

Erica Coghill: Hi everyone. My name is Erica Coghill, spokesperson for Norton Healthcare. Welcome to our Engage speaker series. This is an educational opportunity to help keep you informed about relevant healthcare topics happening in our community. Today's topic is inclusive healthcare for the LGBTQ community. What does appropriate inclusive care look like? And why is it so critical for our community? Joining us today, we have some great speakers that we're excited to introduce you to. First up, Suzanne E. Kingery, Medical Doctor, pediatric endocrinologist, Norton Children's Endocrinology, affiliated with the U of L School of Medicine, and director of PAGE, which stands for Pediatric and Adolescent Gender Education. We also have with us today Chris Hartman, he's executive director of Kentucky's Fairness Campaign, and Cynthia Benedict, Director, Equity, Inclusion, and Belonging at Norton Healthcare. At the end, we will have some time for questions. We encourage you to engage with us today. Please leave those questions in the Q&A box, and we will first kick off the conversation with Cyndi. But before we get to her, Russ Cox, president and CEO of Norton healthcare has some comments. Russ?

Russ Cox: Thank you so much, Erica. Thanks everyone for joining today. I was thinking back this morning to about three or four years ago, an event that NPride sponsored in the Wade Mountz Auditorium, one of the first of these informational sessions, where we had Dr. Friedman from University of Louisville School of Medicine who did a presentation and, uh, I think myself and six others were there for this presentation. And in the time that we spent together, just a little bit over an hour, I think I learned more in that one hour than any time I've spent since. It was, it's a great use of our time to talk about issues, it's a great use of our time to get together, and I appreciate NPride working so hard, our Employee Resource Group, to provide these kinds of opportunities for us.

And one of the things I think is so important too, is for three consecutive years, Norton Healthcare has been designated an LGBTQ Equality Leader by the Human Rights Campaign Foundation. That's a great representation of our inclusiveness and our intentionality around being inclusive. But I'm very proud of that, but I'm even more proud of the fact that all three of those years we've scored 100%. So it speaks to our commitment, once again, to inclusion, it speaks to our intent about doing things the right way and providing education and making certain that we're treating everyone just as our mission statement says we will, and that we're being as inclusive as we can possibly be. So it's a great sense of pride that I have there, and the wonderful things that NPride has done, from events and everything else to really reach out, not only to our organization, but to the entire community and represent who we are as an organization. So a wonderful job done, and I'm going to turn it over to Cyndi Benedict, who is our Director of Equity, Inclusion, and Belonging, who's going to take it from here. So Cyndi, you're up!

Cyndi Benedict: Thanks, Russ. Thank you very much. As we continue to celebrate Diversity Week, I'm excited to [inaudible] Norton Healthcare has seven Employee Resource Groups that are dedicated to bringing awareness and education as we do strive and continue to become an inclusive organization. NPride is our LGBTQ+ ERG, and they are so excited about this conversation and looking forward to the education that it will bring to the audience on this Zoom. I'm happy to work with Dr. Kingery in many aspects, and I'm excited to be a part of this conversation with Dr. Kingery and Chris. And at this time, I'll go ahead and pass it over. Dr. Kingery?

Dr. Kingery: Thank you, Cyndi, and good afternoon, everyone. I think the sun is finally coming out. I want to thank Norton Healthcare for asking me to be part of this Engage event. I am Suzanne Kingery, I'm a pediatric endocrinologist here at Norton Children's Endocrinology and the University of Louisville. I am the director of our pediatric gender and education program, or PAGE program as we call it, which is a clinic designed to assist gender-diverse and transgender children, adolescents, and young adults. I am honored today that I have the privilege to discuss with you LGBTQ+ inclusive healthcare, what this means, and why this is so important.

