

# Promoting a Gender-Inclusive Learning Environment

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# Disclosures

- Financial: none
- Positionality

# Learning Objectives

1. Define sex, gender, sexual orientation, examples of each and the differences between them
2. Describe two existing barriers in learning environments that limit gender inclusive teaching
3. Identify three ways educators can build gender inclusivity into their existing teaching models

# Road Map

- Case
- Language and definitions
- Defining the population
- SOGI data
- Creating welcoming spaces
- Wrap up

# Case

Jason (he/him) is a public health educator. Jason is teaching a class on cardiovascular disease. He's heard that past teachers were told their content wasn't welcoming of transgender and gender diverse learners.

# **How can Jason make his content more friendly for transgender and gender diverse learners?**

# Language & Definitions

# Terminology

- **Sex**
  - An assignment of Male, Female or Intersex based on birth identification of external phenotypic features (less commonly based on genetics)
- **Gender Identity**
  - The innate feeling of a person with regards to being male, female, both or something else, depending on social construct and personal beliefs
- **Gender Expression**
  - How one presents or displays their gender utilizing dress, hair, mannerisms and language
- **Sexual Orientation**
  - Describes the ways in which a person is attracted, or not, to others, is self-identified, and is usually discussed in relation to gender (not sex)



# Terminology: Sex

- **Intersex**

- An umbrella term for a diverse group of congenital differences in sex traits or reproductive anatomy (including sex chromosomes, sex steroids and/or internal or external genitalia).
- NIH identifies persons with intersex traits as within the SGM umbrella

- **Endosex**

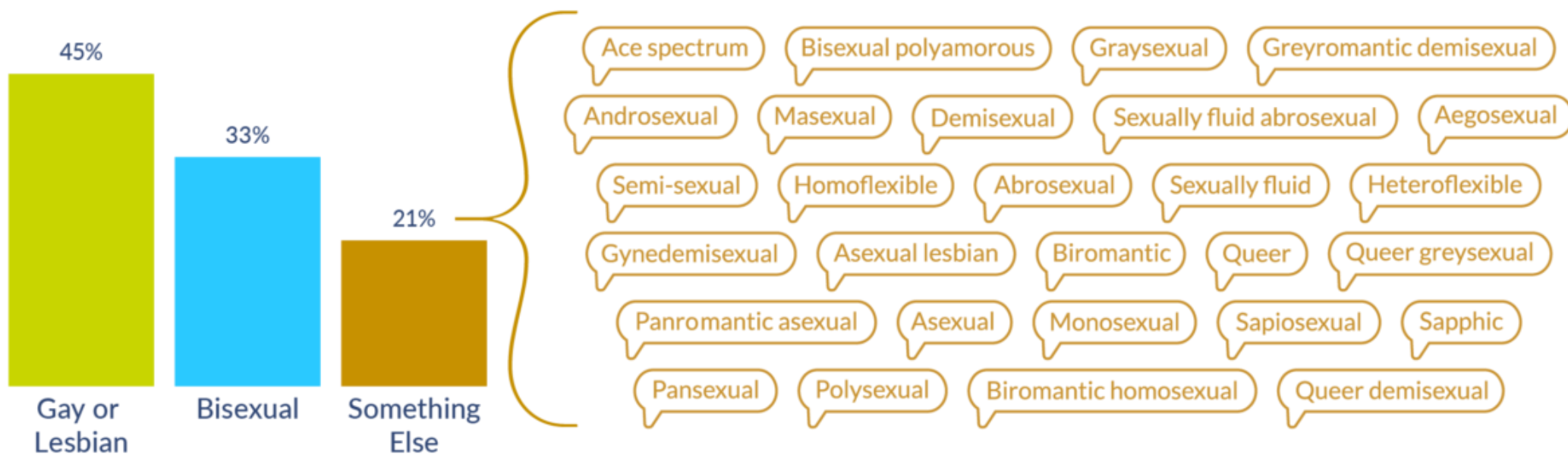
- A person who has natal sex characteristics that match what is expected for female or male bodies

# Terminology: Gender

- **Cisgender:**
  - Someone who's gender identity is congruent with their sex assigned at birth
- **Transgender and Gender Diverse (TGD) Persons:** persons who's gender identity *differs* from their sex assigned at birth
  - **Trans male/Trans masculine (FTM-Female to Male):** a person assigned female (or intersex) at birth who identifies as male
  - **Trans female/Trans feminine (MTF- Male to Female):** a person assigned male (or intersex) at birth who identifies as female
  - **Gender nonconforming/Genderqueer/Gender nonbinary:** A person who's gender identity differs from the one assigned at birth but is not fully defined by either male or female identity

