a person most closely identifies.

### Gender Identity

However, gender identity refers to a person’s deeply held sense of their own gender, which may or may not align with the sex assigned to them at birth. While many individuals have a gender identity that corresponds with their sex assigned at birth (this is called “cisgender”), some

individuals identify as transgender, meaning their gender identity differs from their sex assigned at birth. Transgender individuals may identify as man/boy, woman/girl, non-binary, no gender, or many genders.

### **Gender Expression**

Refers to how one expresses one's gender to others: through behavior, clothing, hairstyle or grooming practices, voice, body shape, roles and ideas. Expression may be influenced by sex assigned at birth and/or identity. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. NOTE: Gender does not determine sexual orientation

### **Cisgender**

People whose gender identity aligns with the sex they were assigned at birth

### **Transgender**

People whose gender identity differs from the sex they were assigned at birth. Some folks might choose to receive certain gender affirming care but this is not necessary and each person should be allowed to choose what works best for themselves

### **Nonbinary**

An umbrella term to describe people who experience their gender identity and/or expression outside of the male/female/man/woman binary, including folks who are genderfluid, genderqueer, polygender, bigender, demigender, agender, and many others.

**Demigirl/boy** involves feeling a partial, but not a full, connection to a particular gender identity or just to the concept of gender.

**Gender Fluid** A changing ("fluid") gender identity and/or presentation.

**Bigender** Refers to those who identify as two genders. Can also identify as multigender (identifying as two or more genders). This term should not be confused with Two-Spirit, which is specifically associated with Native American and First Nations cultures.

**Agender** An umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral. Many agender people are trans. As a new and quickly evolving term, it is best you ask how someone defines agender for themselves.

### **Two-Spirit**

An umbrella term created by First Nations/Native American/Indigenous peoples to describe a sexual orientation and/or gender/sex that exists outside of colonial constructions of the gender binary (neither man nor woman, but a distinct, alternative gender status exclusive to their ethnicity). This term should not be appropriated by or used to describe people who are not First Nations/Native American/Indigenous.

## Sexual Orientation

### Lesbian or Gay

A person who is emotionally, romantically, or sexually attracted to members of the same gender. Men, women, and non-binary people use this term to describe themselves.

### Straight

A person who is emotionally, romantically, or sexually attracted only to members of opposite gender

### Bisexual

An umbrella term for people who experience sexual and/or emotional attraction to more than one gender. See also: pansexual, fluid, omnisexual, and queer (TSER, 2022).

### Asexual

The lack of a sexual attraction, and one identifying with this orientation. This may be used as an umbrella term for other emotional attractions such as demisexual (TSER, 2022).

### Queer

A term for people of marginalized gender identities and sexual orientations who are not cisgender and/or heterosexual. This term has a complicated history as a reclaimed slur. Umbrella term for gender and sexual minorities who are not cisgender and/or heterosexual. There is a lot of overlap between queer and trans identities, but not all queer people are trans and not all trans people are queer. The word queer is still sometimes used as a hateful slur, so although it has mostly been reclaimed, be careful with its use (TSER, 2022).

### Pansexual/Bi+

Capable of being attracted to many/any gender(s). Sometimes the term omnisexual is used in the same manner. “Pansexual” is used more frequently as more people acknowledge that gender is not binary. Sometimes, the identity fails to recognize that one cannot know individuals with every existing gender identity (TSER, 2022).

## Pronouns

Pronouns are the words that you use to refer to someone in the third person in place of their name (such as he/him, she/her, and they/them).

### Examples

She, her, her, hers, and herself

He, him, his, his, and himself

They, them, their, theirs, and themselves

Ze/zie, hir, hir, hirs, and hirsself



Xe, xem, xyr, xyrs, and xemself

Ve, ver, vis, vis, and verself

Learn more about why pronouns matter by visiting [pronouns.org](https://pronouns.org)

## Asking SOGIE Questions Respectfully

**In general, here are some things to consider when asking the questions:**

- Provide a quiet, private space for having the conversation. Ask family members or other visitors to leave while you are collecting information.
- Tell the patient that we ask these questions of every patient (so they do not feel like they are being singled-out).
- Explain that collecting this information allows us to provide the best care for their personal needs. It also helps PeaceHealth improve quality of care by identifying and addressing health disparities within the communities it serves.
- Tell the patient that this information is voluntary and that they do not need to disclose this information if they don't wish to.
- Reassure that the patient's confidentiality is maintained – the information documented in their record is only viewable by the people involved in their care. However, it is important for patients who use the MyPeaceHealth portal to know that anyone who has access to the patient's account (even as a Proxy) will be able to view the information.

