

# Minnesota Lesbian, Gay, Bisexual, Transgender, and Queer **PATIENT TOOLKIT**

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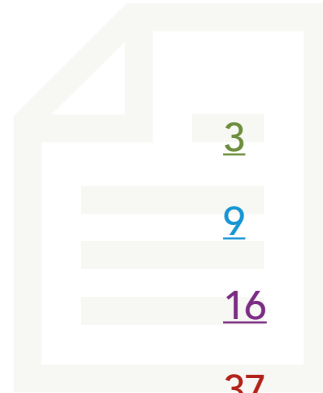
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### CONTENT WARNING

Medical information, advocacy, legal discussions, and other topics covered in this toolkit can trigger trauma. While we strive to provide the safest learning experience with easy to apply information, self-care is encouraged.

# WELCOME



This toolkit was created as a quick reference guide that is easy to read and use, specifically to empower LGBTQ Minnesotans who are seeking competent health and human services. There are also useful definitions, terms and a master resource list located in the back! Feel free to skip from section to section, and remember to reach out for help.

We all deserve to be healthy, to be cared for, and to have our needs met, not despite our sexual orientation or gender identities but because of them. It is important that we all begin with a shared definition of health. The World Health Organization defines health as “...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity<sup>35</sup>.” Starting from this definition, health goes beyond recovering from an illness or receiving correct medication, and actively includes having a fulfilling life with dignity and stability. As you look to seek out care, you deserve care that authentically sees you and empowers you toward your individual health goals. **Your story matters. You matter.**

Welcome to the Minnesota lesbian, gay, bisexual, transgender and queer Patient Toolkit designed by Rainbow Health Initiative. If you are new to the state, new to pursuing health care, or simply looking to expand your understanding, we hope that this Toolkit will guide your learning. **This Toolkit covers Minnesota-specific information on health care plans, legal rights, and advocacy, as well as information on self-care, shaping patient/provider relationships and local resources for food, housing and social support. Let’s dig in.**

## MINNESOTA DEMOGRAPHICS

The state of Minnesota has a large and vibrant population. However, while there are community based promising practices, there are no consistent methods used for measuring gender identity and sexual orientation on a statewide level. This makes it nearly impossible to gauge the population size of our diverse multicultural, intersecting, LGBTQ communities. Many people do not come out over the phone to strangers, to strangers at their door, or check an identity box at all due to discrimination, stigma, and fear. The best estimate we have is that LGBTQ identified people make up 3-4 % of the US population<sup>6</sup>.

Immigration to Minnesota has significantly increased in the last 20 years, with the biggest changes seen in the greater Twin Cities area. This has contributed to the changing face of Minnesota, along with already established and growing communities of color throughout the state. By 2025, over 20% of the state's total population is expected to be people of color<sup>17</sup>. Minnesota has benefited from this cultural expansion, though minority communities still face daily challenges and

discrimination. Negative health differences, or disparities, between white people and people of color is a major concern, as Native Americans in Minnesota face a mortality rate three times that of their white peers from age 15-44. Similarly, African Americans face almost twice the rate of mortality than that of their white peers from age 15-44<sup>17</sup>.

In Minnesota, Rainbow Health Initiative's annual [MN LGBTQ Voices of Health Survey](#)<sup>26</sup> consistently shows that LGBTQ Minnesotans experience health disparities, at nearly twice the rate of heterosexual and cisgender Minnesotans in the areas of mental health, tobacco and alcohol use, poor quality care or discrimination by a healthcare professional. It is also a recurring theme in the Voices of Health survey that LGBTQ people of color experience the highest health disparities, the highest reported rates of discrimination within the healthcare system, and the least access to insurance<sup>26</sup>. **This Toolkit seeks to actively acknowledge this racial injustice and provide meaningful advocacy tools for the multitude of queer identities struggling for equal access to health and human services in Minnesota.**

For the purpose of this toolkit, the term LGBTQ (lesbian, gay, bisexual, transgender and queer) will be used to describe the entire community and its various identities. We acknowledge that using LGBTQ does not explicitly cover all identities, and would like to note that as an organization we endorse all self-identification. It is important to mention that Minnesota's health and human services systems often function within strict federal guidance around compliance, regulations and training required for professionals by licensure boards. This is important because no training on LGBTQ identities is required for licensure or compliance in the State of Minnesota. Some systems choose to train their staff but often we have found that since LGBTQ inclusion is not being required, most systems commit to no more than a one hour training for some staff each year. This Toolkit heavily focuses on western medicine and health insurance. While resources for complementary and alternative methods of healing and health will be provided, it will not receive the same attention as medical and mental health practices that are funded by insurance. This is based solely on the reasoning that access and navigation of these systems is often the most tricky. Insurance often does not cover complementary and alternative medicine,

therefore providers practicing alternative medicine often do not need to collect legal name, insurance info, or legal gender marker to provide services. This can make alternative medicine practices safer spaces to show up authentically. We do include some of these safe and affirming holistic services in our resource guide.

This toolkit should not be read as legal or medical advice or counsel. Take precaution and meet with professionals and advocates as necessary to shape your actions.

If you are specifically looking for a care provider, please use the new provider directory tool at [mnlgbtqdirectory.org](https://mnlgbtqdirectory.org)<sup>19</sup>



# SELF-CARE



Engaging in self-advocacy in pursuit of culturally responsive health care as a queer or transgender identified person is both stressful and rewarding. Going to a care provider can be a vulnerable experience, as it often requires physical and emotional interaction with staff who are trained to use gendered language and discuss relationships in a heteronormative and monogamous value based context.

Identifying as lesbian, gay, bisexual, transgender, queer and/or identifying outside of the gender binary, can create invisibility which leads to unmet needs. For example; a trip to the doctor's office for LGBTQ folks is not simply just that. It is made up of leaving one's home after deciding what to wear, taking public transit or needing to ask for a ride. It could include being passed up by cabs, or even using the last of your money for a bus ride where you end up facing derogatory comments. And, finally, you have to wait in a line at the office to talk to a front desk person who may not see you as you exist but instead read descriptors from a page. This slow build-up of micro-aggressions can create fear and add to the daily traumas many of us experience based on our gender identity, sexual orientation and intersecting identities. **Recognizing this, it is important to set yourself up for success by creating healing spaces you can use to recharge before and after seeking care.**

## WHAT IS A MICRO-AGGRESSION?

A micro-aggression is an act that is unintentional, but is still discriminatory in manner and hard to address because they can be invisible to the majority or dominant culture.

Examples include being snubbed due to your identity, slight insults, being mis-gendered, or being avoided. The perpetrator is often unaware of these actions due to their privilege.

Voices of Health survey respondents say that once they have had a traumatic or negative experience at the hands of provider or staff, they often do not return for follow up care<sup>9,26</sup>. Multiple experiences of discrimination can wear down resilience. Self-care can be an important tool in helping address these negative experiences. It can ease impacts of multiple experiences of discrimination that can wear down resilience. This is integral to success, and important to maintaining a sense of balance while engaging in difficult discussions and situations.

Acts of self-care can include anything from taking breaks or naps, to blocking out time to do a specific activity that you like. Some that we have tried and can recommend are: coloring, cooking, baking, kayaking, bike riding, meditation, or reading. **Anything that enhances your personal well-being.** The use of free websites on either web or smartphone based applications to help with self-care management may be particularly helpful. Technology based applications of self-care can be accessed anywhere you have access to the Internet, and some apps even offer free daily check-ins so you can map your progress. Your local library or community center are great places to check for computer and Internet accessibility if you yourself do not have access to a computer.

## SELF-CARE SUGGESTIONS

- Create a self-care kit in a bag or shoe box filled with your favorite items such as coloring books, packaged snacks, movies, books, recipes or this toolkit ;)
- Keep a stock of dry shampoo and baby wipes to feel clean if you feel like taking a shower isn't possible
- Have a small amount of savings set aside to treat yourself to your favorite lunch after an uncomfortable appointment, as a reward
- Create verbal cues to give yourself reaffirmation, which create positive thought patterns ([pickthebrain.com/blog/7-steps-to-positive-self-talk](http://pickthebrain.com/blog/7-steps-to-positive-self-talk))<sup>15</sup>
- Plan ahead to wear an outfit that makes you feel great on a day that you know will be particularly challenging to set you up for success

# RESOURCES

## WEBSITES

- [gruntle.me](https://www.gruntle.me)  
A free website full of cute videos and images of animals. No sign-up or login required, no gendered language on the website<sup>5</sup>.
- [thequietplaceproject.com/thedawnroom](https://thequietplaceproject.com/thedawnroom)  
The Dawn Room, part of the Peace and Quiet Project. Simulates the start of a day with peaceful imaging and soft noise. The app talks with you, and asks you to write out comforting responses. You are then shown other user submitted responses and words of encouragement. Potential content warning for messages displayed: even though they work to weed out any negative responses, foul language, or triggers, there is still the possibility that some poor responses will make it through the established filters. The simulation also asks you to imagine someone important to you, which may be upsetting<sup>25</sup>. No sign-up or login required.
- [make-everything-ok.com](https://www.make-everything-ok.com)  
A website that tells you everything is ok, when you press a button<sup>16</sup>. No sign-up or login required, no gendered language on the website.
- [rainymood.com](https://www.rainymood.com)  
A website that you can set to full-screen on your monitor that shows rain running down a window while playing soft noises of a rainstorm and distant thunder<sup>27</sup>. No sign-up or login required, no gendered language on the website.