# Terminology: Sexual Orientations

## LGBTQ Youth Sexual Orientations

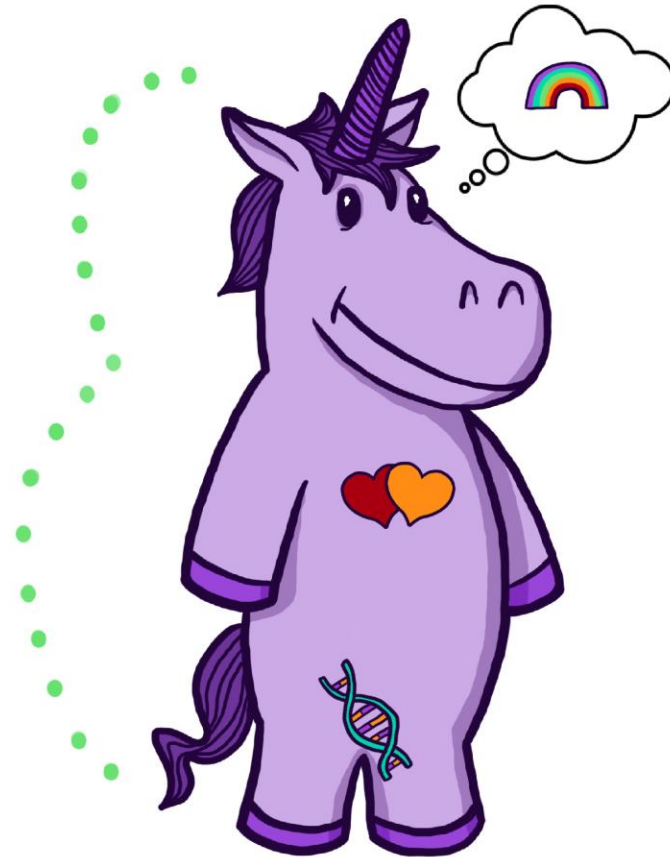


<https://www.thetrevorproject.org/research-briefs/diversity-of-youth-sexual-orientation/>

How a person identifies their gender, sexual orientation, are distinctly separate from, and do not dictate their sexual activity and sexual/reproductive health goals

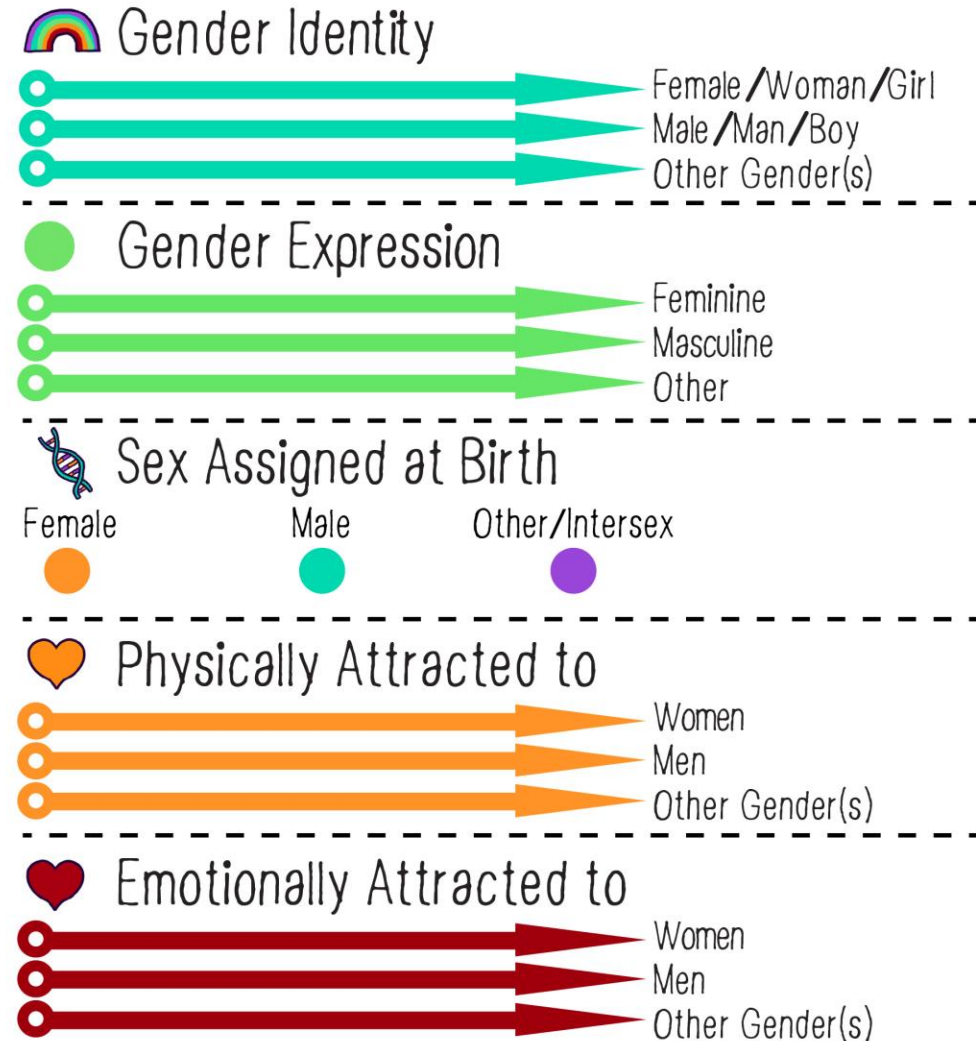
# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



# Barrier 1 – Unspoken Assumptions

- Everyone is cisgender
- Data on (white/men) is generalizable to everyone else
- Data on (white/women) is generalizable to all women
- The sex on the medical record header is fully descriptive of the person sitting in front of you
- Everyone with an F has a uterus and a system dominated by estrogen
- Everyone with an M has a prostate and a system dominated by testosterone