**Data collection training videos:** <https://www.lgbtqihealtheducation.org/courses/so-gi-data-collection-training/>

**Sample scripts on how to begin conversations:**

“I'm going to go through a list of demographic questions which includes information about your gender identity and sexual orientation. Answering these questions is completely optional and you don't have to answer if you don't want to, but by answering you are helping us learn how we can better care for you.”

“Would it be okay for us to document your sexual orientation and gender identity? We can do so in your medical chart and would appreciate the information so that we are providing accurate and inclusive care. Answering is voluntary.”

“If you feel comfortable sharing, how would you best describe your gender identity? How would you best describe your sexual orientation?”

“May I ask you about your gender identity and sexual orientation? I ask these questions to all my patients, regardless of age, gender, or marital status because they are as important as the questions about other areas of your physical and mental health. Like the rest of your visit, this information is kept in strict confidence.”

**Sample scripts on how to respond to patient questions:**

Sometimes, asking questions or knowing how to respond professionally to situations we don’t anticipate can be challenging. Please review the videos at the link provided here for some demonstrations on how you may approach information collection, and questions when they arise.

<b>Challenging Question</b>	<b>Suggested Response</b>	<b>Rationale</b>
But you know me- why do you have to ask?	We started asking all patients in January 2023 to self-identify because we want our records to capture you as accurately as possible. Also, disabilities, conditions, and an individual’s sexual orientation and gender identity can change over time, so we want to make sure we have the most up-to-date information.	Guessing a patient’s disability, condition, or SOGI based on appearance or behavior does not allow the patient to identify their own disability, condition, sexual orientation and/ or gender identity. It also increases data errors. Improve the accuracy of data by always asking the patient to self-identify.
Why are you asking me this? What does this have to do with my health?	People with disabilities, conditions, and/or different sexual orientations and gender identities may have different health care needs. By collecting this information, we can make sure to provide you with the best care. We can also identify patterns and work to reduce health risks by making sure that everyone gets high quality health care.	Patients may not understand why the information is being collected. The suggested response may help them understand how the data will be used to improve quality of care overall.
Why do you care about my sexual orientation?	By collecting this information, you are helping us to provide	Patients may not understand why the information is being

	<p>better services and programs to our patients. The information can help us identify patterns, and work to reduce risk by making sure that everyone gets high quality healthcare. Regardless of whether you answer these questions, we will provide you with quality care</p>	<p>collected. The suggested response may help them understand how the data will be used to improve quality of care overall.</p>
<p>Why are you asking me this now?</p>	<p>Washington state enacted HB1272, a measure requiring us to ask these questions of everyone who accesses services within Washington, to help us improve services for all our patients and clients.</p>	<p>Patients may be concerned or confused about why this information is being asked now</p>
<p>Why are you asking me this? Do you think I'm gay? Are you gay?</p>	<p>We ask all patients to self-identify because we want our records to capture you as accurately as possible. People of different disability, condition, sexual orientations, and gender identities may have different health care needs. By collecting this information, we can make sure to provide you with the best care. We can also identify patterns and work to reduce health risk by making sure that everyone gets high quality healthcare.</p>	<p>Guessing a patient's disability, condition, or SOGI based on appearance or behavior does not allow the patient to identify their own disability, condition, sexual orientation and/ or gender identity. It also increases data errors. Improve the accuracy of data by asking the patient to self-identify.</p>
<p>I told you the last time. Isn't that in my chart already? Why are you asking me again?</p>	<p>Sometimes these responses change over time. We ask each patient to tell us, rather than assuming that we know based on what was said previously. We want to make sure that what we put in your medical</p>	<p>Responses may change overtime.</p>

