

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

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# Disclosures

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No conflicts of interest or relationships to disclose

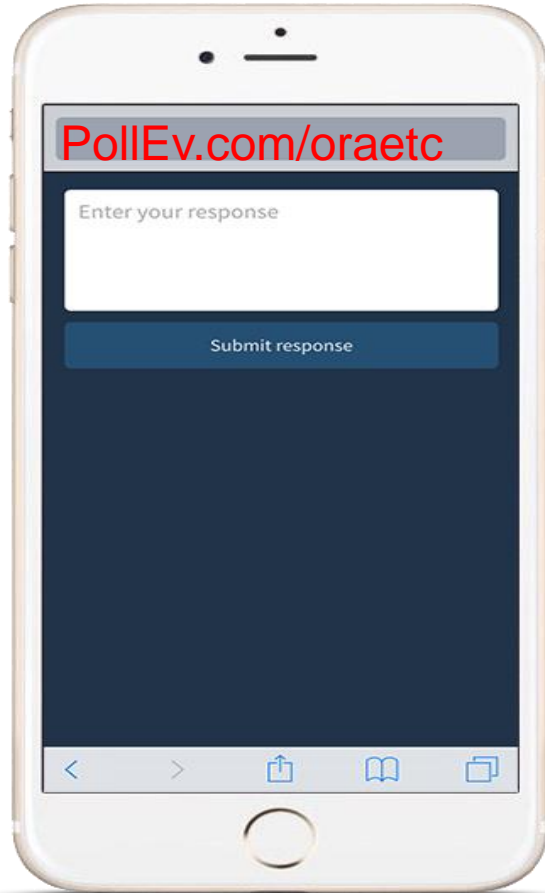
# Objectives

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

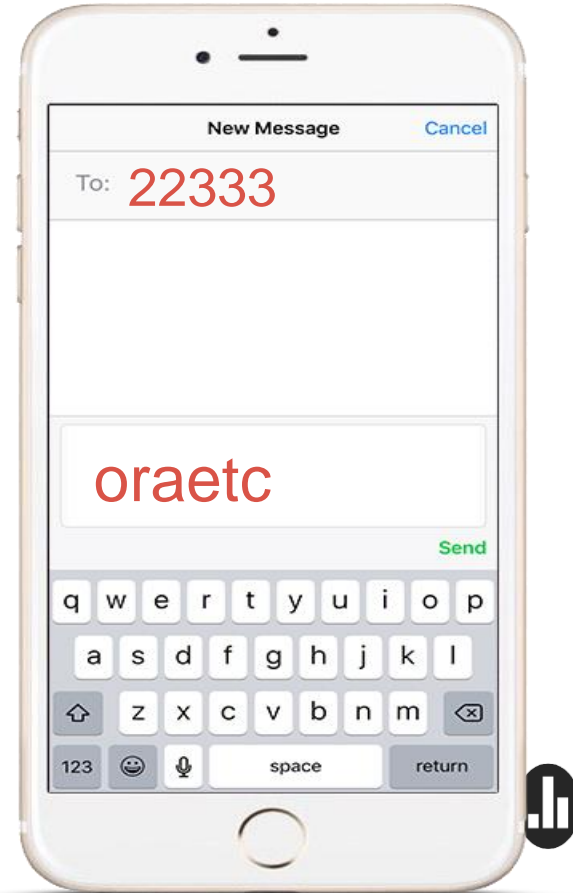
- Differentiate sexual orientation and gender to improve provider-patient communication.
- Utilize tools to ask questions about sexual orientation and gender identity to improve patient outcomes
- Create more inclusive environments to support positive health outcomes for all patients

# Poll Everywhere – Get Started

## Text oraetc to 22333



**Web**



**Text**

# Everyone has a sexual orientation and gender identity

Agree

Disagree



**What term below best aligns with the following definition: The gendered way that a person dresses or presents themselves.**

Biological  
Sex

Gender  
Identity

Gender  
Expression

Sex Assigned  
At Birth

**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."**

Transgender

Cisgender

Gender  
Non-Conforming

Gender  
Dysphoria

**What term below best aligns with the following definition: A person who is emotionally, romantically, or sexually attracted to members of the same gender.**

