

Why DE&I Matters in a Family-Building Policy

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Why This Matters & Why Now?

- Current family-building offerings, intended as a DE&I solution, actually ignore critical LGBTQ+, BIPOC, and global considerations, requiring improvements
- More than one-third of BIPOC, LGBTQ+, millennials, and Gen Z employees considered changing employers for better benefits
- To eliminate disparities, benefits must be equitable to all of the workforce
- Four in ten millennials and Gen Zs disagree their employer has taken action to support their mental health



Executive Summary

- The majority of LGBTQ+ family formation is via adoption or foster, where employer support is less comprehensive
- IVF risks and rates of success vary by employee race and heritage
- The trans community's pathways and experiences vary along a myriad of factors (e.g. pre- or post-transition)
- Employees located outside the United States are underserved and have insufficient guidance from employers
- In adoption, foster, and third-party fertility, significant decisions (e.g. financial, physical, emotional) need to be made—sometimes, in a short amount of time



Introduction

Many employers believe introducing family-building policy bolsters their DE&I commitment, but most policies ignore important nuances and risks, setting back DE&I progress. Having served over 250K BIPOC and LGBTQ+ family-builders, here are our observations.

Bring Adoption & Foster Into Parity With Fertility

Our data exposes the inequality LGBTQ+ employees face with family-building benefits. On average, employers cover only 25% of fertility treatment costs an employee may incur. Because the majority of LGBTQ+ family formation is through adoption or fostering and not fertility treatment, this leaves a huge gap in the financial benefits LGBTQ+ families receive. With less than 20% of total adoption costs covered, LGBTQ+ employees are disadvantaged.

Foster Parenting 101

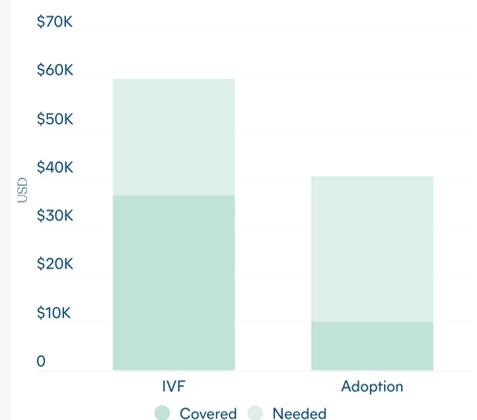
Lesson 7 of 7 Fostering for Single and LGBTQ+ Individuals

Foster Children Perceptions of Having LGBTQ Parents	
FEEDBACK	DETAIL
Biggest Positive	Parents are more likely to be open minded & accepting
Biggest Drawback	Being teased or bullied

Source: Cooley et al

Fostering as a lesbian woman had its unique set of positives and challenges. As did doing this as a single woman not in a relationship.

Adoption & Fertility Coverage: What Costs Are Still Required to Bring Home a Child



Implication: LGBTQ+ employees are not receiving the same family-building support as their counterparts, and employers need to provide education and resources to help all employees navigating family building. All approaches are complex and demanding, especially for those pursuing this path as part of the LGBTQ+ community.



Trans Offerings Often Come Up Short

Family-building offerings for the trans community tend to be a one-size-fits-all policy when the reality is that pathways vary based upon both the gender spectrum and the phase of the employee's transition. This period can devolve into a crisis as many in the trans community may experience dysphoria (sometimes a result of pausing hormone therapy) while seeking treatment.

Trans Masculine Fertility

Lesson 3 of 4 Resiliency Strategies for Trans Men



Gender Identity Spectrum

Transfeminine ↔ Transmasculine

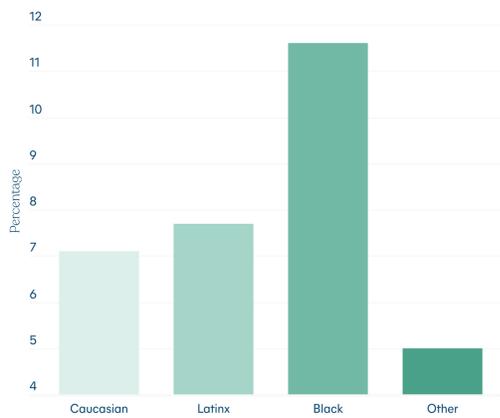
	Transfeminine ↔ Transmasculine	
Pre-transition	Sperm Freezing	Egg Freezing
Post-transition	Stopping estrogen may contribute to gender dysphoria Sperm freezing or contribution	Stopping testosterone may contribute to gender dysphoria Egg freezing or pregnancy, delivery, chest feeding

In the LGBTQ+ community, two out of three employees experience two or more unmet needs from their health offerings at their employer. In addition, for those apart of the trans community, they oftentimes experience additional struggles and discrimination at clinics, adoption agencies, or foster agencies. **Implication:** Employers would be well-served to take a nuanced perspective and educate each group (and subgroup) specifically. Non-tailored education is at best unhelpful and runs the risk of being insensitive or hurtful.

Race Matters & Education Must Reflect This

BIPOC groups have higher rates of infertility and lower rates of success. Fertility specialist referrals don't happen quickly enough, and individuals tend to be misled on realistic costs and timelines. What's more, employees of color at all income levels reported the resources explaining their health benefits to be unhelpful. **Implication:** Employers need to both equitably arm all of their employees with education and communicate how fertility treatment processes pertain to them.