***These all represent an oversimplified set of assumptions about sex***

# Thinking about sex in health education, it isn't just one thing

Sex is a combination of a number of things:

- **G**enetics (including karyotype)
- **G**onads (sex steroids)
- **G**enitals (+ internal reproductive structures)

*How do these group together to become **Male** and **Female**?*

Karyotype

Hormones

Internal genitalia

External genitalia

Secondary sex traits

For up to **1.7%** of the population  
the **3 Gs don't align.**





	Endosex female
Karyotype	XX
Hormones	Estrogens
Internal genitalia	Ovaries Fallopian tubes Uterus & cervix Vagina
External genitalia	Clitoris Vulva/Labia
Secondary sex traits	Breast development Menstruation Pubic & axillary hair

Endosex male
XY
Androgens
Testes Epididymis ductus deferens seminal vesicle ejaculatory duct prostate
Penis Scrotum
Voice change Genital enlargement Pubic, axillary, facial hair

# Inclusivity Point 1:

Speak the unspoken assumptions

Name sex and gender when you're using them.



Where data is only on cisgender people, on just cis men or just cis women, say it.

Talk about what you are referring to when you're discussing sex or gender.

What are the relevant issues? Hormones? Organs?  
Culture? Body size?

# Audience Participation Time!

- Think of a time in your life where you felt your education was impacted by your gender.
- If you are in a relationship, think about a time when a teacher or peers ever asked you the gender of your partner or assumed that gender. Were they right? Were they wrong?
- *How did these experiences make you feel?*



# **How did the way your gender, sex, or sexual orientation affected your education make you feel?**

Sex and gender do not just impact the experiences of trans and gender diverse learners...they impact all of us.

Who is the population?



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# 1.6M

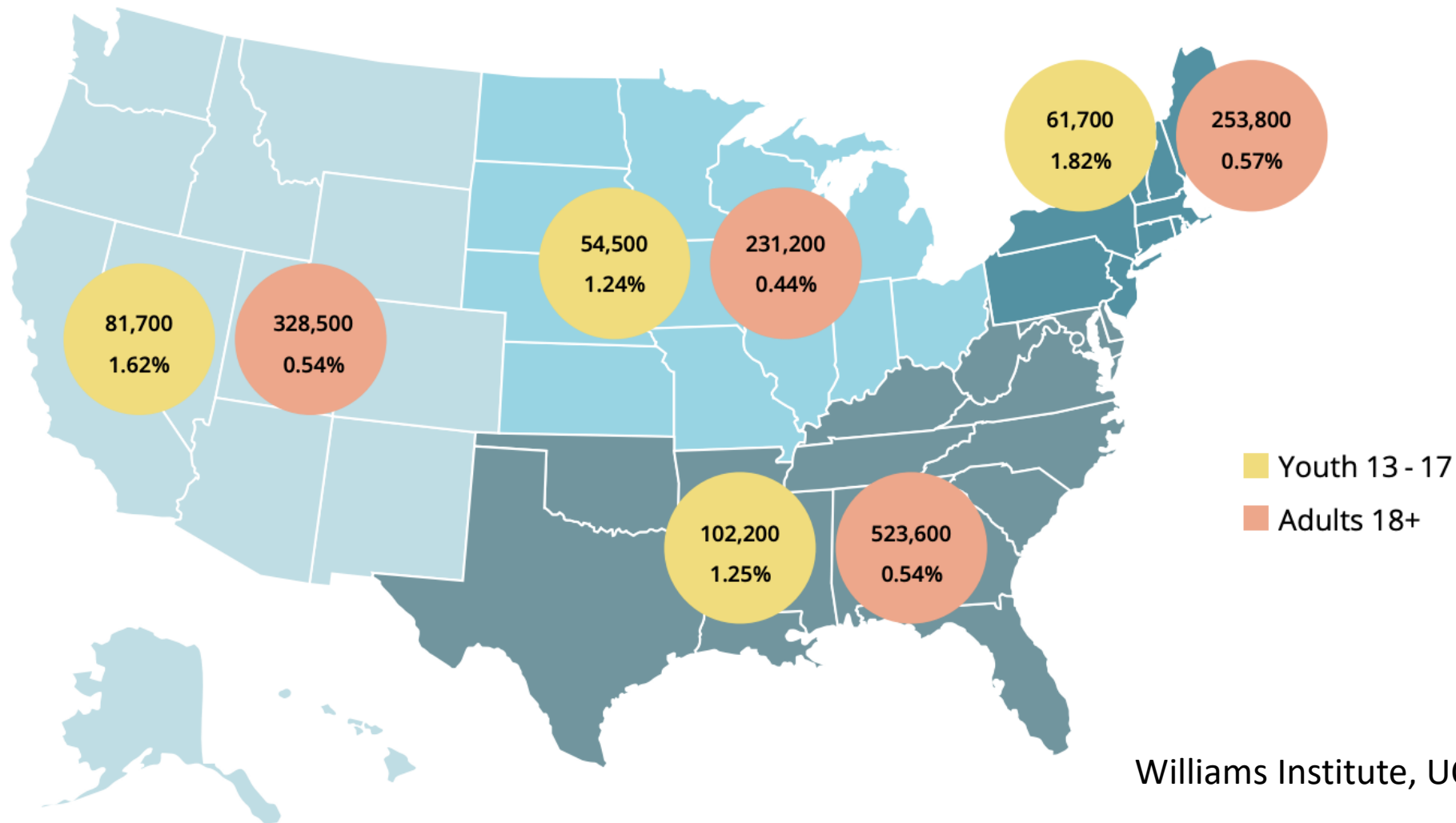
people ages 13+ identify as transgender in the  
U.S.