Bisexual **A**

Two Spirit **B**

Gay **C**

Lesbian **D**

Queer **E**

A, B, C, D **F**

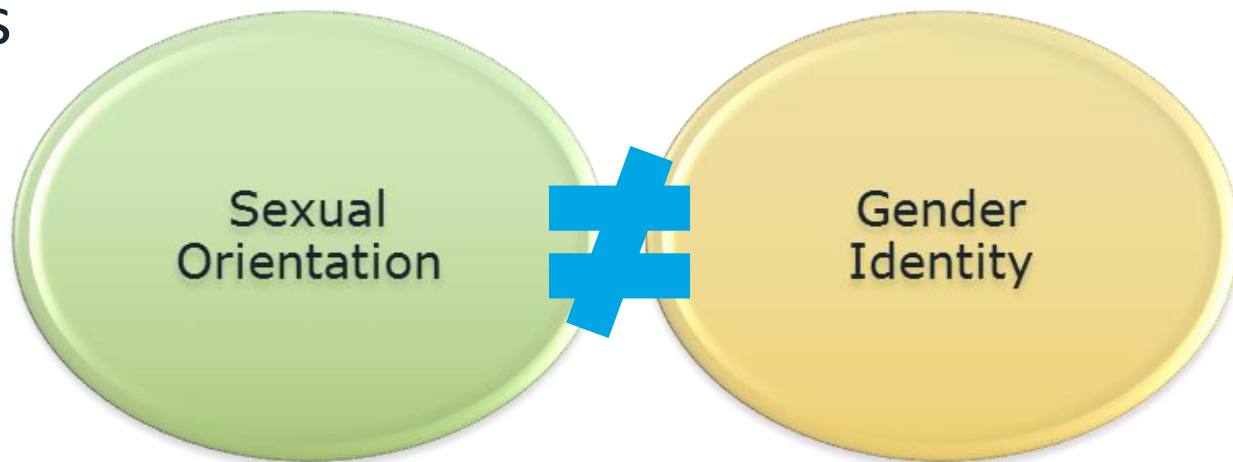
All of the above **G**

# 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)

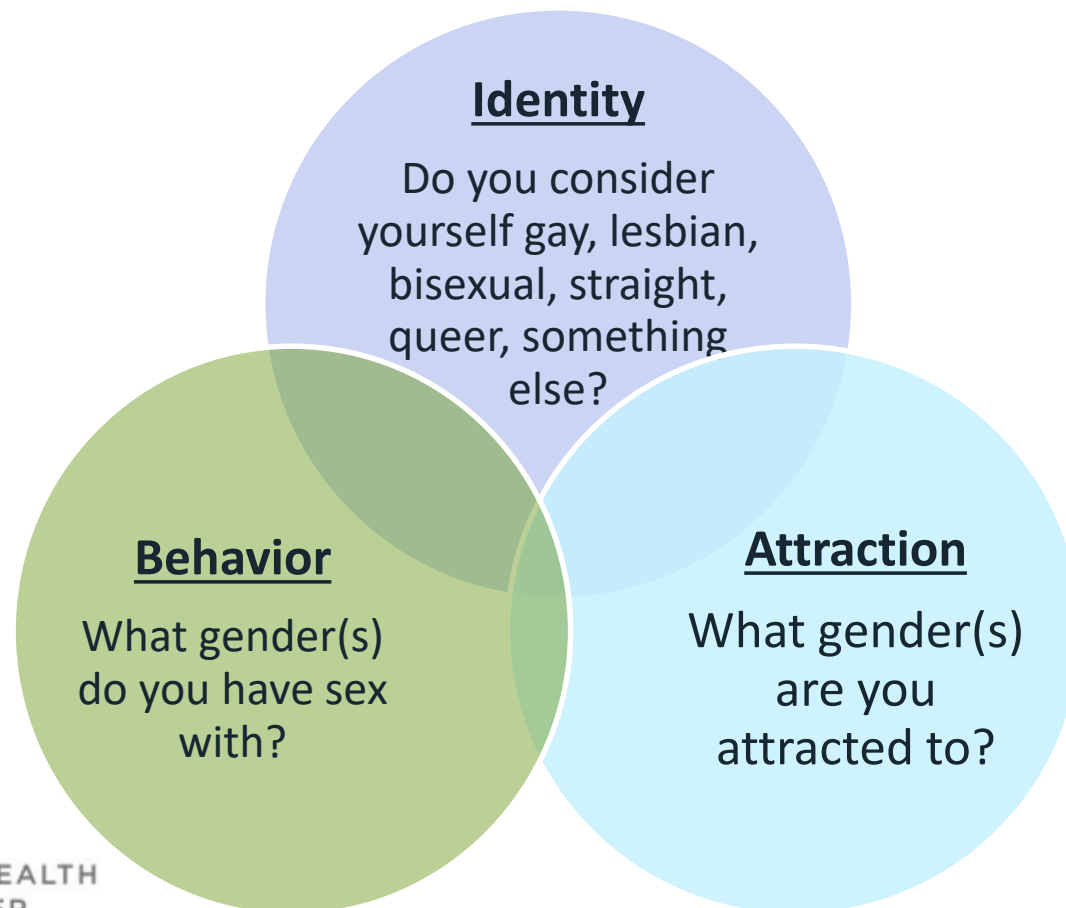
# Sexual Orientation and Gender Identity

- 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:



**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

# UDS Report of Gender

- 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

Line	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	
14.	Straight (not lesbian or gay)	
15.	Bisexual	
16.	Something else	
17.	Don't know	
18.	Choose not to disclose	
19.	Total Patients (sum lines 13 to 18)	

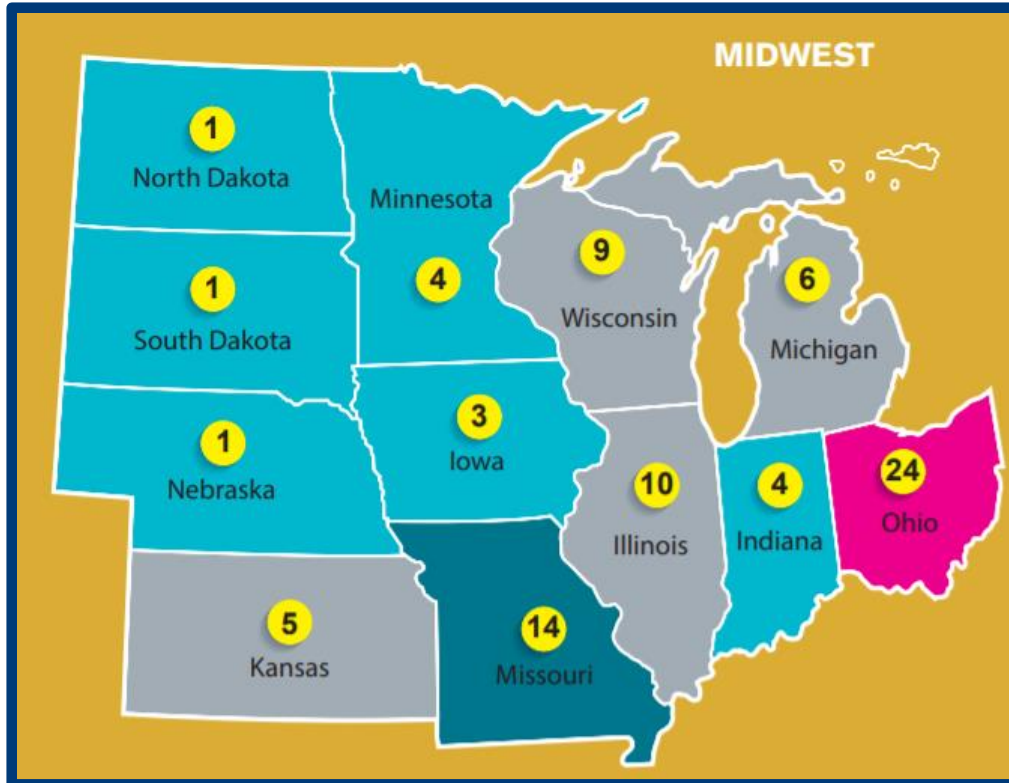
Line	Patients by Gender Identity	Number (a)
20.	Male	
21.	Female	
22.	Transgender Male/ Female-to-Male	
23.	Transgender Female/ Male-to-Female	
24.	Other	
25.	Choose not to disclose	
26.	Total Patients (sum lines 20 to 25)	