## APPLICATIONS

- [appstore.com/T2MoodTracker](https://appstore.com/T2MoodTracker)  
An iPhone app (also available on iPad) that allows you to track your different levels of anxiety, stress or other self-defined daily feelings. It will also create graphs to track your mood and levels of different stressors<sup>30</sup>. Available for Android users here. No sign-up or login required(beyond downloading the app), no gendered language on the app.
- [appstore.com/Self-helpforAnxietyManagement](https://appstore.com/Self-helpforAnxietyManagement)  
An iPhone app that allows you to rate your different levels of anxiety and use self-help to gain control<sup>32</sup>. Available for Android users here. Developed by the University of the West of England. No sign-up or login required(beyond downloading the app), no gendered language on the app. However, there is a 'Social Cloud' feature that does ask for you to create a user-name and password so that you can talk to other app users.
- [appstore.com/WhiteNoiseLiteRelaxSleepBetter](https://appstore.com/WhiteNoiseLiteRelaxSleepBetter)  
An iPhone app that plays different looped relaxing noises to listen to such as rain, white noise, or ocean sounds<sup>34</sup>. Available for Android users here. No sign-up or login required (beyond downloading the app), no gendered language on the app.

# INSURANCE PLANS AND COVERAGE



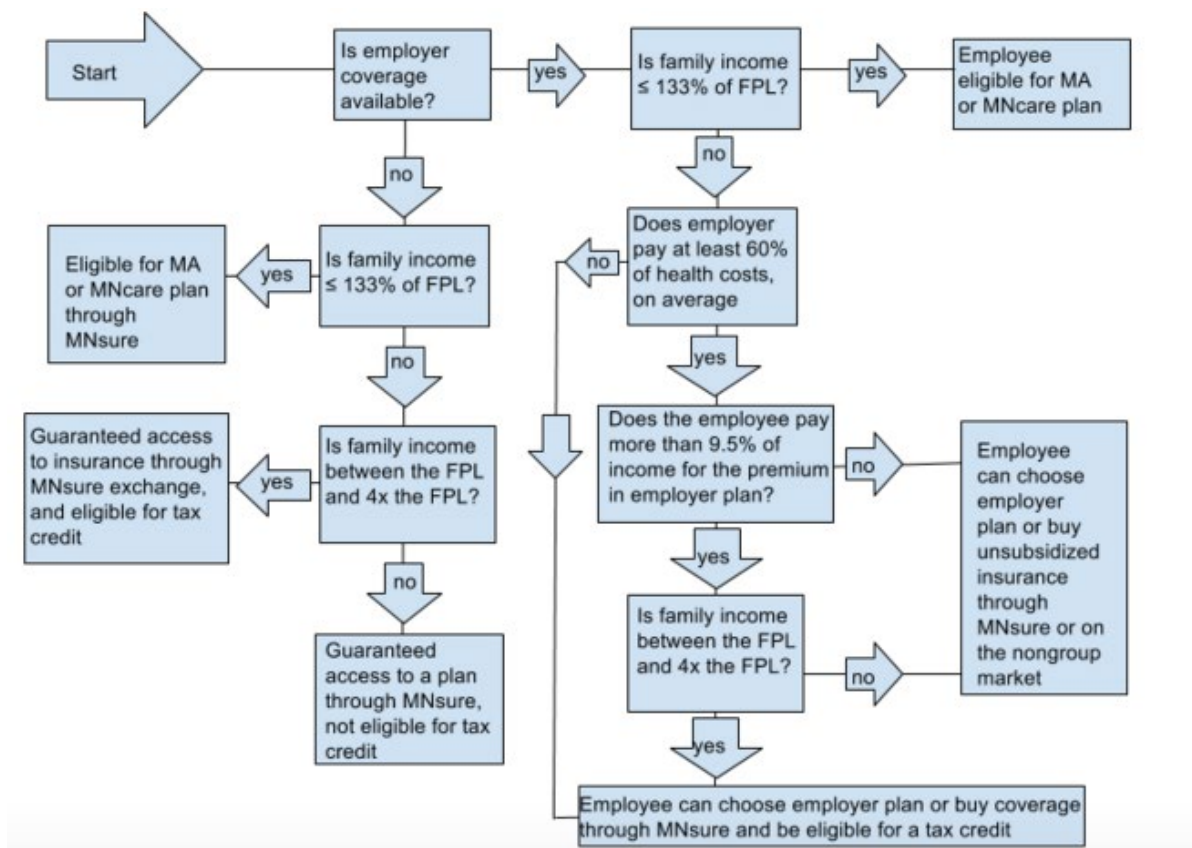
*healthcarebillofrights.org*

As of January 1st, 2014, every person living in Minnesota is required to have health insurance (or incur an income based tax if you can afford health insurance and choose not to purchase it)<sup>20</sup>. While this new requirement may seem daunting, especially if you have never had to purchase insurance before, there are multiple ways to access inclusive insurance plans, as well as programs to help lower costs. Based on your income you may not have to pay anything for your insurance plan and if you do pay for a plan, you will most likely qualify for a tax break.



As of late 2009, all employers in Minnesota with 11 or more full-time employees are required to offer health insurance to their employees using pre-tax income<sup>18</sup>. This means that, if employed, you may already be eligible for a care plan through your workplace using your pay before any tax deductions are taken from it, which in turn helps save money. This is particularly useful as around 70% of all Minnesotans use their employer for health care insurance<sup>29</sup>. As of 2015, married spouses (regardless of gender) can also seek coverage through their spouse if the insurance company offers spousal coverage.<sup>33</sup> Unmarried partners can no longer seek coverage through their partner's insurance now that marriage rights have been amended. **If you are not currently employed full-time, or covered through a spouse, there are insurance plans available to you through MNSure, the state's insurance program.**

Here's a flow chart of all the different ways you might access insurance in Minnesota. In this chart, FPL stands for Federal Poverty Line.



You can also check out this table ([mnsure.org/individual-family/cost/financial-assistance.jsp](https://mnsure.org/individual-family/cost/financial-assistance.jsp)) that shows what different plans you may qualify for if you are seeking insurance through the MNsure exchange.

## ESSENTIAL HEALTH BENEFITS

The Patient Protection Affordable Care Act (PPACA) outlined ten (10) specific Essential Health Benefits (EHB) that every health care plan must offer<sup>3</sup>. Every plan must meet a minimum standard of quality, and must also allow you to have balanced access to your benefits. This means a plan cannot focus on one EHB and ignore the rest<sup>3</sup>. Additionally, to meet nondiscrimination standards any essential health benefit services that are covered for cisgender people must also be covered for transgender people.

In Minnesota's MNsure exchange, the EHB benchmark is established through a Health Partners plan, and applies to all private plans sold in MNsure. This benchmark plan includes coverage for medically-necessary transition-related care, and so all private plans in MNsure cover these services.

## ESSENTIAL HEALTH BENEFITS

1. Ambulatory patient services (outpatient care you get without being admitted to a hospital)
2. Emergency services
3. Hospitalization (such as surgery)
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
6. Prescription drugs
7. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
8. Laboratory services
9. Preventive and wellness services and chronic disease management. Check here for a full list of preventative services guaranteed by the Affordable Care Act.
10. Pediatric services, including oral and vision care

## INSURANCE TERMINOLOGY

### AMBULATORY CARE

Ambulatory care refers to outpatient treatments such as doctor office visits, and includes more routine care that is conducted outside of a hospital inpatient setting.

### BENEFIT

A benefit in an insurance plan is a service type or test that you have coverage for. This can cover anything from yearly physical exams to blood work.

### CO-PAY

A co-pay is a part of the medical cost that you are responsible for when receiving care. Co-pays are usually listed on the back of an insurance card, and are a set amount. (e.g. a co-pay of \$10 for a doctor office visit.)