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Williams Institute, UCLA

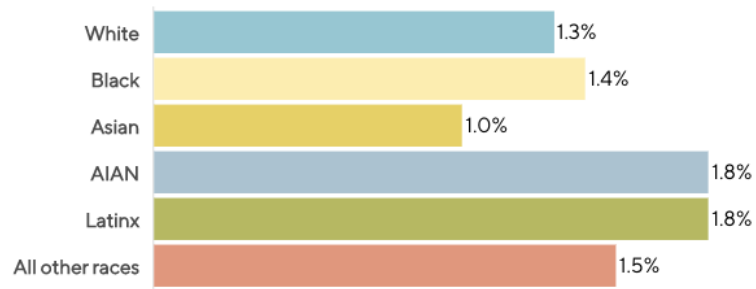
# Percentage of population who identifies as transgender



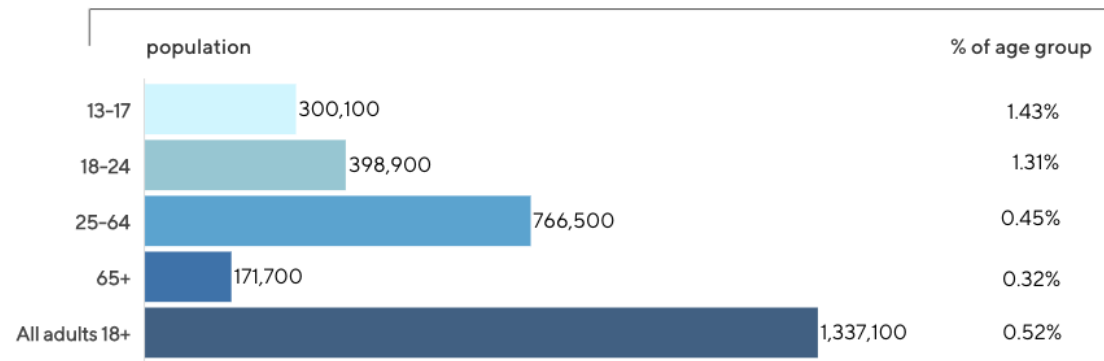


# Transgender population by race and age

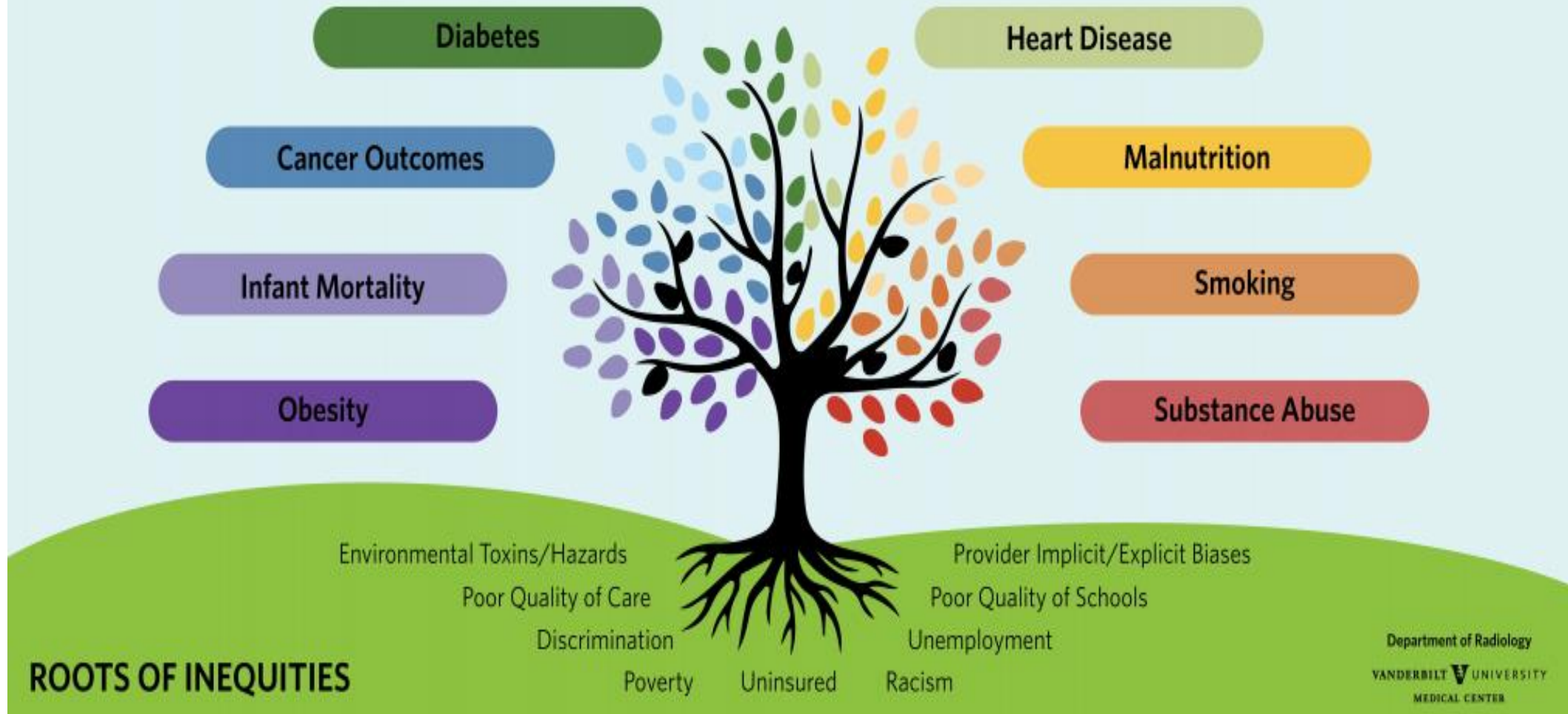
% of race or ethnicity that identifies as transgender (youth)