# 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

# Human Rights Campaign

## Health Equality Index



VA Fargo Health  
Care System

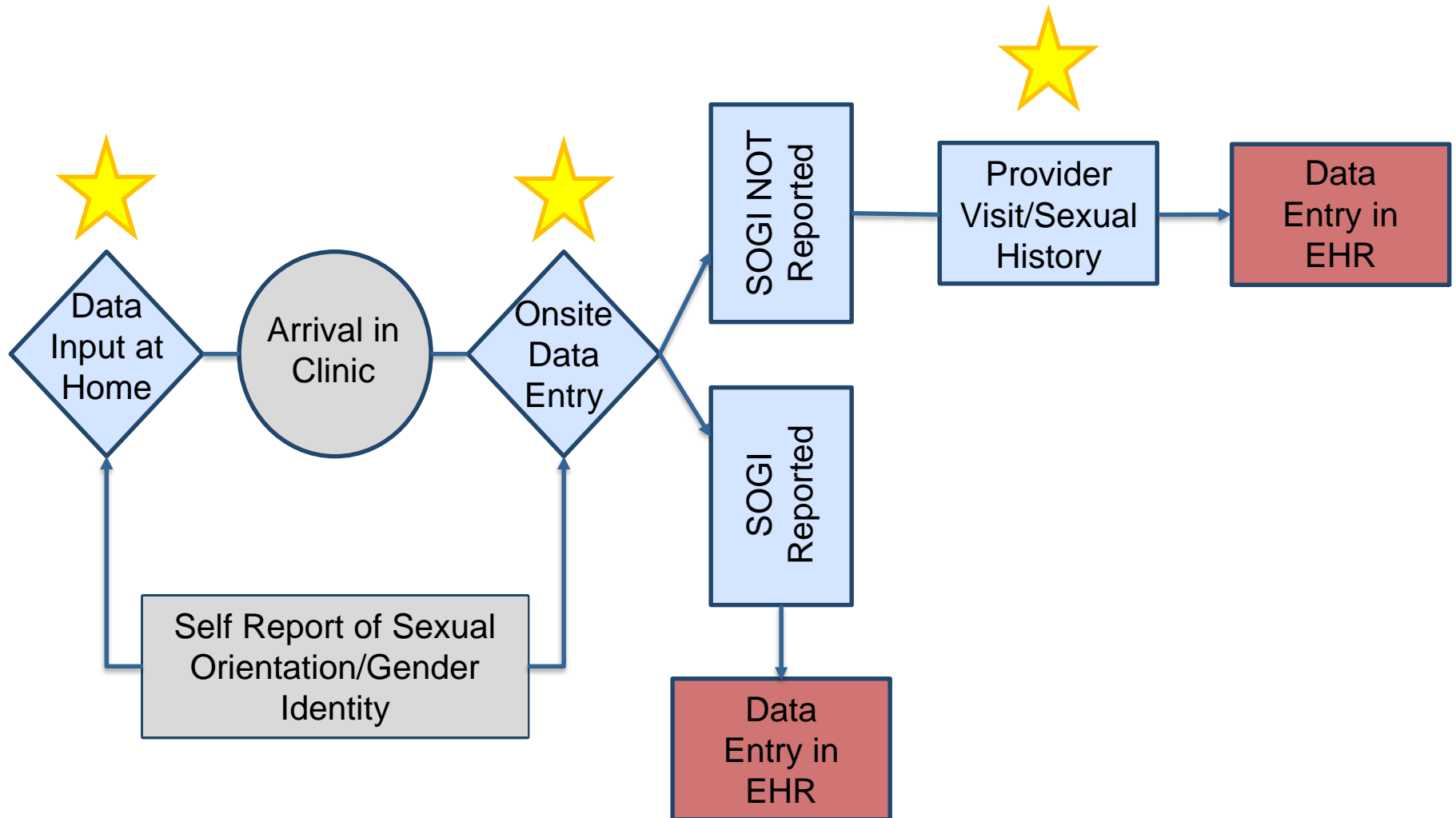
<http://www.fargo.va.gov>

VA Sioux Falls  
Health Care  
System

<http://www.siouxfalls.va.gov>

# Asking the Questions

# Gathering LGBTQ+ Data



# SOGI Data Collection

## Things to Remember

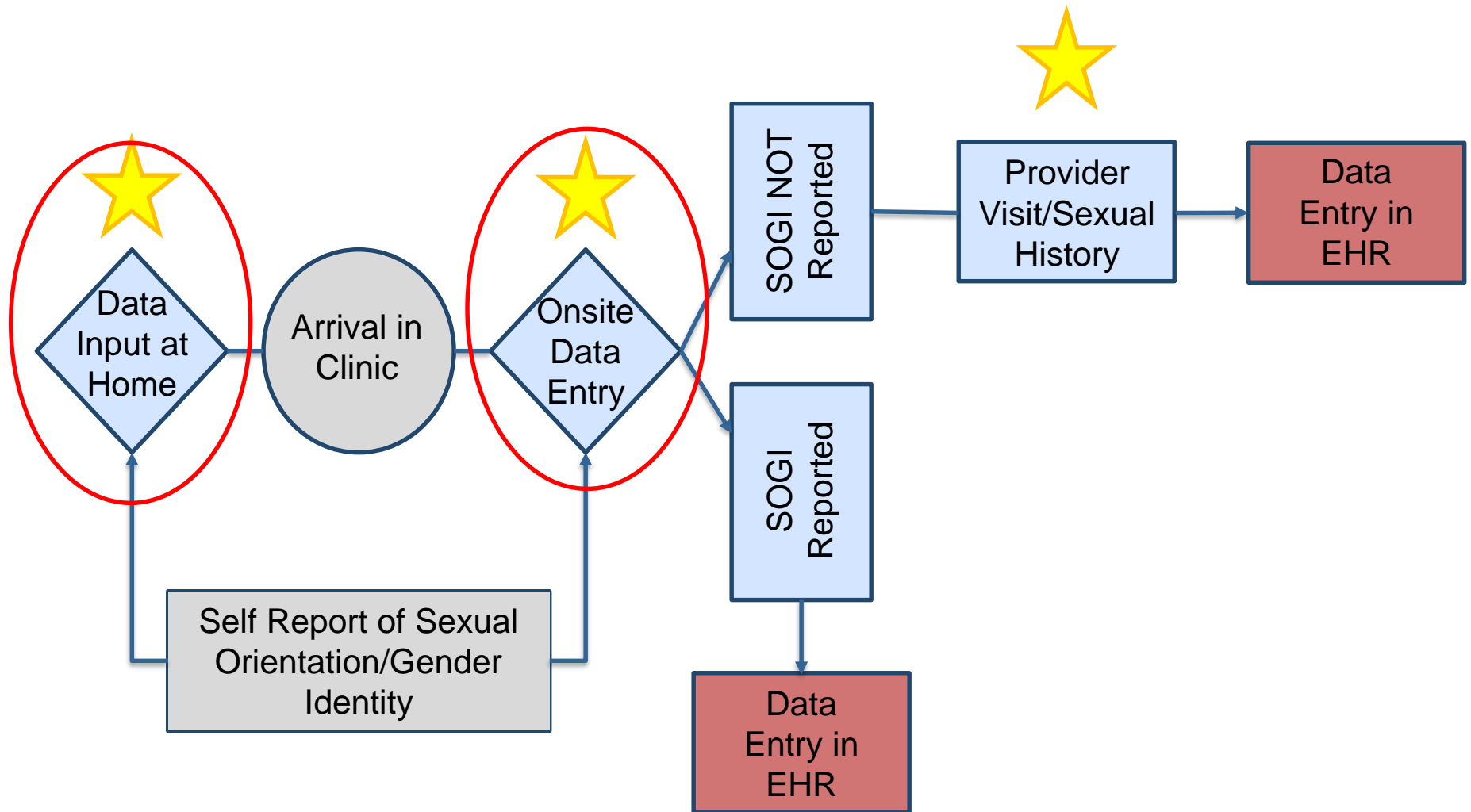
- SOGI Questions should be asked at least annually as this information can change over time
- If SOGI data can be entered electronically, on laminated or paper forms building on your current systems
- If patients do not fill out forms, providers can ask as part of a social and/or sexual history
- Avoid 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)

FORMS

# Data Input at Home/Onsite



# Gathering LGBTQ+ Data



**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**

NAME	RELATIONSHIP	EMPLOYER	GROSS ANNUAL INCOME	PROOF OF INCOME
	SELF			

STATE OF RESIDENCE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

Race: (mark all that apply)

- American Indian or Alaska Native
- White
- Native Hawaiian

- Black or African American
- Other Pacific Islander
- Asian/Chinese/Japanese

Ethnicity:

- Hispanic
- Non-Hispanic
- Unknown

Referred by:

- 01. Other Family Planning Clinic
- 02. Hospital
- 03. Private Doctor
- 07. Family/Friend
- 13. Public Health
- 14. DFS
- 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?**

