Incorporating Sexual Orientation/Gender Identity (SOGI) Data Collection into the Clinical Setting to Improve Patient Care

Dayna Morrison, MPH
Program Manager, Oregon AIDS Education and Training Center
dayna@oraetc.org

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The HIV/STD/TB/Hepatitis Program and the Dakotas AIDS Education and Training Center (DAETC) conduct monthly Lunch and Learn Webinars for health care professionals in North and South Dakota.

Each month a new topic will be held from 12:00 p.m. to 1:00 p.m. CST on the fourth Wednesday of the month.
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https://www.ndhealth.gov/hiv/Provider/

For questions or comments contact:
Sarah Weninger
701.328.2366
sweninger@nd.gov

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DAETC
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Viral Hepatitis Program
Incorporating Sexual Orientation/Gender Identity (SOGI) Data Collection into the Clinical Setting to Improve Patient Care

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June 2019
Disclosures

No conflicts of interest or relationships to disclose
Objectives

By the end of this presentation you will be able to:

• Differentiate sexual orientation and gender to improve provider-patient communication.

• Utilize tools to ask questions about sexual orientation and gender identity to improve patient outcomes

• Create more inclusive environments to support positive health outcomes for all patients
Poll Everywhere – Get Started
Text oraetc to 22333

Web

Text
Everyone has a sexual orientation and gender identity
What term below best aligns with the following definition: The gendered way that a person dresses or presents themselves.

<table>
<thead>
<tr>
<th>Biological Sex</th>
<th>Gender Identity</th>
<th>Gender Expression</th>
<th>Sex Assigned At Birth</th>
</tr>
</thead>
</table>

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app.
What term below best aligns with the following definition: A term used to describe a person whose biological sex and gender identity are incongruent, or "don't match."

<table>
<thead>
<tr>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisgender</td>
</tr>
<tr>
<td>Gender Non-Conforming</td>
</tr>
<tr>
<td>Gender Dysphoria</td>
</tr>
</tbody>
</table>
What term below best aligns with the following definition: A person who is emotionally, romantically, or sexually attracted to members of the same gender.

<table>
<thead>
<tr>
<th>Term</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>A</td>
</tr>
<tr>
<td>Two Spirit</td>
<td>B</td>
</tr>
<tr>
<td>Gay</td>
<td>C</td>
</tr>
<tr>
<td>Lesbian</td>
<td>D</td>
</tr>
<tr>
<td>Queer</td>
<td>E</td>
</tr>
<tr>
<td>A, B, C, D</td>
<td>F</td>
</tr>
<tr>
<td>All of the above</td>
<td>G</td>
</tr>
</tbody>
</table>
Two Spirit

- **Two Spirit is a term in the English Language that attempts to incorporate and honor the hundreds of ancient, respectful, Native Language terms that were used for thousands of years within our communities, our cultures, and our ceremonial life.**

- **Two Spirit indicates an ability to see the world from both male and female perspectives and to bridge the world of male and female.**

- **Since the time of contact with Europeans, our Two Spirit people and our societal beliefs surrounding Two Spirit roles and contributions to our communities have been marginalized and stigmatized, resulting in marginalized individuals and groups of people within our families and tribal communities.**

- Robert Kentta, Siletz Tribal Member, Cultural Resources Director, and Tribal Council Member, Gitauk-uahi (Two Spirit)
Sexual Orientation and Gender Identity

▪ All people have a sexual orientation and a gender identity
  ▪ How people identify can change
  ▪ Terminology varies
▪ Gender identity and sexual orientation are separate concepts
Sexual Orientation

- Sexual orientation is how a person characterizes their physical and emotional attraction to others. It has 3 dimensions:

  **Identity**
  Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

  **Behavior**
  What gender(s) do you have sex with?

  **Attraction**
  What gender(s) are you attracted to?
In one word, describe why you think it is important to ask all patients about sexual orientation and gender identity.
Ending LGBTQ Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?
Collecting Sexual Orientation/Gender Identity (SOGI) Elements

- Healthy People 2020

- **2011**: Institute of Medicine (IOM) release *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. This historic report will guide the National Institutes of Health (NIH) as they design and fund research projects aimed at documenting and addressing LGBT health disparities.

- **2011**: Joint Commission release *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community*

- **2016**: Health Center Program grantees and look-alikes are be asked in Uniform Data System (UDS) to report on SOGI data elements
• Table 3B: Demographic Characteristics

• Health centers are to report sexual orientation and gender identity information about the population served

• In addition to sex assigned at birth, health centers are required to report on current gender identity and sexual orientation.