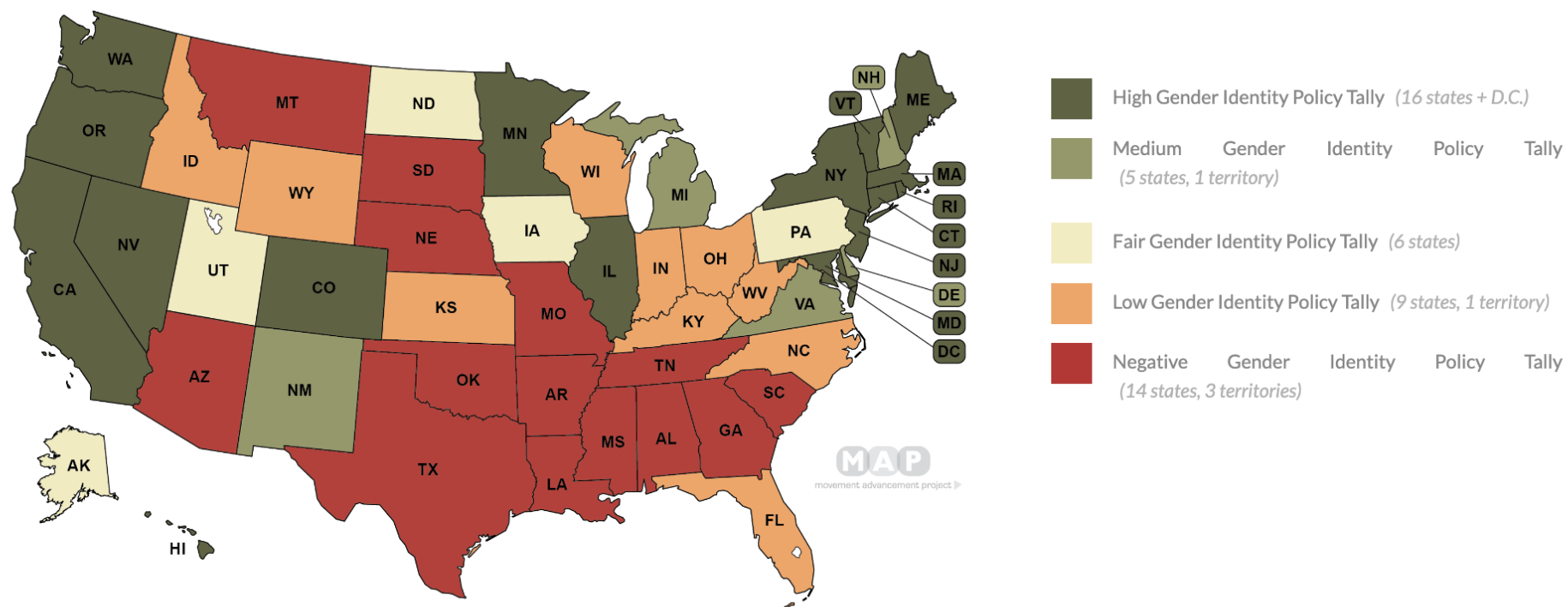
Age



# DISPARITIES IN HEALTH OUTCOMES



# Trans-related legislation



## U.S. Territories

American Samoa

Commonwealth of the Northern Mariana Islands

Guam

Puerto Rico

U.S. Virgin Islands





 Citations & More Information



movement advancement project

### U.S. Territories

**U.S. Virgin Islands**



# Disparities

## 2015 US Transgender Survey: 27,715 respondents

In the past year:

- 33% experienced **provider hostility**:
  - One or more negative experiences with a health care provider related to being transgender
  - Verbal harassment
  - Refusal of treatment
  - Having to teach the health care provider about transgender persons in order to receive appropriate care
- 23% did not seek a doctor due to fear of being **mistreated**