# Forms

## HEALTH HISTORY: ADOLESCENT/ADULT

MEDICAL HISTORY:									
Allergies	Y	N	Anemia	Y	N	Anxiety	Y	N	
Arthritis	Y	N	Asthma	Y	N	Blood transfusion	Y	N	
Cancer	Y	N	Cataracts	Y	N	CHF	Y	N	
Clotting Disorder	Y	N	COPD	Y	N	Depression	Y	N	
Diabetes Mellitus	Y	N	Emphysema	Y	N	GERD	Y	N	
Glaucoma	Y	N	Heart Murmur	Y	N	HIV/AIDS	Y	N	
Hypertension	Y	N	Kidney Disease	Y	N	Meningitis	Y	N	
Myocardial Infarction	Y	N	Nerve/muscle Disease	Y	N	Osteoporosis	Y	N	
Seizures	Y	N	Sickle cell anemia	Y	N	Stroke	Y	N	
Substance abuse	Y	N	Thyroid disease	Y	N	Tuberculosis	Y	N	

Other Medical History: \_\_\_\_\_

**IMMUNIZATION HISTORY:** (Check if you have been immunized for any of the following)

Hepatitis A     Hepatitis B     MMR (Measles/Mumps/Rubella (German Measles))

SURGICAL HISTORY:									
Appendectomy	Y	N	C-Section	Y	N	Prostate surgery	Y	N	
Brain surgery	Y	N	Eye Surgery	Y	N	Small Intestine surgery	Y	N	
Breast surgery	Y	N	Fracture surgery	Y	N	Spine surgery	Y	N	
CABG	Y	N	Hernia repair	Y	N	Tubal ligation	Y	N	
Cholecystectomy	Y	N	Hysterectomy	Y	N	Valve replacement	Y	N	
Colon surgery	Y	N	Joint replacement	Y	N	Vasectomy	Y	N	
Cosmetic surgery	Y	N							

Other Surgical History: \_\_\_\_\_

**CURRENT MEDICATIONS:** (including birth control, prescribed medications and over-the-counter drugs, such as vitamins and inhalers)

Name of Drug	Strength	Frequency Taken	Name of Drug	Strength	Frequency Taken

FAMILY HISTORY:																
Relationship	Name	Status	Alcohol/Drug A	Arthritis	Asthma	Cancer	Heart Problems	Depression	Diabetes	High Cholesterol	Hypertension	Kidney Disease	Mental Illness	Stroke	Hearing Problems	Vision Problems
Mother																
Father																
Sister																
Brother																
Daughter																
Son																
MAunt																
MFunc																
PAunt																
PLunc																
MCMo																
MCFa																
DCMfa																
DCMfa																
Other																

HIV RISK ASSESSMENT:		
Have you ever had an HIV antibody/Anonymous test performed? Date: _____ Result: _____	Yes	No
Do you have a history of using injection drugs?	Yes	No
Sexual Contact with an injection drug user?	Yes	No
Sexual contact with a known HIV positive person?	Yes	No

COMPLETE BOTH SIDES

Have you ever exchanged sex for money or drugs?	Yes	No
Do you have a body piercing or tattoo? Where: _____	Yes	No
Have you received a blood transfusion or exposure to blood products? Date: _____	Yes	No

**STRIK ASSESSMENT & SEXUAL HISTORY:**

Sexually Active: Yes  No  Not Currently  Comment: \_\_\_\_\_

Partners: Female  Male  Bisexual (Both Male & Female)  Same Gender

Your age when you first had penile-vaginal sex: \_\_\_\_\_

Do you have a history of Sexual Transmitted Diseases? Yes  No  If yes, please list: \_\_\_\_\_

Have you had any Urological Conditions? (ONLY MALE PATIENTS) Yes  No

Does your partner(s) have multiple partners? Do Not Know  Yes  No

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

**BIRTH CONTROL/PROTECTION (currently used)**

Abstinence  Cervical Cap  Condom  Diaphragm  Hormonal patch  Implant  Sponge  Surgical  None

Injection  IUD  IUS  Pill  Rhythm  Spermicide  Vaginal Ring  Withdrawal

**BIRTH CONTROL/PROTECTION (used in the past):** \_\_\_\_\_

**REPRODUCTIVE & CONTRACEPTIVE HISTORY: (ONLY FEMALE PATIENTS FILL OUT THIS SECTION)**

How old were you when your menstrual cycle started? \_\_\_\_\_ How often do you have a period? \_\_\_\_\_

What was the first day of your last menstrual cycle? \_\_\_\_\_

Do you feel you are possible pregnant now? Yes  No

Number of pregnancies? \_\_\_\_\_ Number of births? \_\_\_\_\_ Miscarriages? \_\_\_\_\_ Abortions? \_\_\_\_\_ Live Births? \_\_\_\_\_

Have you ever had a Pap/Pelvic Exam? Date last done: \_\_\_\_\_ Where: \_\_\_\_\_ Yes  No

Have you ever been tested for or told you have HPV (Human Papilloma Virus)? Yes  No

Have you ever had an Abnormal Pap Smear? Procedure done: \_\_\_\_\_ Yes  No

Have you ever had a mammogram? Date & Location of last mammogram: \_\_\_\_\_ Yes  No

Has your uterus had exposure to Diethylstilbestrol (DES)? Yes  No

**DRUG USE:** Yes  No  Per Week: \_\_\_\_\_ Comment: \_\_\_\_\_

Types: Crack  Cocaine  Ecstasy  IV  Heroin  LSD  Marijuana  Methamphetamine  Other

**PERSONAL SAFETY**

Are you homeless? Yes  No

Do you wear seatbelts when riding in a car? Yes  No

Do you have vision or hearing loss? Yes  No

Do you work in Agriculture or live near fields, tree farms or nurseries where pesticides are used? Yes  No

Physical and/or emotional abuse has also become a major public health issue in this country. These often take the form of verbally threatening behavior or actual physical (hitting/slapping) or sexual abuse. Would you like to discuss this issue with your provider? Yes  No

**ADVANCE DIRECTIVE**

Do you have an Advance Directive or Living Will? Yes  No

Would you like information on the transcription of these? Yes  No

# 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?

Yes No

Do you have a body piercing or tattoo? Where: \_\_\_\_\_

Yes No

Have you received a blood transfusion or exposure to blood products: Date \_\_\_\_\_

Yes No

**STI RISK ASSESSMENT & SEXUAL HISTORY:**

Sexually Active: Yes  No  Not Currently  Comment: \_\_\_\_\_

Partners Female  Male  Bisexual (Both Male & Female)  Same Gender

Your age when you first had penile-vaginal sex: \_\_\_\_\_

Do you have a history of Sexual Transmitted Diseases? Yes   No if yes, please list \_\_\_\_\_

Have you had any Urological Conditions? (ONLY MALE PATIENTS ) Yes  No

Does your partner(s) have multiple partners? Do Not Know  Yes  No

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

**BIRTH CONTROL/PROTECTION (currently used)**

Abstinence <input type="checkbox"/>	Cervical Cap <input type="checkbox"/>	Condom <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Hormonal patch <input type="checkbox"/>	Implant <input type="checkbox"/>	Sponge <input type="checkbox"/>	Surgical <input type="checkbox"/>	None <input type="checkbox"/>
Injection <input type="checkbox"/>	IUD <input type="checkbox"/>	IUS <input type="checkbox"/>	Pill <input type="checkbox"/>	Rhythm <input type="checkbox"/>	Spermicide <input type="checkbox"/>	Vaginal Ring <input type="checkbox"/>	Withdrawal <input type="checkbox"/>	