Imagine sitting in a waiting room full of patients – perhaps this might be pre-COVID. The medical assistant opens the door to the hallway full of exam rooms, and calls out the name listed on your birth certificate. You stand up, knowing that the MA is calling for you. However, you identify as a trans male, and having transitioned with testosterone several years ago, now have a full beard, mustache, a deep voice, and perhaps even a slightly receding hairline. Everyone in the waiting room looks up at you, a man who has a feminine name, and you're outed in front of everyone. You're horrified. You're embarrassed. Not only is this devastating, but it leads you to avoid returning to this clinic, and probably reluctant to return to any healthcare facility. Or, perhaps you're sitting in an exam room. You're a little anxious. You're waiting for the provider. The provider finally walks in, performs a quick review of your chart on the electronic medical records system and says, "So, do you have a girlfriend?" You reply no, because you are a gay man, who was, in fact, in a new relationship that you're very excited about. The provider then proceeds quickly onto another topic, and completely misses the opportunity to discuss important preventative health measures and perhaps other health screenings that might apply to you. You never bring up to your provider that you are gay, perhaps afraid of your provider's reaction and reception to this information because of their non-inclusive assumption.

These are really just examples of a few events that occur on a daily basis. And these are really missed opportunities to provide not only great care, but inclusive care. There's been a significant amount of bias and discrimination towards the LGBTQ community in healthcare, leading to a fear and mistrust of the medical system. In fact, it is true that individuals within the LGBTQ+ community have actually been denied health care by a provider just because of their gender identity or their sexual orientation. This real or perceived bias and discrimination has led to very significant healthcare disparities in the LGBTQ+ community. I will share with you just a few: There are higher rates of breast and cervical cancer in females within the LGBTQ community, perhaps because of lower rates of pap and cervical cancer screenings and mammograms. There's higher rates of substance abuse and use in the LGBTQ community, and LGBTQ folks are disproportionately affected by negative mental health outcomes, including anxiety and depression. In transgender adolescents, the patients that I work with in our PAGE clinic have as high as a 50% suicide ideation rate, with attempts as high as 30%.

To reduce these healthcare disparities and to diminish the real and perceived bias and discrimination, it is important that we provide inclusive healthcare to all individuals. And this means every member and every employee in the healthcare organization. To be inclusive, there are several simple steps that everyone within the organization can do.

Number one is to be respectful. Number two is to make no assumptions. And number three is to display support.

So let's start with respect. We want to be respectful of every patient that we come in contact with, regardless of their ethnicity, their socioeconomic status, their gender, or their sexual orientation. Respecting an individual means using the individual's correct or preferred name. Like in the example I provided at the start of this segment, using an individual's correct name demonstrates respect and recognizes them for who they are, their authentic self. Just as an individual may use their middle name or their nickname, using a person's correct or preferred name is important to display respect, and it builds trust. For example, if a patient signs in at the front desk using their preferred or correct name, instead of the front office staff member saying, "We don't have anyone scheduled by that name on our list," you could say, instead, "Could the appointment be scheduled under a different name?" Alternatively, using an individual's dead name: this is the name that's on their birth certificate, but they no longer use because they don't identify with that person or that gender. Deadnaming is not only disrespectful, but is actually quite harmful to that individual. It can actually lead to very devastating consequences, not only mentally for that individual, but it also widens that mistrust healthcare gap.

We all make mistakes. And it's important for all members of the healthcare team to know that if an error or mistake occurs, to acknowledge that error, apologize for it, and move on. Even if a mistake is completely unintentional, which most mistakes are, it can still have very adverse or negative consequences for the individual. So just say, "I'm sorry."

It's also important to make no assumptions. This means not assuming someone's gender identity or sexual orientation just by the way they look, or dress, or talk. The best way to prevent making assumptions is simply to ask. You will never offend someone by asking. But you will offend them, and potentially cause them to avoid seeking additional healthcare, if you make an incorrect assumption. For example, never assume someone's pronouns. It's best to ask by saying, "What pronouns do you use?" If you're uncomfortable with asking this, then you can say, "I use she/her pronouns. What pronouns would you like me to use today?" The same goes for name. You can simply say, "What name do you want me to use?"