## CO-INSURANCE

A co-insurance is a percentage of a medical cost that you are responsible for on a service to service basis. For example, if you are having a minor surgery, you may be responsible for a co-insurance of 15%, meaning 15% of the total cost of the surgery will be your responsibility to cover. Co-insurance rates can change for different procedures, so call your insurance company to best know your different co-insurance rates.

## DEDUCTIBLE

A form of cost sharing where there is a set amount of money that you are responsible for before insurance coverage begins. Normally, deductibles are not applied to general doctor's office visits, and come into effect when more complex procedures are required. Deductibles can range from >\$500 to over \$3,000.

## IN-PATIENT/IN-PATIENT CARE

Treatment that is provided in a hospital setting and where the patient is receiving on-going care inside the hospital.

## **OUTPATIENT/OUTPATIENT CARE**

Treatment that is provided outside of a situation in which the patient is hospitalized. This include minor surgeries that can be completed safely in a doctor's office.

## **PREMIUM**

A premium is the overall cost of the health insurance plan that you are responsible for paying. Normally, this is divided up into monthly payments to make the cost more accessible.

## JOINING AN MNSURE INSURANCE PLAN

**See if you qualify for medical assistance:**

[mnsure.org/individual-family/cost/financial-assistance.jsp](https://mnsure.org/individual-family/cost/financial-assistance.jsp)<sup>20</sup>

**See if you can join a MNSure plan outside of the open enrollment period:**

[mnsure.org/individual-family/enrollment/special-enrollment.jsp](https://mnsure.org/individual-family/enrollment/special-enrollment.jsp)<sup>20</sup>

**See when coverage begins for special enrollment plans:**

[mnsure.org/individual-family/enrollment/special-enrollment-chart.jsp](https://mnsure.org/individual-family/enrollment/special-enrollment-chart.jsp)<sup>20</sup>



If you don't have access to insurance through an employer or school, there are yearly open enrollment periods to purchase insurance plans. **For Minnesota, the next open enrollment period through MNSure will be from November 1st, 2015 through January 1st, 2016.** However, you may also apply for insurance coverage outside of the open enrollment period if you have had a qualifying life event, like changing jobs, adding a child to your family, or getting married.<sup>20</sup>

Enrollment can be completed individually online, or can be done with the assistance of a **MNSure Navigator**. Navigators are people trained to help you through the enrollment process, and provide help determining what plans would work best for your needs. **If you are looking for a MNSure Navigator that is LGBTQ competent in the Twin Cities, you can make an appointment with a Navigator at Family Tree Clinic, Minnesota AIDS Project, or OpenCities Health Center. If you are outside the Metro Area you can get assistance through the Rural AIDS Action Network.** You do not have to be HIV positive to receive navigator help through Minnesota AIDS Project or the Rural Aids Action Network. Check the resource list for contact info.

When you go on MNsure.org, you'll be asked to enter information about yourself and your household to determine what plans you qualify for. Depending on your income, if you qualify for MNcare or MA (medical assistance) the site will indicate that you qualify and that you'll get further information in the mail about completing your application.

If your income is high enough, you'll be able to select from a list of insurance plans with varying costs (co-pays, premiums, deductibles, and co-insurance). Each plan will have a short Summary of Benefits and Coverage that you can look at to compare plans. Each Summary of Benefits and Coverage has two coverage examples to see what the plan would cover in common medical situations. You may still wish to call the insurance company and get specific coverage information and criteria if your condition or needs aren't listed in the Summary of Benefits and Coverage. Trans people seeking medical transition and parents of trans children with medical transition needs may want to call to get coverage criteria about transition related care before selecting a plan. This is where working with a MNsure navigator may be helpful, since it's another person to help advocate for you.

After completing the online application, a bill for your premium will be sent to your house. After paying the first installment, your coverage will begin and your insurance cards will be sent to you. Until you pay this first installment, you do not have coverage, unless you are entering with special enrollment.<sup>20</sup> This is important to remember. **Know that until your coverage officially begins you will be responsible for any medical costs or visits you make.**

**For new citizens and refugees, medical insurance is provided as you transition to living in Minnesota. See what coverage you are eligible for:**

[healthcare.gov/immigrants/immigration-status](https://www.healthcare.gov/immigrants/immigration-status)<sup>11</sup>

*For undocumented people, these services are not yet available.*

## TRANSITION RELATED CARE FOR MEDICAID AND MEDICARE

Read more about health insurance, transition related care, and advocacy:

[lambdalegal.org/publications/trt\\_transition-related-health-care](http://lambdalegal.org/publications/trt_transition-related-health-care)<sup>13</sup>

### MEDICAID

If you are on Medicaid in Minnesota, the only transition related services covered are hormone therapy and mental health services, if defined as medically necessary by your provider. Currently Minnesota has defined transition related surgeries as exploratory surgery by Medicare, which is not covered. For surgery to be covered by insurance, trans care related exclusions will need to be removed. However, in December 2015, OutFront Minnesota filed suit against the State, arguing that this exclusion of surgical coverage is unconstitutional. Additionally, federal regulations coming into effect by January 1, 2017 are expected to override the exclusion.

## MEDICARE

If you are on Medicare in Minnesota, medical transition services covered include hormone therapy, mental health services and some surgeries, if they are defined as medically necessary by your provider.<sup>21</sup>

## EMPLOYER OR SCHOOL BASED INSURANCE

If you are receiving health insurance through your employer or school, in addition to knowing about your co-pays and deductibles, you may want to find out if the plan is fully-funded or self-funded. Fully-funded plans are when a company has each employee pay into a shared account for health care. The company then takes these funds and purchases plans through an insurance provider. Fully-funded insurance plans are subject to both federal and state laws.

Self-funded plans are when a company has each employee pay into a shared account for health care. The company then hires an insurance provider to deal with any paperwork and billing accrued by employees seeking care and bills the company's shared account for any healthcare costs. This means that the company simply creates a large fund to

cover any medical expenses, which is only subject to federal laws.

Please note that when Marriage Equality was deemed the law of the land in 2015, employers began terminating access to partner benefits and began to require couples to be legally married to receive these benefits.

Just like plans available through MNsure, plans through an employer or your school will have a Summary of Benefits and Coverage in addition to the full policy available for you to read through. It's a good idea to read the plan and be sure you understand what your co-pay, deductible, premiums, and co-insurance may be.

In 2012, the Minnesota Department of Human Rights concluded the MHRA bars transgender-specific exclusions in health plans subject to state law. Additionally, in 2015, the Minnesota Department of Health and Commerce advised insurers that they would not approve policies with such exclusions for sale in the private market in Minnesota.

Beginning in 2016, the Federal Equal Employment Opportunity Commission (EEOC) began interpreting federal employment law, applying to employers with at least 15 employees, to bar such exclusions in employers' self-funded plans.

## GETTING CARE COVERED

### **What is a medical necessity? Is that different from a covered service?**

Unfortunately, in the world of insurance a medical necessity is not the same as a medical benefit. In the world of insurance, a medical necessity is something that your doctor has decided is necessary. A medical benefit is something that your insurance plan has agreed to cover. Sometimes, your doctor might decide you need medical care that is not covered by your insurance policy. Insurance companies determine what tests, drugs and services they will cover. Your insurance company's choices may mean that the test, drug or service you need isn't covered by your policy.

## What should I do?

- Try to familiarize yourself with your plan. It's good to know what your insurance company will pay for before you receive a service, get tested or fill a prescription. Some kinds of care may need to be "pre-authorized" by your insurance company before your doctor can give you the service. For example, a lot of transition related medical care for transgender people currently requires pre-authorization.
- If you have questions about your coverage, call your insurance company and ask a representative to explain it. This can feel challenging and scary. Take deep breaths, and feel free to write down what you want to ask before you call. Be sure to take notes so that if you experience discrimination you can report it later. You deserve great care and respect.
- Your insurance company, not your doctor, decides what your health plan will and what it will not pay for.



## **What if my doctor recommends care that isn't covered by my insurance?**

Ideally, all of the care your doctor recommends will be covered by your plan, but sometimes this doesn't happen. If you have a test, treatment, or medication that isn't covered, your insurance company won't pay for it, which is sometimes called a denied claim.

If your insurance denies your claim, you can challenge or appeal the decision. The appeal process should be outlined in your plan documents, and you can also ask your doctor for support in making appeal.

Additionally, if your claim is denied and you feel it was because you are lesbian, gay, bisexual, transgender, or queer, you should consider filing a complaint with the Department of Health and Human Services and the Joint Commission.