<table>
<thead>
<tr>
<th>Line</th>
<th>Patients by Sexual Orientation</th>
<th>Number (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Lesbian or Gay</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Straight (not lesbian or gay)</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Bisexual</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Something else</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Choose not to disclose</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Total Patients (sum lines 13 to 18)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Patients by Gender Identity</th>
<th>Number (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Transgender Male/Female-to-Male</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Transgender Female/Male-to-Female</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Choose not to disclose</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Total Patients (sum lines 20 to 25)</td>
<td></td>
</tr>
</tbody>
</table>
SOGI Data Importance

- If you are not counted, you are discounted
- Data collection allows us to tell the LGBT story
- Creates safe spaces and affirms the LGBT Community
- Identifies disparities
- Secures funding
- Informs public policies and laws
- Evaluation
- Ethical Responsibility and Legal Compliance
- Gender Identity questions can be asked as early as age 3

Slides adapted from JaDawn Wright, Mazdak Mazarei, PAETC
Human Rights Campaign
Health Equality Index

VA Fargo Health Care System
http://www.fargo.va.gov

VA Sioux Falls Health Care System
http://www.siouxfalls.va.gov
Asking the Questions
Gathering LGBTQ+ Data

Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org

Data Input at Home

Arrival in Clinic

Onsite Data Entry

Self Report of Sexual Orientation/Gender Identity

SOGI NOT Reported

Provider Visit/Sexual History

Data Entry in EHR

SOGI Reported

Data Entry in EHR

Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org
SOGI Data Collection
Things to Remember

• SOGI Questions should be asked at least annually as this information can change over time

• If SOGI data can be entered electronically, on laminated or paper forms building on your current systems

• If patients do not fill out forms, providers can ask as part of a social and/or sexual history

• Avoid Assumptions*
  - Don’t assume you know a person’s gender identity or sexual orientation based on how they look or sound
  - Don’t assume you know how a person wants to describe themselves or their partners
  - Don’t assume all of your patients are heterosexual and cisgender (not transgender)

*National LGBT Health Education Center, a Program of the Fenway Institute, www.lgbthealth.org
Data Input at Home/Onsite
Gathering LGBTQ+ Data

Data Input at Home

Arrival in Clinic

Onsite Data Entry

Self Report of Sexual Orientation/Gender Identity

SOGI NOT Reported

Provider Visit/Sexual History

Data Entry in EHR

SOGI Reported

Data Entry in EHR

Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org
Forms

Casper Natrona County Health Department, 475 S Spruce St, Casper, WY 82601, 307-235-9340

ALL INFORMATION IS CONFIDENTIAL
PLEASE COMPLETE ALL HIGHLIGHTED AREAS

NAME, LAST, FIRST, MI
Maiden/Previous Name:

Date of Birth: __-____-____ Age: ___ SSN#: __-____-____ Gender: □ Male □ Female □ Other

Marital Status: □ Single □ Married □ Divorced □ Widowed Physician:

Mailing Address:
PO Box/ Street / Apartment Number City State Zip code

Physical Address:
Street / Apartment Number City State Zip code

May we send mail to mailing address? Yes □ No □

How may we contact you?
□ Address □ Home Phone □ Cell Phone □ Work Phone □ Text □ Other

Home (____) _____-____ Cell (____) _____-____ Work (____) _____-____ Other (____) _____-____

HOUSEHOLD DEMOGRAPHICS

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>EMPLOYER</th>
<th>GROSS ANNUAL INCOME</th>
<th>PROOF OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STATE OF RESIDENCE: __________
COUNTY OF RESIDENCE: __________

Race: (mark all that apply)
□ American Indian or Alaska Native
□ White
□ Native Hawaiian

Ethnicity:
□ Hispanic
□ Non-Hispanic
□ Unknown

□ 19. Internet
□ 20. Yellow pages hotline
□ 21. Newspaper

Referred by:
□ 01. Other Family Planning Clinic
□ 02. Hospital
□ 03. Private Doctor
□ 04. Hospital
□ 05. Health Department
□ 06. County
□ 07. Family/Friend
□ 13. Public Health
□ 14. DFS
□ 15. Other
□ 16. Internet
□ 17. Yellow pages hotline
□ 18. Newspaper
□ 19. Internet
□ 20. Yellow pages hotline
□ 21. Newspaper


Self Report of Sexual Orientation/Gender Identity

- **Name**
  - Does it distinguish between legal name/patient identifier?
  - Is there a space for pronouns?