**BIRTH CONTROL/PROTECTION (used in the past):** \_\_\_\_\_

**REPRODUCTIVE & CONTRACEPTIVE HISTORY: (ONLY FEMALE PATIENTS FILL OUT THIS SECTION)**

How old were you when your menstrual cycle started? \_\_\_\_\_ How often do you have a period? \_\_\_\_\_

# 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

Figure 3a. Recommended SO/GI Questions

Do you think of yourself as (Check one):

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Something else
- Don't know
- Choose not to disclose

What is your current gender identity? (Check one):

- Male
- Female
- Transgender Male/Trans Man/ Female-to-Male (FTM)
- Transgender Female/Trans Woman/ Male-to-Female (MTF)
- Genderqueer, neither exclusively male nor female
- Additional gender category, please specify: \_\_\_\_\_
- Choose not to disclose

What sex were you assigned at birth? (Check one):

- Male
- Female
- Choose not to disclose

Important Note: the reason for asking both gender identity and sex assigned at birth is because some transgender people will identify their gender as 'male' or 'female,' and not as 'transgender' or 'genderqueer'.

# FORMS

## Best Practice

### Client Registration

The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec 70. Your written consent will be required for release of information except in the case of a court order.

**Medical Record #**  
(For office use only)

Name on Legal Documents* Last		First	Middle Initial	Name you would like us to use:
Sex on Legal Documents* <input type="checkbox"/> Female <input type="checkbox"/> Male <small>*While we recognize a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your name and pronouns are different from these, please let us know.</small>				What are your pronouns? (e.g., he/him, she/her, they/them)
Date of Birth	Month	Day	Year	Social Security #
			State ID # or License #	

Your answers to the following questions will help us reach you quickly and discreetly with important information.

Home Phone ( )	Cell Phone ( )	Work Phone ( )	Best number to use: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Ok to leave voicemail? Yes No	Ok to leave voicemail? Yes No	Ok to leave voicemail? Yes No	
Local Address		City	State ZIP
Billing Address (if different from above)		City	State ZIP
Email address:			
Occupation	Employer/School Name	Are you covered under school or employer's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact's Name	Phone Number	Relationship to you	
<i>If you are under 19, the Department of Public Health requires that you provide parent/guardian contact information.</i>			
Parent/Guardian Name	Phone Number	Relationship to you	
We will send certain correspondence, such as bills, to your mailing address. How would you prefer to receive other types of written correspondence? (check one) <input type="checkbox"/> Secure Email <input type="checkbox"/> Letter <input type="checkbox"/> Other			

This information is for demographic purposes only and will not affect your care.

1.) What is your annual income?  <input type="checkbox"/> No income  1a.) How many people (including you) does your income support?  _____	2.) Employment Status <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	3.) Racial Group(s) (check all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	4.) Ethnicity <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina  5.) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____
6.) Preferred Language (choose one): <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский <input type="checkbox"/> Other _____	7.) Do you think of yourself as (Check one): <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Choose not to disclose	8.) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____  9.) Veteran Status Veteran Not a Veteran	10.) Referral Source <input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media/Outreach <input type="checkbox"/> Worker/School <input type="checkbox"/> Other _____
11.) What is your current gender identity? (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male/Trans Man/ Female-to-Male (FTM) <input type="checkbox"/> Transgender Female/Trans Woman/ Male-to-Female (MTF) <input type="checkbox"/> Genderqueer, neither exclusively male nor female <input type="checkbox"/> Additional gender category, please specify: _____ <input type="checkbox"/> Choose not to disclose			12.) What sex were you assigned at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male