	record it's based on what you tell us	
Isn't asking these questions only going to make discrimination worse?	PeaceHealth is committed to making sure we provide a safe, respectful, and comfortable environment where everyone feels safe. We won't tolerate discrimination based on disability, condition, sexual orientation, gender identity, or any other factor.	This is an opportunity to normalize the practice of asking disability, condition, and SOGI questions, as well as reinforcing nondiscrimination practices and policies within the PeaceHealth system
What if I don't want to answer these questions?	It's perfectly alright if you don't want to answer some or all the questions.	The patient might not want to respond now but might do so later in the appointment or during a subsequent visit period until they are comfortable, stay calm and record their response as "declined."
What will my information be used for?	By providing us with information on your disability, condition, sexual orientation, and gender identity, you are helping us provide better services and programs to our patients. For example, with this information, we can offer effective programs that can improve health.	Patients may have fears about their information being used to target them in some way. The suggested response may help ease their mind.
Who will see my information?	The only people who will see your information are members of your health care team and others who are authorized to see your medical information (Depending on a person's age, this may include family members and/ or guardians).	Patients may have fears about their information being used to target them in some way. The suggested response may help ease their mind.
Why am I being asked these questions?	We are collecting information on disability, condition, sexual	Patients may have fears about their information being used to

	orientation, and gender identity from all our patients. It is perfectly alright if you do not want to answer some or all the questions. By knowing more about your background, we will be better able to meet your health needs.	target them. The suggested response may help ease their mind.
How secure is this information?	Your information is secure and private. The only people who will see your information or members of your healthcare team and others who are authorized to see your medical record.	Patients may have fears about their information being used to target them in some way. The suggested response might help ease their mind.
I'm offended by these questions. This is none of your business.	I understand, and it is not my intention to offend you at all. We ask all our patients, but it is perfectly alright if you do not want to answer some or all the questions. Regardless of whether you answer these questions, we will provide you with quality care. This information does help PeaceHealth provide better care to our patients. Anything you do share with us is private and confidential.	Patients may find these questions intrusive or too personal. Patients may have fears about their information being used to target them in some way. The suggested response might help use their mind.
I don't understand. What is the difference between gender identity and sex on my birth certificate?	We ask this because gender identity may be different than what is on your birth certificate. Gender identity is how you understand yourself and what you call yourself- It can be male, female, or something else. One's gender identity can	Patients may need more information about terminology to understand what is being asked.

	be the same or different from their sex at birth.	
I don't understand. What do you mean by pronoun?	Pronouns are about how you want people to refer to you. For example, I go by pronouns like she/ her. Some people use they/ them, he/ his, or something else. Do you have any specific pronouns you use?	Patients may need more information about terminology to understand what is being asked.
I was born a girl, of course I'm a woman.	Thanks for providing that information. For some people, their gender identity is the same as their sex at birth, and for some people it is different. We ask everyone, rather than making assumptions.	This is an opportunity to educate patients and normalize the practice of asking rather than assuming.

Adapted from: San Francisco Health Network, (2022) SOGI Response Matrix

## Navigating Opposition/Push-Back

### Dealing with Opposition/Push-Back from Patients

- Remind patients that knowing this information allows us to provide the best care for their personal needs.
- Tell patients that this information is voluntary and that they do not need to disclose this information if they don't wish to.
- Tell patients that collecting this data allows us to identify disparities within our communities which will help PeaceHealth improve the quality of care they provide and focus their efforts to eliminate those disparities.
- If the patient becomes aggressive or hostile when asked these questions, utilize the chain of command in addressing patient behavior and put your safety first.

### Reminders

- **Professional Responsibilities.** All caregivers must meet the individual needs of patients regardless of their actual or perceived sexual orientation, gender identity, gender expression, or relationship/partnership status. Discrimination based on these categories is prohibited and illegal.

- **Never Assume.** Staff should not assume that all patients are straight (i.e., heterosexual), or cisgender (someone who identifies their gender with the sex assigned to them at birth). Similarly, caregivers should not assume that LGBTQIA+ patients are identifiable by stereotypical mannerisms or characteristics.
- **Use Appropriate Terminology.** Once a patient discloses their gender identity and sexual orientation, caregivers should utilize appropriate, respectful, and inclusive language.
- **Always Maintain Confidentiality.** Sexual Orientation and Gender Identity (SOGI) information is HIPPA protected information so treat this information like you would all other PHI.
- **Refer to individuals by their Name, Pronoun, or other identifying term.** Individuals are not their disease, condition, or other state, (ie, the diabetic or heart failure patient in room x) that is part of who they are not their identity.

## Repairing

### What to do when you are harmed

Perry, R. (2022).

#### Safety

Are you physically and psychologically safe? If the answer is no, seek safety

#### Share Impact

“This is why I have been impacted [state harm].”

#### Acknowledge intent

“I recognize your [state good intention].”