- **Marital Status**
  - Is anything missing?

- **Gender**
  - Does it include sex assigned at birth vs gender identity?
  - What about an organ inventory?

- **Risk**
  - Is there a way to use intake forms to highlight patient STI risk?

*Could this form be a space to collect SOGI data?*
# HEALTH HISTORY: ADOLESCENT/ADULT

## MEDICAL HISTORY:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital Deformity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glaucoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nerve Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scabies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## RATIONALIZATION HISTORY:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SURGICAL HISTORY:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendectomy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## OTHER SURGICAL HISTORY:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cystectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendectomy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CURRENT MEDICATIONS:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Strength</th>
<th>Frequency Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## FAMILY HISTORY:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Sex</th>
<th>Height</th>
<th>Weight</th>
<th>Age</th>
<th>Marital Status</th>
<th>Year Married</th>
<th>Year Divorced</th>
<th>Year Died</th>
<th>Education</th>
<th>Occupation</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## BIRTH CONTROL/PROTECTION (marriage aged):

<table>
<thead>
<tr>
<th>Method</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Contraceptives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrauterine Device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Ring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## BIRTH CONTROL/PROTECTION (used by the patient):

<table>
<thead>
<tr>
<th>Method</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Contraceptives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrauterine Device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Ring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## HIV RISK ASSESSMENT:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an HIV antibody test?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the result positive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an HIV antibody test?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the result positive?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## COMPLETE BOTH SIDES
Forms: Things to Consider

• Does your form collect information in a way that matches EHR reporting? If not, is there a reason why? How can this information be shared across the team?

• Does your form make anyone who does not identify as cisgender/heterosexual feel comfortable and welcome at your clinic?

• Are the questions worded in a way that address all types of sexual risk?
Have you ever exchanged sex for money or drugs?  
Do you have a body piercing or tattoo? Where:  
Have you received a blood transfusion or exposure to blood products: Date  

<table>
<thead>
<tr>
<th>STI RISK ASSESSMENT &amp; SEXUAL HISTORY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Active: Yes ☐ No ☐ Not Currently ☐ Comment:</td>
</tr>
<tr>
<td>Partners</td>
</tr>
<tr>
<td>Your age when you first had penile-vaginal sex:</td>
</tr>
</tbody>
</table>

Do you have a history of Sexual Transmitted Diseases?  
Have you had any Urological Conditions? *(ONLY MALE PATIENTS)*  
Does your partner(s) have multiple partners?  
Number of lifetime partners you have had sexual intercourse with:  
Number of partners you have had sex with in the last 12 months: MEN: ______ WOMEN: ______  
Number of partners in the last 2 months: MEN: ______ WOMEN: ______  
Number of NEW partners in the last 2 months: MEN: ______ WOMEN: ______  
When was the last time you had intercourse (penis-vagina sex):  
Has your partner(s) had a sexually transmitted infection in the last 12 months? Yes ☐ No ☐  
Is your partner(s) experiencing any symptoms of an STI in the last 60 days? Yes ☐ No ☐  
Was a condom used with your last penis-vagina sex? Yes ☐ No ☐  

<table>
<thead>
<tr>
<th>BIRTH CONTROL/PROTECTION (currently used):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence ☐ Cervical Cap ☐ Condom ☐ Diaphragm ☐ Hormonal patch ☐ Implant ☐ Sponge ☐ Surgical ☐ None ☐</td>
</tr>
<tr>
<td>Injection ☐ IUD ☐ IUS ☐ Pill ☐ Rhythm ☐ Spermicide ☐ Vaginal Ring ☐ Withdrawal ☐</td>
</tr>
</tbody>
</table>

| BIRTH CONTROL/PROTECTION (used in the past): |

<table>
<thead>
<tr>
<th>REPRODUCTIVE &amp; CONTRACEPTIVE HISTORY: <em>(ONLY FEMALE PATIENTS FILL OUT THIS SECTION)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you when your menstrual cycle started? ______ How often do you have a period? ______</td>
</tr>
</tbody>
</table>
FORMS
Best Practice

Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SO/GI). National LGBT Health Education Center, A Program of the Fenway Institute. January 2018
Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SO/GI). National LGBT Health Education Center, A Program of the Fenway Institute. January 2018
TALKING TO PATIENTS

Provider Visit/Sexual History
Gathering LGBTQ+ Data

- Data Input at Home
- Arrival in Clinic
- Onsite Data Entry
- Self Report of Sexual Orientation/Gender Identity
- SOGI NOT Reported
- Provider Visit/Sexual History
- Data Entry in EHR
- SOGI Reported
- Data Entry in EHR

Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org
Routine Sexual Health Histories

• Asking SOGI with routine sexual health history taking builds rapport and supports patients in being their authentic self in the healthcare environment.