Additionally, using inclusive terminology when asking questions, instead of assuming that an individual is heterosexual or cisgender, is important. For instance, instead of saying, "Do you have protected sex with your girlfriend?" Or, "What does your husband do for a living?" Or, "What would his father think about this medication?" You can use inclusive terminology without assumptions, such as, "What type of sexual activity do you engage in?" Or, "What does your partner do for a living?" Or, "What would his parent think about this medication?" Truth is, many children have two moms or two dads. They might only have one mom or one dad. They might live with a grandparent or an aunt or an uncle. You will more likely receive an honest answer that builds a strong and trusting relationship if you display that you are open and accepting.

Finally, it's important to display support of the LGBTQ community, so all patients feel welcome in a warm and friendly environment. This means displaying brochures or posters of people within the LGBTQ community in your waiting rooms, in your exam rooms. It means showing support with lapel pins or lanyards on your coats. It means advertising for LGBTQ events. It also means having gender-neutral or single-stall restrooms, so that your patients feel safe and included in your health care environment.

At Norton Healthcare, we're actually very fortunate that our electronic medical record system allows us to document a patient's correct names and pronouns. While we are still limited with changing legal or gender markers until they are changed on a court document or on the insurance card, we can still document an individual's correct or preferred name. And this actually goes for any individual who has a preferred name, such as a middle name, a nickname, or another name that they use. We can also document a patient's gender identity and pronouns in the electronic medical record system, so that every member of the healthcare team can see this. So if a patient calls for an appointment, or has a billing question, or presents to the front office staff or the MA, everyone knows the name that they use and the pronouns that they use. The HR system at Norton also allows for documentation of sexual orientation. While the system is not perfect in terms of sending form letters or displaying laboratory reference ranges for a patient's affirmed gender, it's definitely a huge step in the right direction. Additionally, here at Norton Healthcare, we're developing training specifically related to LGBTQ+ inclusive care for its employees on its Learning Management System. And this is available to all employees. Norton has also hosted several events on LGBTQ-inclusive healthcare, and it's even hosted podcasts and CME.

I want to leave on the note that every member of the healthcare team is important in providing LGBTQ+-inclusive care, from the security guard, to the billing staff, to the front office receptionist, to the medical assistant, to the nurse, and to the provider. Even if a patient has a great experience with the provider, if they have a negative experience with anyone else along the way, they will remember this, and will be less likely to return to that clinic, or any other clinic or healthcare facility, for fear of repeated disrespect and embarrassment. We all deserve to be treated well. We all deserve the same and equal access to healthcare. And this actually starts with you.

I will now turn this over to Chris Hartman, who is executive director of the Fairness Campaign. Chris?

Chris Hartman: Thank you, Dr. Kingery. You can not hear the uproarious applause that I know people are giving you right now, but I'm going to give some right now. [clapping] I want to applaud not just Dr. Kingery, but, of course, Cynthia and Russ, who we've already heard from, and Riggs Lewis, who you can't see, who brought us together today and brought me into the fold here. I'm just excited to be here.

My name is Chris Hartman, I use he/him pronouns, and I've been Executive Director of the Fairness Campaign here in Louisville for nearly 13 years, where we advocate all across the Commonwealth of Kentucky for LGBTQ rights all across the spectrum. That includes in our State Capitol in Frankfort, but in cities and counties all across Kentucky, where we have worked to pass what we call fairness ordinances, which extend

discrimination protections based on sexual orientation and gender identity to folks that live now in 23 Kentucky communities, covering nearly a third of our state's population. So, nearly a third of LGBTQ Kentuckians are currently protected from discrimination in employment, housing, and public accommodations. And I'm so excited to be here with Norton today, as a keystone partner in our work to advance LGBTQ equality and inclusion in the workplace and in health care.