#### Engage

What do you need to share to feel complete?

#### Repair

What behavior changes are needed to begin repair?

### What to do when you cause harm

Perry, R. (2022).

#### Ask for consent

“I’m sorry. Can you please tell me how I caused harm?”

#### Actively listen

Listen without planning a response or defending your good intentions

#### Repeat back

Repeat back what you listened to, and ask, ‘did I get that right?’

#### Acknowledge harm

Take personal responsibility

“I’m sorry for the harm (name it/them) I caused, and I will (name the new behaviors).”

#### Be accountable

Action leads to change

List what you will do or change to avoid repeating the harm

### **Practice**

This work is a practice to make practice, not a practice to make perfect

## **What to do when you bear witness to harm**

Perry, R. (2022).

### **Safety**

Are you physically and psychologically safe? If the answer is no, seek safety

Remember, acting as an upstander requires that another person's safety comes before your comfort

### **Overcome silence**

Remember doing nothing can cause even more harm

To create space to repair, you must first acknowledge that a person has experienced harm

### **Acknowledge harm**

Consider your communication style and check-in with subject and initiator recognizing harm

### **Repair**

Respond empathetically, support the subject and the initiator to create space to repair

### **Request**

Empathetically support initiator to shift their behavior

## **What to do if you've offended someone**

While we rarely intend to hurt others, common mistakes such as forgetting a person's pronouns, using their birth name instead of their chosen name, or misgendering a person can hurt feelings or even put another person's safety at risk. In these moments, it's good to have a roadmap for how to make things right (The Trevor Project, 2022).

### ***Listen***

Unfortunately, it's common to avoid listening to those we've hurt whether intentional or not, as it inspires uncomfortable feelings of guilt and shame. Stay in your discomfort and be willing to listen because this is how we can grow.

Seek to understand and empathize with the other person's lived experience (The Trevor Project, 2022).

### ***Be Accountable***

Take responsibility for your actions, privileges, and experiences that you hold which could contribute to your biases. Don't dismiss what the person is sharing with you, justify your behavior, or defend your intentions. It isn't helpful to the people who have been hurt, and it shifts the focus away from the people who have been harmed and onto your personal feelings of guilt, shame, or defensiveness.

Remember, intention is not impact. The best apology is one that doesn't make excuses or invalidate the other person's feelings (The Trevor Project, 2022).

### ***Commit To Do Better***



Treat it as a learning experience. The most authentic apology is meaningless if there is no change or if the behavior is repeated consistently in the future. Show you care by doing better next time (The Trevor Project, 2022).

## Escalation

It is the policy of PeaceHealth that Patients are provided with equitable services in a manner that respects, protects, and promotes Patient Rights. If there is a situation in which the caregiver is disrespectful, or the patient is displaying inappropriate behavior, the situation should be addressed immediately.

Should immediate countermeasures not be effective in addressing the situation, please escalate to your manager/supervisor or Human Resources for assistance.

Harassment includes subtle or overt behaviors, and individuals have different ideas about what is offensive regardless of intended meaning or purpose. Harassment can be based on sex, gender, gender identity or expression, race, color, religion, age, disability, marital status, sexual orientation, national origin, military status or any other legally protected class. This is prohibited.

To report harassment, contact your immediate supervisor, HR at 1-855-333-MyHR (6947) Monday-Friday 8 a.m.-5 p.m. PT, or use the Integrity Line in Crossroads. Organizational Integrity Line: 1-877-261-8031 or Dedicated Voicemail Line: 1-360-729-1730.

### For additional information:

- [AskHR](#)
- [Non-Discrimination Policy](#)
- [System Services - Diversity, Equity & Inclusion - Home \(sharepoint.com\)](#)
- [Workplace Harassment Policy](#)
- [Organizational Integrity; Alert Line](#)
- [Safe2Share-for Workplace Violence](#)
- [Risk Management: Just Culture Algorithm](#)

# Best Practices

## How You Can Support the Trans and Nonbinary People in Your Life

### Disclosure

After a friend or loved one shares their experiences with their gender, you may want to inform everyone in your group to make sure that everyone knows to use the correct pronouns, or because you are surprised to find out that someone you know is transgender. Refrain from sharing anyone else's story for them.

Disclosing a transgender or nonbinary person's identity could cause discomfort if they have not come out to others. It could also compromise their safety, as many people or environments can be dangerous for transgender and nonbinary people (The Trevor Project, 2022).

