



CULTURALLY RESPONSIVE AND GENDER AFFIRMING CARE TOOLKIT



Clinical Education and Center for Inclusion, Diversity, Equity and Access (CIDEA)

PeaceHealth 11/30/2022



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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.



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 healthcare resources.

Why the Changes?

Starting in January 2023 PeaceHealth will be collecting more demographic data from patients so we can be more inclusive and respectful, identify disparities that may affect the communities we serve, and gain broader insights and awareness of the people we care for. Our similarities and differences are not always seen or heard. It is appropriate to ask respectful questions to determine how to be supportive of one another.

Patients will be 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.

While some of these topics have already been a part of the PeaceHealth admission process, the options for entering answers were limited and did not recognize the richness of our communities. The January 2023 enhancement to our electronic documentation system and the way we engage with our patients will change to provide recognition of our historically excluded populations and allow for better accommodations for those that need them.

Center for Inclusion Diversity Equity and Access (CIDEA)

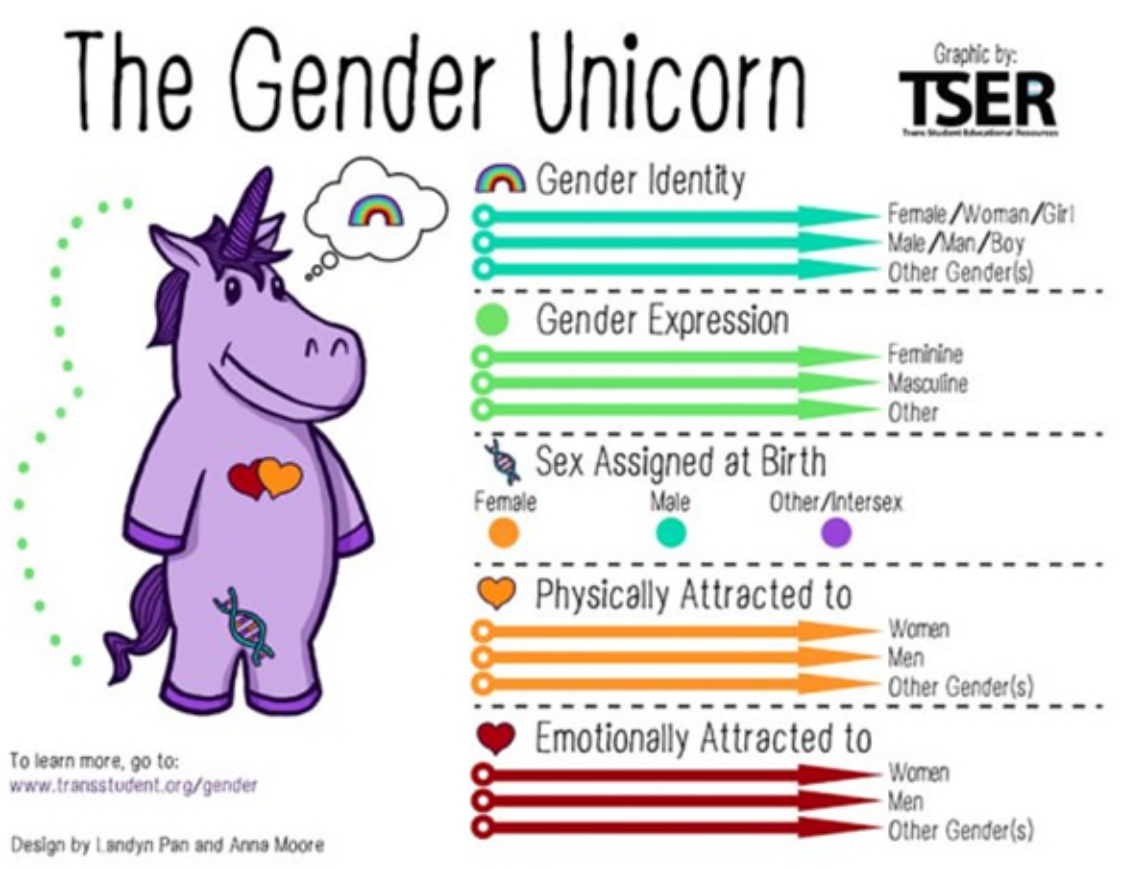
PeaceHealth’s CIDEA department is dedicated to upholding our Mission, Vision, and Values and our commitment to the Catholic Health Association’s "Confronting Racism by Achieving Health Equity" pledge that we signed in February 2021 through strategic DEI initiatives and programming. CIDEA aims to help 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 though their [Crossroads page](#) or email any questions to cidea@peacehealth.org



Terminology



Gender

Gender is described in two ways

Sex assigned at birth- based on physical anatomy of the external organs recognized at the *time of birth*