You all should be incredibly proud of this 100% rating from the Human Rights Campaign. It is an incredible feather in Norton's cap, to be a leader on LGBTQ inclusion in the healthcare sphere. And we're going to talk about why that's so important here in a moment when we dive into some statistics, but let me say it is incredibly important to have conversations like this with employees, with providers, to be able to just start the generative conversation around sexual orientation and gender identity in the workplace, with your all's patients, just having this conversation openly and honestly, in a space that is safe, where folks can ask questions and get honest answers, is something that goes much further than I think most people realize about creating an LGBTQ-inclusive workplace environment. So I just want to applaud Norton for your incredible work in this field, and how important it is just to have this conversation right here.

So I've been asked to share a few things with you all, but one is to take a real quick crash course dive into LGBTQ+ terminology. You know, over the years, the LGBTQ movement has really changed in terms of definitions and terminology. Many of us on the call, and probably many of you in the audience, remember the time in which this was called the gay rights movement, right? And as we look back on that, you know, that's not really inclusive. A lot of people don't identify as gay who are within the LGBTQ+ spectrum. And this is because times have changed and evolved. And so we started using LGBT, and then it became much more acceptable and universal to use LGBTQ or LGBTQ+ to talk about the LGBTQ+ community. And now, and this is still a little complicated and I'm going to talk about this a little bit, using the term "the queer community" to talk about everyone who identifies as queer, across the spectrum, is really considered to be probably the most universally-used term within the queer community to talk about everyone.

So let me break a little bit of this down, and this is a place where a little bit of Googling does go a long way. There are lots of different lists, glossaries of terms out there for the LGBTQ community. Some of the best ones can be found at the Human Rights Campaign's website or the National Center for Transgender Equality. You're probably familiar with the first several letters in LGBT or LGBTQ: lesbian, gay, bisexual, transgender. And when we're talking about terms in the trans community, you'll hear me use the shorthand term "trans." Trans is a perfectly acceptable shorthand to talk about trans folks, the trans community, just like the Q the term "queer" is a perfectly acceptable shorthand to talk about everyone that identifies under the umbrella of LGBTQ+.

Now, I don't want to give you the impression that some folks do not still find the term "queer" offensive. Some people still do. This is somewhat a generational thing. I tend to find, in my experience, that gay men, probably around 40 or 50 or older, still many of them struggle with the term "queer." But if you go over to the University of Louisville's

LGBTQ Center and you talk to the youth on campus there, I guarantee that 90 plus percent of them will use the term “queer” in a way that that defines their own identity, that defines the community that they are a part of, and are using it in a loving and inclusive way.

And a lot of this is about intent, right? If I'm talking about my queer friends or queer allies or the queer rights movement, these are appropriate ways to use the term. But if somebody throws something at me and calls me a queer, I know what that means, right? So some of this is about intent, but using the term “queer” to talk about the entire community has become broadly accepted, and really a respectful term, and a more inclusive term, because when we're talking about folks across the spectrum, again, not everyone identifies as lesbian, gay, bisexual, or transgender. LGBTQ+ includes LGBTQIAAPH2 and beyond. And I'm just going to run down terms very briefly, but this is where I want you to do some more research on your own, and that's how you can really be a very proactive LGBTQ+ ally.

So the other Q that we sometimes refer to stands for Questioning, folks who are questioning their sexual orientation or their gender identity. Many young people are questioning, but frankly, many older folks are questioning too. You all may know LGBTQ people in your life who come out at a much later date. You know, I know folks who've come out when they're close to 90 years old, and so people can be questioning their whole lives, and may identify as questioning.

We use the letter I for the intersex community. And this is, you know, for as long as humanity has existed, there have not just been men and women in the world. Intersex folks are born with some combination of both male and female characteristics, and intersex identity, while not a huge population, is a very important community that deserves respect. And unfortunately, in the medical community, you all are likely very familiar that when intersex babies were born, in times past, oftentimes this was seen as something that needed medical intervention, that folks wanted to “correct.” But now, I hope that most all medical practitioners, when intersex babies are born, allow those folks to grow into adults, and to make their own choices if they want to about how they identify or if they want to change some aspect of their physical or hormonal characteristics.