• Asking at least once annual allows for identity and behaviors to change over time, allowing for a more accurate risk assessment and to screen all site that may have been exposed to a sexually transmitted infection. [http://uwptc.org/](http://uwptc.org/)

• Knowing identity as well as sexual behaviors may identify asymptomatic infections, such as gonorrhea, as clinicians screen accordingly.
the 5 Ps of Sexual History Taking

- **Partners**
  - Number and gender of partners over a given time

- **Practices**
  - Types of sexual practices – oral, vaginal, anal

- **Protection from STIs**
  - Use of Condoms, PrEP, Other Methods

- **Past History of STIs**
  - Establish risk of repeat infections, HIV infection, hepatitis risk

- **Prevention of Pregnancy**
  - Desire of pregnancy and use of prevention methods
SOGI Questions as part of sexual history

• This is a safe space to come as your whole self…

• Sexual health is a part of overall health, I am going to ask you a few questions to understand your sexual health and practices so I can provide you with the best care available.

• I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?

• Living as your authentic self is a key component of health, I want to make sure you are affirmed and feel safe in this space.
SOGI: Additional Considerations
Asking SOGI Across Age Groups

Although health centers are required to collect SO/GI data on all patients ages 18 and older, it is up to each health center to decide whether to ask about SO/GI in younger patients. HRSA’s expectation is that health centers adhere to state laws and institutional policies.

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender Identity</th>
<th>Sexual Orientation</th>
<th>Information Recorded in EMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 2* - 12</td>
<td>X</td>
<td></td>
<td>Maybe</td>
</tr>
<tr>
<td>Age 13 - 17</td>
<td>X</td>
<td>X</td>
<td>Maybe</td>
</tr>
<tr>
<td>Age 18 - 59</td>
<td>X</td>
<td>X</td>
<td>Maybe</td>
</tr>
<tr>
<td>Age 60+</td>
<td>X</td>
<td>X</td>
<td>Maybe</td>
</tr>
</tbody>
</table>

*Gender identity tends to emerge at very young ages (often at 2-3 years old) and most parents know if their child.

Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SO/GI). National LGBT Health Education Center, A Program of the Fenway Institute. January 2018
When English is not a Person’s First Language

- SOGI questions have been translated into Spanish and Chinese by the National LGBT Health Education Center.

- It is important to note…
  - that questions should be field tested with your local communities to ensure the translations match the vocabulary used by the community
  - LGBTQ terminology may not translate into a single word/phrase
  - Not all cultures ascribe to a gender binary, for example multiple genders among certain Native American tribes
  - Not all people associate sexual behaviors with their identity, for example a heterosexual man who is married but may sometimes have sex with other men
Data Entry
Gathering LGBTQ+ Data

Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org
Data Entry Into EHR

• Who Enters these data?
• Are there multiple opportunities for data entry?
• Do you have the information you need to meet the patient needs?
• If not, how can you use the system to improve patient care?
<table>
<thead>
<tr>
<th><strong>Instead of Saying This...</strong></th>
<th><strong>Say THIS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Name vs. Legal Name</td>
<td>Name vs. Name Your Insurance Might be Under</td>
</tr>
<tr>
<td>Preferred Pronoun</td>
<td>Pronoun</td>
</tr>
<tr>
<td>“real” sex, “real” gender, genital sex</td>
<td>sex assigned at birth</td>
</tr>
<tr>
<td>A transgender</td>
<td>transgender person, or, person who is transgender</td>
</tr>
<tr>
<td>transgenders</td>
<td>transgender people, or people who are transgender</td>
</tr>
<tr>
<td>sex change, The Surgery, transgendering, pre-operative, post-operative</td>
<td>medical transition</td>
</tr>
<tr>
<td>MTF/FTM</td>
<td>transgender woman, transgender man</td>
</tr>
<tr>
<td>hermaphrodite</td>
<td>Intersex person, or, person who is intersex</td>
</tr>
<tr>
<td>sexual preference, homosexual</td>
<td>sexual orientation</td>
</tr>
</tbody>
</table>

Adapted from www.teachingtransgender.com: The Teaching Transgender Toolkit
Using Affirming Names
Using Affirming Names
## Organ Inventory