Infertility Rates by Race & Heritage

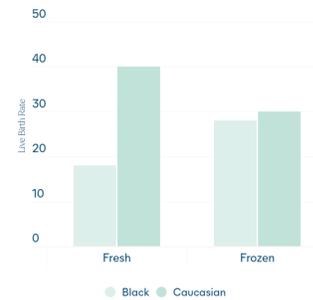


Source: Stephen et al, 2006

Fertility for Black Families

Lesson 5 of 5 Optimizing IVF For Black Patients

Live Birth Rate by Transfer Type



Source: Cookney



How we treat black patients should be unique. IVF is more likely to work in Black patients when we do a "frozen" rather than a "fresh" transfer—as you can see in the data here.

Continued Support Needed After a Child Comes Home

Adoption is complex and requires specific education on unique topics. Many adoptions are trans racial. It's crucial for adoptive parents to receive education on celebrating their adopted child's birth culture and also, how to prepare their child for bias they may face.

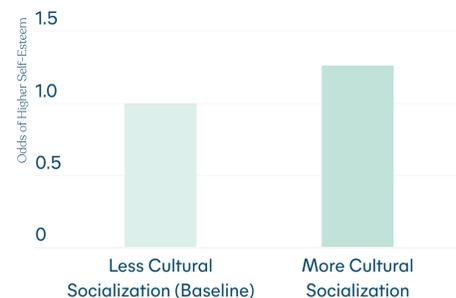
Adoption

Lesson 5 of 7 Microaggressions and Transracial Adoption



The data shows when parents know how to discuss "preparation for bias" their child will be able to endure racist events with less duress. So how do we train adoptive parents to do that?

Cultural Socialization Correlates With Child's Higher Self-Esteem



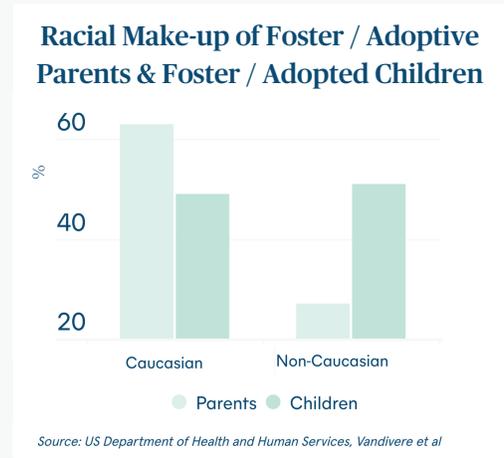
Source: Yoon et al

In adoption and third-party reproduction, parents need frameworks to talk with their child about their "birth story." Parents face ongoing communication with "first parents", siblings, donor siblings, and genetic parents. **Implication:** It's important to give parents the tools to help head off, or mitigate, the biggest challenges that can come with both unique family-building paths and blended family formation.

Adoption
Lesson 5 of 7 Microaggressions and Transracial Adoption



We teach transracially adopting parents adopting Black children how to style their hair. This helps give their child a sense of identity which can be lost when their family doesn't look like them.



International Is Complex but Essential

In the majority of countries, LGBTQ+ communities are met with challenges while building their families. This can be through implicit regional policies (e.g. paying surrogates is illegal, therefore finding one is nearly impossible) or explicit policies (e.g. outright bans on adoption or treatment for LGBTQ+ or unmarried people.)



Global Perspectives
Lesson 10 of 41 Czech Republic - LGBTQ+ Family Building



I run Prague Pride o.s. Let's talk about the family-building options for LGBTQ people in the Czech Republic, first fertility and then adoption.

Implication: A first step is explaining to employees what can or cannot be done in their own country. A better approach is elucidating what can be done elsewhere and how to pursue it.

Helping People Cope Isn't One-Size-Fits-All

Emotional challenges faced during family building are common across all demographics. Employees encounter unique stressors depending on their path (e.g. adoption fell through, family integration, miscarriage etc), and mental health resources must be tailored to prove helpful. Furthermore, data reflects that diverse employees and those with unmet needs feel underserved by their employers in the areas of both physical and mental healthcare.

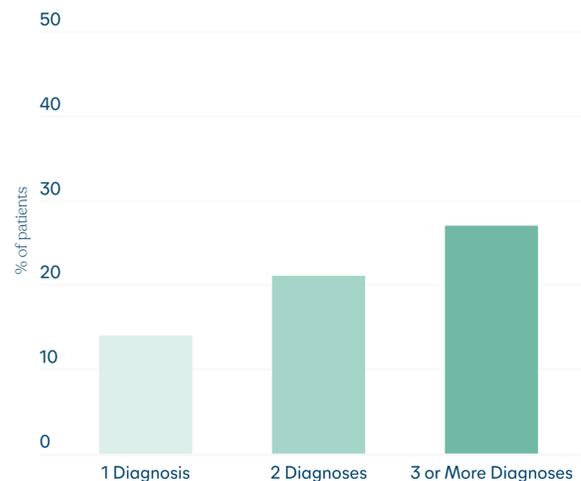
Implication: It's critical for all employees to have access to mental health topics with dedicated family-building information that speak to the nuances of fertility treatment, adoption, foster, and more.

Percentage of Patients Who Consider Infertility "Most Upsetting Life Experience"



Source: Freeman et al

Rates of Depression Amongst Chinese Male Infertility Patients



Source: Yang, 2017

To learn more about FertilityIQ research and DE&I resources, please contact Mary Tinebra at mary.tinebra@fertilityiq.com.

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