We use the letter A to represent asexual folks. There are many folks who may not have sexual attraction to anyone. May have romantic relationships, but may never have sexual relationships, or just may never be interested in relationships. Another A is for our allies, folks who don't identify as LGBTQ+, but do support the LGBTQ+ community, we call allies. And so we include the letter A.

P is for pansexual. And this is a term that, again, especially if you have young people in your life, you're going to be hearing the term pansexual more and more. It's a more inclusive term than bisexual, because bisexual implies that I'm attracted to two different types of people, traditionally men and women. But again, there are more than men and women in the world, and so someone who identifies as pansexual is saying that I'm going to be attracted to a person, not necessarily a certain gender identity. Under the trans umbrella, we have gender nonconforming folks, or genderqueer folks, or gender

non-binary folks. These are all different terms that refer to similar concepts, which is that some people just don't feel like they identify as either a man or a woman. And so we have a lot of people now who identify as gender non-binary.

And this is where having a conversation around pronouns is so important, because pronouns aren't just important for trans folks who may start using a different pronoun instead of he, she, she or he, but for gender non-binary folks and for many people, a non-binary pronoun is most appropriate, using they, them and theirs. I can use it in a singular sense, I know a lot of grammar coaches are saying, "But that's a plural pronoun," but really it's the most respectful way to not make an assumption about how someone identifies. To say, "Oh yeah, they were telling me this, that's their chart over there. Yeah. Could you please give that to them?" And then we don't have to worry about automatically trying to gender someone, if we don't know what pronouns someone uses, using they, them or theirs. Or, what's best is to ask someone their first name, and to use their name. You're never going to make a mistake if you ask someone to remind you what their name is, and then you never have to use a pronoun at all, if you don't want to. "Oh, yes, Chris told me that. That's Chris's bag over there. Could you please give that to Chris?" You can just use someone's name over and over and over again. But pronouns are incredibly important in terms of getting them right. And just like Dr. Kingery said, if you make a mistake, apologize and move forward. But where we see discrimination and harassment enter the situation is when someone intentionally mis-genders someone. This is one of the most obvious and really one of the most egregious forms of discrimination against transgender folks, when they tell someone what their pronouns are, what name they use, and someone insists on continuing to use the pronoun that they think that person should have. That is outright discrimination, it would be a violation of the fairness ordinance here in Louisville, and I'm certain that it would go against Norton's own policies of discrimination and inclusion. So it's so important to be respectful of folks' pronouns.

I'm going to share just a couple of statistics, very swiftly, so that you know that this conversation is, in many ways, life or death for so many queer folks. More than 50% of LGBTQ people have experienced some form of healthcare discrimination. The number is actually 56% of queer individuals have confronted discrimination while seeking medical treatment. And one in four queer people, a quarter of our population, have reported encountering some form of medical discrimination in the last year alone. Those are staggering statistics. More than one in six LGBTQ folks have reported avoiding healthcare due to the discrimination that they anticipate that they will face. And that includes one in five trans adults.

You know, when we're talking about trans folks, access to medical care is incredibly important. 50% of the trans adult population has already been the victim of a physical or a sexual assault at some point in time in their lives. And avoiding seeking medical care due to fear of discrimination should not be a barrier for trans folks and LGBTQ folks to seek medical care. And here, too, is where trans folks face obstacles that very few other people do, is that half of trans individuals have said that they have had to teach their medical providers about how to care for their health needs. We shouldn't, as patients, have to be the ones to educate our medical providers about how to best care for us. And this is where I'm making certain that folks are up to date on LGBTQ healthcare

practices and what folks in the queer community need in terms of health care that may be different from other folks in the community.

And just a final statistic that brings home how discrimination overlaps, and compounds, is that LGBTQ folks of color are twice as likely to avoid a doctor's office than white LGBTQ people. And that's because racial discrimination, sex discrimination, and LGBTQ discrimination are all still very real, and when you have multiple marginalized identities, it creates even greater barriers to access.

