



NHATA EDAC & LGBTQ+ ADVISORY COMMITTEE PRESENTS:

DEVELOPING TRANSGENDER POLICIES IN SECONDARY SCHOOL SETTINGS

IMPORTANT TERMINOLOGY

- **Affirmed gender**: gender that corresponds with a transgender child's gender identity and desired gender presentation (rather than biological sex)
- **Gender presentation/expression**: outward expression of gender to others (clothes, hairstyle, speak, etc.)
- **Transgender**: refers to persons whose gender identity does not match their assigned sex at birth
- **Transition**: when a person changes outwardly from one gender to another and lives in accordance with their gender identity (no longer using this language - gender affirmation)

BENEFITS OF SPORTS PARTICIPATION

- More engagement and connectedness
- Better grades
- Development of skills (teamwork, problem solving, etc.)
- Post high school success
- Better citizenship
- Fewer negative outcomes
- Lower rates of mental health issues

LEGAL CONSIDERATIONS

- Title IX - prohibits discrimination based on sex/gender in federally funded programs
- NHIAA Transgender participation policies
 - page 53, section 21



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COMPONENTS OF DEVELOPING AN INCLUSIVE TRANSGENDER ATHLETE POLICIES

- A transgender student who seeks to play on a gendered-team that does not align with their birth-sex must contact the school indicating desire;
 - The school must then notify the appropriate state athletic association which will review request.
 - The state's Gender Identity Eligibility Committee would review documentation from student, peers, and medical professional to confirm the identify expressed in student.
 - If participation is granted, it is automatically renewed each season; and ALL documentation shall be kept confidential

CREATING AN INCLUSIVE ENVIRONMENT

- Non-discriminatory policy is visible and includes terminology such as sexual orientation and gender identity.
- Office provides and displays educational materials that are LGBTQIA-inclusive or specific.
- Exhibit posters showing racially and ethnically diverse with same-sex couples, transgender people, or posters from non-profit LGBTQ+ organizations
- Safe space - help to show athlete your facility is inclusive and that you are an ally/advocate
- Gender neutral bathrooms available
- Acknowledge relevant days of observance in your facility such as World AIDs day, Pride, and National transgender Day of Remembrance
- Recognize your own biases while treating diverse patients
- Be aware of your microaggressions
- Inclusive documentation styles (using "the athlete/patient")
- Use open-ended questions regarding demographics, preferred name, and gender identity



NHATA EDAC & LGBTQ+ ADVISORY COMMITTEE PRESENTS: **DISSECTING MICROAGGRESSIONS IN ATHLETIC TRAINING CLINICAL PRACTICE**

TYPES OF MICROAGGRESSIONS

Microaggression: everyday verbal, nonverbal, and environment slights or insults whether intentional or unintentional with communicate hostile, derogatory, or negative messages to target a person based solely upon their marginalized

4 types:

- ***Microassaults*** - blatant and intentional in nature
- ***Microinsults*** - demeaning action or actions to someone's heritage/culture; often unintentional (i.e. "your are so well-spoken/dressed", "you are a premed major AND a football player?")
- ***Microinvalidations*** - exclude negate or dismiss thoughts/experiences of those in marginalized groups
- ***Environmental*** - occur or reflect in culture climate or processes of the environment(i.e. "placing only pictures of 1 race/ability up in ATO", "pictures/posters that don't reflect the diverse community")

EFFECTS OF REPEATED MICROAGGRESSION

- Patient outcomes and compliance
 - Need more intensive interventions, lower sense of patients self esteem
- Negative colleague interaction can cause physical and psychological effects such as:
 - ***Physical effects:*** orthopedic pain (neck/shoulder pain), gastrointestinal issues, unexplained weight loss
 - ***Physiological effects:*** increased BP, HR, respiration rate
 - ***Mental effects:*** adverse reactions, anxiety depression, social isolation, insomnia, and increased unhealthy behavior



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**MICROINTERVENTION
STRATEGIES**

- Make the invisible visible
- Disarm the microaggression
- Educate the offender
- Seek external intervention

"PEARL"