## INSURANCE AND TRANS PEOPLE

Since 2012, it's been illegal to deny transgender people care simply because they are transgender. However, until the recent proposed HHS ruling it was unclear whether or not that extended to requiring insurance plans to cover transition-related medical care and procedures. As of September 2015, 10 states and the District of Columbia have already decided that it will not allow insurance plans sold in their state to include categorical exclusions of transition related care.

The new proposed ruling to implement the nondiscrimination clause of the Affordable Care Act clarifies that “the law prohibits discrimination in many health facilities and insurance plans based on race, national origin, age, disability, and sex—including bias based on gender identity. These rules would make it illegal to categorically deny health care coverage related to gender transition, exclusions that still appear in the vast majority of private and public health insurance plans in the United States. Instead, plans must cover medically necessary medications, surgeries, and other

treatments for gender dysphoria for transgender people if they cover similar services to non-transgender people with other medical conditions.”

HHS is already enforcing this ruling, when it is finalized and goes into effect officially it will make it easier to enforce. Any complaints received by Health and Human Services must and will be reviewed, whether it's before or after the final ruling is implemented.

**If your insurance plan is denying you coverage for transition related care, you can appeal that decision.** Reach out to OutFront and Gender Justice for more assistance in appealing insurance claims, filing discrimination claims and lawsuits for a lack of coverage in your insurance plan. You should also file a report with the Joint Commission and file a complaint with the Department of Health and Human Services.

# RESOURCES

## **Family Tree Clinic**

[familytreeclinic.org](http://familytreeclinic.org)

1619 Dayton Ave #205

St. Paul, MN 55104

651-645-0478

## **Gender Justice**

[genderjustice.us](http://genderjustice.us)

550 Rice Street

St. Paul, MN 55103

651-789-2090

## **OutFront Minnesota**

[outfront.org](http://outfront.org)

310 East 38th Street,

Suite 209

Minneapolis, MN 55409

612-822-0127

Toll-Free 800-800-0350

## **MNSURE LGBTQ NAVIGATORS**

### **OpenCities Health Center**

[opencitieshealth.org](http://opencitieshealth.org)

409 North Dunlap St.

St. Paul, MN 55104

Bernie — 651-251-5942

### **Minnesota AIDS Project**

[mnaidsproject.org/services/support-services/mnsure.php](http://mnaidsproject.org/services/support-services/mnsure.php)

1400 Park Avenue

Minneapolis, MN 55404

### **Family Tree Clinic**

[familytreeclinic.org](http://familytreeclinic.org)

1619 Dayton Ave #205

St. Paul, MN 55104

651-645-0478

### **Rural AIDS Action Network**

[raan.org](http://raan.org)

Several locations in

Greater Minnesota

## **MNSURE NAVIGATORS**

[jeanette@raan.org](mailto:jeanette@raan.org)

[debbie@mnhealthresources.org](mailto:debbie@mnhealthresources.org)

# VISITING A CARE PROVIDER

*If you are specifically looking for a care provider, please use the new provider directory — [mnlgbtqdirectory.org](http://mnlgbtqdirectory.org) <sup>19</sup>*



To begin planning a visit to a health provider, it is first essential to understand if your chosen provider is covered by your health insurance, and what cost, if any, is associated with the intended visit or procedure. When planning a visit, it is also important to factor in travel time and expense. For more rural areas, there may be a greater driving time and expense than for those who live in an urban environment. For further help planning out your visit, check out the Visit Planner worksheet at the end of this section.

Once you have filled out your visit planner, it is important to list the things that have gone well in your past experiences with this provider, and how you felt during those visits. It is important for your own self-care to remember that providers, nurses, and front desk staff go through education programs to teach them to do their jobs. These programs, in Minnesota, usually have little to no instruction on authentically engaging with LGBTQ communities. This is not an excuse for poor quality care though it sometimes can be helpful to remember. **Often you may be a provider's first LGBTQ patient and using the tools within the Toolkit can help you to be prepared.**

It is also possible that a provider who identifies as competent in serving gay and lesbian patients might not have experience serving transgender patients. A provider who has served transgender patients that identify on a binary might never have served genderqueer patients. Based on the discrimination, poor quality care, and micro-aggressions LGBTQ people face in can be difficult to be your own advocate. There are primary care physicians in MN that are competent providers for your unique identity and needs. You can do some research and find the one who is right for

you on our Provider Directory. However, there are moments when you need to see specialists, or when you have emergencies, so being prepared sets you (and your provider) up for success.

## MAKING AN APPOINTMENT

To make an appointment, you must contact the provider's office. If you have Internet access, you can also check to see if online scheduling is available. **When setting up an appointment, you can request that the scheduler take notes on your preferred or correct name for use in the office, as well as your preferred pronouns and gender identity.**

When talking with the scheduler about these concerns, **make sure that for official records, the name used for patient billing matches the name you use with your health insurance.** If the provider does not have a way of recording a preferred or correct name, ask them to attach an alert to the electronic file to remind them when they pull up your records. If the office primarily uses physical or paper records, you could also ask that a note with your name and pronouns be attached to the file<sup>12</sup>.

Some large health provider groups, such as Blue Cross Blue Shield, also have online provider visits now for minor health concerns such as the flu or a urinary tract infection. For



online appointments, you must create an online account. It is important to know when accessing this option that **you often do not have the option of using chosen name or pronouns.** This is because online health systems often have not upgraded systems to capture authentic identities due to cost and significant lags in billing and coding accessibility.

**You may find printing out your own Healthcare Bill of Rights aids in empowering you. See a wallet sized version that you can bring with you:**  
[healthcarebillofrights.org/Read-The-Bill](https://healthcarebillofrights.org/Read-The-Bill)<sup>14</sup>

## DURING THE APPOINTMENT

On the day of the appointment, be sure to leave early to ensure you arrive to check in 10-15 minutes ahead of schedule. Doctors are often busy and running late due to so many patients in one day; this is frustrating, but it is still essential to get there early so that your appointment is not given away. Coordinate transportation with a friend, or plan on using other reliable transportation such as a car or well-scheduled bus route. **When checking in for the appointment, confirm that your preferred name and pronouns will be used for the appointment.** Billing departments require current legal name listed on your insurance card, so this is the information most often entered into the electronic medical record. It is important to take the time that very first appointment to ensure that you're set up for success at future visits. This means that you may need to write in your preferred name and preferred pronouns on intakes when it is not made available as an option.

## WHEN YOUR APPOINTMENT BEGINS

You will be called back and you will (generally) meet with a nurse or medical assistant for an initial assessment that can include vital signs such as heart rate, temperature and height. **In a perfect world the front desk staff have communicated your preferred name, pronouns, family structure, parental nicknames etc. but there is a chance you will need to remind this staff.** They will go over your reasons for visiting the office that day, and ask you to describe any medical concerns you may have, or issues you are experiencing. By using our visit planer tool below, you'll have a list of concerns and questions written down; this way the process is streamlined, and you can best stay on track with your medical goals.

After the initial information is gathered, the doctor will then meet with you to discuss your concerns, diagnose issues, and offer treatment plans. Due to scheduling constraints, doctors are normally limited to only spend 10-15 minutes of face time per patient. Because of this, it is important to keep all conversation on topic and avoid distraction. For

example, **if you are in an appointment for hormone therapy consultation, and the provider begins to talk more on substance use or eating habits, simply redirect the conversation.** You can state that you would be open to discussing such a topic at a later date, but for today want to solely focus on “ x.” Remember that you know best what your concerns are, and have the most insight on your needs. Work to clearly communicate this with your provider while looking for their expert advice in care.

Once you have decided on a plan of action for care with your provider, **be sure to request copies of any new records made, as well as information on when, where and who will be performing your follow-up care or providing your medication.**

## AFTER THE APPOINTMENT

After coming out of a health appointment, take time to engage in self-care and reflect on the meeting. Review the questions and goals that you set before entering the appointment. Compare these to the answers and solutions that were presented. Review the path of action.

You can also reconnect with the scheduling staff in your provider's office to ensure the correct billing codes are being used for your care, so that everything is submitted correctly and covered appropriately by your insurance.

# RESOURCES

## **Family Tree Clinic**

[familytreeclinic.org](http://familytreeclinic.org)

1619 Dayton Ave #205

St. Paul, MN 55104

651-645-0478

## **Minnesota Transgender**

### **Health Coalition**

[mntranshealth.org](http://mntranshealth.org)

3405 Chicago Ave, Suite 103

Minneapolis, MN 55407

612-823-1152

# VISIT PLANNER

Print out double sided, or keep as a digital file to fill out for your records

Date of appointment: \_\_\_\_\_

Travel time to office: \_\_\_\_\_ Transportation: \_\_\_\_\_

Care provider's name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Cost of visit: \_\_\_\_\_

Insurance information (company, plan ID, etc): \_\_\_\_\_

\_\_\_\_\_

Focus for appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions: (Examples: "Will this interact with any of my current medications?", "Do you have a good referral for 'X' specialty?")