So I'm going to wrap up very swiftly. What can we do to be better? Dr. Kingery has already told you a lot of things that you can do to be inclusive, things that Norton's already doing: having policies that are LGBTQ-inclusive and making certain that they're enforced; that you're serious about LGBTQ-inclusive policies both for patients and for employees; making certain we have a broad definition of family and who can have visitation rights, because so many queer folks do not have a traditional family support structure like many heterosexual folks or cisgender folks. You want to create that welcoming environment that includes posters that depict LGBTQ people and their families, if you've got other folks up on the wall. You want to prominently display your hospital's non-discrimination policies, and make certain that waiting rooms are inclusive of LGBTQ symbols, like Dr. Kingery was talking about, wearing a lapel pin, putting it on your lanyard. You want to be certain that you've got single-stall or unisex restrooms, so that for someone who's – particularly someone who identifies as gender non-binary – so that they don't have to make a difficult choice about using either a men's or women's restroom, and whether or not they're going to be safe in that environment. These are a few things. We've got special considerations for LGBTQ youth. They may confide in you their identity that they're not ready or willing to share yet with their parents, and so these are all complications that come up. That we want to be thinking proactively about the safety of LGBTQ youth, LGBTQ adults, and LGBTQ seniors, who oftentimes have to go back in the closet as they go into assisted living facilities or nursing homes. And so I just want you to keep thinking about these things. There's so much more that we could talk about, but we don't have time for it this morning. I'm excited to hear your questions and excited to hear what else we're going to have shared this morning. So thanks so much for including me and the Fairness Campaign.

Erica Coghill: Thank you so much, Chris. Thank you, Dr. Kingery. Thank you, Cyndi. Great conversation. You've provided us with some really wonderful educational information today. Before we get to those questions, someone left a praise. So I'm going to start with that. Crystal Christie says, "I don't have a question, but rather a comment. Thank you so much to Norton Healthcare. I'm so grateful to you for leading in this space. Dr. Kingery is not only a champion for this community, but she and her staff are literally saving lives. Thank you, Dr. Kingery. Thank you to NPride, thank you to Cyndi, and thank you to Russ Cox for making Norton Healthcare the best healthcare organization in the region, and for striving to provide quality, respectful care to all." Thank you for that, those very kind words. Um, now let's get to those questions. The first question we have is: How would you suggest handling a situation where family continues to deadname someone while you were using their chosen name?

Dr. Kingery: I'll say, that's a great question. I get this from a pediatric and adolescent perspective. Oftentimes, when a youth decides that they want to use a different name, to demonstrate their gender identity. And I think a lot of times I think families don't understand the harm of deadnaming an individual. There, it's, it is unintended, it's that they've accustomed to calling a person this name or using the pronouns, and so they just don't really understand that continuing to deadname someone can really have some devastating consequences. We have statistics, and I can sometimes share with families, you know, we have statistics that really demonstrate that continuing to not affirm an individual – and affirming would be using their correct name and their correct pronouns. So if you don't affirm them, they have higher rates of suicide, anxiety and depression than their counterparts.

And so, you know, if you share some of that information with them, a lot of families sometimes feel like that this is a phase and that it will go away. And so they don't want to use a preferred or correct name because this phase will pass. And, you know, my response to that is that, you know, that just doesn't happen. And even if it is a phase, which our statistics and our data and our science and our evidence-based medicine really indicates that that is not true, but even if it were, every patient deserves love and respect and to feel affirmed in their environment. And so, you know, if it does change perhaps, then their outcomes will be much better if they feel loved and safe in the environment that they are in. And that means using their correct and affirm name. And Chris, do you want to add to that?

Chris Hartman: No, I agree a hundred percent. It's an uncomfortable situation when you have families that aren't supportive, but anything you can do – as a medical professional, you all are trusted messengers in this sphere. And if you all can reinforce that they are harming their children by using a name that they no longer associate with and referring to them by pronouns that they do not identify with, that will go a long way. And at a point, you really want to encourage, I think, a counselor, you really want to encourage folks who can address the situation with the entire family from a mental health perspective, to be able to provide that support for families. And ultimately we could work to get them into a support group, like PFLAG. They may not be ready for that, but, you know, PFLAG's an organization that's been around since the 1970s for parents and friends of LGBTQ folks. And this is an organization that has helped a lot of families who struggled through this acceptance process.