- Partnership
- Empathy
- Apology
- Respect
- Legitimation
- Support

HOW TO COMBAT MICROAGGRESSIONS

- Professional development - cultural competence, equity, diversity, and inclusion in patient care, etc.
- Avoid cultural destructiveness
- Avoid the color blindness mentality
- Avoid cultural blindness
- Use appropriate terminology (asking for pronouns/name)
- Signage in Athletic training office is diverse and inclusive
- Ensure medical forms, policies, and procedures are inclusive (gender neutral and options beyond male/female - use "the patient" or "they" instead of he/she)

"CURE" TO MICROAGGRESSIONS

- Courage, communication, and collaboration
- Understanding impact, unyielding stance that I have for diversity equity and inclusion that I have in my practices
- Research and reflection
- Empathy to empower, engagement with others of like-minds to continue to promote its importance



NHATA EDAC & LGBTQ+ ADVISORY COMMITTEE PRESENTS:
**CONSIDERATIONS FOR MUSLIM,
NATIVE AMERICAN, AND
HISPANIC PATIENTS**

AMERICAN SAMOA CULTURAL CONSIDERATIONS

- Traditional medicines (manual therapy, herbs, etc.)
- Educating parent/patients about the healing process, rehab, etc.
- Emphasize that you're here to help not harm
- Eastern medicine vs. western medicine
 - 2 orthopedic surgeon, 1 hospital
 - Limited imaging - relies on special testing
- Adaptability!!
- 3rd gender (fa'afafines): "a boy who is raised like a girl"

HAWAIIAN CULTURAL CONSIDERATIONS

- Everyone has to take Hawaiian language - started 5 years ago
- "Healers"
 - Priests, ministers; use of native plants to treat ailments/injuries
 - Massage - manual therapy
 - Use some western medicine
- Traditions - "ohana"
 - Getting called "uncle or aunt" is a sign of respect; accepted within their family
 - Sports are scheduled around cultural/religious events
- 3rd gender "in the middle or in between" (Mahu): someone who embodies both men/women spirits
 - Highly respected; play a large role in modern Hawaiian society



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MUSLIM CULTURAL CONSIDERATIONS

- **Ramadan:** spiritual discipline, started at the age of 10, 30 day fast
 - Meal at 5 am and then at dusk
 - Exempt or not required to fast: Pregnant or nursing, menstruating, traveling, young children, elderly, and those with preexisting conditions
 - must feed at least 1 person who is fasting for redemption
- **Training:**
 - Must get creative with activity and season training
 - Can make them feel socially isolated if placed in different workouts
 - Include an everyday schedule for recovery, nutrition, and sleep
 - Delay training until after they finish fasting
 - can eat a light amount of food and properly hydrate post training
 - Train at normal times and replenish when fasting is completed at the end of day
 - Track progression of athlete, close eye on athlete mental and physical state (very important)
 - **Maintenance mode:** preserve what strength you have instead of increase strength to become more manageable (allows to increase recovery time)
 - reduce volumes and increase reps
 - Reduce sessions by 2-3 per week but keep activity level the same
 - Meal high in protein, lots of hydrating in morning
- **Emergency situations:**
 - Cooling tubs and towels
 - Allowed to rinse mouth with water; cannot swallow unless medical emergency
 - can drink water and then continue fast



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HISPANIC/LATIN CULTURAL CONSIDERATIONS

- **Hispanic does not equal Latino and vis-vera**
 - **The term hispanic includes those from Spain; Latin are those who are not from Spain**
- **Gender neutral non binary name; latino and Latina**
 - **Latinx / latine ; more inclusive term (started in 2014)**
- **Spiritual healing**
 - **"Shaman" - herbs, holistic healing**
 - **"soledor" - "massage therapist"**
 - **Fear of traditional western medicine**
- **Educating the patients are key to understanding which cultural practices may not be best for the injury at that moment**
 - **Introducing and educating the patient and guardians will go a long way**
 - **Communication with guardians is key**
- **Needing more or continuous treatment = needing to be hospitalized in guardians eyes (adds onto fear)**
 - **Build the relationship with the parents/guardians prior to giving care to their child**