# Thinking about Sexual Orientation and Gender Identity (SOGI) Data

**What is a topic or lecture where you could add more SOGI diversity?**

# Down stream effects of lacking SOGI data

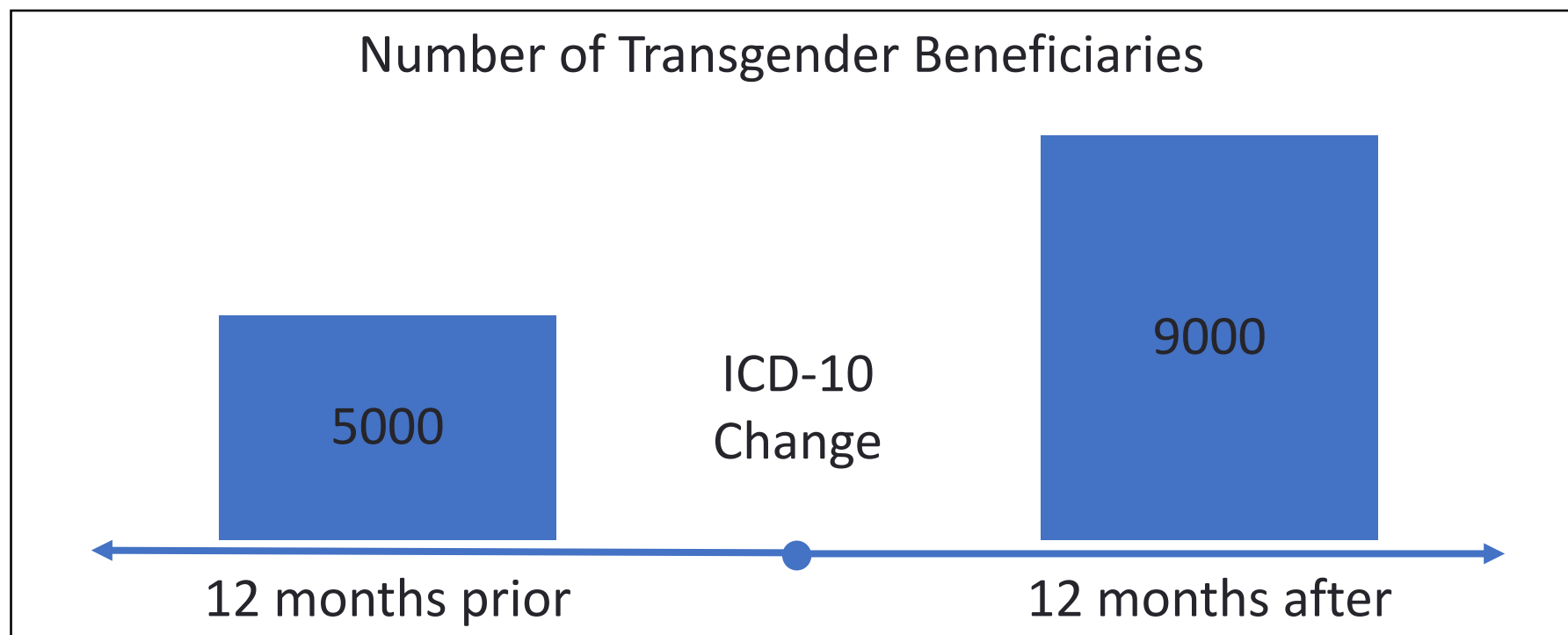
**Simpson's Paradox:** *Trends found in the underlying data disappear or are reversed when groups are aggregated.*

- Including females without a uterus in cervical cancer screening outcomes*
- Including transgender women in breast cancer screening*



# Down stream effects of lacking SOGI data

- The highest numbers of transgender beneficiaries in Medicare were in 2015 and 2016
- Coincides with change to ICD-10.



# Down stream effects of misapplied SOGI data

- 2014-2016 Behavioral Risk Factor Surveillance System
  - Sex-related items asked: prostate-specific antigen testing, pap testing, hysterectomy, and pregnancy
  - **2200** transgender and gender non conforming respondents.
  - **30% had sex assigned at birth misclassified**
  - **Reproductive health questions** were **often missed** due to sex-based skip patterns misapplied to transgender and gender non conforming respondents

## Barrier 2 – Lack of Data

We don't have great data on health disparities in transgender populations because healthcare systems don't do a great job of collecting SOGI data.

This is true even though electronic health records (EHRs) have been required to have this functionality as part of Meaningful Use incentives for several years!

# SOGI Data Collection

- All certified EHRs have the capability to collect this information
  - Part of Meaningful Use 3
  - Required as of 1/1/2018
- Just because systems can collect it, doesn't mean they do
- Not a part of many/most national surveys
  - Political resistance
  - Practical concerns
    - What should be asked, and how?

# Improving SGM Inclusivity – Questions to Ask Yourself

- When do I talk about sex and/or gender?
  - What cases?
  - What other situations?
  - Is it relevant?
- Am I actually talking about sex or gender?
  - What assumptions am I making when I say man or woman?
- Am I ignoring sexual diversity?
- Am I ignoring gender diversity?

# Inclusivity Point 2 – Include Diversity

Use the data where we have it.

Recognize that much of the time it doesn't matter if the person is male, female, or non-binary , cis or trans, and just include more, diverse people in all your examples.