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

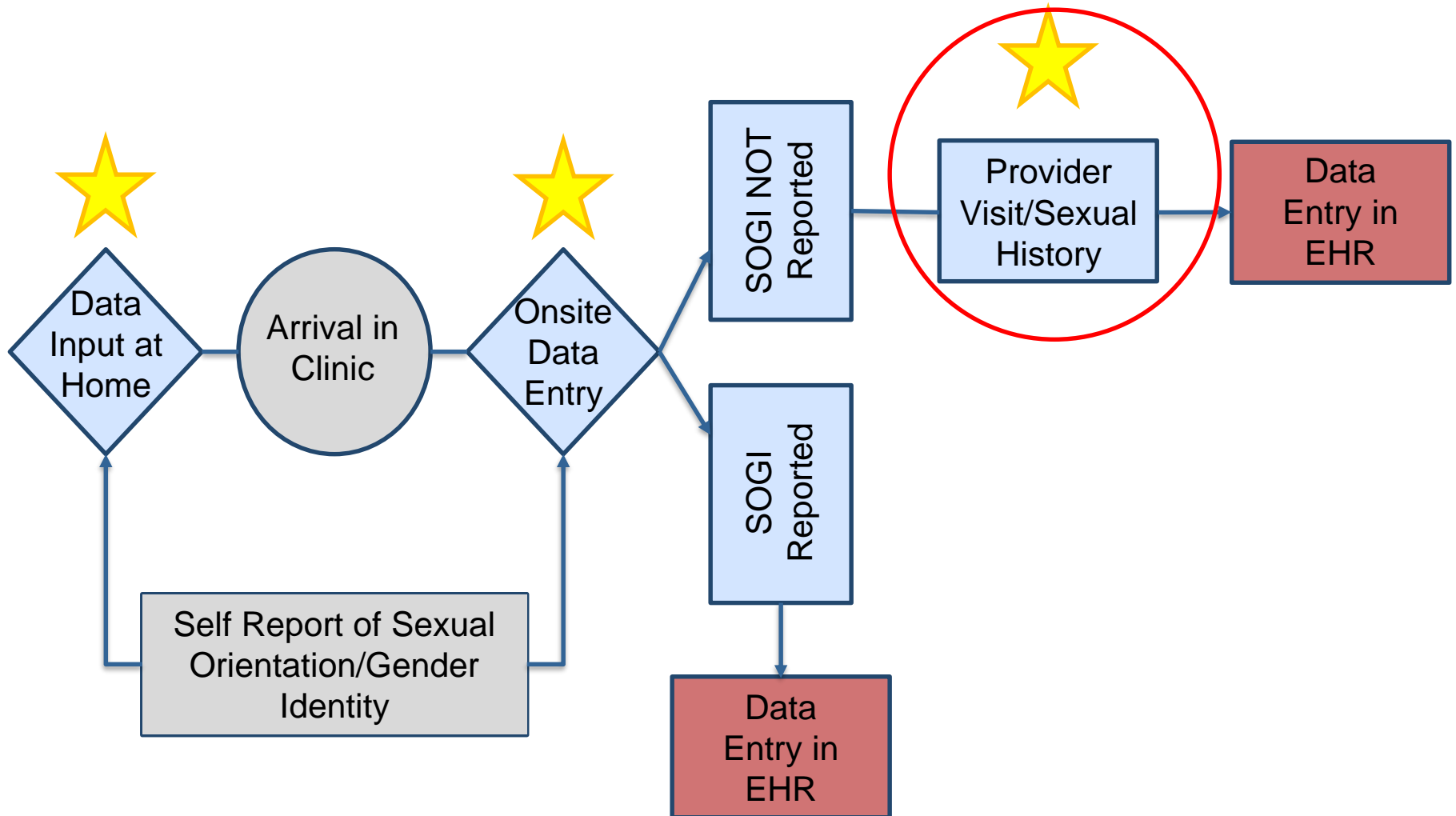




TALKING TO PATIENTS

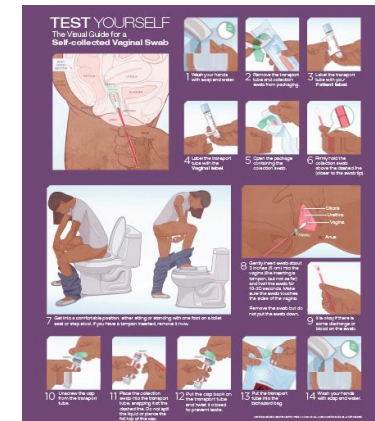
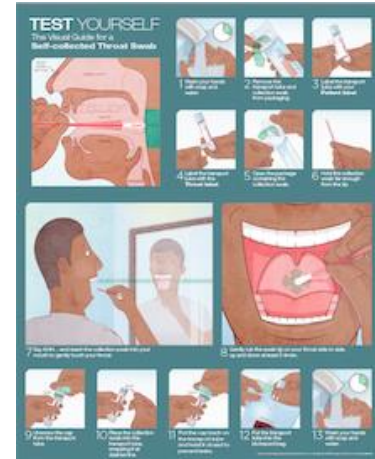
# Provider Visit/Sexual History

# Gathering LGBTQ+ Data



# 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 sites that may have been exposed to a sexually transmitted infection.  
<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



Partners



Practices



Past History  
of STDs



Protection  
from STDs



Pregnancy  
Plans

# 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.*

	Gender Identity	Sexual Orientation	Information Recorded in EMR
Age 2* - 12	X		Maybe
Age 13 - 17	X	X	Maybe
Age 18 - 59	X	X	Maybe
Age 60+	X	X	Maybe

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

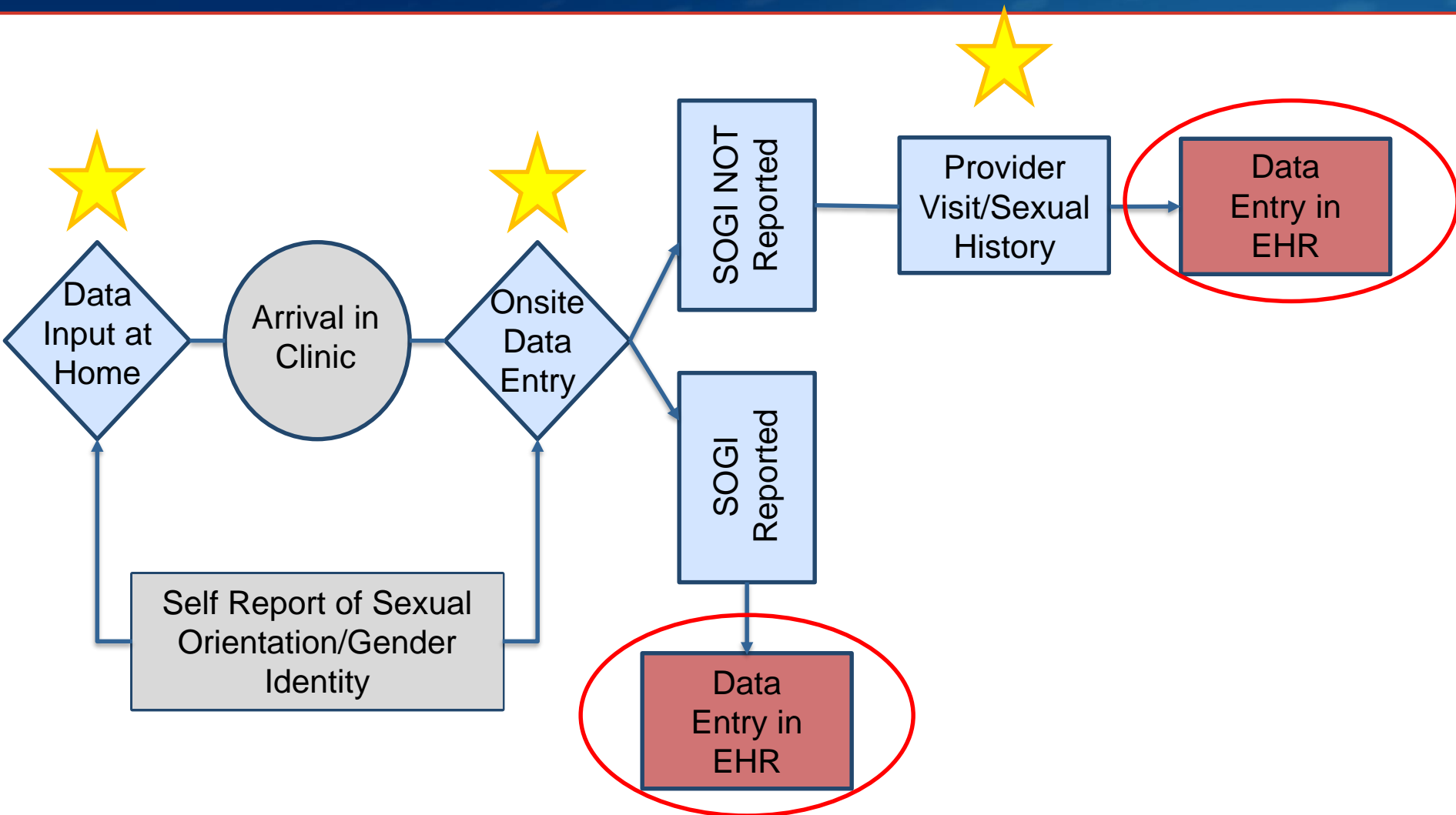
# When English is not a Person's First Language

- 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



# 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?

# Affirming Terminology

Instead of Saying This...	Say THIS:
Preferred Name vs. Legal Name	Name vs. Name Your Insurance Might be Under
Preferred Pronoun	Pronoun
“real” sex, “real” gender, genital sex	sex assigned at birth
A transgender	transgender person, or, person who is transgender
transgenders	transgender people, or people who are transgender
sex change, The Surgery, transgenering, pre-operative, post-operative	medical transition
MTF/FTM	transgender woman, transgender man
hermaphrodite	Intersex person, or, person who is intersex
sexual preference, homosexual	sexual orientation

# Using Affirming Names

The screenshot shows the Epic patient record interface. At the top, there are navigation links: Epic, Record Viewer, Support, Link to Study, Home, and Schedule. Below this is a patient selection bar with icons for home, messages, and a clock, followed by a search bar containing 'Test, Amanda'. The patient record for 'Rose, Naomi' is displayed. The patient's name is highlighted in blue. Below the name, the following information is shown: '34 yrs, Female, 04/20/1980', 'MRN: 03000435', and 'Pref Name: Rosie'. The 'Rosie' text is circled in red. To the right of the patient information, there are fields for 'Language: English', 'PCP: Fields, Scott', 'Ref: MADNICK, ELLEN', and 'Primary Ins.: N/A'. Further right, there are fields for 'Last Visit this Dept', 'None', 'Allergies', and 'No Known Allergies'. A black arrow points from the 'Test, Amanda' search bar to the 'Rose, Naomi' patient record.