Gender identity- this is the gender a person most closely identifies

NOTE: Gender does not determine sexual orientation

Cisgender

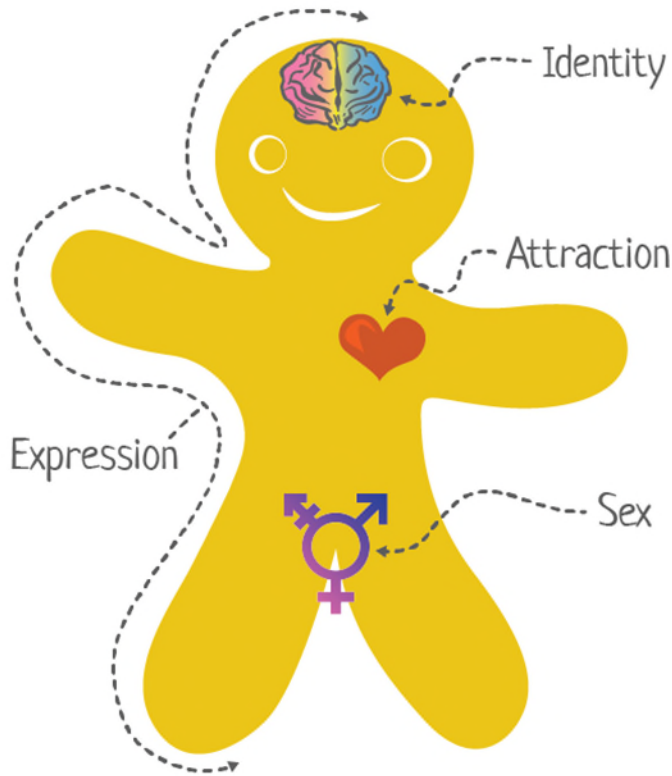
People whose gender identity aligns with the sex they were assigned at birth

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



The Genderbread Person v4 by its pronounced METROsexual.com



⊖ means a lack of what's on the right side

Gender Identity

- ⊖ → Woman-ness
- ⊖ → Man-ness

Gender Expression

- ⊖ → Femininity
- ⊖ → Masculinity

Anatomical Sex

- ⊖ → Female-ness
- ⊖ → Male-ness

Identity ≠ Expression ≠ Sex
 Gender ≠ Sexual Orientation

Sex Assigned At Birth
 Female Intersex Male

Sexually Attracted to... and/or (a/o)

- ⊖ → Women a/o Feminine a/o Female People
- ⊖ → Men a/o Masculine a/o Male People

Romantically Attracted to...

- ⊖ → Women a/o Feminine a/o Female People
- ⊖ → Men a/o Masculine a/o Male People

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at www.genderbread.org

image source: <https://www.genderbread.org/resource/genderbread-person-v4-0>



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 America/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

She, her, her, hers, and herself

He, him, his, his, and himself

They, them, their, theirs, and themselves

Ze/zie, hir, hir, hers, and herself

Xe, xem, xyr, xyrs, and xemself

Ve, ver, vis, vis, and verself

Learn more about why pronouns matter by visiting pronouns.org

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).



Asking the Questions Respectfully

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.

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

Challenging Question	Suggested Response	Rationale
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	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.



	risks by making sure that everyone gets high quality health care.	
Why do you care about my sexual orientation?	By collecting this information, you are helping us to provide 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	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 are you asking me this now?	Washington state recently 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.	Patients may be concerned or confused about why this information is being asked now
Why are you asking me this? Do you think I'm gay? Are you gay?	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.	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.
I told you the last time. Isn't that in my chart already? Why are you asking me again?	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 record it's based on what you tell us	Responses may change overtime.
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 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.	Patients may have fears about their information being used to 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	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.



	our patients. Anything you do share with us is private and confidential.	
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 be the same or different from their sex at birth.	Patients may need more information about terminology to understand what is being asked.
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](#)

Resources

Internal resources

PeaceHealth Center for Inclusion, Diversity, Equity and Access (CIDEA) [System Services - Diversity, Equity & Inclusion - Home \(sharepoint.com\)](#)

Caregiver Affinity Groups	Contacts
Asian Pacific American	cag@peacehealth.org Jay Ravarra, Co-Chair - JRavarra@Peacehealth.org Gurpreet Dhillon, Co-Chair - GDhillon@PeaceHealth.org
Black and Allies Network Group (BANG)	cag@peacehealth.org Conan Cope, Co-Chair - CCope@peacehealth.org Misty Ortiz, Co-Chair - MOrtiz2@peacehealth.org Owen Lawson, Membership Coordinator - OLawsoniv@peacehealth.org
Cultivating Relationships for Outstanding Women Network (CROWN)	cag@peacehealth.org Summer Meyer, Co-Chair - smeyer@peacehealth.org Annie Castle, Co-Chair - acastle2@peacehealth.org Sally Wright, Membership Coordinator - swright1@peacehealth.org
Comunidad	cag@peacehealth.org Cristhian Canseco Juarez, Co-Chair - ccansecojuarez@peacehealth.org Keila Torres, Co-Chair - KTorres1@peacehealth.org
PeaceHealth Pride	cag@peacehealth.org Kris Lindeman (they/them), Co-Chair - KLindeman@peacehealth.org Connie Gabelein (she/her), Co-Chair - CGabelein@peacehealth.org Elizabeth Goss (she/her), Membership Coordinator - EGoss@peacehealth.org
Social Justice	cag@peacehealth.org Jason Friend, Co-Chair - jfriend1@peacehealth.org Crystal Bailey, Co-Chair - CBailey@peacehealth.org