Q-1: \_\_\_\_\_

Provider response: \_\_\_\_\_

\_\_\_\_\_

Q-2: \_\_\_\_\_

Provider response:

\_\_\_\_\_

\_\_\_\_\_

Q-3: \_\_\_\_\_

Provider response:

\_\_\_\_\_

\_\_\_\_\_

General notes:

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Appointment follow-up: (What were the outcomes of this visit? How was your experience? What self-care was needed after the appointment (if any)?)

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Overall visit experience (circle one and leave notes if desired):

POSITIVE

NEUTRAL

NEGATIVE



# THE LAW



Minnesota is a unique state for lesbian, gay, bisexual, transgender and queer rights, as the local government has taken multiple positive steps to protect and outline the rights of LGBTQ individuals. One of the landmark actions Minnesota has taken is the expansion of the Minnesota Human Rights Act. [23](#), [24](#), [31](#)

*“In 1993, the Minnesota Legislature amended the Minnesota Human Rights Act (MHRA) to prohibit many forms of discrimination on the basis of “sexual orientation.” The broad definition of “sexual orientation” in MHRA made it the nation’s first state civil rights law to protect transgender individuals from discrimination.” [23](#)*

While there is still ample room for growth and protection, Minnesota is making progress. This is especially useful as most legal protections and rights in the community vary by state.

However, some national protections exist. Beginning in 2012, the federal government began explicitly recognizing that discrimination against transgender people is a form of sex discrimination. Currently, many federal agencies interpret “sex” to include “gender identity.”\* Additionally, some agencies are beginning to find protection against sexual orientation discrimination within existing sex-discrimination laws.

\*This includes critical protections provided by the Affordable Care Act.

Understanding legal rights can be difficult because of the way laws are written, and how they are enforced. To help with this, this section is broken down into two main categories: rights and laws specifically pertaining to minors (those less than 18 years of age) and laws and rights specifically afforded to legal adults (those 18 years of age and older). Citizenship status will also be reviewed in relationship to health care accessibility and eligibility.

It should be stated that **protecting your legal rights can also be challenging, and often times it requires significant privilege and power to defend yourself.** Take time for self-care, remember to breathe, and find advocates to help with your work.

## LEGAL PROTECTIONS SPECIFIC TO MINORS

In 2015, the Safe and Supportive Minnesota School Act was signed into law. This replaced the largely ineffective 37-word policy on bullying originally used by Minnesota to shape school policy<sup>28</sup>. **The new act outlines gender identity and sexuality as protected from bullying, and requires schools to provide training to all staff on bullying prevention.** The law also expands the scope of protection to include all extra-curricular activities, cyber bullying, and other forms of intimidation that were previously ignored<sup>22,28</sup>.

The Saint Paul Public School District (SPPS) has also adapted gender inclusion policies that will go into effect during the 2015-2016 academic school year. This policy can be found [here](#) and specifically protects students right to a preferred name and pronouns, ability to participate in classes that do not engage in gender segregation, and affirms students' rights to participate in any team or intramural sport that best aligns with their personal gender identity<sup>8</sup>. Several other Minnesota school districts implemented similar policies.

The Minnesota State High School League has also passed policy going into effect for the 2015-2016 academic year allowing students to participate on any sports team that best aligns with their gender identity<sup>7</sup>. The exact policy can be found [here](#).

Minors and young unmarried adults up to age 21 are also protected by the Runaway and Homeless Youth Act, which **requires that outreach programs provide counseling, temporary housing, food, medical services, mental health services, education resources, and employment aid<sup>1</sup>**. One exception of note is that individuals who are incarcerated may not seek or receive help from this law<sup>1</sup>.

Finally, the MHRA protects all LGBTQ individuals, including minors, from discrimination based on sexual orientation and gender identity.

\*Importantly, under a variety of circumstances, minors may consent to receiving health-care services, and providers may deliver them, without need for consent by the minor's parent(s) or guardian(s).

## LEGAL PROTECTIONS SPECIFIC TO ADULTS

In 1993, the Minnesota Human Rights Act (MHRA) was passed in the state legislature. **This act guarantees freedom from discrimination for residents of the state regardless of their marital status, age, race, national origin, disability, sex (including pregnancy status), and sexual orientation<sup>23,24,31</sup>.** These freedoms are guaranteed in employment with both public and private businesses, housing and real estate, public accommodations, public services, and education. The MHRA also reaffirms the legal right every person has to health care and treatment in the state, and means that, in the state of Minnesota, **a practitioner cannot refuse treatment on the basis of sex, sexual orientation or gender identity.** However, it is important to note that there are exceptions: exempt organizations include all religious groups or jobs wherein sex/gender is a determining factor of employment, or nonpublic service organizations targeted at youth such as 4-H clubs or scouting organizations<sup>31</sup>. Additionally, the Affordable Care Act bars discrimination on the basis of sex, including gender identity, in health-care facilities receiving federal funds.

For all adult Minnesotans, the Freedom to Marry law was passed in March of 2013, and was enacted (with marriage certificates issued) on August 1st, 2013. **LGBTQ couples are guaranteed the same right to engage in marriage as any other couple, and benefit from the same legal protections.** On June 26th, 2015, the US Supreme Court affirmed that all American Citizens have the legal right to marry their partner, regardless of gender identity or sex.

## LEGAL RIGHTS SPECIFIC TO NEW CITIZENS AND RESIDENTS

For Minnesotans who are new to the state, from outside the United States, there are specific protections to ensure access to health care. A full guide to accessing care is provided by the Minnesota government and can be found [here](#)<sup>10</sup>.

While accessing care in Minnesota, **adults are guaranteed the right to a translator who can speak fluently in the patient's preferred or primary language.** Translators can either be used in person, or through a phone based system; access, however, is limited to the resources of each care facility. A family member who is multilingual may also be used as a translator. We recommend a professional translator when possible because medical terminology can be difficult to fully understand and convey without essential training and experience.



**FOR MORE ON the Federal Department of Health and Human Services (HHS) Rule please visit the insurance section.** It is illegal to discriminate or refuse treatment to transgender patients and facing refusal to care or discrimination is grounds for investigation by HHS.

**Make a report:** [transequality.org/press/releases/hhs-proposes-new-rules-banning-trans-health-care-discrimination-could-end-most](https://transequality.org/press/releases/hhs-proposes-new-rules-banning-trans-health-care-discrimination-could-end-most)

# RESOURCES

## **OutFront**

[outfront.org](http://outfront.org)

310 East 38th Street, Suite 209

Minneapolis, MN 55409

612-822-0127

## **Gender Justice**

[genderjustice.us](http://genderjustice.us)

550 Rice Street

St. Paul, MN 55103

651-789-2090

## **Minnesota Lavender Bar Association**

[mnlavbar.org](http://mnlavbar.org)

2751 Hennepin Ave. S. #703

Minneapolis, MN 55408

800-800-0350, ext. 530

612-822-0127, ext. 530

# SELF PROTECTION AND AVENUES FOR RECOURSE



When medical appointments fail to meet expectations, there can be a sense of frustration. While this can feel overwhelming, there are multiple ways to take back control and ensure your medical needs and concerns are being addressed. The first step is to take a deep breath and relax. Understand that you will reach a solution, even if the immediate moment feels beyond your abilities. Trust your reaction and emotion to the traumas you have experienced, use self-care, and then begin your search for help.

Options for action may vary depending upon the situation and relationship to the caregiver that you are having difficulties with. For example, you may want different approaches depending upon your relationship with the provider. Has this been an on-going, positive relationship but the provider continues to have problems with correct pronouns? Or is this an on-going, or new problem that includes multiple aggressions?

To respond to these varying layers, first ideas for taking control in present or ongoing situations will be addressed. Different avenues for self-defense and feedback within the provider's office will also be reviewed. From there, legal options will be discussed and resources will be presented.

## HANDLING DIFFICULT SITUATIONS

If you have had a negative or unproductive meeting with a doctor, there are multiple ways to approach the situation. For an issue that is currently unfolding (for example, you are in the middle of talking, and a micro-aggression occurs), **you can momentarily remind the provider that such language is harmful to you.** Using a positive frame for your language can help diffuse tension, while avoiding escalation if the provider becomes defensive or confused. Remember that providers themselves may be uneducated about queer health, and need your help to understand how to best serve you.

If you had a problematic experience that you were unable to address at the time of the appointment, **you can reach out afterwards to explain the difficulty either via phone or e-mail with your care provider.** An example phone conversation is provided, as well as an example email.