Creating welcoming spaces

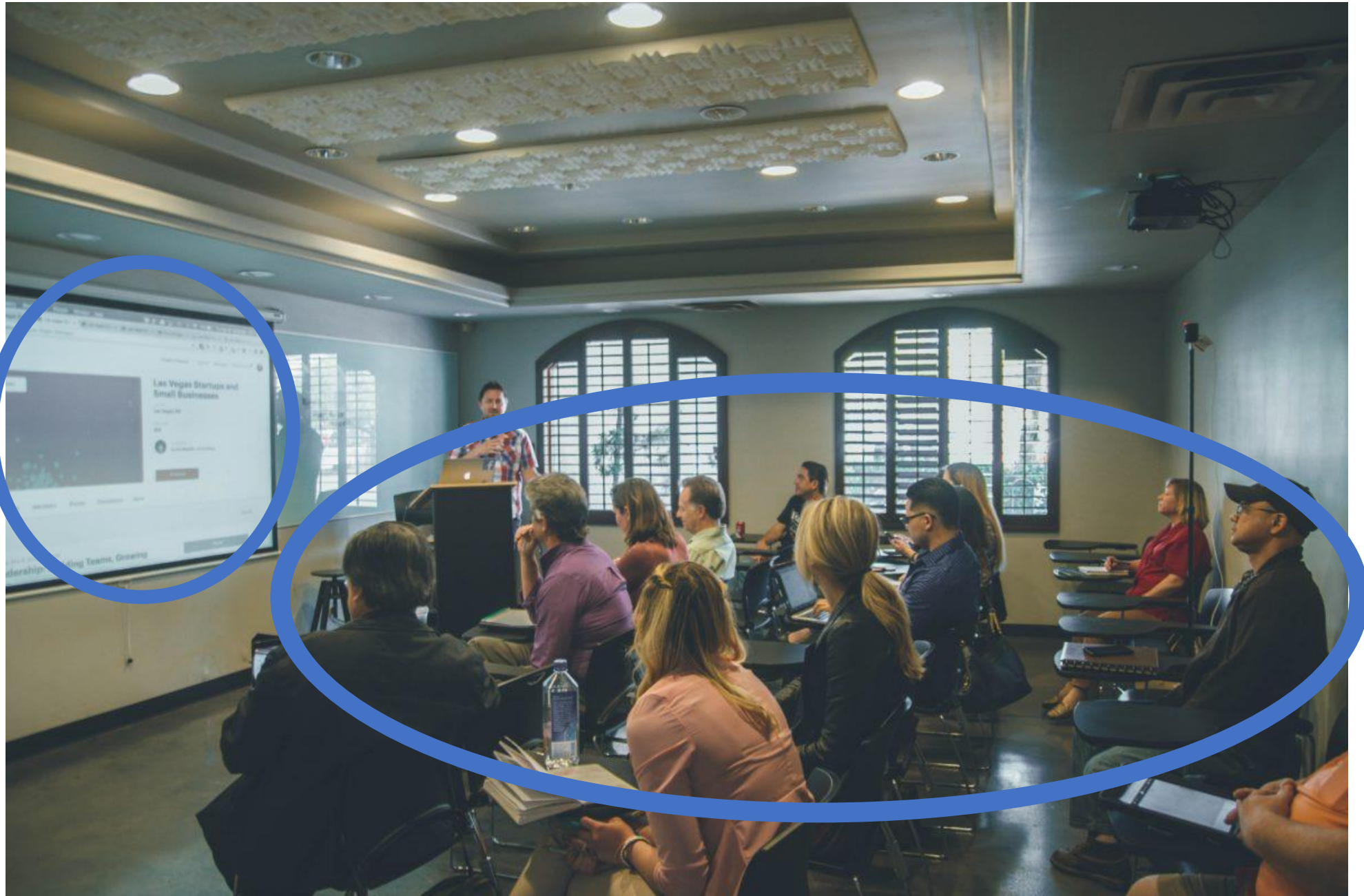
## Barrier 3 – Self-Denial

Creating a welcoming space in the classroom and in healthcare requires an ongoing commitment to examining your own biases and working consistently to improve the space.





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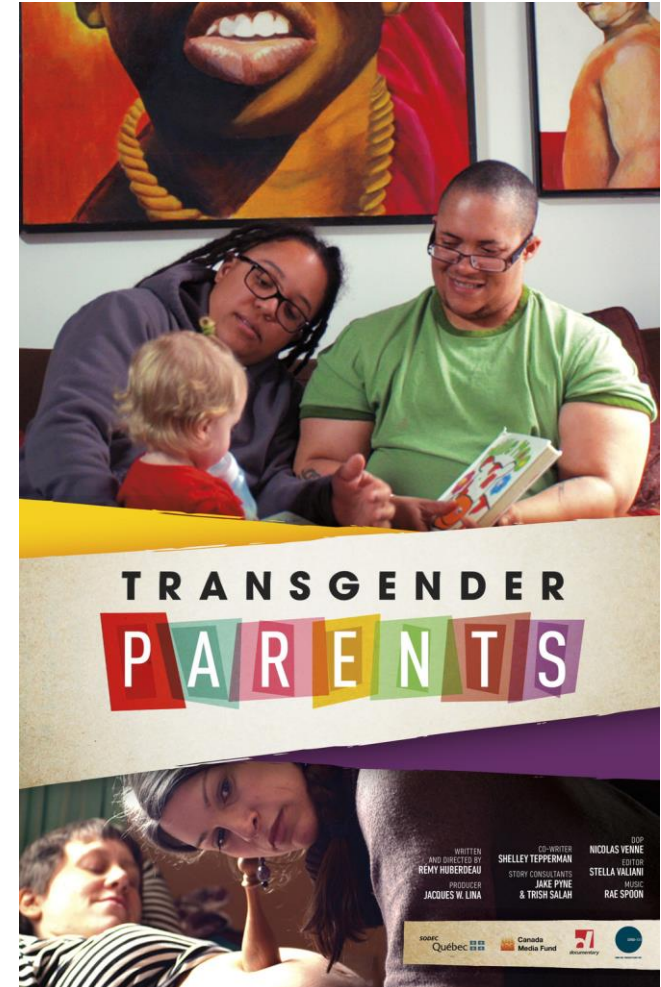
# The educational dichotomy: focus on content, not just your class