### Transitioning

Transitioning looks different for different people, and there is no right way to express your gender. Some people physically and/or medically transition; others do not. This may be related to personal expression, lack of access to gender-affirming healthcare, medical conditions that prevent certain procedures, or other reasons.

Transitioning is more complicated than just a surgery, and can take place over several years, involving social, medical, and/or legal aspects of transition. Some people decide not to transition at all. This may be for lack of supportive community, risk to personal safety, or other personal reasons. There is no "right" way to express your gender identity or to live your truth (The Trevor Project, 2022).

You should not ask unprompted questions about a transgender or nonbinary person's body, genitals, medical history, plans for medical procedures, their previous name, or invasive details about their life prior to transition. Imagine how you might feel if a stranger asked you such questions! (The Trevor Project, 2022). Only when medically necessary should you discuss this topic, and only after explaining why.

### Age

There is no "right" age to understand your gender identity. Some people know their gender from a very young age and supporting them in this has many positive effects on their mental health and well-being. Other people transition later in life, when they are in an accepting environment to do so and have access to social, medical, or legal resources to support them. Other people explore their gender identity over the course of their entire lives. Whatever age they are, it is your responsibility as an ally to uplift them at every stage of their journey (The Trevor Project, 2022).

### Binary and Nonbinary Genders

Gender is not strictly binary, and while some transgender people are binary in their gender identity and expression, others may express their gender as nonbinary, agender, genderfluid, and many more. Nonbinary people often prefer to identify outside binary categories of gender, whereas binary transgender people usually want to be accepted simply as men or women (The Trevor Project, 2022).

### Sexuality

Transgender and nonbinary people identify with a wide variety of sexualities. Just because you know someone's gender does not mean you automatically know their sexual orientation (The Trevor Project, 2022).

### **“Passing” or “Stealth”**

“Passing” is a term used to describe whether or not a person is perceived as a certain gender; for example, “passing as a woman” or “passing as a man.” Being “stealth” is a term often used in the transgender community that describes an individual who chooses to not identify as transgender; for example, identifying as a man rather than a transgender man or a woman rather than a transgender woman. For many transgender people, being able to “pass” as the gender they align with or be stealth is important for a sense of wellbeing and can allow one to move safely through environments where being perceived as transgender is a danger.

However, the terms can be considered problematic because it implies that being perceived as cisgender is the ultimate goal for transgender and nonbinary people. The word “passing”, or “stealth” can imply that a person must convince others of their gender, rather than being able to simply express their true self. Implying that transgender people are lying, tricking, or deceiving other people is wrong and hurtful (The Trevor Project, 2022).

### **Misgendering**

To misgender someone means to use the wrong name, pronouns, or form of address for a person's gender. Whether misgendering happens as an innocent mistake or a malicious attempt to invalidate a person, it is deeply hurtful and can even put a person's safety at risk if they are outed as transgender in an environment that is not tolerant.

Purposefully misgendering is not OK, and you can be a good ally by standing up for others if you witness someone being harassed for their gender. If you misgender someone by accident, apologize swiftly without making an excessive show out of the mistake or your guilt, which can create even more discomfort for the person who has been misgendered. Show that you care by doing better moving forward (The Trevor Project, 2022).

### **Microaggressions**

Microaggressions are everyday comments and questions that can be hurtful or stigmatizing to marginalized people and groups. Microaggressions are subtle, and the person committing the microaggression may have no idea that their comments are harmful.

For example, a common comment that transgender people may hear is, “You don't look trans!” This is often phrased as a compliment; however, it implies that being transgender is a negative thing, or that all people want to be perceived as cisgender. Since microaggressions are subtle, do your best and listen to any feedback you may receive. If someone's feelings are hurt by something you've said or done, take the time to understand and to learn from the experience (The Trevor Project, 2022).