Erica Coghill: Thank you all so much. We've had so much wonderful information shared with us today, so I'm sure folks are struggling with thinking of questions because you've probably already answered many of their questions, and we still have some more to get to, but I do want to take this moment to remind people to please leave your questions in that Q&A box. We want to engage with you today, that's the purpose of this event. It's why we provide these panelists here today, so that you can talk to them directly and ask them those very important questions. So please, we encourage you to do just that.

Our next question now, Dr. Kingery, I know you have already addressed deadnaming and those pronouns, but if there's anything additional you could provide, or even if you want to just kind of reiterate those points you've already made in regard to this

question. The question is: I don't want to offend my patients or employees by asking about their sexual orientation. What should I do?

Dr. Kingery: Yeah, that's actually an excellent question, and one that I get often as I'm teaching learners. You know, we think about our sexual orientation and our gender identity as being sort of private and kind of confidential. And so, you know, it is always difficult to ask questions that we feel that are private, questions and, you know, things that you just don't want to announce in the exam room. And so, you know, as a healthcare provider, when I talk to learners, I say, you know, it's best if you normalize these questions, and you will become more comfortable the more you practice asking these questions, and it will become more routine. And so, if you have difficulty asking these questions, then you absolutely normalize it to your patients and say, "I ask all my patients the same question, so that I can provide the best possible care to you."

And then you can say, "Do any of these sexual orientations apply to you, or do any of these gender identities apply to you?" And, you know, they will, if you're open and asking that, they will respond to that. You know, it's best not to make assumptions, and so asking open-ended questions, the more that the patient trusts you, the more that they feel that you're going to be open and accepting to their response, the more likely they're going to give you an honest answer. And so, you know, you may be continuing to ask these questions at their next visit and the next visit, because they might not feel comfortable the first time, answering some of these questions that they perhaps haven't shared with many people or maybe one or two people. And so you can ask them again and say, you know, I asked again, ask my patients all the same questions, and again, normalize that question, and patients will begin to open up and respond.

Chris Hartman: And I also heard in that question, asking employees or coworkers, and I'm sure that our HR professionals who are on the call here will affirm, don't, don't do it. You know, we don't want to ask directly people that we work with what their sexual orientation or gender identity is. If someone feels comfortable enough to share that information, that's marvelous. The reality is, and this is what we talk about when we pass discrimination laws, because our opponents have traditionally said, "Well, how would somebody know that someone is gay in the workplace?" Well, the reality is that we all know, in our workplace, many people put photos of their partners or their families on their desks. They wear a wedding ring. You know, these are all indicators, signifiers of someone's potential sexual orientation.

Gender identity, you know, probably doesn't come up as organically, unless someone is transgender and transitions on the job in the workplace. And that's where it is important to have the conversation. If an employee comes and talks about wanting to transition on the job, you know, there's not a guidebook or a rule book, you want to follow that person's lead. If somebody wants to transition, and they want to do it over a six month period of time, and they have a certain period of time in which they want to start using different pronouns or start using a new name, you want to be on their timeline. And if they want that to happen tomorrow, you want to be on their timeline, whatever it is. And so, just work with each individual as that situation comes up. But I wouldn't go around asking directly your coworkers or particularly employees under you, what their sexual orientation or gender identity is.

Cyndi Benedict: And I'd like to add that we just, that we're reminded of psychological safety. And right now, in Equity, Inclusion and Belonging, we are focusing on psychological safety, intersectionality, and diversity of thought. And the number one area that we're focusing on, talking about psychological safety, is inclusion. And so we just have to think about how we feel when we're not included for any reason whatsoever, whether it's our race, our sexual orientation, our age, our gender, any of these things, and just remember how you feel when you're not included and kind of put yourself in others' shoes, and it really will help you to not compromise someone's psychological safety because of their chosen sexual orientation.