- Assume transgender and gender diverse people are in ALL classes
- Even if they aren't, including sex and gender diversity in your content makes it relevant to all genders

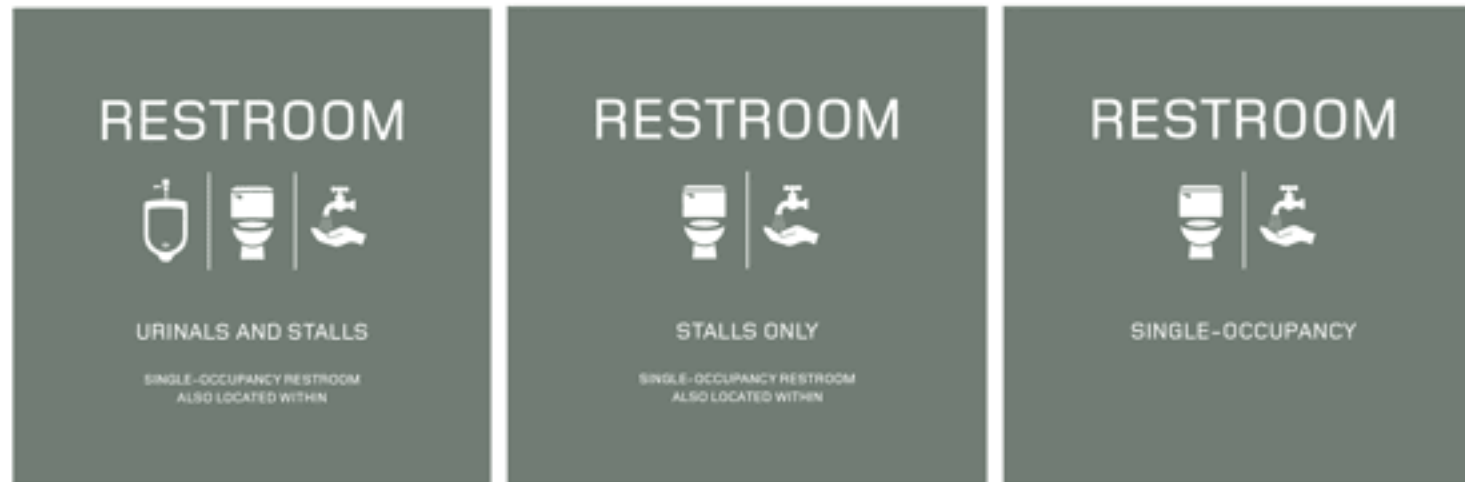
# Universal training

All educators and those who are affiliated with educational programs should be trained in inclusive education

# Classroom aesthetic



# Welcoming classrooms must be in welcoming buildings





# An easy improvement: accurate pronouns

- Historically have been presumed based on gender expression
- Can be a core part of a person's identity



# What name should be used where?

## Understanding the “dead name”

- Many transgender and gender diverse persons still have their birth name on legal documents (**Dead name**)
- Due to
  - Insurance coverage
  - Restrictions on name changes
  - Access to legal resources
  - Personal Preference
- It is important to **consistently and accurately use the patients chosen name**, regardless of legal documentation
  - Use it on all educational documentation
  - Ensure name badges and other student handouts use the chosen name

# Inclusivity Point 3 – Set an Example

- Degender or open up the forms you use.
- Consistently present yourself using your pronouns.
- Use gender and sexuality terms consistently and openly without stigma.
- Advocate for systems to be degendered.



## Activity 2 – Breakout Room (Pairs – 5 minutes)

Think about a case formulation that you use in your teaching. How can you either degender it or explicitly talk about gender?

Pulling it together

# Do not make assumptions!



# Unspoken Assumptions

- All Men
  - Have penises
  - Are larger
  - Don't have uteri
  - Have high levels of testosterone
- All Women
  - Menstruate
  - Are potentially fertile
  - Are smaller
  - Have regular estrogen exposure
- All people
  - Are men or women
  - Have congruent sex and gender
  - Have hormones/organs that match their chromosomes and are easily identified
- Gendered traits (emotionality/etc)
  - Are immutable
  - Are based in nature rather than nurture

In conclusion...

## Do More...

- Add more sexual and gender minority people to your cases, all your cases.
- Explicitly talk about your assumptions when you discuss sex/gender differences
  - Hormones
  - Organs
  - Social differences
  - Reproductive Capacity
- Say cisgender man/woman when you mean it, not just man/woman

## ... Do Less

- Degender where it's not relevant
- Talk about affected systems rather than gendered bodies
- Don't imply biological sex differences when there are social attributions (or we don't know)
- Don't assume sex based knowledge/expertise/anatomy

Thank you, we are happy to answer any questions.



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