

Queer Competency in Health Care Service Provision

When “I Treat Everyone the Same” Isn’t Enough

Unique Wellness Outcomes and Determinants

Cultural competency as it relates to LGBTQ communities is essential so that health care and social service providers are respectful of and responsive to the specific health needs and cultural issues of LGBTQ communities.

- Q LGBTQ people have long been pathologized and gate-kept in health care. Many avoid or defer needed care, or do not disclose important information to their provider.
- Q LGBTQ competent care is not always geographically or socially accessible.
- Q HIV/AIDS and several other STIs continue to have high prevalence among gay men.
- Q High rates of smoking, alcohol and drug use among LGBTQ populations are contributed to by:
 - Minority stress
 - Cultural centrality of bar venues due to a history of criminalization making underground spaces necessary
- Q LGBTQ people report elevated prevalence of mood disorders and lifetime suicidality
- Q Multiple studies report up to 40% of homeless youth identifying as LGBTQ and trans*

Service providers have a unique opportunity to be a positive health determinant in LGBTQ communities.

(References available)

QMUNITY
BC'S QUEER RESOURCE CENTRE

Inclusive Language

Using inclusive language is key to provide better services:

- Q **Transgender (Trans, Trans*):** Someone whose gender identity or expression does not fit within dominant-group social constructs of assigned sex and gender.
- Q **Cisgender:** Identifying with the same gender that one was assigned at birth.
- Q **Queer:** ‘Queer’ is sometimes used in place of ‘LGBTQ’. This is a reclaimed term with a long negative history. Can be offensive to some.
- Q **Intersex:** Intersex people are people born with sex characteristics that are not exclusively male or female.
- Q **Pansexual:** Someone who is attracted to people of all genders.
- Q **Asexual:** Someone who does not experience sexual desire for people of any gender. Some asexual people desire romantic relationships, while others do not.
- Q **Two-Spirit (2-Spirit):** A term used by some First Nations communities to describe people with diverse gender identities, gender expressions and sexual orientations.
- Q **Heterosexism:** A system of attitudes, bias, and discrimination in favor of heterosexual relationships, sexuality and social roles.
- Q **Ciscentrism:** A system of attitudes, bias and discrimination in favour of cisgender identities and gender expressions.

Preferred Pronouns

Using a person’s preferred pronoun is an important act of inclusion.

How do I find out a person’s preferred pronouns?

- Q Build this into your intake forms and other documentation, with a question such as “Preferred pronouns: _____”

Ask: “When people are talking about me I prefer them to use (your preferred pronouns). I like to ask all my patients so I can be sure to be respectful; how would you like to be addressed?”

- Q Sharing information about yourself appropriately can lower barriers. Making enquiring about pronouns a habit means you will not be singling anyone out, making assumptions by not asking, or feeling awkward when you ask.
- Q If neither of the above is possible, you can use gender-inclusive pronouns such as “they” and “their” until specifically cued otherwise.

What pronoun choices are there?

Pronouns other than “he” or “she” may be preferred option for someone who does not identify within a male/female binary, or who does not wish to disclose their gender identity.

What if I make a mistake?

Acknowledge what happened, apologize, and commit to getting it right in future: “I’m really sorry, I just made a mistake. I’m going to work to make sure I don’t do that again.”

Tools for Reducing Barriers

- Q Display symbols of LGBTQ inclusion: rainbow stickers, pamphlets on LGBTQ health, visual representations of LGBTQ folk in PSAs. This will signal to clients that they can expect to be supported in your space.

It is important that this is backed up with comprehensive LGBTQ competency training and support for all staff to avoid creating false expectations

- Q Provide unisex or family washrooms.
- Q Provide forms that allow for self-identification: “Gender: Male/Female” can exclude people, but “Gender: _____” allows clients to self-identify
- Q Consider inherent bias in language: “Have a cervix? Get a pap” as opposed to “Women should consider a pap”
- Q Become an ally in your workplace. This includes challenging jokes, terminology, or gossip among staff; review policies that exclude LGBTQ colleagues and clients; share education resources among colleagues.
- Q Give opportunities for, and respond affirmatively to clients disclosing LGBTQ identities.
- Q Avoid assumptions about whether a client is or is not LGBTQ or trans* based on any factor other than self-identification.
- Q Assure confidentiality to your clients. Many clients worry that a disclosure will find its way to their employer, family, or friends - particularly in smaller communities.
- Q Develop knowledge of LGBTQ issues.
- Q Reflect on your own attitudes and beliefs regarding LGBTQ issues, how they might affect your service delivery, and how this can be managed.
- Q Connect with local LGBTQ referral resources.

Queer Competency Training

QMUNITY offers Queer Competency Trainings for service providers. These engaging and informative workshops, facilitated at your workspace or at QMUNITY, and tailored to your organization’s unique needs. In 2012, 97% of Queer Competency participants reported that their knowledge of LGBTQ issues had increased, and 94% reported feeling more equipped to support and include LGBTQ clients, colleagues, and volunteers.

For information on booking a Queer Competency Training, contact education@qmunity.ca or **604.684.5307 x 112**