**Doctor Office:** Hello, thank you for calling A Doctor Office. This is An Assistant. How can I help you today?

**Concerned Patient:** Hello An Assistant, I am Concerned Patient. I had an appointment with A Doctor earlier this week. I am calling because I have a concern I would like to talk about.

**Doctor Office:** Ok Concerned, thank you for calling. What is your concern?

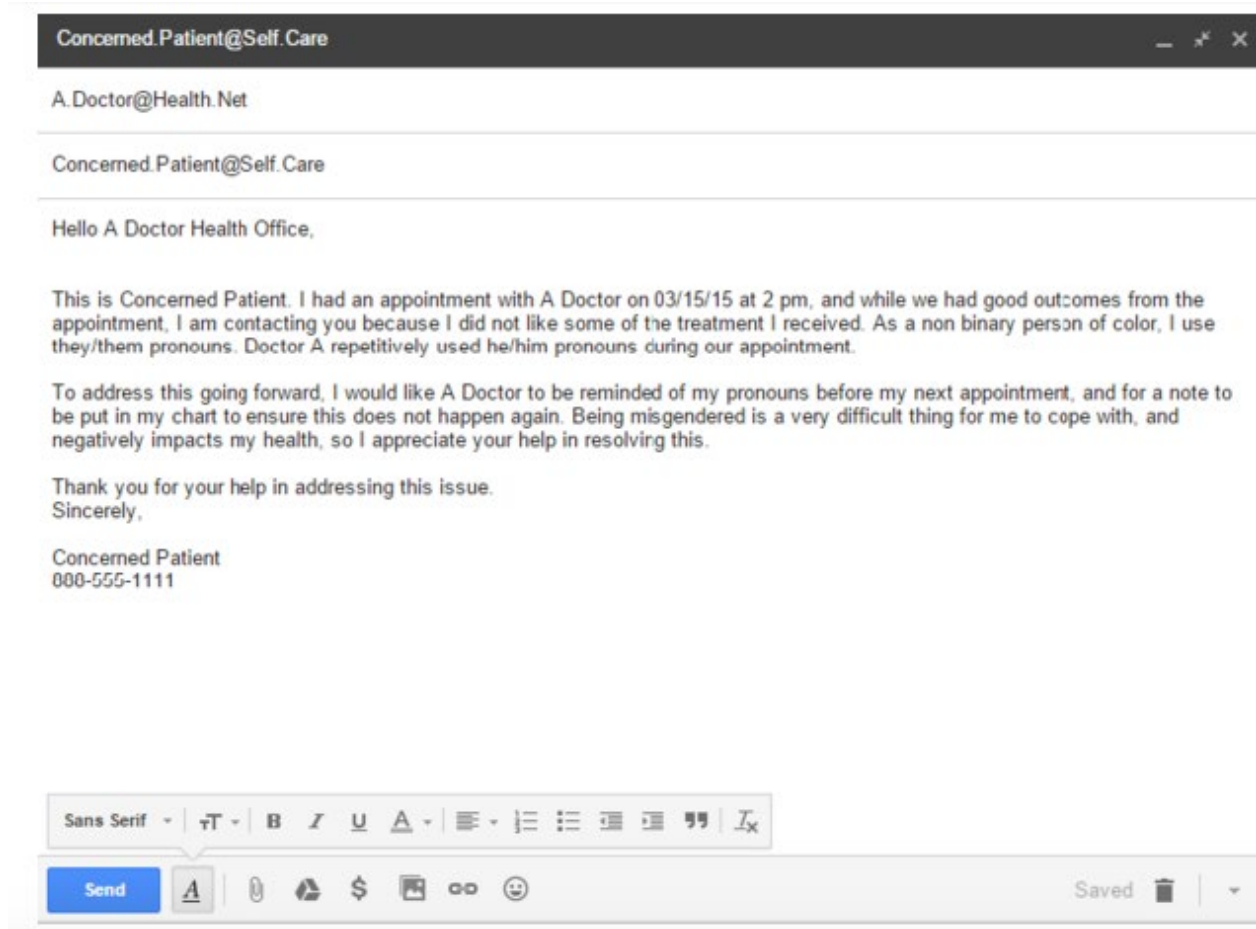
**Concerned Patient:** This is hard for me to talk about. A Doctor only uses the name that is listed on my health insurance when referring to me. This is not my correct name, as I go by Concerned. I have tried to remind A Doctor several times during the last appointment, but nothing changed. This hurts me, and negatively impacts my health. I understand the need to have the name on file for insurance purposes, but I need to be respected and have my correct name used in the office.

**Doctor Office:** I am very sorry you experienced that Concerned. I will put a note in your file as well as alert A Doctor to the issue now and before you come in again. Is there anything else I can do for you?

**Concerned Patient:** No, but I appreciate the help in resolving this. My next appointment is in February. When I call to confirm my appointment, I would also like an update on this. Will that work?

**Doctor Office:** I can absolutely make sure an update is provided when you call to confirm your appointment, Concerned.

**Concerned Patient:** Thank you, An Assistant. I will talk to you again in February. Have a good day.



The screenshot shows an email window with a dark header bar containing the text "Concerned.Patient@Self.Care" and window control icons. Below the header, the recipient is listed as "A.Doctor@Health.Net". The sender is "Concerned.Patient@Self.Care". The email body contains the following text:

Hello A Doctor Health Office,

This is Concerned Patient. I had an appointment with A Doctor on 03/15/15 at 2 pm, and while we had good outcomes from the appointment, I am contacting you because I did not like some of the treatment I received. As a non binary person of color, I use they/them pronouns. Doctor A repetitively used he/him pronouns during our appointment.

To address this going forward, I would like A Doctor to be reminded of my pronouns before my next appointment, and for a note to be put in my chart to ensure this does not happen again. Being misgendered is a very difficult thing for me to cope with, and negatively impacts my health, so I appreciate your help in resolving this.

Thank you for your help in addressing this issue.  
Sincerely,

Concerned Patient  
000-555-1111

Below the email body is a rich text editor toolbar with various icons for text formatting (font face, size, bold, italic, underline, color), alignment, bulleted and numbered lists, indent, link, and unlink. At the bottom of the email client, there is a "Send" button, a "Save" button, and several other icons for attachments, images, and emojis.



## PURSUING LEGAL ACTION

For issues that are not resolved through routine approaches, or for encounters that are highly traumatic, taking legal action can be a viable option. **This section will explore how to document negative experiences, how to reach out to organizations for help, and what to expect for your first contact with legal resources.** While legal action can require large time contributions, planning sessions, tenacity, and monetary resources, many organizations offer help managing this process. Remember that if you become uncomfortable with how things are progressing, you can always stop the process. Your comfort comes first as you engage with trauma; remember this as you work towards solutions and always give yourself spaces to heal.

The most important step as you start to search for legal assistance is to **have detailed records of the issues you have experienced.** Being able to produce statements and proof of your history will benefit those helping you, and provide good groundwork moving forward. When making a personal medical record, using already available templates

can help you know what to record. Earlier in this Toolkit, a visit planner was provided for tracking every medical visit and writing down the outcomes from each meeting. This planner can be used as a reference if you need to track negative experiences. Similarly, at the end of this section there will be an incident record that you can use as a starting point for your work. Documenting interactions and being able to clearly communicate the issue will assist you in talking to advocacy groups.

Once you have set aside time to document your concerns, and feel that you have a clear understanding of both what happened, and what outcome you want to reach, you can reach out to advocacy groups. **If you feel uncertain about your goals for legal action, advocacy groups can also help with sorting out your needs.** There are multiple advocacy groups that can offer legal advice, and lawyers can also offer pro bono (free) work in some situations. Minnesota also benefits from good legal background or 'precedent' that favors the rights of gender identity protection. When contacting advocacy groups, it is important to be candid and brief, so that they best understand your situation.

Often, legal help groups can be very busy, and unable to help every case that comes to them. As a result, **being able to quickly represent yourself will help gain more traction for your case.**

If the advocacy group you contact is able to help and works with you, be prepared to have your first legal consultation. Often, first consultations are short telephone conversations simply going back over the negative experience(s) and next steps. Remember to keep in close contact with your support system as you go further with legal assistance and ask questions to ensure you understand every action you take.