Epic Record Viewer Support Link to Study Home Schedule

Test, Amanda **Rose, Naomi**

**Rose, Naomi**  
34 yrs, Female, 04/20/1980  
MRN: 03000435  
Pref Name: **Rosie**

Language: English  
PCP: **Fields, Scott**  
Ref: MADNICK, ELLEN  
Primary Ins.: N/A

Last Visit this Dept  
None  
Allergies  
No Known Allergies

# Using Affirming Names

The screenshot shows a software interface for patient demographics. On the left is a navigation menu with items like 'Order Inquiry', 'Specimen Inquiry', 'SnapShot', 'Chart Review', 'Flowsheets', 'Results Review', 'Allergies', 'History', 'Problem List', 'Demographics', 'Letters', 'Identity Manager', and 'FYI'. The 'Demographics' section is highlighted with a red circle labeled '1'. The main window is titled 'Demographics' and has tabs for 'Contact Information', 'Clinical Information', 'Additional Information', and 'Advance Directives'. The 'Contact Information' tab is active, showing fields for Name, Sex, Patient status, Marital status, and Ethnic group. The 'Name' field contains 'Naomi Rose "Rosie"' and is highlighted with a red circle labeled '2'. A 'Name Edit (View Only)' dialog box is open over the 'Name' field. This dialog box has fields for Title, First name (Naomi), Middle name, Last name (Rose), Suffix, Academic, Preferred name (Rosie), and Preferred type (Nickname). The 'Preferred name' field is highlighted with a red circle labeled '3'. A black arrow points from the 'Name' field in the main window to the 'Preferred name' field in the dialog box. Below the 'Name' field, there is a 'Set Photo' button. At the bottom of the dialog box is a 'Close' button. The 'Permanent Address' tab is also visible, showing fields for Address, City (or ZIP), and State.

Demographics

Order Inquiry  
Specimen Inquiry  
SnapShot  
Chart Review  
Flowsheets  
Results Review  
Allergies  
History  
Problem List  
**Demographics**  
Letters  
Identity Manager  
FYI

**Contact Information** Clinical Information Additional Information Advance Directives

No photo for this patient.  
Set Photo

Name: Naomi Rose "Rosie" SSN: xxx-xx-6987

Sex: Female

Patient status: Naomi Rose "Rosie"

Marital status: Title:

Ethnic group: First name: Naomi  
Middle name:   
Last name: Rose  
Suffix:   
Academic:   
Preferred name: Rosie Preferred type: Nickname

Permanent Address Temporary Address

Address: 123 NE THOMPSON  
City (or ZIP): PORTLAND  
State: OR ZIP: 97211

Name Edit (View Only)

Close

# Sexual Orientation and Gender Identity

ROOMING Quick Questions Chief Complaint Allergies Med Documentation Vitals Review History **SOGI** Screenings Pt Questionnaires Meds & Orders  
Patient Touches Verify Rx Benefits Outside Meds

## Sexual Orientation and Gender Identity (SOGI)

### Sexuality

Patient's sexual orientation:

Lesbian or Gay

Straight (not lesbian or gay)

Bisexual

Something else

Don't know

Choose not to

### Gender Identity

Autofill with default responses for:

female

male

Patient's gender identity:

Female

Male

Transgender Female / Male-to-Female

Transgender Male / Female-to-Male

Other

Choose not to disclose

Patient's sex assigned at birth:

Female

Male

Unknown

Not recorded on birth certificate

Choose not to disclose

Uncertain

Patient's pronouns:

she/her/hers

he/him/his

they/them/theirs

patient's name

decline to answer

unknown

Steps patient has taken to transition, if any:

presentation aligned with gender identity

preferred name aligned with gender identity

legal name aligned with gender identity

legal sex aligned with g

medical or surgical interventions

Patient's future plans to transition, if any:

 Insert SmartText

# Organ Inventory

## 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:

same as current organs

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

	Medical Department	Lab	Pharmacy	Patient Services
Medical Department	<ul style="list-style-type: none"><li>• Add patient name to printed materials, e.g. after visit summary</li></ul>	<ul style="list-style-type: none"><li>• Add patient name to the labels to order</li></ul>	<ul style="list-style-type: none"><li>• Send patient name in “Note to Pharmacy” field within script</li><li>• Need to add the patient’s chosen name to scrips sent to outside pharmacy</li></ul>	<ul style="list-style-type: none"><li>• Increase font size of patient name on the patient profile</li><li>• Add patient name on label or electronic submissions for referrals</li></ul>

# Creating Inclusive Environments

# LGBTQ+ Discrimination in Healthcare

## **Experienced Discrimination in Healthcare:**

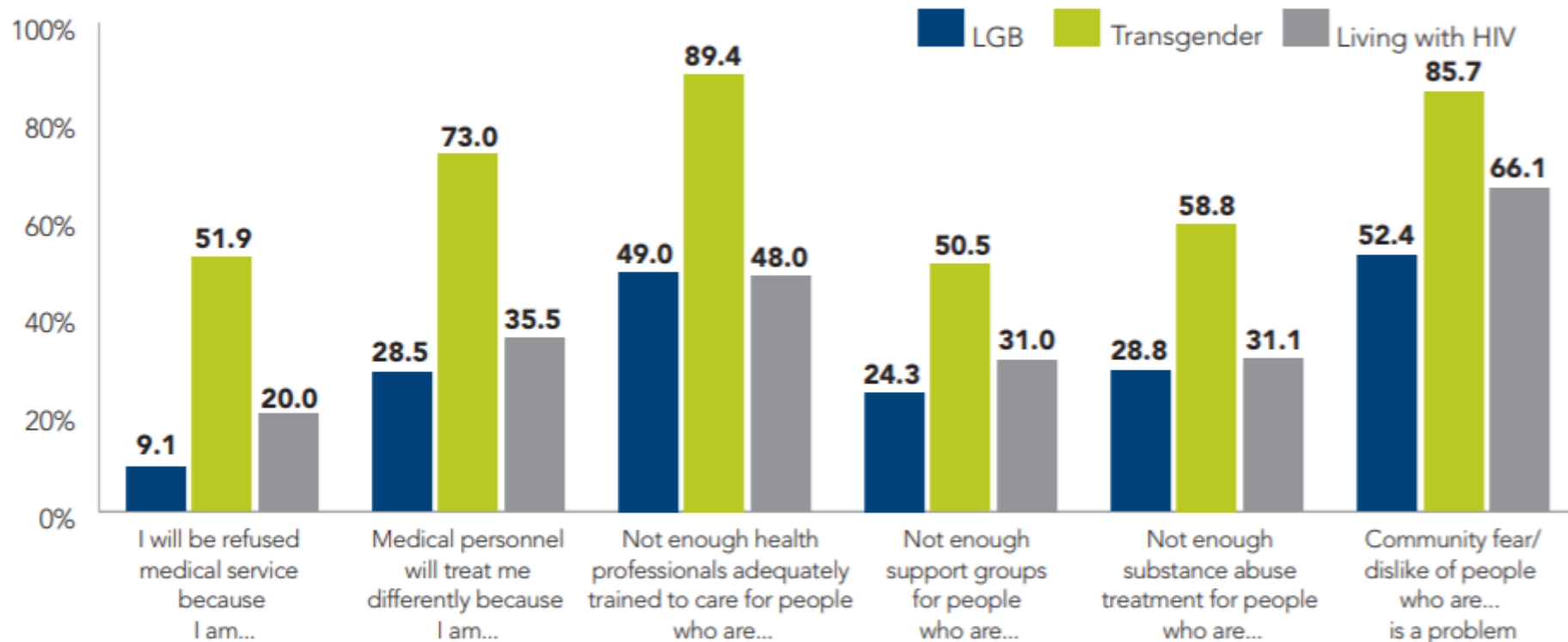
- 70% of transgender or gender non-conforming patients
- 56% of lesbian, gay, or bisexual patients
- 63% of people living with HIV