# Resources

## Internal resources

PeaceHealth Center for Inclusion, Diversity, Equity and Access (CIDEA)

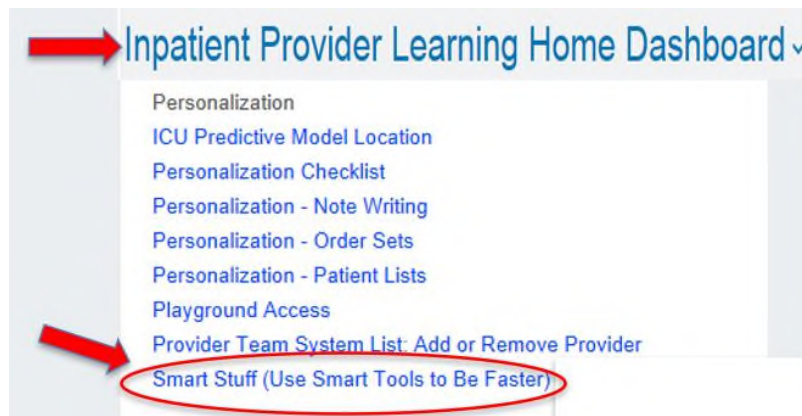
[Diversity, Equity & Inclusion - Home Page on Crossroads](#)

Caregiver Affinity Groups	Contacts
Asian Pacific American (APA)	Visit the <a href="#">Asian Pacific American (APA) CRG - Crossroads</a> page or email <a href="mailto:cag@peacehealth.org">cag@peacehealth.org</a>
Black and Allies Network Group (BANG)	Visit the <a href="#">Black and Allies Network Group (BANG) CRG - Crossroads</a> page or email <a href="mailto:cag@peacehealth.org">cag@peacehealth.org</a>
Cultivating Relationships for Outstanding Women Network (CROWN)	Visit the <a href="#">Cultivating Relationships with Outstanding Women Network (CROWN) CRG - Crossroads</a> page or email <a href="mailto:DLSYSCrownLeaders@peacehealth.org">DLSYSCrownLeaders@peacehealth.org</a>
Comunidad	Visit the <a href="#">Comunidad CRG - Crossroads</a> page or email <a href="mailto:DLSYSComunidadLeadersCRG@peacehealth.org">DLSYSComunidadLeadersCRG@peacehealth.org</a>
Pride	Visit the <a href="#">PeaceHealth Pride CRG Sharepoint Page</a> , email <a href="mailto:pridecag@peacehealth.org">pridecag@peacehealth.org</a> , or visit the <a href="#">Pride CRG - Crossroads Page</a> .
Social Justice	Visit the <a href="#">Social Justice CRG - Crossroads</a> page or email <a href="mailto:cag@peacehealth.org">cag@peacehealth.org</a>
Tribal Alliance Group (TAG)	Visit the <a href="#">Tribal Alliance Group (TAG) CRG - Crossroads</a> page or email <a href="mailto:cag@peacehealth.org">cag@peacehealth.org</a>
Veterans, Family and Friends	Visit the <a href="#">Veterans, Family &amp; Friends CRG - Crossroads</a> page or email <a href="mailto:DLSYSVeteransCRG@peacehealth.org">DLSYSVeteransCRG@peacehealth.org</a>

**PH PRIDE LGBTQIA+ Resource Library** - more information on SOGIE, Pronouns, Terminology Glossary, Resources for Healthcare Providers, LGBTQ+ Youth - and their friends and families, and much more.

**CareConnect Notes and SmartTools**- a resource on how to use SmartTools and edit SmartPhrases.

SmartTools may also be found on the Learning Home Dashboard in CareConnect (see image to the right)



## External resources

[Alliance of Minority Physicians \(AMP\) | Office of Inclusion, Diversity, and Equity | Perelman School of Medicine at the University of Pennsylvania \(upenn.edu\)](#)

[AMA Ed Hub](#)

[Disability Services | USAGov](#)

[Diversity and Inclusion | U.S. Department of Labor \(dol.gov\)](#)

[FenwayHealth.org - Health Care Is A Right, Not A Privilege](#)

[Healthcare Equality Index 2022 - Human Rights Campaign \(hrc.org\)](#)

[Human Rights Campaign \(hrc.org\)](#)

[National Coalition for LGBTQ Health](#)

[SO/GI Data Collection Demonstration Videos » LGBTQIA+ Health Education Center](#)

[Stigma & Bias in Healthcare: The Obstacles, Consequences and Changes Needed | WA Patient Safety \(qualityhealth.org\)](#)

[Therapy Certification Training: Transgender Training| Transgender Care](#)

[Trans Student Educational Resources](#)

[Transgender Medicine for General Medical Providers](#)

[Transgender Training Institute](#)

[The Trevor Project | For Young LGBTQ Lives](#)

[Welcome - HIV Alliance](#)

[WPATH World Professional Association for Transgender Health](#)

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