### Organs the patient currently has:
- [ ] breasts
- [ ] cervix
- [ ] ovaries
- [ ] uterus
- [ ] vagina
- [ ] penis
- [ ] prostate
- [ ] testes

### Organs present at birth or expected at birth to develop:
- [ ] breasts
- [ ] cervix
- [ ] ovaries
- [ ] uterus
- [ ] vagina
- [ ] penis
- [ ] prostate
- [ ] testes

### Organs hormonally enhanced or developed:
- [ ] breasts

### Organs surgically enhanced or constructed:
- [ ] breasts
- [ ] vagina
- [ ] penis

[Restore] [Close]
What are other systems exploring…

**EHR improvements…**

- Consider adding “Birth sex” and as a separate field “Gender ID”

- Have a process by which clinicians may update the “Gender ID” field based on answers obtained during a clinical visit on the above SOGI content.

- Add an “Organ Inventory” to link health maintenance prompts to patient biology

- Collect additional data in a social history section independent of data reported

- Balance reporting needs with clinical utility
EHR Modification is One Step…
Interdepartmental Communication and Workflow

<table>
<thead>
<tr>
<th></th>
<th>Medical Department</th>
<th>Lab</th>
<th>Pharmacy</th>
<th>Patient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Department</td>
<td>• Add patient name to printed materials, e.g. after visit summary</td>
<td>• Add patient name to the labels to order</td>
<td>• Send patient name in “Note to Pharmacy” field within script</td>
<td>• Increase font size of patient name on the patient profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Need to add the patient’s chosen name to scrips sent to outside pharmacy</td>
<td></td>
<td>• Add patient name on label or electronic submissions for referrals</td>
</tr>
</tbody>
</table>
Creating Inclusive Environments
Experienced Discrimination in Healthcare:
- 70% of transgender or gender non-conforming patients
- 56% of lesbian, gay, or bisexual patients
- 63% of people living with HIV

Types of Discrimination: being refused needed care, health professionals refusing to touch patients/use excessive precautions, health professionals using harsh or abusive language, health professionals being physically rough, and being blamed for their health status

In addition to the overall rates of substandard care, respondents of color and low-income respondents in nearly every category experienced higher rates of discrimination and substandard care.
### Table 6: Fears and concerns about accessing health care

<table>
<thead>
<tr>
<th>Scenario</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am...</td>
<td>9.1</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Medical personnel will treat me differently because I am...</td>
<td>28.5</td>
<td>35.5</td>
<td></td>
</tr>
<tr>
<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>49.0</td>
<td>48.0</td>
<td></td>
</tr>
<tr>
<td>Not enough support groups for people who are...</td>
<td>24.3</td>
<td>31.0</td>
<td></td>
</tr>
<tr>
<td>Not enough substance abuse treatment for people who are...</td>
<td>28.8</td>
<td>31.0</td>
<td></td>
</tr>
<tr>
<td>Community fear/dislike of people who are... is a problem</td>
<td>52.4</td>
<td>66.1</td>
<td>85.7</td>
</tr>
</tbody>
</table>

*WHEN HEALTH CARE ISN'T CARING*
Stigma, Discrimination and Health

- Interpersonal Stigma
- Structural Stigma
- IntrAPERSONAL Stigma
- Stress/Anxiety/Depression
- Health Disparities/Inequities

10 TEN THINGS:
CREATING INCLUSIVE HEALTH CARE ENVIRONMENTS FOR LGBT PEOPLE
EII NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
July 2015
Creating Inclusive Environments for LGBT People

• Clinic and organizational leadership are engaged and set a tone for inclusivity
  - Scheduling an introductory all staff training
  - Create a LGBT advisory group/task force
  - Identify champions

• Policies reflect the needs of LGBT people
  - Non-discrimination policies
  - Support person and visitation policies

• Data Collection
  - EHR fields and surveys represent diversity of the community

Creating Inclusive Environments for LGBT People

• All staff receive training on culturally-affirming care for LGBT people
  - Training on terminologies, disparities, and avoiding assumptions
  - Improved communication by staff at all levels

• Processes and forms reflect the diversity of LGBT people and their relationships
  - doaskdotell.org
  - Pronouns
  - Asking appropriate questions

Creating Inclusive Environments for LGBT People

- All patients receive routine sexual health histories

- Clinical care and services incorporate LGBT health care needs
  - Prevention and wellness (STI screening, tobacco cessation, cancer screening)
  - Transgender health care
  - Comprehensive family planning services
  - LGBT behavioral health services