**If an advocacy group is unable to take on your case, you can contact another support group for help, or hire legal assistance on your own.**

# INCIDENT REPORT

Print out or keep as a digital file to fill out for your records

Date of appointment: \_\_\_\_\_

Care provider office information (name, location, phone number):

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Care provider's name: \_\_\_\_\_

Care provider's pronouns: \_\_\_\_\_

Health insurance information (company, ID number):

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Name on your health insurance: \_\_\_\_\_

Correct or preferred name: \_\_\_\_\_

Your pronouns: \_\_\_\_\_

Cost of visit: \_\_\_\_\_



# LEGAL RESOURCES

## **OutFront**

[outfront.org](http://outfront.org)

310 East 38th Street, Suite 209

Minneapolis, MN 55409

612-822-0127

## **Gender Justice**

[genderjustice.us](http://genderjustice.us)

550 Rice Street

St. Paul, MN 55103

651-789-2090

## **Minnesota Lavender Bar Association**

[mnlavbar.org](http://mnlavbar.org)

2751 Hennepin Ave. S. #703

Minneapolis, MN 55408

800-800-0350, ext. 530

612-822-0127, ext. 530

## **Twin Cities Quorum (attorney directory)**

[twincitiesquorum.com/directory](http://twincitiesquorum.com/directory)

18 North 12th Street, Suite #3606

Minneapolis, MN 55403

(612) 460-8153

# LGBTQ GROUPS, SERVICES, AND SUPPORT



While this guide offers practical input and help for medical needs, it is important to acknowledge that health doesn't stop at a care provider's office. This resource list is distinct from resources listed in previous sections, as it focuses beyond health care access and provides avenues to meet other needs to thrive in Minnesota.

## BUSINESS DIRECTORY SERVICES

### Twin Cities Quorum

[twincitiesquorum.com](http://twincitiesquorum.com)

18 North 12th Street, Suite #3606  
Minneapolis, MN 55403  
612-460-8153

## EDUCATIONAL SERVICES

### Out for Equity

[equity.spps.org/outforequity](http://equity.spps.org/outforequity)

345 Plato Blvd.  
Saint Paul, MN 55107  
651-744-5195

## ELDER CARE SUPPORT GROUP

### Minnesota LGBTQ Caregivers Group

[facebook.com/lgbtqcaregiving](https://facebook.com/lgbtqcaregiving)

Online only  
Scheduled meets through website

## FAMILY EVENTS/MEET SERVICES

*\*Not a therapy support group*

### Transforming Families

[transformingfamiliesmn.org](http://transformingfamiliesmn.org)

Online only  
Local meetings posted

## FAMILY RESOURCES

### Families Like Mine

[familieslikemine.com](http://familieslikemine.com)

Online only

## FOOD SERVICES

*Statewide master list*

### Food Pantries

[foodpantries.org/st/minnesota](http://foodpantries.org/st/minnesota)

Locations throughout the state

## HEALING ARTS AND HEALING JUSTICE

### Peoples Movement Center

[peoplesmovementcenter.com](http://peoplesmovementcenter.com)

736 East 41st Street,  
Minneapolis, MN 55407  
612-293-6691

## HEALTH AND THERAPY SERVICES

*(Including Hormone Therapy)*

### Center for Sexual Health

*(Through the University of Minnesota)*

[umphysicians.org/Clinics/  
center-for-sexual-health](http://umphysicians.org/Clinics/center-for-sexual-health)

1300 2nd St. S Suite 180  
Minneapolis, MN 55454  
612-625-1500

### Community Hormone Access Project

*(Through Trans Youth Support Network)*

[tinyurl.com/chapprotocols](http://tinyurl.com/chapprotocols)



## HIV AND AIDS SERVICES

### The Aliveness Project

[aliveness.org](http://aliveness.org)

3808 Nicollet Ave  
Minneapolis, MN 55409  
612-824-5433

### MN Aids Project

(Includes food and counseling)

[mnaidsproject.org](http://mnaidsproject.org)

1400 Park Avenue  
Minneapolis, MN 55404  
612-341-2060

## HOUSING SERVICES

### Avenues for Youth: GLBT

#### Host Program

[avenuesforyouth.org/programs-glb-thosthome.html](http://avenuesforyouth.org/programs-glb-thosthome.html)

1708 Oak Park Avenue North  
Minneapolis, MN 55411  
612-522-1690

### Bridge for Youth

[bridgeforyouth.org](http://bridgeforyouth.org)

1111 West 22nd Street  
Minneapolis, MN 55405  
Crisis line: 612-377-8800

### Face to Face

[face2face.org](http://face2face.org)

SafeZone Drop-In Center  
308 Prince Street  
Saint Paul MN 55101  
651-224-9644

## LGBTQ BAND AND MARCHING BAND

### Minnesota Freedom Band

[mnfreedomband.org](http://mnfreedomband.org)

P.O. Box 3689  
Minneapolis, MN 55403  
612-564-0632

## LGBTQ+ WOMENS CHORUS

### Calliope Womens Chorus

[calliopewomenschorus.org](http://calliopewomenschorus.org)

P.O. Box 4474  
Saint Paul, MN 55104

## LOCAL SUPPORT GROUP

### Gay/Lesbian Community Services of Southeast Minnesota

[glcsmn.org](http://glcsmn.org)

PO Box 454  
Rochester, MN 55903

## RELIGIOUS SERVICES

### The Exchange

(Christian)

[theexchangechurch.com](http://theexchangechurch.com)

Multiple Locations

### Mount Zion Temple

(LGBT-friendly Jewish Temple)

[mzion.org](http://mzion.org)

1300 Summit Avenue  
St. Paul, MN 55105  
651-698-3881

## SENIOR HOUSING SERVICES

Spirit on Lake

[spiritonlake.org/about](http://spiritonlake.org/about)

2930 13th Ave South  
Minneapolis, MN 55408  
612-724-3029

## SHOT CLINICS, SUPPORT GROUPS, HIV TESTING

Minnesota Transgender Health Coalition

[mntranshealth.org](http://mntranshealth.org)

3405 Chicago Ave South, Suite 103  
Minneapolis, MN 55407  
612-823-1152

## SOBER EVENTS AND SUPPORT GROUPS

Out and Sober

[outandsoberminnesota.org](http://outandsoberminnesota.org)

[info@outandsoberminnesota.org](mailto:info@outandsoberminnesota.org)

Check online for events

## SUPPORT AND ACADEMIC SCHOLARSHIP RESOURCES

Pfund

[pfundonline.org](http://pfundonline.org)

1409 Willow Street, Suite 109  
Minneapolis, Minnesota 55403  
612-870-1806

## THERAPY/COUNSELING SERVICES

Reclaim!

[reclaim-lgbtyouth.org](http://reclaim-lgbtyouth.org)

3217 Hennepin Ave S, Suite 2  
Minneapolis, MN 55408  
612-235-6743

## UNIVERSITY SUPPORT GROUP

Gay, Lesbian, Bisexual, Transgender, Ally Services

(University of Minnesota Crookston)

[crk.umn.edu/people/services/GLBT](http://crk.umn.edu/people/services/GLBT)

Hill Hall 15

218-281-8347

Lesbian, Gay, Bisexual, Transgender Center

(Minnesota State University Mankato)

[mnsu.edu/lgbtc](http://mnsu.edu/lgbtc)

194 Centennial Student Union

Minnesota State University

Mankato, MN 56001

507-389-5131

Morris Queer Student Initiative for Equality

(University of Minnesota Morris)

[umnmorris.collegiatelink.net/organization/MOQSIE](http://umnmorris.collegiatelink.net/organization/MOQSIE)

[organization/MOQSIE](http://organization/MOQSIE)

Join online for events/locations

Queer and Allied Student Union

(University of Minnesota Duluth)

[d.umn.edu/mlrc/glbtc/qasu.html](http://d.umn.edu/mlrc/glbtc/qasu.html)

270E Multicultural Center

Kirby Student Center

**Queer Student Cultural Center**  
(University of Minnesota Twin Cities)

[qsc.org](http://qsc.org)

300 Washington Ave SE, #217

Minneapolis, MN 55455

612-626-2344

**Rainbow Dragon Center**

(University of Minnesota Moorhead)

[facebook.com/RainbowDragonCenter](https://facebook.com/RainbowDragonCenter)

1104 7th Ave South

Moorhead, MN 56563

218-477-2535

# GLOSSARY OF INCLUSIVE TERMS AND DEFINITIONS



This is not an exhaustive list of terms, and it is also important to note that definitions change over time. As social convention changes, vocabulary will be updated and expanded. It is important to note that identities differ between cultures, communities, regions; definitions for terms might differ slightly.

### **Acceptability politics**

A social theory similar to cissimilation that looks at how LGBTQ communities will adhere to traditional gender roles or heteronormative relationships and/or practices to gain acceptance from general society at the detriment of their own community.

### **Ace/asexual**

A sexual identity in which a person does not experience sexual attraction to others. They still do form intimate relationships, and some ace individuals do engage in sexual activity. Being ace does not mean that one is never sexual.