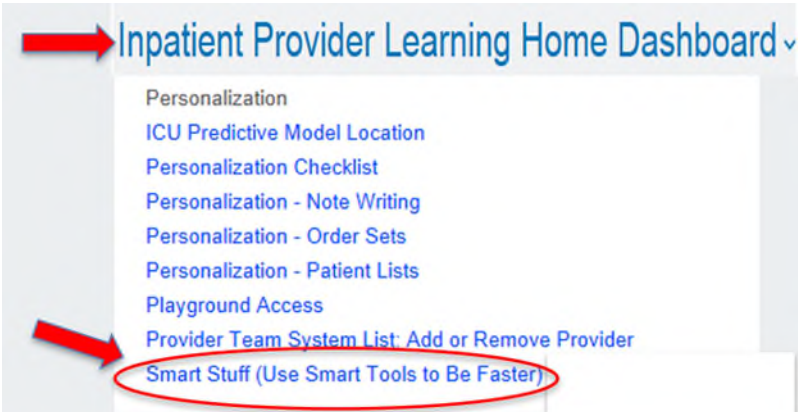
Tribal Alliance Group	cag@peacehealth.org Naiyahnikai Gorman, Co-Chair - ngorman@peacehealth.org
Veterans, Family and Friends	cag@peacehealth.org Whitney Dotson-Kemper, Co-Chair - WDotsonkemper@peacehealth.org Ashley Groshong, Communications Coordinator - AGroshong@peacehealth.org Mahal Anderson, Membership Coordinator - Manderson11@peacehealth.org

[AMA Ed Hub](#)

[PH PRIDE LGBTQIA+ Resource Library](#)

[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](#)



References

- AMA Ed Hub, (2022). *LGBTQ health, diversity & inclusion*. <https://edhub.ama-assn.org/course/265>
- Coursera, (2022). *Transgender medicine for general medical providers*. <https://www.coursera.org/learn/transgender-medicine>
- Disability Services, (2022). <https://www.usa.gov/disability-services>
- Fenway Health, (2022). <https://www.dol.gov/agencies/odep/program-areas/employers/diversity-inclusion>
- Foundation for Health Care Quality, (2022). *Stigma & bias in healthcare: The obstacles, consequences, and changes needed*. <https://www.qualityhealth.org/wpsc/2020/08/17/stigma-bias-in-healthcare-the-obstacles-consequences-and-changes-needed/>
- Genderbread person, (2022). <https://www.genderbread.org/resource/genderbread-person-v4-0>
- Gender Unicorn, (2022). *Image download*
<https://tse1.mm.bing.net/th/id/OIP.irrNam1xvmrVy03I7ew8QwHaEs?pid=ImgDet&rs=1>
- HIV Alliance, (2022). <https://hivalliance.org/>
- Human Rights Campaign (HRC), (2022). <https://www.hrc.org/>
- Human Rights Campaign (HRC), (2022). *Healthcare Equality Index 2022*. <https://www.hrc.org/resources/healthcare-equality-index>
- Human Rights Campaign (HRC), 2022. *Glossary of Terms*. <https://www.hrc.org/resources/glossary-of-terms>
- National Coalition for LGBTQ Health, (2022). <https://healthlgbtq.org/>
- National LGBTQIA+ Health Education Center, (2022). *SO/GI Data Collection Demonstration Videos*.
<https://www.lgbtqihealtheducation.org/courses/so-gi-data-collection-training/>
- Office of Disability Employment Policy, (2022). *Diversity and Inclusion*. <https://www.dol.gov/agencies/odep/program-areas/employers/diversity-inclusion>



PeaceHealth, (2022). *Non-Discrimination Policy*. <https://peacehealth-system-services.policystat.com/policy/12630413/latest>

PennMedicine, (2022) *Alliance of Minority Physicians (AMP)*. <https://www.med.upenn.edu/inclusion-and-diversity/alliance-of-minority-physicians-amp.html>

Perry, R. (2022). *Fumbling towards repair overcome common TGX microaggressions*

Resources on personal pronouns, (2022). <https://pronouns.org/what-and-why>

The Trevor Project, 2022. *Guide to being an ally to transgender and nonbinary young people*.

<https://www.thetrevorproject.org/resources/guide/a-guide-to-being-an-ally-to-transgender-and-nonbinary-youth/>

Therapy Certification Training, (2022). *Transgender training | Transgender care*.

<https://www.therapycertificationtraining.org/certification/transgender-training-care#:~:text=Therapy%20Certification%20Training%20offers%20a,Credit%20Hours%20from%20various%20boards.>

Trans Student Educational Resources (TSER), (2022). *Trans student educational resources*. <https://transstudent.org/>

Trans Student Educational Resources (TSER), (2022). *Definitions*. <https://transstudent.org/about/definitions/>

Transgender Training Institute, (2022). <https://www.transgendertraininginstitute.com/about-tti/>

World Professional Association for Transgender Health (WPATH), (2022). <https://wpath.org/>