Creating Inclusive Environments for LGBT People

- Physical environment welcomes LGBT people
  - Signs
  - Waiting room materials
  - Bathrooms

- LGBT staff are recruited and retained

- Outreach and engagement
  - Focus groups
  - Participate in Pride and other community events/planning groups

WE WELCOME ALL

ALL RACES AND ETHNICITIES
ALL GENDER IDENTITIES
ALL RELIGIONS
ALL ABILITIES
ALL COUNTRIES OF ORIGIN
ALL SEXUAL ORIENTATIONS

*Artwork adapted from the original “We Welcome” sign created by PRC members Lisa Mengum and Jason Levian.
Tips for a Welcoming Physical Environment

- Have an "all are welcome here" statement that is inclusive of the LGBTQ+ community and/or rainbow flag
- Do a visual "walk through" of literature and signage in your waiting rooms, exam rooms, etc. and ensure inclusion of LGBTQ+ specific materials
- Include statements about welcoming LGBTQ+ patients, and information about LGBTQ+-specific health services that are available through your medical home, on your website and patient portal
- Have patient education materials that address key LGBTQ+ health issues (HIV/STI, hormone therapy, etc.)
- Have a gender neutral bathroom available for patients and staff
Things to remember…

• Living as one's authentic self is important to well being
• There are 3 SOGI questions: sex assigned at birth, gender, and sexual orientation
• When something is asked in a routine way, people are more likely to respond
• Don't make assumptions, always ask with respect
• Make sure questions are asked in the same way they are recorded in the EHR, and that you only ask what you need to know to improve patient care
• Remember that people may not want SOGI information recorded in the EHR
• The goal is improved patient relationships with providers and clinic staff, as well as improved health outcomes
### Timelines to Implementation

#### Figure 1. Sample SO/GI Implementation Timeline

<table>
<thead>
<tr>
<th>Months 1-3:</th>
<th>Plan implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 4:</td>
<td>Conduct process mapping</td>
</tr>
<tr>
<td>Month 4-6:</td>
<td>Modify electronic health record (EHR) systems</td>
</tr>
<tr>
<td>Month 6:</td>
<td>Train staff; change forms, policies, and physical environment</td>
</tr>
<tr>
<td>Month 7:</td>
<td>Pilot SO/GI in one department; use Plan-Do-Study-Act (PDSA) cycle; analyze outcomes</td>
</tr>
<tr>
<td>Month 8:</td>
<td>Repeat process with another department; use PDSA cycle; analyze outcomes</td>
</tr>
<tr>
<td>Month 9-10:</td>
<td>Expand to all departments/sites; monitor progress through data feedback reports</td>
</tr>
<tr>
<td>Month 14:</td>
<td>Conduct first data summary report</td>
</tr>
<tr>
<td>Ongoing:</td>
<td>Monitor data quality</td>
</tr>
</tbody>
</table>
LGBTQ Health Resources for Providers

Centers for Disease Control and Prevention: http://www.cdc.gov/lgbthealth/
Information for patients and providers regarding statistics and health guidelines.

Gay and Lesbian Medical Association: http://www.glma.org/
Professional organization for healthcare providers, hosts LGBT health conferences annually.

World Professional Association for Transgender Health: http://www.wpath.org/
Professional organization publishes guidelines & standards for care of transgender patients, hosts annual conferences.


UCSF Center of Excellence for Transgender Health: http://transhealth.ucsf.edu/
Educational topics and guidelines for providers on affirming care for transgender patients.

GLMA Provider Directory: www.glma.org, click on “Find a Provider”
Nationwide LGBTQ-friendly provider directory.

QUESTIONS?

Dayna K. Morrison, MPH
Program Manager, Oregon AETC
dayna@oraetc.org
971.200.5266
NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

📞 617.927.6354
✉️ lgbthealtheducation@fenwayhealth.org
🔗 www.lgbthealtheducation.org
• Thank You to Our Speaker!
  – Dayna Morrison, MPH with the Oregon AIDS Education and Training Center
• CEU: [www.ndhealth.gov/HIV/Provider](http://www.ndhealth.gov/HIV/Provider)
• Next Lunch and Learn: July 24\textsuperscript{th} at 12pm CT: Tuberculosis
  – Updated recommendations for tuberculosis screening, testing and treatment guidelines in health care personnel, APLISOL® Shortage, and TB Laboratory Testing