### **AFAB/AMAB**

Acronyms meaning Assigned Female at Birth & Assigned Male At Birth. This relates back to the sex assigned at birth based off of genitals and physical appearance as identified by the health care provider present at the time of birth.

### **Aromantic**

An identity in which one does not form romantic or bonds of love with others or with their partners. They may still have cherished friendships, or form partnerships that are not strongly romantic in nature. People who identify as Aro usually do enjoy sexual intimacy or activity.

## **Binary**

A term used to outline the two socially accepted genders (men and women) in American culture. A binary in general is used to demonstrate a two choice system in which only one choice may be selected, and there is no middle ground between the options.

## **Bisexual**

A person who has the potential to be attracted – romantically and/or sexually – to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree. (Due to the nature of the term including “bi” which denotes the constructed binary “male and female”, some people use the term pansexual to be intentionally inclusive of transgender and genderqueer identities: see definition below.)

## **Butch**

A descriptor that can be used as a gender identity or as a form of gender presentation that engages with traditionally masculine roles or attributes. While the term has historical use in the lesbian community, it is not exclusively used by women, and can be used by anyone to best describe themselves. It can also be used as an adjective (I’m a butch woman), a verb (I went home to “butch up”), or a noun (they identify as a butch).

### **Bigender/multigender**

A term used to identify a person who aligns with two or more genders.

### **Cisgender/cis**

Descriptor used for people who align with both their sex assigned at birth and the societal expectations of their gender.

### **Cissimilation**

The expectation that transgender and non-binary people will adhere to dominant narratives of gender roles in appearance, as well as heteronormative standards of gender performance.

### **Content warning/trigger warning**

A statement that tells readers of any potentially troubling material being covered in the work. This is used to aid in helping readers avoid panic or anxiety attacks, strong negative reactions or otherwise aid in avoiding negative outcomes. Common warnings or triggers could involve any mention of violence, or assault, or even more unexpected topics such as family relationships or XXXXX.

### **Crossdressing/crossdresser**

The act of wearing clothing normally associated with a gender that is different from one's correct gender for the purpose of performance. A person can also identify as a crossdresser if such performances are an integral part of their personal sense of self.

## Drag

Gender performances that are exaggerated or create an act when put together. Drag is performed most frequently by troops of either Drag Queens or Drag Kings, though association with a group or troop is not necessary to interact with or perform drag. While drag uses crossdressing, it is not linked to a person's sex, gender identity, or orientation. (Drag performers are crossdressing performers who take on stylized, exaggerated gender presentations (although not all drag performers identify as crossdressers). Crossdressing and drag are forms of gender expression and are not necessarily tied to erotic activity, nor are they indicative of one's sexual orientation or gender identity. Do NOT use these terms to describe someone who has transitioned or intends to do so in the future. "Transvestite" is often considered a pejorative term with the same meaning.)

## Femme

A descriptor that can be used as a gender identity or as a form of gender presentation that engages with traditionally feminine roles or attributes. While the term has historical use in the lesbian community, it is not exclusively used by women, and can be used by anyone to best describe themselves. It can also be used as an adjective (I'm a femme queer), a verb (I feel better when I "femme up"), or a noun (I'm a femme).



## **Gay**

A sexual orientation most often used to describe a person whose sex assigned at birth was male, identifies as male, and is attracted to men. The term has also been used as an umbrella term to describe anyone without a heterosexual orientation, though such use declines as terms are formed to more accurately define individual identities.

## **Gender-affirming surgery; genital reassignment/reconstruction surgery; vaginoplasty; phalloplasty; metoidioplasty**

Medical terms for various surgical interventions used to correct gender and sex misassignments that can be part of some trans people's transitions.

## **Gender binary**

A way of categorizing gender as either feminine or masculine (woman or man) with no middle ground or flexibility. This is the dominant narrative around gender currently used in America.

## **Gender dysphoria**

Anxiety and/or discomfort regarding one's socially assigned gender or sex, or other constrictive gender roles. (DSM5 changed to this term/definition from Gender Identity Disorder, which is no longer used.)

## Gender expression and/or presentation

The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. We all have a gender expression some align with a binary and some do not, some people present or express their gender differently depending on the day and experience of their gender.

## Gender fluid

A gender identity in which one can shift from gender to gender. In some cases the individual may have no control over the change or length of the different genders. They may switch from one facet of gender identity to another.

## Genderqueer

An identity commonly used by people who do not identify within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between gender binary identities, or may feel restricted by gender labels. *Some people who identify as genderqueer also identify as transgender.*

## Gender identity

One's internal sense of being a man, woman, nonbinary, genderfluid, genderqueer, multi-gender, etc. *A gender identity may not align with assigned sex at birth.*

### **Heteroflexible**

A term used to indicate an individual that seeks out heterosexual romance, but has interest (or is “flexible”) in intimacy or sex with other genders.

### **Heteronormative/heteronormativity**

Terms that outline the dominant societal view on accepted sexualities and familial expectations. They relate back to the assumption of heterosexuality in others, and the expectations of a femme/masculine dichotomy in both gender roles and intimate partnerships. This is a source of oppression and marginalization for those outside this narrative.

### **Heterosexual**

A sexual orientation commonly used to describe the relationships/attraction between a cisgender female and cisgender male. (Some people who identify as transgender and within a binary gender might use this term to define their orientation. This is rare. As defined above, heteronormative definitions create trans and queer erasure.)

### **Homosexual**

An outdated term which is not often used. The term was created to define a sexual orientation that indicated one’s attraction to those who had the same sex assigned at birth.

## **Intersex**

Intersex describes a person with a less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth. Technically, the third sex assigned at birth though, historically providers would chose the sex of the child based on ease of creating genitals that would align with the binary and perform surgical alterations often without notifying the parents. This practice has become increasingly controversial as intersex adults speak out against the practice. Intersex and transgender are not interchangeable identities (although some intersex people do identify as transgender).

## **Lesbian**

A sexual orientation in which a woman is attracted to women. (Cisgender and transgender women might identify as Lesbian. Not every woman in a relationship with a woman identifies as a lesbian.)

## **LGBTQQIAPP**

A collection of queer identities/communities short for lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, pan-sexual, polysexual (sometimes abbreviated to LGBT, LGBTQ, or LGBTQIA). Note that "ally" is not included in this acronym.

## **Nonbinary/non-binary**

Preferred umbrella term for any person with a gender identity between, around, or outside of the gender binary.

### **Pansexual/omnisexual**

A sexual orientation that is defined as one person experiencing attraction (romantic or sexual) to multiple, many, or any genders.

### **Lesbian**

A sexual orientation in which a woman is attracted to women. (Cisgender and transgender women might identify as Lesbian. Not every woman in a relationship with a woman identifies as a lesbian.)

### **Passing/passing privilege/blending/assimilating**

Language used to describe someone who is perceived as a particular accepted gender, sex, or sexuality by the general population, regardless of their actual identity. e.g. passing as straight, passing as a woman, passing as heterosexual. This term has become controversial as passing does not change the person's status, and they can still be attacked for their true identity.

### **Self-care**

A form of self intervention or care in which a person engages in activities or behavior that works to reduce stress, anxiety or upset.

### **Sex assigned at birth**

The assignment and classification of people as either male or female as assessed at the time of birth by the practitioner on staff. This is the sex assignment reported on the birth certificate.

## **Sexual orientation**

How a person defines their romantic or sexual preferences. This can take the form of enduring physical, emotional, romantic or other deep ties to other individuals. Sexuality or romantic inclination is not linked to gender identity, and each are independent of each other.

## **Transphobia**

Irrational fear, distrust, or discomfort, dislike, judgment directed towards trans people or trans concepts.

## **Transgender/trans**

A gender identity that encompasses individuals assigned the incorrect gender and/or sex at birth. A trans person may be actively transitioning to affirm their gender, or that may not be able to transition due to outside circumstances, or may choose not to transition, or may choose to transition in a way that suits their gender.

## **Trans\***

Writing out trans in this way with the asterisk has been used to describe transgender individuals. This use has been criticised for alienating trans folks who identify outside the binary. (This is why we no longer use the \*).<sup>4</sup>

## Transition

A person's process of developing and assuming a gender expression to match their gender identity. Transition methods **can** include: coming out to one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; changing one's pronouns; changing one's wardrobe; hormone therapy; and possibly some form of surgery. Every transition is unique, and there is no set standard or expectations to transition.

## Queer

A politically charged identity, originally pejorative for gay, now being reclaimed by some as a self-affirming term. One can identify as queer though it is offensive when used by someone who does not identify as queer.

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