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.*

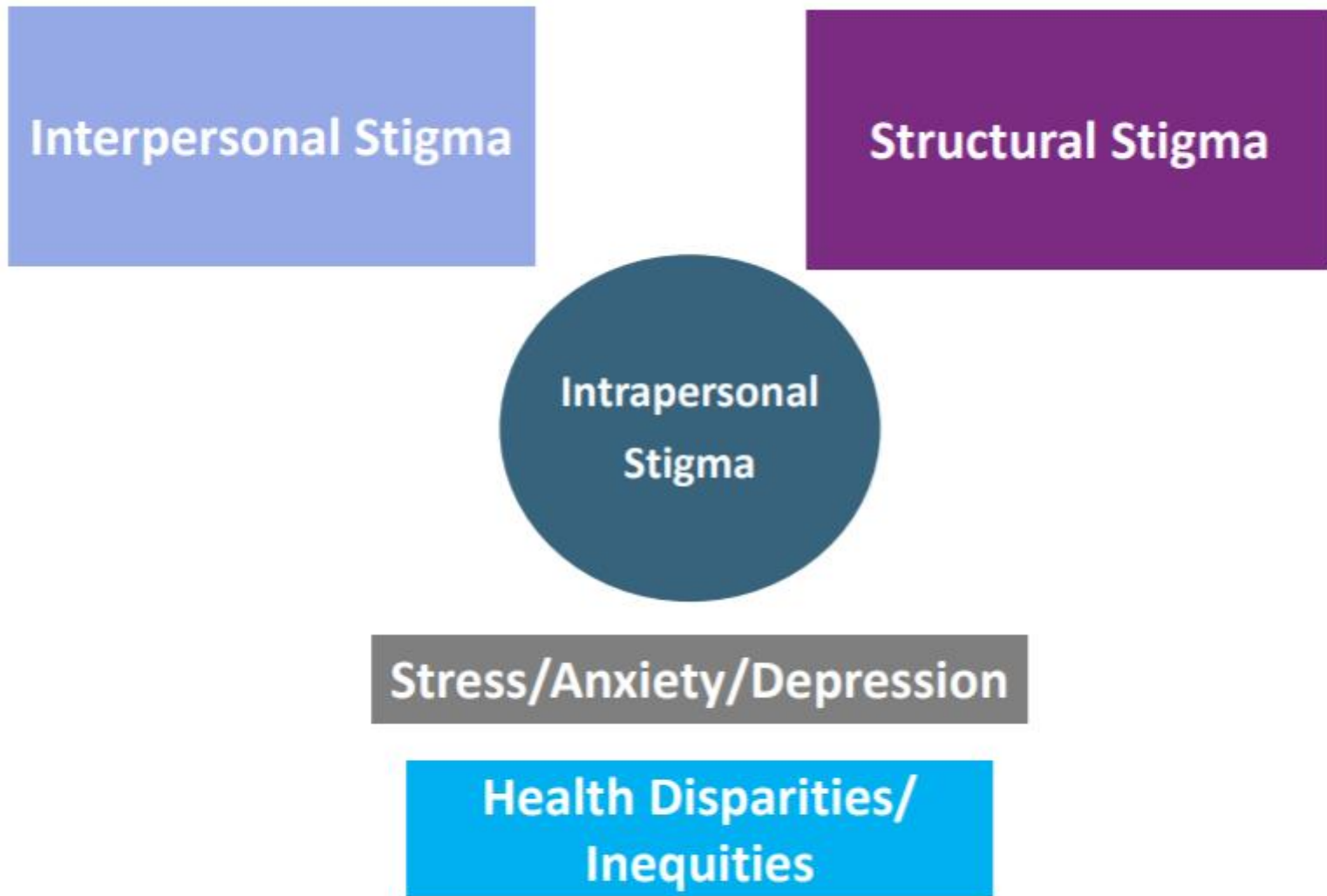
# LGBTQ+ Discrimination in Healthcare

Table 6: Fears and concerns about accessing health care



WHEN HEALTH CARE ISN'T CARING

# Stigma, Discrimination and Health





BOYS

BOYS

BOYS

COREA

GIRLS

GIRLS

GIRLS



# 10

## TEN THINGS:

CREATING INCLUSIVE  
HEALTH CARE ENVIRONMENTS  
FOR LGBT PEOPLE

**EHU** 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

<http://www.lgbthealtheducation.org/wp-content/uploads/Ten-Things-Brief-Final-WEB.pdf>



# 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

**New Sexual Orientation and Gender Identity Questions:**  
Information for Patients



We recently added new questions about sexual orientation and gender identity to our registration forms.

Our health center thinks it is important to learn this information from our patients. Inside are some frequently asked questions about why we are asking these questions and how the information will be used.

**Nuevas preguntas sobre la orientación sexual y la identidad de género:**  
Información para pacientes



Recientemente hemos añadido nuevas preguntas sobre la orientación sexual y la identidad de género a nuestros formularios de registro.

Nuestro centro de salud cree que es importante que conozcamos esta información sobre nuestros pacientes. A continuación, se encuentran algunas preguntas frecuentes sobre por qué estamos haciendo estas preguntas y cómo se usará esta información.



<http://www.lgbthealtheducation.org/wp-content/uploads/Ten-Things-Brief-Final-WEB.pdf>

# WE WELCOME ALL

**ALL** RACES AND  
ETHNICITIES

**ALL** GENDER  
IDENTITIES

**ALL** RELIGIONS

**ALL** ABILITIES

**ALL** COUNTRIES  
OF ORIGIN

**ALL** SEXUAL  
ORIENTATIONS



# 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**

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



# 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.

**Fenway Institute:** <http://thefenwayinstitute.org/> & **National LGBT Health Education Center:** <http://www.lgbthealtheducation.org> Research & training for LGBT competent care, provides training modules, downloadable printouts.

**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](http://www.glma.org), click on “Find a Provider”  
Nationwide LGBTQ-friendly provider directory.

**PrEP Locator Directory:** <https://prelocator.org>  
National database of US PrEP Providers.



# QUESTIONS?

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# NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

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 [www.lgbthealtheducation.org](http://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<sup>th</sup> at 12pm CT: Tuberculosis
  - Updated recommendations for tuberculosis screening, testing and treatment guidelines in health care personnel, APLISOL® Shortage, and TB Laboratory Testing

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