Erica Coghill: Thank you all for that. Cyndi, would you mind reminding folks how they can get connected with those ERGs and elaborate a little bit more on NPride?

Cyndi Benedict: Absolutely. So, we have seven Employee Resource Groups here in Norton Healthcare, and we are so proud of all seven of our Employee Resource Groups. Again, I mentioned earlier that we are celebrating Diversity Week and each one of our Employee Resource Groups took the lead on celebrating a day. But NPride is a very headstrong Employee Resource Group, and they are very proud of everything that they do for the audience of LGBTQ. Again, as Russ had mentioned, we are proud to be, uh, to receive a hundred percent in HRC. We are proud to participate in community events like the Pride Parade. We are exceptionally happy to bring this pediatric aspect to the world of LGBTQ, and NPride is just really, really happy to bring continued awareness and education to all, and to make sure that our patients feel included when they enter the doors of Norton Healthcare.

Erica Coghill: We have time for just one more question, and I know there are some that have come through that we're not going to have time to address, and I'm sorry for that, but thank you for your engagement today. How do I talk to my children who've expressed a different or preferred sexual orientation?

Dr. Kingery: Chris, you're more than welcome to go first if you want, want to this time.

Chris Hartman: You're the expert here, I'm just here for support.

Dr. Kingery: You know, I think it's important to understand that, you know, gender is a normal aspect of human diversity, and we have this thought that gender is binary, is male or female. And the reality is, is that that's not true. Gender is very much on a spectrum. And so, you know, children explore gender throughout their childhood, and we – this is normal. You know, we talk about tomboys, and no one thinks anything different of that, that's normal. And so, you know, exploring gender is very normal. And so it's important that we affirm a child's gender exploration. And so, you know, if they are feeling like, that the gender in which they were assigned at birth is not the gender to which they identify, then it's okay. And to tell them that it's okay, and to allow them a safe space so that they can explore that gender and decide if this feels right to them, does this feel good to them. If we don't affirm that gender and we say, "Oh, no, that's bad," you know, then what they're going to associate that with is that I can't tell anybody this, that who I am is bad. And all the negative feelings, anxiety, depression, all those things will result because we have told the child that how they feel is wrong. And that is not at all what

we want to express. And so, you know, having open conversations with your child, if they are expressing this to you, is really important. Allowing them the space and the time to explore that, in an environment where they feel like they're not going to be harmed is really important. And we know that those children who are given that space and that time to explore their gender, have the best outcome. And as caregivers, as parents, as members of a community or a religious organization, it's really important that we just support that child. We love that child, and we affirm that child for who they are. And our studies show that these children will grow up and be very happy and productive adults.

Erica Coghill: Thank you so much.

Chris Hartman: Get out ahead of the conversation early, uh, because there are plenty of great children's books out there.

Erica Coghill: Thank you. Thank you all so much. Thank you, Chris. Thank you, Dr. Kingery. Thank you, Cyndi. We appreciate your time and for joining us here today. That is all the time we have today for questions and comments. Again, thank you to those of you who joined us on, uh, whether it was your lunch break or just any break that you had available today. We very much appreciate your engagement. If you've not yet done so, please be sure to visit engage.nortonhealthcare.org, register and check out all of the useful information we have there, including those upcoming speakers. We've got a lot more lined up that I'm sure you'd be interested in hearing from. For more information on resources for the LGBTQ+ community, Norton Healthcare employees may email inclusion@nortonhealthcare.org. Again, that email is inclusion@nortonhealthcare.org.

The Trevor Project is available nationwide with resources for LGBTQ youth. Founded in 1998 by the creators of the Academy Award-winning short film "Trevor," the Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning young people under 25. Their 24/7 helpline is 1-866-488-7386. Again, that's 1-866-488-7386. And their website is www.thetrevorproject.org. Thanks again, everyone. See you later. Enjoy the rest of your week. Have a great day.