CREATING INCLUSIVE DECOLONIZING SPACES IN HEALTHCARE

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INTRODUCTION & LAND ACKNOWLEDGEMENT

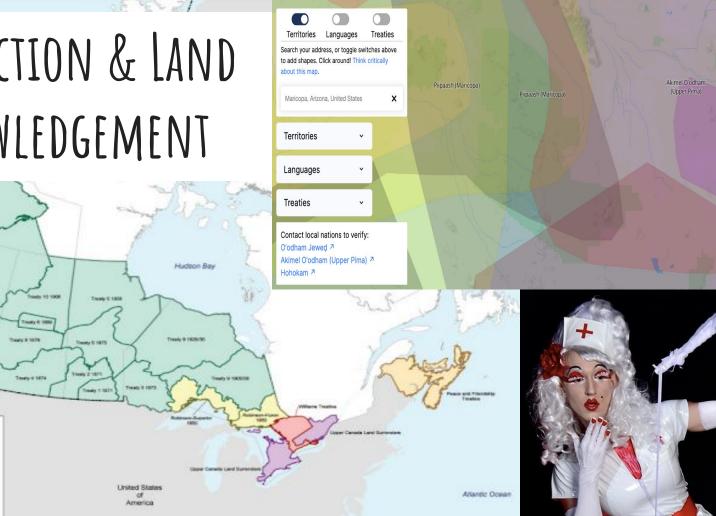
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GOALS

At this end of this visit, participants should be able to:

- 1. Be aware of gender and sexual diversity
- 2. Develop skills in creating safer and more inclusive spaces and interactions.

JOURNAL ARTICLE

Mandi L. Pratt-Chapman & Serena Phillips (2019): Health professional student preparedness to care for sexual and gender minorities: efficacy of an elective interprofessional educational intervention, Journal of Interprofessional Care

What were your first impressions?

CRITICAL QUESTIONS

Pre-reading Critical Questions

- What did you find to be strengths of this article?
- What opportunities to extend or expand knowledge about the topic did you find in the article?
- Who or what were centered in the analysis?
- Who or what were excluded from the analysis?
- What social and contextual factors may have contributed to the way the knowledge was articulated in the article as it was published?
- What do we know about the researchers and how might these factors influence the generation of this knowledge?



What are some ways we can introduce ourselves in ways that are more inclusive?

THE SEX & GENDER SPECTRUM: What are we talking about here?

SEX, GENDER, & ORIENTATION

Sex - Biological sex assigned at birth (Male [AMAB], Female [AFAB] or Intersex), typically based on genitalia and chromosomal sex.

Gender or Gender Expression – A variety of socially constructed expressions of masculinity and femininity (along a spectrum) based on conventional and cultural norms. (Cis M/F, trans M/F, Non-binary, Bigender, polygender, Gender-fluid, Gender-Queer, Agender, Two-Spirit)

Sexual Orientation or Expression – A description of a person's sexual, romantic, and/or emotional attraction to another person based on the partners gender. (Hetero/Homo-sexual, Gay, Lesbian, Bisexual, Polysexual, Pansexual, Asexual, Two-Spirit.)

ALL THE LETTERS IN THE RAINBOW

Many people are confused by the LGBTQI2S+ or other acronyms.

2S = two Spirited (an indigenous identity - may include all of the above)

- L = Lesbian (Women attracted to women)
- G = Gay (men attracted to men, and/or some other orientations)
- B = Bisexual (having attractions to many gender expressions)
 T = Trans (Identifying with another gender than that assigned
 at birth)
- Q = Queer or Questioning (Can include many combinations)
- I = Intersex (having ambiguous or combination sexual characteristics)
- + = all identities included in the spectrum (Pansexual, Asexual, GenderQueer, Non-binary, Genderfluid, and more)

SIGNALING INCLUSIVE SPACES

SIMPLE THINGS LIKE SIGNAGE



OTHER 2SLGBTQIA+ SYMBOLS



https://en.wikipedia.org/wiki/LGBT symbols



Safer Bathroom Signage

MAKING OUR COMMUNICATION INCLUSIVE

THAT THING ABOUT LANGUAGE

When you introduce yourself, use & share your pronouns, and if in doubt, it's often okay to ask for theirs.

Modelling your inclusivity with language or accessories can also help.



CHALLENGE YOUR CISHETEROMONOGAMOUS NORMS

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People/folks/Y'all - instead
                                Parent(s) - instead of mom or dad
of guys
                                Sibling – instead of brother or
Person with a uterus - instead
                                sister
of woman
                                Spouse- instead of husband or
Person with testes/prostate-
                                wife
instead of man
                                Partner- instead of boyfriend or
Pregnant parent(s) - instead of
                                girlfriend
"mother"
                                Child- instead of son or
                                daughter
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DE-GENDER ALL LANGUAGE

"A person with a cervix needs a pap every 3 years."

"Do you think that your partner could be a support at this time?"

"People who have been exposed to testosterone for many years can be at higher risk of heart disease and diabetes."

"I always encourage my pregnant patients to take folic acid."

"A partner might be able to feel the strings of the IUD, most likely with their fingers."

TRAUMA INFORMED CARE & CONSENT

Remember that you don't know all of the experiences a person may have had.

Approach every encounter as though people may have experienced trauma.

Be attentive to their comfort levels.

Ask for permission before speaking or touching.

Don't make jokes.

AVOID TRIGGERING LANGUAGE

Words like: breast, vagina, penis

Ask if patients find any anatomy words distressing

Ask what they call them instead/When possible, use them

Explain that anatomy is not necessarily gendered, so if you use the term, it is not an assertion of their gender, but rather a medical description

Use replacement terms if more comfortable for patients, it's ok to ask what would be more comfortable.

Examples: frontal sex instead of vaginal sex, chest feeding instead of breast feeding

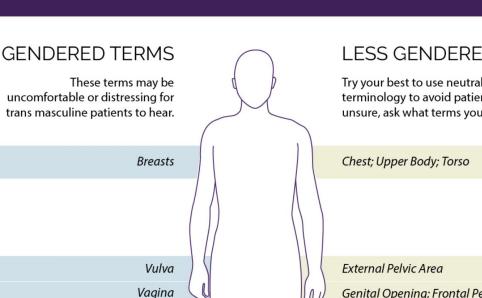
Suggested terminology to use with transmasculine patients

Uterus, Ovaries

Bra, Panties, Boxers, Briefs Period, Menstruation

Pap smear

Testicles



LESS GENDERED TERMS

Try your best to use neutral and inclusive terminology to avoid patient discomfort. If you are unsure, ask what terms your client prefers.

Genital Opening; Frontal Pelvic Opening; Internal Canal; Front Hole Internal Organs; Reproductive Organs; Estrogen Producing Tissue

Cancer screening

Underwear

(Monthly) Bleeding

Testosterone Producing Tissue; Reproductive Organs

HTTPS://WWW.RAINBOWHEALTHONTARIO.CA/TRANSHEALTHGUIDE/GP-INITIALASSESS.HTML

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LEARN THE LINGO

AsE: asexual

AFAB: assigned female at birth

AMAB: assigned male at birth

Passing: the act of being perceived by others as one's aligned gender identity

Getting clocked: being identified as trans when you are attempting to pass



LEARN THE LINGO

Raw Sex: Sex with lack of protection, condom-less. Synonym of Bare Back sex.

Binder: often worn by transgender men, it constricts the breasts into a more flat chested appearance.

Packer: a life-like prosthetic penis with testicles used to "pack" into the underwear of people who want to give the impression of having a penis.





OF CRITICAL IMPORTANCE...

Disrupting Heteronormative Assumptions (Don't ASSuMe -it makes an ass out of you and me)

Disrupting Deficit Discourses - Focus on the strengths and resilience of the people you are working with. Try avoid stereotypes & objectification (even if it seems harmless).

Accept the counter-narrative - Most people who identify outside the cis-gendered heterosexual majority have experiences various levels of oppression, abuse, or violence. They may not be prepared or expect to be treated with care and acceptance.

FORGIVENESS IS EVERYTHING



QUESTIONS OR COMMENTS

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PROVINCIAL PROVIDER RESOURCES

AHS Poster - <u>A Safe Place, Diversity Poster</u>

AHS LGBTQ resources - LGBTQ2S+

Practice Self Reflection Exercise https://www.albertahealthservices.ca/assets/info/hp/cdm/if-h
p-ed-cdm-gen-diverse-awareness-reflection-tool.pdf

Primary Health Care for Trans Patients: Hormone Planning

More Resources

<u>Bind Safe</u> – Resources on safe binding practices and education on gender dysphoria for youth, parents, medical professionals, and allies.

<u>What it's like to be intersex</u> - Video from the Intersex Youth Advocacy Group: <u>http://www.interactyouth.org</u>

<u>Visual Cues</u> - From the Inclusion Toolkit